

# Child and Family Services Plan 2010-2014

## Annual Progress and Services Report June 30, 2014



744 P Street • MS 8-12-91 • Sacramento, CA 95814  
<http://www.childsworld.ca.gov/PG1995.htm>

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# INTRODUCTION

## Child and Family Services Plan

The submission of the 2014 Annual Progress and Services Report (APSR) highlights progress made since the June 30, 2013 APSR, and is the fifth year of the five-year Child and Family Services Plan (CFSP)<sup>1</sup> for Federal Fiscal Years (FFYs) 2010 through 2014<sup>2</sup>. Since the development of the CFSP in 2009, the California Department of Social Services (CDSS) and its partner agencies have adapted to a fiscal crisis that began with State Fiscal Year<sup>3</sup> (FY) 2009-2010 budget that included an \$80 million reduction to local assistance for child welfare services. Further, the FY 2012 budget called for a vast and historic realignment of government services in California (Realignment). The budget realigned the state general fund share and programmatic responsibility for many child welfare services from the state to the county level. Much of the discussion that follows in this report will be framed under the context of this fiscal restructuring. Programs, contracts, and other state processes that have been realigned are noted as such throughout this document.

Since the implementation of the CFSP, new programs, initiatives, legislation, and social work practice models have transformed the landscape of child welfare in California. Some of these include:

*Safety Organized Practice* –incorporating all elements of Safety Organized Practice (SOP) and the SDM system, from solution-focused interviewing to safety and case planning and safety networks, including links to the CWS/CMS case plan objectives and worksheets

*Quality Assurance System* - California Children and Family Services Review (C-CFSR) – transitioned from a triennial cycle to a five-year cycle; incorporates Peer Review into county self-assessment; implements CWS/CMS System Case Review and an annual System Improvement Plan Report

*Continuous Quality Improvement (CQI)* – A CQI process has been established, full implementation to be completed during next Child and Family Services Plan cycle.

Implementation of *California’s Fostering Connections to Success Act*, that extends foster care benefits for eligible youth up to age 21 including Kinship Guardianship and Adoption Assistance Programs.

*California Partners for Permanency Project*<sup>4</sup> – a federal demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency.

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

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

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

<sup>4</sup> For more information on California Partners for Permanency project, see: <http://www.reducefostercarenow.org>

*Continuum of Care Reform*<sup>5</sup> – SB 1013 (Chapter 35, Statutes of 2012) – will result in recommendations for revisions to state’s current rate setting system and services for children and families in Aid to Families with Dependent Children/Foster Care eligible placement settings. *Residentially Based Services Reform Project* (RBS)– to reduce length of time in group care and improve permanency outcomes for youth.

*Tribal Advisor* – Governor appointed Tribal Advisor as direct link between Governor’s Office and Tribal governments on matters including legislation, policy and regulations. Tribal Advisor provided CDSS consultation on child welfare issues.

*Analysis and Dissemination of Quality Data* – Continuous improvement to data collection and reporting systems.

*Settlement agreement for Katie A lawsuit*<sup>6</sup>– systemic change for mental health services to children and youth within the class by promoting, adopting, and endorsing new service array approaches for existing Medicaid covered services.

*Training* – large-scale revision to Common Core is in progress with goal of providing social workers information in a format that streamlines knowledge acquisition and facilitates skill building.

*Title IV-E Welfare Waiver Demonstration Capped Allocation Project*<sup>7</sup> – Waiver counties reinvest foster care savings to create a more responsive array of services and supports typically funded by Title IV-B funds.

## **Realignment**

Assembly Bill 118 realigned nearly all of the state’s funding for child welfare to the counties. The change in funding from a collection of matching grants to a single block grant provided counties with a new dedicated source of funds for child welfare. These funds were provided with the vision that counties could find both more effective and less expensive ways to improve outcomes for children who are at risk of maltreatment. While the realignment of Child Welfare Services (CWS) is primarily fiscal, some program areas were impacted by the change.

In regards to adoptions, the CDSS will no longer do dependency adoptions (unless counties choose to contract with CDSS), but will still do independent adoptions. Also, in program areas unique to California, counties have been provided flexibility to modify or in some cases discontinue activities; where it is provided, there are public process protections for changes at the county level.

Before and after realignment, counties continue to operate their programs under state oversight and within a heavy federally regulated framework. Reporting of fiscal and program data to the

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

<sup>6</sup> For more information on Katie A, see: <http://www.childsworld.ca.gov/PG1320.htm>

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

federal government has not changed under realignment and will continue to be publically available. Therefore, the Department's role in the future remains much the same as it is today. The CDSS still distributes funds to counties and the CDSS continues to work together with the counties to ensure "statewideness" of the child welfare state plan; there is continued monitoring through the C-CFSR process; collaboration in setting system improvement goals and plans continues; and there is continued efforts to address interstate and tribal issues. The CDSS remains responsible for policy formation specific to the prevention, emergency response, family maintenance, family reunification, and permanency programs. This includes the development of policy letters and notices, promulgation of regulations, and implementation of new federal and state policies or laws.

Given the complex array of CWS programs and services that are all aimed at providing a safety net to protect neglected and abused children, the CDSS will continue to provide training and technical assistance to county child welfare and probation agencies. Through the provision of technical assistance, CDSS will encourage and support statewide replication of best practices and continuous improvements to achieve optimal outcomes for children and families. CDSS in partnership with the Department of Health Care Services issued the Core Practices Manual and the Documentation and Claiming Manual for use of Early Periodic Screening, Diagnosis, and Treatment (EPSDT)<sup>8</sup> funding. These manuals encourage multi-agency team services and will allow counties to maximize available funding for mental health services for children served through the CWS. Similarly, through the Continuum of Care Reform process and workgroups to strengthen practice with particular populations, CDSS guides best-practices development and supports replication across counties. Additionally, CDSS will continue to utilize its oversight system to identify and support replication of county promising practices that lead to the improvement of family functioning, child safety and well-being.

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

Kings County completed transition of the agency adoption program to the county level in January 2012. Seven counties (Calaveras, Humboldt, Lake, Tehama, Madera, Mariposa and Napa) completed the transition on July 1, 2012. Butte County completed transition of the program on January 1, 2013. Three counties (Plumas, Sonoma, and Yuba) completed transition of the program effective July 1, 2013. All but 16 counties, Colusa, Glen, Lassen, Modoc, Sierra, Siskiyou, Sutter, Del Norte, Mendocino, Trinity, Mono, San Benito, Amador, Nevada, Tuolumne, and Yolo, will continue to contract with the state to provide adoption services.

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

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

responsibility, and maintains minimum state and federal audit requirements. Senate Bill 1013 (Chapter 35, Statutes of 2012) outlines the states responsibility to monitor and provide oversight for programs under Realignment.<sup>9</sup>

## **Child Welfare Services in California**

California’s Child Welfare Services System (CWS) 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 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 child welfare 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 Indian tribes and an estimated 79 tribes seeking federal recognition, California undoubtedly has a complicated Child Welfare System. The strength of this system can be found within its 58 counties, each governed by a board of supervisors 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 program 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.

## **Service Components**

Although there are variations in how counties operate, the process is generally the same and is guided by four major components of the CWS system, with the addition of the new Supportive Transitional service component for youth receiving services through the After 18 program.

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

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

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

24 hours while less serious allegations are assigned initial face-to face contact within ten calendar days.

During face-to-face contact with the identified parties, the investigating worker determines the disposition for each allegation in the referral with a substantiated referral confirming the presence of abuse or neglect, an inconclusive is assigned when evidence is questionable or insufficient, and unfounded allegations do not meet the definition of maltreatment.

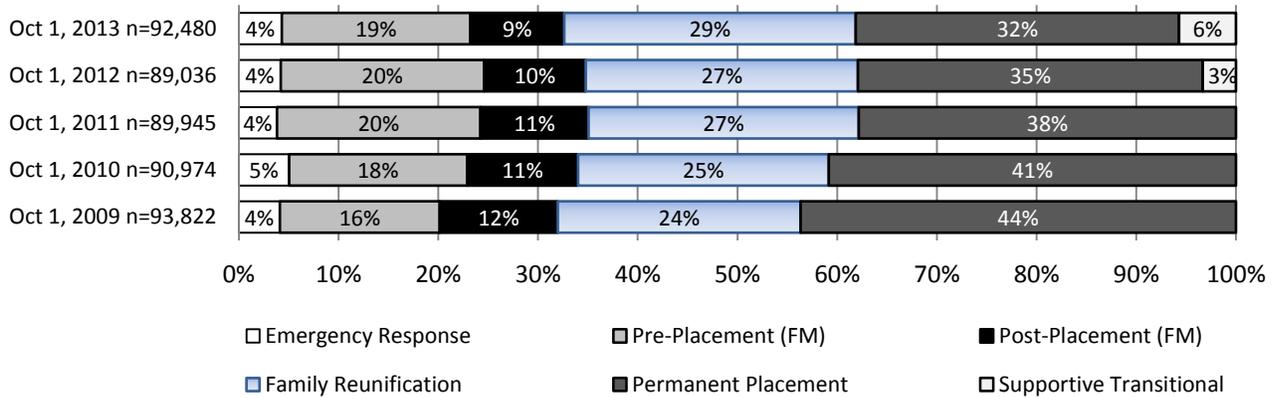
- *Case Opening* - Depending on the level of risk and safety, the social worker may decide to close the referral with referrals to community services as appropriate, or open a case to provide services.

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

- Alternatively, children may be placed in foster care if there are serious safety threats and are provided *Family Reunification* (FR) services. FR consist of time-limited services to children in out-of-home care to prevent or remedy neglect, abuse or exploitation when the child cannot remain safely at home and needs temporary foster care while services are provided to reunite the family. For children removed from their homes, County Child Welfare Agencies (agency) are responsible for: 1) ensuring that reasonable efforts are made to prepare the family for reunification, 2) providing timely visitation between the children and parents, 3) making initial referrals to services, 4) visiting children at least once a month, and 5) developing a case plan for services that address safety issues and risk of future maltreatment. If service objectives are met, the court may order reunification of the family.
- If reunification failed or the court determines reunification is not possible, the agency is responsible for assuring permanence for dependent children by promoting timely adoption, guardianship, or alternative permanent placement. Permanent Placement (PP) services offer alternative family structures for children who cannot remain safely at home. Permanent Placement includes pre-adoption, non-related legal guardianship (non-court dependents), relative guardianship, and independent living; establishing financial assistance to adoptive parents and guardians to aid in support of special needs children; and adoption services, including tribal customary adoptions.
- The *Supportive Transition* service component extends these Permanent Placement services to non-minor dependents and is provided through the After 18 program, described further in the Permanency Chapter of this report.

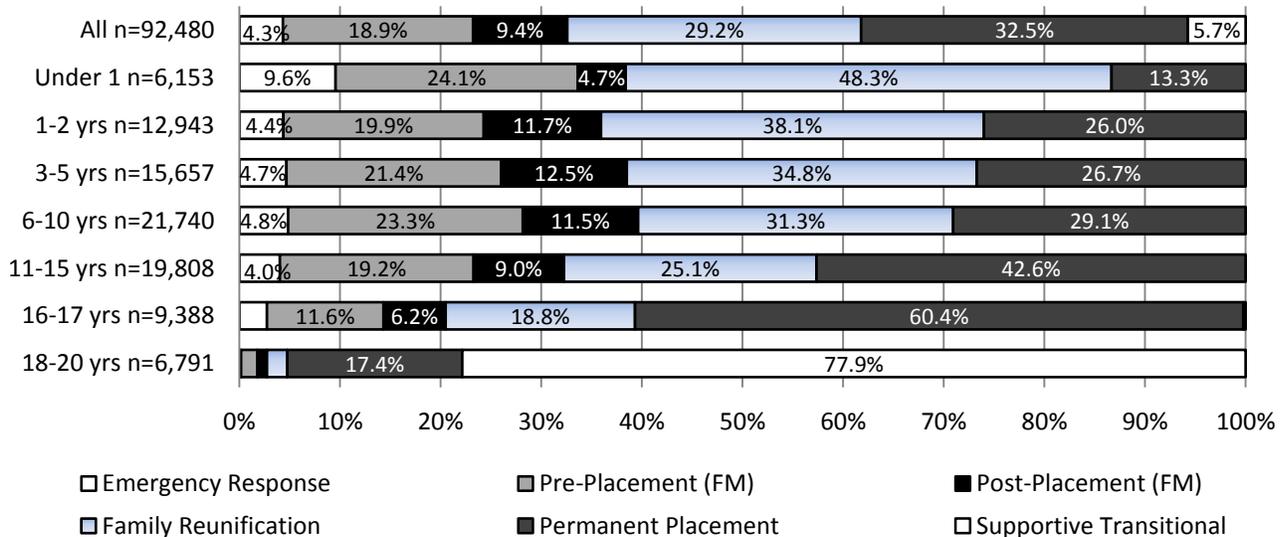
As illustrated below, there is a decreasing trend in the proportion of cases receiving Permanent Placement services and an increasing proportion of cases receiving Pre-Placement and Family Reunification services. This trend highlights the state’s continued commitment to increasing timely permanency and safely maintaining children in their homes. This year, CDSS has included the Supportive Transitional service component for those youth receiving services through the After 18 Program so the number of children will be larger for those areas where the data was available during the preparation of this report.

**Figure 1: Point in Time Caseloads by Service Component, Oct 1, 2009 to Oct 1, 2013**  
**Caseloads by Service Component, Agency Type: CW, Ages 0-20, CSSR CWS/CMS, Q3 2013**



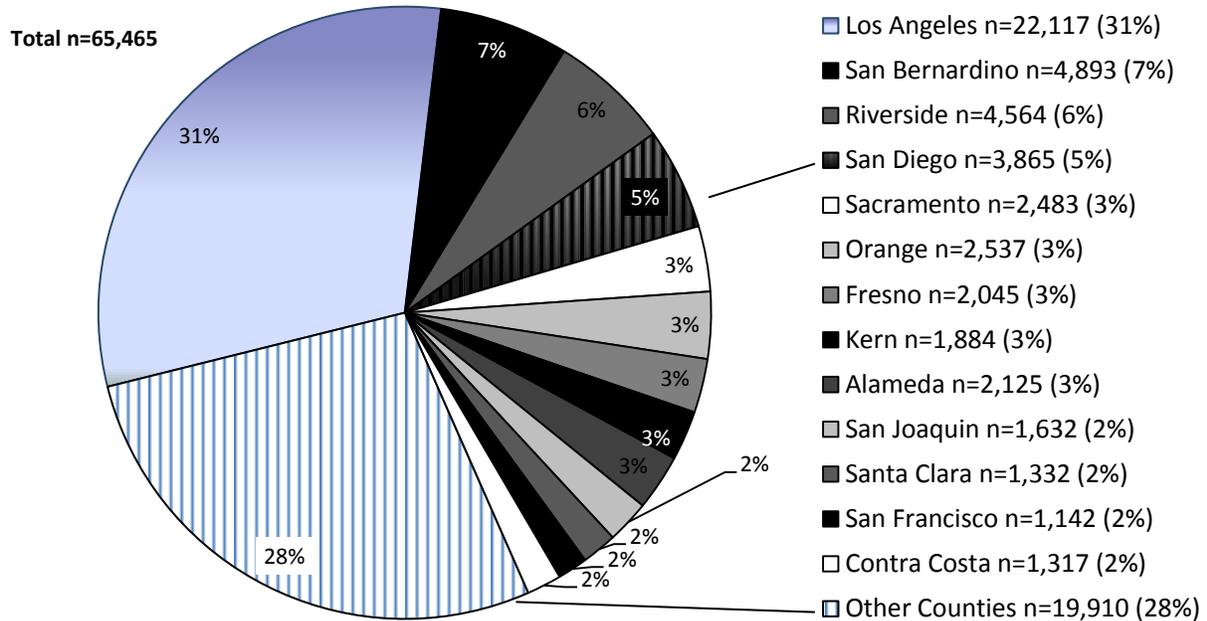
Separating data by age illustrates varying experiences of children through the child welfare system. The figure below shows the proportion of older children receiving FR services decreases with age, while PP services increases with age.

**Figure 2: Point in Time Caseloads by Service Component and Age, Oct 1, 2013**  
**Caseload by Service Component, Agency Type: CW, Ages 0-20, CSSR CWS/CMS, Q3 2013**



The 58 counties are a reflection of the complexity of California’s CWS system. The 2013 California Department of Finance Child Population Projections ranges from 2.7 million children in metropolitan Los Angeles County to 274 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 2 percent.

**Figure 3: Point in Time Children in Foster Care**  
**Agency Type: All (CW, Probation), Ages: 0-20, Jan 1, 2014, Extract CWS/CMS Q4 2013**



### Principle Data Source and Tools

The information below provides the reader with background on California’s principle 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)*. 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.

Although the current CWS/CMS met the business needs and practices at that time it was implemented in the early 1990s, it does not fully support today's child welfare practice and is no longer an economical, efficient, or effective automated tool for child welfare management and staff support. In 2003, California initiated the Child Welfare Services/Web (CWS/Web) Project to plan and implement a replacement system for the current CWS/CMS. The goal of the replacement system was to employ modern technologies and new functionality to effectively meet CWS business needs and federal SACWIS requirements. However, the CWS/Web Project was indefinitely suspended in the 2011 State Budget Act. 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 2015/2016.

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 NCANDS, AFCARS, NYTD and FMCV federal reports, provides ad hoc reports using data from CWS/CMS, data support for program sampling and reviews, legal issues, and for other government and research entities, e.g., Department of Mental Health, Department of Education, Department of Public Health, Department of Developmental Services, and the Legislature.
- CFSR Data Profiles are produced from *California's Adoption Foster Care Analysis and Reporting System (AFCARS)* data files and provided to the state by the Children's Bureau after the semi-annual AFCARS submissions. These reports are considered the official data for determining whether the state is in substantial conformity with the CFSR national standards on safety and permanency, as well as determining the state's performance on achieving the CFSR PIP target goals. AFCARS data are reported twice a year every 6 months on a Federal fiscal year basis. The data profiles do not include youth in the extended foster care program.
- *Center for Social Services Research (CSSR)* at the University of California at Berkeley - The California Child Welfare Performance Indicators Project is a collaborative venture between the University of California at Berkeley and CDSS/CWDAB. The project aggregates California's administrative child welfare and foster care data into customizable tables that are refreshed quarterly and made openly available on a public website. This comprehensive data source allows those working at the county and state level to examine performance measures over time. In addition to stratifications by year and county, data can also be filtered by age, ethnicity, gender, placement type, and other subcategories to craft individualized reports. This project provides policymakers, child welfare workers, and the public with direct access to information on California's entire child welfare system. The UCB-CSSR site is available via the following link: [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)

- *The Latino Practice Advisory Committee (LPAC) Data* is a fairly new addition to the CSSR menu. The LPAC Data became available to the public in late 2013 and it provides assistance in the review of prevalence rates in county population analyses. The LPAC Data differs from prevalence rates in that it takes into account the ethnic breakdown of the absolute number of children in foster care. In California, the prevalence rate per 1,000 children for Latinos is not high in comparison to the Native American and Black Ethnic groups, however when you examine the combined In-Care population for all ethnic groups (54,210)<sup>10</sup> 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](http://cssr.berkeley.edu/ucb_childwelfare/LatinoChildWelfarePracticeAdvisoryCommittee.aspx).
- SafeMeasures®<sup>11</sup> is a web-based database maintained by the Children's Research Center (CRC) in Wisconsin that extracts data from CWS/CMS to report statewide and individual county data related to state and federal outcomes. Unlike data from the CSSR, data extracted from SafeMeasures® are real-time. SafeMeasures serves as a quality improvement 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) as their safety assessment tool.
- The *Multistate Foster Care Data Archive (MFCD)*<sup>12</sup> housed at Chapin Hall at the University of Chicago is also utilized by the CDSS. Using the state's administrative data, Chapin Hall standardizes California's data to conform to data from other states and applies their own statistical models to understand foster care placement outcomes including time to reunification, time to adoption, placement stability, and re-entry. These data can be tabulated by age and can be compared to other data from other subscribing states.
- Business Objects® Desktop Intelligence is a reporting tool utilized by counties to create individualized queries about certain data aspects contained in the CWS/CMS. It combines an SQL (Structured Query Language) report-writer with formatting and publishing features familiar to Microsoft Office programs users. Business Objects simplifies the complex data language found in the CWS/CMS database allowing users to work with objects that are in business terms (more familiar and more closely resemble language found in the CWS/CMS application).

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<sup>10</sup> LPAC Templates: California Child Welfare Indicators Project (CCWIP), University of California at Berkeley, Number in Care, Agency Type: Child Welfare, Oct 1, 2013.

<sup>11</sup> <http://www.nccdglobal.org/analytics/safemeasures>

<sup>12</sup> <http://fcda.chapinhall.org>

- *The Child Welfare Outcomes Report Builder* is produced by the Children’s Bureau (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>

## Agency Structure

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

The CDSS is responsible for the supervision and coordination of programs in California funded under federal Title IV-B subparts 1 and 2 of the Social Security Act, Title IV-E, CAPTA, and the Chafee Foster Care Independence Program (CFCIP) and Education Training Vouchers (ETV) programs for older and/or former foster care youth. The CDSS is responsible for developing the state’s CFSP, California’s blueprint for child welfare services<sup>13</sup>. 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, researchers, child advocates, the Legislature, higher education institutions and private foundations to maximize families’ opportunities for success.

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

The *Child Protection and Family Support Branch* (CPFS) oversees emergency response, pre-placement and in-home services policy components, including safety and risk assessments, differential response, and Indian Child Welfare Act (ICWA) compliance; the Title IV-E Child Welfare Waiver Demonstration projects, statewide training and staff development activities of public child welfare service workers; and community-based services, including the Office of Child Abuse Prevention (OCAP), and intervention and treatment services funded under CAPTA, Community Based Child Abuse Prevention (CBCAP), Child Abuse Prevention, Intervention and Treatment (CAPIT) and the Promoting Safe and Stable Families (PSSF) Act.

The *Children Services Operations and Evaluation Branch* (CSOE) implements the CWS system improvements; California’s Child and Family Services Review (C-CFSR); Adoption Assistance Program policy; coordinates child welfare and probation disaster plans; ensures interstate

<sup>13</sup> [http://www.childsworld.ca.gov/res/TitleIV-B/CFSP\\_2010-2014.pdf](http://www.childsworld.ca.gov/res/TitleIV-B/CFSP_2010-2014.pdf)

placements are in compliance with the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact on Adoption and Medical Assistance (ICAMA); reviews of child fatalities/near fatalities which are reported via statements of findings and information submitted by counties; State Adoption District Offices and reviews, maintains, manages and ensures confidentiality of all California adoption records and provides post-adoption services.

The *Child and Youth Permanency Branch (CYP)* supervises delivery of services to children removed from their homes and placed into foster 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-country agency adoptions; the Independent Living Program; Transitional Housing Program; and foster and adoptive parent training and recruitment.

The *Case Management System Support Branch (CMS Support)* provides ongoing support, management and oversight of California's federally supported SACWIS known as CWS/CMS. The CMS Support Branch facilitates the development and implementation of statewide child welfare program regulatory and/or business process changes within the CWS/CMS. The Branch also has a role in managing the CWS/CMS data collection processes, outcome measurement and reporting requirements. Additionally, the CMS Support Branch facilitates technological upgrades, statewide system training and business process improvements related to the CWS/CMS. These efforts are in collaboration with various, federal, state and county entities and are pursuant to state and federal funding requirements, policy rules and regulations. The CMS Support Branch aids in ensuring the ongoing maintenance and operation of a cost efficient, effective user-friendly statewide automation system.

The *CWS-New System Project Office* within the Department and in partnership with the Office of Integration is responsible for the planning, development, design and implementation of the system 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 payments 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* was established through Senate Bill (SB) 933 as an autonomous entity within CDSS to provide objective investigations of complaints and issues regarding the placement, care and services of children in foster care; maintains a toll-free number for any individual to voice their concerns or complaints; responds to complaints from anyone with concerns about the foster care system; makes appropriate referrals and recommendations to resolve complaints and issues; provides children and youth in foster care with information on their personal rights; maintains an 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.

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

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

## **Stakeholder Collaboration**

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

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

Significant to the development of policies and programs to ensure the safety, permanency and well-being of every child involved in CWS is system-wide collaboration and stakeholder involvement with additional state and local agencies, community-based and philanthropic organizations, the courts, community service providers, tribal representatives, interagency teams, workgroups, commissions and other advocacy groups. Stakeholders and partners were involved in the implementation the Foster Connections After 18 (After 18)<sup>14</sup> program that implemented the provision of the Federal Fostering Connections and Increasing Adoptions Act of 2008 which gives states the option to extend foster care beyond the age of 18, California Partners for Permanence (CAPP) to reduce long-term foster care, the Continuum of Care Reform efforts, the development of the CFSP, and the annual development and update of the APSR. For the 2014 APSR, counties, tribal nations, and stakeholders were provided with draft copies of the report for review and comment on May 19, 2014. To the extent possible, revisions and comments from stakeholders are addressed and incorporated throughout this document.

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<sup>14</sup> AB 12, Chapter 559, Statutes of 2010

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

### California Child Welfare Council (CWC)

The CWC was established through legislation known as the Child Welfare Leadership and Performance Accountability Act of 2006, signed by Governor Schwarzenegger. Starting in 2011, the council is co-chaired by the current Secretary of HHS, Diana Dooley, and appointee of the Chief Justice of the State Supreme Court, Appellate Court Justice Vance Raye. The CWC comprises a 54-member advisory body from the legislative, judicial and executive branches as well as stakeholders, youths, and nonprofit agencies. In 2013-14, the committees continued to focus in the areas of Prevention and Early Intervention, Permanency, Child Development and Successful Youth Transitions, and Data Linkages and Information Sharing, and presented recommendations to the full CWC for consideration in improving child and youth outcomes. In FY 2013-14, the Council was able to adopt several major recommendations in one of the most active years to date of the council's work. The Council received recommendations for significant policy improvements in three key areas:

1. **Prioritization:** Ensuring access to services for parents who have a court ordered plan to reunify with their children who have been placed in foster care.
2. **Partial Credit:** Awarding academic credits to foster children who transfer schools mid-semester
3. **Commercially Sexually Exploited Children:** Serving victims, many of whom are or were former foster youth, as well as preventing victimization

The *Prevention and Early Intervention Committee*'s 2013-14 focus was on 1) bringing Differential Response (DR) to scale on a statewide basis; and 2) identifying potential federal finance reforms that could promote prevention and early intervention. In partnership with the CDSS, the PEI Committee conducted a survey of 11 counties to learn more about fully implementing DR as a framework. The results of the survey will be utilized by the Office of Child Abuse Prevention and by the committee as it moves into its new role as a state-level Citizens' Review Panel. The PEI Committee focused on California's participation in strategic discussions nationally on federal finance reform. In the coming year the committee will further explore specifics of the issue, including funding sources, and identifying opportunities and obstacles.

Over the past five years, the PEI's primary objective has been to explore prevention platforms that are evidence-based and aligned with California's priority initiatives. The committee has undertaken an in-depth review of Differential Response, and federal child welfare finance reform. Both outcome areas involved a multi-year process of engaging national faculty, reviewing relevant literature, and survey of local and statewide practices. The findings were analyzed by the Committee and culminated in two major publications: California Differential Response Framework (to increase consistency in practice and promote model fidelity) and Federal Child Welfare Finance Reform Toolkit (to build knowledge of the substantive issues and prepare readers for action.)

The *Permanency Committee* focused on efforts made towards Family Reunification, one of the four program components of the California Child Welfare Services 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 Family Reunification 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's 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 of work for the *Child Development and Successful Youth Transitions Committee* are: (1) Improving response to and prevention of Commercially Sexually Exploited Children; as a result during this reporting period, a statewide task force was convened (2) Ensuring that children receive school credit when transferring between schools. Successful achievement was demonstrated by the signing of legislature that will now offer Partial Credit not only for foster youth but for others similarly situated. (3) Benefits and drawbacks of requiring that group homes be accredited were still being discussed at the committee level and 5) Special needs of young children and foster care including a recommendation to raise awareness and collaborate with the State First Five Commission, as well as identifying best practices and strategies utilized throughout the State. In addition to these two areas of focus the Committee brought forward its recommendations setting forth how to support young children in care.

The *Commercially Sexually Exploited Children Action Team* was formed in 2013-14 to address the complex problem of commercially sexually exploited children in California. The Action Team is comprised of 45 different organizations representing a broad range of stakeholders ranging from the judiciary, law enforcement, foster care agencies, public health, education, parent and youth representatives, the Child Welfare Directors Association, and many others. In June of 2013, the CWC adopted recommendations made by the Action Team to design and implement a multi-prong, cross-systems approach to address the problem. The OCAP Bureau Chief chairs the Prevention and Training Subcommittee for the CWC Action Team, and is a member of the Action Team. In 2013-14 the Action Team was formed, organized and met three times as a large. The subcommittees were formed and chairs appointed.

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

In 2013-14, the Committee continued to provide updates on national, state and local data sharing initiatives. Information shared during committee meetings included an introduction to the new partnership between UC Berkeley and USC--the Children's Data Network, California State Library's metadata catalog initiative, the CalYOUTH multi-system data linkage process and connection of risk and perinatal service systems and several county health and education initiatives. The committee continues to engage in many collaborative activities with the Stewards of Change, the State Interagency Team, local Blue Ribbon Commissions and various state and county departments.

### 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 AOC, the staff agency of the Judicial Council, which has policy-making authority over the state court system. Coordination with the Center for Families, Children and the Courts, a division of AOC and the Family and Juvenile Law Advisory Committee of the Judicial Council include several project and program areas:

*Judicial Review and Technical Assistance project (JRTA)* -- The JRTA project assists judicial officers and juvenile court professionals directly with the judicial determinations required for title IV-E eligibility. JRTA attorneys visit courts on a rotating basis to conduct a review of court files, providing judges with an analysis of the findings and orders necessary to maintain compliance with federal and state statute. After consultation with the bench, the JRTA attorney provides the appropriate county agencies with recommendations and training to improve the information provided to the court. In the course of the year, courts frequently request additional targeted visits and special training sessions for juvenile court professionals in the county. Please see 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 AOC training for local court and child welfare professionals. Through a state permanency grant and use of federal court improvement program funds, the AOC provided training at the state and local level to child welfare professionals on implementing Fostering Connections and other topics. AOC attorneys and faculty provided training both on targeted topics to attorneys, social workers, judges and others in individual courts, based on an assessment of the county’s needs, and statewide and regional trainings on basic dependency topics. Targeted topics included: the After 18 Program, information sharing, Title IV-E and legal issues, trafficking, family finding and engagement, and communication with clients. Regional or statewide trainings included a statewide training for judicial officers on Fostering Connections, a statewide introduction to dependency law for attorneys, and two regional trainings on trial skills.

*The Court Improvement Program* - Collaboration supported by the federal Court Improvement Program continued in FY 2013-2014. California HHSA staff joined judicial officers and court staff at the national Court Improvement Meeting for state level needs assessment and strategic planning activities. AOC Court Improvement Program staff play a major role in staffing the Child Welfare Council, serving as co-staff with HHSA and staffing two committees: Permanency and Data Linkage. The Court Improvement Program also partially funded the activities of the Council’s Prioritization Workgroup. The Beyond the Bench conference was held December 2013.

The AOC continued to provide *custom reports* from UC Berkeley Center for Social Services Research on safety and permanency outcomes for children specifically for judicial officers to further their involvement in the state’s Outcomes and Accountability system. The reports have been made available to all local Blue Ribbon Commissions and are also on the CalDOG website.

*Tribal Court–State Court Forum (forum)* was established in May 2010, the California 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 California Judicial Council (council) 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 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 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 an Indian tribe has intervened in a case, a copy of the record of that case must be sent to that tribe. The Judicial Council adopted the rule proposal, effective January 1, 2013. (<http://www.courts.ca.gov/documents/SPR11-12.pdf>)
- Access to Records (AB 1618): developed a legislative proposal to amend Welfare and Institutions Code section 827 to share juvenile records between tribal and state courts. This proposal was adopted by the Judicial Council and introduced by Assemblymember 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](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 Judicial Council to the State Legislature.
- ([www.courts.ca.gov/documents/lr-Tribal-Customary-Adoption-Report\\_123112.pdf](http://www.courts.ca.gov/documents/lr-Tribal-Customary-Adoption-Report_123112.pdf))

The *California Blue Ribbon Commission on Children in Foster Care* (commission or BRC) was established in March 2006 by former Chief Justice Ronald M. George. The commission was charged with providing recommendations to the Judicial Council of California on the ways in which the courts and their partners system can improve safety, permanency, well-being, and fairness for children and families in the child welfare system. In April 2011, Chief Justice Tani Cantil-Sakauye appointed Associate Justice Richard D. Huffman, Court of Appeal, Fourth Appellate District, Division One, to replace Justice Carlos Moreno as chair of the Blue Ribbon Commission after Justice Moreno retired from the California Supreme Court. Justice Huffman had been an active member of the commission since its inception. Director Will Lightbourne has been a commissioner since the beginning of the commission.

The focus of many local BRC's starting in 2012 was to address the role of the courts in improving educational outcomes for children. Local BRC's are continuing with this joint effort between the courts, CDSS, and the state Department of Education to convene local teams on the topic of school

truancy and discipline policies and their relationship to the foster care and juvenile justice systems. The Keeping Kids in School and Out of Court Summit was held in conjunction with the Beyond the Bench conference, December 2013. The Summit brought together judicial officers, educators, juvenile justice and child welfare professionals, and community leaders to spotlight the problem of truancy and school discipline policies that put California's children at greater risk of juvenile and criminal justice system involvement; highlight some successful solutions to the problem; and engage local teams to return to their home counties with a strategy to keep kids in school and out of court.

### The State Interagency Team (SIT)

Chaired by CDSS, the SIT for Children, Youth and Families brings together representatives from various departments with California's Health and Human Services Agency including representatives from Education, Public Health, Health Care Services, Mental Health, Alcohol and Drug Programs, Corrections and Rehabilitation, Developmental Services, and Employment Development, as well as the Emergency Management Agency, Workforce Investment Board and Administrative Office of the Courts. The SIT's purpose is to provide leadership and guidance to facilitate full county implementation of improved systems for the benefit of communities and the common population of children, youth and families. The SIT promotes shared responsibility and accountability for the welfare of children, youth and families by ensuring that planning, funding and policy are aligned across state departments.

The SIT's work plan goals and objectives during this reporting period included: 1) decreasing racial disproportionality and disparity; 2) strengthening domestic violence services for non-offending families; 3) improving educational outcomes for children in care; 4) improving the quality, efficiency, and effectiveness of home visiting through interagency collaboration; 5) supporting the successful transition to adulthood for former foster youth exiting the juvenile justice system; and 6) decreasing chronic school absence through collaborative action. The SIT workgroup's goals and accomplishments are described below:

- The *Workgroup to Eliminate Disparities (WGED)* 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; 2) developed a training and resource list, posted to WGED website; 3) information sharing and training on data collection and conducting Courageous Conversations on Race; 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 AOC, the *Domestic Violence (DV) Workgroup* aims to strengthen services for non-offending families. In 2010 the Workgroup published the California Statewide Leadership Group on DV report and recommendations for DV policy and practice improvements -*Addressing Domestic Violence, Child Safety and Well-Being Collaborative Strategies for California Families*. In 2011 they disseminated the report at the national and State level and presented it at the

Beyond the Bench. In the summer of 2012 and in partnership with CDSS and Children's Research Center of the National Council on Crime and Delinquency, an analysis was produced based on a Structured Decision Making (SDM) tool on DV to address connections between domestic violence, substance abuse and mental health in families coming to the attention of child welfare. The DV Workgroup presented the analysis at the 2013 Beyond the Bench Conference.

- Led by the Administrative Office of the Courts, the California Department of Education and the National Center for Youth Law, the *Improving Educational Outcomes for Children in Care (IEOCC) Workgroup* developed training and technical support to assist California counties in carefully investigating how to draw down Title IV-E funds in support of case management related to education and well-being by leveraging Foster Youth Services funds at the state, rather than the county level. The Workgroup accomplishments include: 1) drafted a Template Title IV-E MOU; 2) revised rules of court and judicial forms related to education; 3) developed training and mentoring modules; 4) produced the Invisible Achievement Gap study; and 5) reviewed new education codes.
- Led by the Department of Public Health, and established in 2012 the primary goal of the SIT California Home Visiting Program (CHVP) Workgroup is to provide insight into strategies to support the planning and implementation of the Affordable Care Act Home Visiting Initiative. The workgroup's focus areas include: program implementation, training and technical assistance, continuous quality improvement, interagency efforts to improve referrals, interagency coordination and data sharing, systems improvement, and collaboration with other child-serving agencies at state and local levels. Accomplishments include 1) training in Strengthening Families framework; 2) recommendations for interagency referral mechanisms; 3) collaborative approach to develop a shared set of outcomes across disciplines and data indicators; 4) completed action steps to improve access to affordable housing, childcare and mental health services for CHVP families; 5) training for home visitors and staff on the 3R's of Early Childhood, and 6) Ensuring that the local CHVP Community Advisory Boards include the broad range of service and support providers responsible for meeting the needs of the HV families.
- Led by the Department of Corrections and Rehabilitation Division of Juvenile Justice (CDCR/DJJ) the goal of the Foster Youth Reentry Workgroup established in 2010 was to support the successful transition of former foster youth returning to the community from the juvenile justice system. The Workgroup accomplished the following: 1) modified the Juvenile Courts "Commitment to DJJ" form to include the identification of foster youth; 2) DJJ adopted the CDSS Foster Youth Resource Toolkit to inform foster youth in DJJ of the availability of community services; 3) DJJ conducted resource information sharing sessions in which community based service providers interacted with self-identified foster youth at DJJ facilities to link them with services in the community for which they are eligible; and, 4) DJJ and CDSS initiated the development of an MOU to share data to identify former foster youth in DJJ.
- Led by the Department of Education the *Chronic Absenteeism Workgroup* was created in 2013 to develop recommendations for collaborative action to address chronic absenteeism. The goal

of the workgroup is on raising awareness and potential corrective actions regarding chronic absence for all students with a clear understanding that students of color, low socioeconomic status, and foster youth are particularly negatively impacted by chronic absenteeism. Specific accomplishments and continuing work include 1) May 2013 Interagency State Policy Forum on Chronic Absence; 2) sponsored Attendance Awareness Month in September 2013; to expand awareness and stimulate collaborative action across state agencies; and 3) linked behavioral interventions to student engagement and attendance by providing information to educational stakeholders about restorative justice, school wide positive behavioral interventions and supports as a means to reduce highest rates of suspensions, and high rates of racial disparities.

### The Child Welfare Co-Investment Partnership

The California Child Welfare Co-Investment Partnership is a collaboration of private and public organizations working to improve outcomes in the child welfare system. The Partnership is comprised of five philanthropic organizations (Casey Family Programs, Conrad N. Hilton Foundation, Stuart Foundation, Walter S. Johnson Foundation, and Zellerbach Family Foundation), the California Department of Social Services, the Administrative Office of the Courts, and the County Welfare Directors Association. The partners meet regularly to share perspectives on federal, state, and local policy, and to coordinate investments needed to improve the child welfare outcomes of safety, permanency, and well-being.

The SIT's 2013 work plan objectives included: 1) decreasing racial disproportionality and disparity; 2) strengthening domestic violence services for non-offending families; 3) improving educational outcomes for children in care; and 4) improving the quality, efficiency, and effectiveness of home visiting through interagency collaboration. The SIT workgroups are described below:

- *The Workgroup to Eliminate Disparities and Disproportionality (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; 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 Assessment (RIA), tested at 2013 Beyond the Bench Annual Conference.
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the California Department of Social Services, the Administrative Office of the Courts, and the County Welfare Directors Association. The partners meet regularly to share perspectives on federal, state, and local policy, and to coordinate investments needed to improve the child welfare outcomes of safety, permanency, and well-being.

### Collaboration with Tribes

The CDSS' ICWA Workgroup, formed in July 2002, continues to expand its membership and now consists of 102 tribal ICWA workers/advocates, 69 county child welfare and probation representatives, 27 CDSS staff, 38 state/university representatives, and 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, 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.

A summary of accomplishments the ICWA Workgroup has made include:

- Assisted in the development of CDSS' basic ICWA (101) training curriculum and advanced ICWA, and adoptions training curriculums, These trainings were made available for counties, probations departments and to social workers in training academies (e.g., ICWA and adoptions trainings were offered three times in FY 2012);
- Made recommendations for revisions to CDSS' child welfare services regulations (California Code of Regulations, Division 31) regarding ICWA;
- Made recommendations for the development of multiple All County Information Notices (ACINs) and All County Letters (ACLs) pertaining to ICWA (see complete list of all ACINs/ACLs at <http://www.childsworld.ca.gov/PG2074.htm>);
- Worked with CDSS and the Judicial Council of California's Administrative Office of the Courts (AOC) in the establishment and continuation of the AOC's ICWA Initiative Project through CDSS funding and an interagency agreement. In January 2009, the CDSS released an ACIN informing counties, tribes and other interested parties regarding the resources available via the ICWA Initiative Project (see [http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2009/I-06\\_09.pdf](http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2009/I-06_09.pdf));
- Assisted with the development of new CDSS form (SOC 820) to improve the ICWA noticing process; subsequently the AOC ICWA Initiative Project revised all forms pursuant to Senate Bill (SB) 678 (Chapter 838, Statutes of 2006). These forms are now the ICWA 010(A); ICWA 020, ICWA030 and ICWA 30(A) (see <http://www.courts.ca.gov/forms.htm?filter=ICW>). Other forms

and information such as “Why Is Notice Under The Indian Child Welfare Act (ICWA) So Hard To Get Right?” and “Indian Child Welfare Act Inquiry Interview” form, etc. (see <http://www.courts.ca.gov/8103.htm>);

- Provided input regarding the development and release of an All County Letter (ACL) regarding SB 678 (see <http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl08/08-02.pdf>);
- Established a sub-workgroup to consider the issue of permanency for Indian children and youth including discussion regarding Tribal Customary Adoption (TCA); and the release of an ACL regarding adoptions policy and ICWA (see <http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2010/10-17.pdf>);
- Worked with members of the sub-workgroup on the development of legislation, Assembly Bill (AB) 1325 authorizing the implementation of TCA as a permanency option in the state (see <http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2010/10-47.pdf>);
- Established a sub-workgroup to consider the issue of Tribally Approved Foster Homes. Guidelines were released in the early Fall 2008 regarding this issue via an ACIN (see [http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin08/I-86\\_08.pdf](http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin08/I-86_08.pdf));
- Established an ICWA Training Committee, made up of tribal and county representatives including the State Training and Education Committee of the California Social Work Education Center, to review and update ICWA training curricula for county workers and to help develop a curriculum for Tribal ICWA Workers; and
- Workgroup members made CDSS aware of the significance and implications of the Baby Veronica case on the interpretation of ICWA nationally. As a result, the CDSS joined in an Amicus Brief in support of the biological father and Cherokee Nation.

Although CDSS has utilized the ICWA Workgroup as the primary means of consulting and collaborating with tribes on issues related to child welfare, California is committed to improving its process for engagement with all Indian nations who serve at-risk and vulnerable children and their families within its borders. 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 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, has worked with the California Welfare Directors Association (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 Riverside County Tribal Alliance Meeting. CDSS co-facilitated two listening sessions at the 20<sup>th</sup> and 21<sup>st</sup> Annual Statewide ICWA Conference in June 2013 and June 2014 to capture suggestions from the tribal community on key components to include in a tribal consultation policy.

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 2013 and 2014, 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 partnership with CFSD has been established, and future convenings will be reported in forthcoming APSR reports.

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 the Children's Bureau of the U.S. Department of Health and Human Services. The request was approved in March 2013 and the Department believes this technical assistance will yield increased understanding and capacity by CDSS for broader and more meaningful consultation and collaboration with tribal governments. In addition, it will assist in achieving sustainable, systematic change that results in greater safety, permanency and well-being for children, youth, and families. The purpose and framework for the ICWA Workgroup will be clarified and future workgroup activities will be improved, as we develop a formal plan and structure for communication with all federally-recognized tribes in California.

An ICWA Workgroup Subcommittee was established in 2011 to assist in tribal community engagement and input for the implementation of AB 2418 (Ch. 468, Statutes of 2010), a foster care bill which extends the provision of ICWA for dependent youth age 18-21; and input for the implementation of the After 18 Program. Successful implementation requires that CDSS make a fundamental shift in its practice, and look to a new level of collaboration between the co-sponsors of the After 18 Program, particularly California Indian 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 Indian youth and families. Additional convenings will continue to be scheduled as needed.

New ICWA curricula<sup>15</sup> and an online toolkit were developed by the California Social Work Education Center (CalSWEC) and Tribal STAR. The training curricula, which includes desk aids and tools reviewed by the ICWA Workgroup, was posted online in March 2012. The toolkit was a product of collaboration with the American Indian Enhancement Team on the Casey Disproportionality Project. In an effort to increase transparency, the CDSS ICWA website has 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.

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<sup>15</sup> 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

The Family Development Matrix (FDM) Project is a family engagement tool that also documents prevention and early intervention services and tracks progress and outcomes for services provided by community based organizations. It has been offered for use to tribes and tribal service providers who have begun to use it to assist in providing active efforts. The FDM is in the process of adapting the program to better meet the needs of the tribal community.

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. Through Division 31 ICWA regulation updates currently underway, better understanding of the law, as well as improve clarity at all important decision making junctions in ICWA eligible youth placements should be achieved.

**THIS MARKS THE END OF THE INTRODUCTION SECTION**

# CALIFORNIA'S EFFORTS TOWARDS 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 Child and Family Services Review (CFSR) and the corresponding Program Improvement Plan (PIP) and narrative discussion of how current programs address efforts to improve California's overall system. The analyses of the Outcomes and Composite Measures provide a more accurate, data supported depiction of specific CWS program and services over the past year.

## California's Program Improvement Plans

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

- The CAPTA PIP centered on the provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found to be required to register with a sex offender registry under section 113(a) of the Adam Walsh Child Protection and Safety Act of 2006. Completed in September 2012 through new legislation (SB 1521, Lui), the statute is now more explicit and requires the parent or guardian to register on a sex offender registry. The bill was signed by the Governor in September, 2012.
- **AFCARS Improvement Plan (AIP)** - AFCARS collects case level information from SACWIS, identified as CWS/CMS in California, on all children in foster care for who state child welfare agencies have responsibility for placement, care and supervision and on children exiting foster care to adoption. The AFCARS also includes information on foster care providers and adoptive parents. States are required to submit AFCARS data semi-annually to ACF.

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

In 2006, the CDSS assumed responsibility for AFCARS from the CWS/CMS contractor. This enabled the Department to implement changes to the system and make changes to the extraction code to meet the applicable requirements and standards in as timely a manner as possible and to provide updates of its progress to ACF. The extraction code was completely re-written from COBOL (Common Business Language) to a SAS (Statistical Analysis System) format

Throughout this report items related to the CFSR, PIP, and current status are marked with this icon  for easy identification.

in consultation with ACF staff. As a result, AFCARS files from 2002 through 2007 were resubmitted in November 2007. CDSS continues to work on improving AFCARS in accordance with the AIP, which are detailed below.

#### SACWIS System Improvements

Several modifications to address deficiencies noted during the March 2004 ACF AFCARS reviews were made to CWS/CMS. These changes were designed to improve data quality by modifying values to more closely correspond to federal guidelines and include:

- Improving reporting of the Hispanic or Latino origin by removing system defaults and adding a warning message when contradictory ethnicity and Hispanic or Latino origin data is entered.
- Adding ethnicity type values of 'Unable to Determine' and 'Declines to State.'
- Improving reporting of a child being previously adopted by removing defaults and indicating to the end user that the field is required for AFCARS reporting.
- Disabling the placement episode termination reasons of 'Child Refused Services,' 'Child Abducted' and 'Child Ran Away from Placement.'
- Adding a new frame where workers can record whether a child has a diagnosed disability.
- Adding new functionality to capture where an adopted child was placed from; 'Within State,' 'Another State' or 'Another Country.'
- Adding additional relationship types to capture all previous relationships an adoptive parent can have with a child.
- Changes to the AFCARS Navigation Tool to alert the end user to additional missing data fields required for AFCARS data elements.

#### Extraction Code Improvements

Since FFY 2009, several extraction code changes were made to correspond with the system improvements described above in addition to other code changes made pursuant to the AFCARS Improvement Plan which include, but are not limited to:

- Excluding hearing types and disabilities that do not meet the federal definitions.
- Modifying missing data values to report blank data elements.
- Correctly capturing placement dates when a child returns to the same placement home after running away or a trial home visit.
- Adjusting removal dates if the first placement within the episode is a non-foster care placement type of hospital or locked facility.
- Only reporting termination of parental rights dates that are prior to or equal to the end of report period.

#### Field Instruction Improvements

In January 2013, the CDSS released All-County Information Notice 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 13-36, again reminded counties and provided

specific instructions on how to navigate to 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.

- California completed the required actions steps for the CFSR PIP on June 30, 2011 through the submission of the eighth and final quarterly report. The state had until September 30, 2012 to achieve its target improvement goal for Permanency Outcome 1 Composite 4: Stability in Foster Care. The Children’s Bureau informed the state in March 2013 that it had successfully achieved all the data goals included in the PIP; the target for Permanency Outcome 4 was 95.3 and California achieved a score of 95.4.
- **California’s Title IV-E Foster Care Review** was conducted the week of November 26-30, 2012. The Administration for Children and Families (ACF) found that California’s Title IV-E foster care maintenance program is in substantial compliance with Federal eligibility requirements. Since California is in substantial compliance, a secondary review is not required. The next primary review will be held within three years.

## Improvement Over Time

Figure 4 shows California’s performance on the CFSR measures for FFY 2009 through FFY 2013. The “Improvement” column is a calculation of percent change between the last two federal fiscal years. The status of each measure is noted as improved, declined or no change to the right of the measure name.

Performance has steadily improved in the safety, placement stability, and long-term care composites. Dissimilarly, California has decreased slightly in the reunification composite measure. A discussion of these measures is included in the Safety and Permanency Chapters of this document. Over the last two years, there have been steady improvements in the adoption and placement stability composite measures. There has been a 12.3 percent change increase in performance in the adoption composite. This improvement is likely attributed to the 29.2 percent change improvement in those children who were adopted within 24 months. Anecdotal information suggests that the increase in Measure 2.1 may be attributed to the realignment of Adoption District Offices. The transitional period for several counties completing their own adoptions is already showing promise with early reports showing an increase of finalized adoptions.

Among other factors that will be described in the Permanency Chapter, the slight decreasing performance in the reunification composite can be likely attributed to the decrease in performance for reentry and reunification entry cohort within 12 months.

**Figure 4: Statewide Data Profile, March 05, 2014, 2009ab-2013ab**

National Measures	2009ab	2010ab	2011ab	2012ab	2013ab	Improvement
<b>SAFETY MEASURES 1-2</b>						
1. Absence of Maltreatment Recurrence of Children in Foster Care (94.6% or higher)	93.20%	93.20%	93.00%	93.30%	93.70%	Yes
2. Absence of Child Abuse and/or Neglect in Foster Care (99.68 or higher)	99.69%	99.68%	99.70%	99.77%	99.75%	<u>No</u>
<b>PERMANENCY COMPOSITES 1-4</b>						
1. Timeliness and Permanency of Reunification (122.6 or higher)	110.8	111.7	111.9	109.2	107.8	<u>No</u>
C1.1 Exits to Reunification in Less than 12 months (75.2% or higher)	62.50%	64.50%	64.20%	63.20%	63.80%	Yes
C1.2 Exits to Reunification, Median Stay (5.4 months or less)	Median 8.6 mos.	Median 8.6 mos.	Median 8.7 mos.	Median 9.0 mos.	Median 8.6 mos.	Yes
C1.3 Entry Cohort Reunification <12 months (48.4% or higher)	40.40%	42.10%	39.70%	39.40%	34.50%	<u>No</u>
C1.4 Re-entries to Foster Care in Less than 12 months (9.9 or lower)	12.40%	12.60%	12.40%	13.30%	13.80%	<u>No</u>
2. Timeliness of Adoptions (106.4 or higher)	101	106.6	107.7	112.4	113.4	Yes
C2.1 Exits to Adoption in Less than 24 months (36.6% or higher)	28.80%	32.20%	33.00%	37%	37.20%	Yes
C2.2 Exits to Adoption, Median Length of Stay (27.3 months or less)	Median 31 mos.	Median 30.6 mos.	Median 29.4 mos.	Median 28.2 mos.	Median 27.8 mos.	Yes
C2.3 Children in Care 17+ Months, Adopted by End of Year (22.7% or higher)	19.20%	19.20%	18.30%	20.10%	19.10%	<u>No</u>
C2. 4 Children in Care 17+ Months, Achieving Legal Freedom w/in 6 Months (10.9% or higher)	6.80%	6.60%	7.00%	6.70%	7.90%	Yes
C2.5 Legally Free Children Adopted in Less than 12 months (53.7% or higher)	55.70%	61.90%	63.20%	63.80%	62.90%	<u>No</u>
3. Permanency for Children in Foster Care for Extended Time Periods (121.7 or higher)	113.8	114.5	114.4	119.3	120	Yes
C3.1 Exits to Permanency Prior to 18th Birthday for Children in Care for 24+ Months (29.1% or higher)	22.80%	23.70%	22.50%	23.70%	23.00%	<u>No</u>
C3.2 Exits to Permanency for Children w/TPR (98% or higher)	97.20%	97.00%	97.20%	98.40%	98.70%	Yes
C3.3 Children Emancipated Who Were in Care 3 Years or More (37.5% or lower)	48.80%	48.90%	48.00%	44.40%	43.00%	<u>No</u>
4. Placement Stability (101.5 or higher)	93	94.1	95	95.4	97.6	Yes
C4.1 8 days to 12 months in Care (86.0% or higher)	82.30%	83.20%	83.10%	83.20%	84.20%	Yes
C4.2 12 months but less than 24 months in Care (65.4% or higher)	60.60%	62.10%	63.30%	63.00%	64.70%	Yes
C4.3 24 months in Care or Longer (41.8% or higher)	33.10%	32.50%	33.40%	34.40%	36.20%	Yes

By and large, California has undergone improved performance from the first year of the CFSP (2009) to present day. The statewide data profile is a central documentation of the state's accomplishments over the state's CFSP.

In regards to Safety, California has assessed whether children are safely maintained in their home whenever possible and appropriate, as well as its effectiveness in reducing the risk of harm to children in foster care and those receiving services in their homes. For one of the two critical safety measures, the state was at 93 percent for *Absence of Maltreatment Recurrence* for the data period of FFY 2009ab, for the same measure the 2013ab data shows that the state progressed over time to 93.7 percent. For the second safety measure, *Absence of Child Abuse and/or Neglect in Foster Care*, the data for FFY 2009ab was 99.70 percent and the 2013ab data shows the state increased its performance albeit slightly to 99.75 percent. In line with the mission that first and foremost, children must be protected from abuse and neglect, California has achieved this purpose and continues towards continual improvement. This includes protecting from future abuse or maltreatment those who have been abused or maltreated, and providing for the safety of children while in foster care.

In regards to Permanency, the state continues to make progress in promoting permanency and stability for children in their living situations. While children are in foster care, the state persists in making every effort toward promoting and preserving family relationships and connections. The statewide data profile demonstrates that when it comes to Permanency, California improved from the FFY 2009ab data to the FFY 2013ab data in three of the four composites. The reunification composite declined slightly from 110.8 to 107.8. The adoption composite increased from 101 to 113.4. The long term care composite improved from 113.8 to 120 and the placement stability composite increased from 93 to 97.6.

While there is not a formal measure of well-being, it can be said that well-being and permanency go hand-in-hand. Permanency is not just about the end result or goal; it is also about the steps taken along the way to promote well-being for children and youth. In all, the state accomplished some notable achievements and strives for maintaining and improving its functioning in all areas. A full discussion the state's progress over the past five years is detailed in the Safety, Permanency, and Well Being Chapters of this report.

## **California's Quality Assurance System**

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

In California, the quality assurance system is referred to as the California Child and Family Services Review or C-CFSR. It went into effect January 1, 2004, and is modeled, in part, after the CFSR, the

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

As a result of increased federal emphasis on outcomes and accountability, the CDSS began revising the C-CFSR process to improve California's quality assurance system in 2011. Federal recommendations state that an efficient quality assurance system should be improved upon on a regular, ongoing basis as needs and priorities shift. Per ACF, a functioning continuous quality improvement (CQI) system in child welfare has the following five components:

1. Administrative structure to oversee effective continuous quality improvement
2. Quality data collection
3. A method for conducting ongoing case reviews
4. A process for the analysis and dissemination of quality data on all performance measures
5. A process for providing feedback to stakeholders and decision makers and as needed adjusting State programs and process.

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

The goals of the revision included:

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

The number of counties engaged in the C-CFSR process over the last four SFYs is listed below.

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

	CSA	Peer Review (PQCRs)	SIP	Progress Report
FY 2013-14	12	14	7	37
FY 2012-13	12	12	12	21
FY 2011-12	7	12	13	
FY 2010-11	20	16	23	

Although revision efforts are still in process, counties have already begun the transition from the former three-year process to the five-year cycle. All County Information Notice 1-16-12 highlighted the goals of the revision and released the five-year calendar, providing a process by which counties both moved to the five-year cycle and began implementing use of the annual SIP Progress Report. In SFY 13-14, 37 counties utilized the new Progress Report format.

In addition, 12 counties completed a CSA that also incorporated the peer review process. In this transition, which coincided with the end of California’s Performance Improvement Plan (PIP), counties completing a peer review were encouraged to focus on priorities consistent with California’s PIP strategies including efforts to improve Placement Stability and Reunification Outcomes.

**Table 2: Peer Review Topic Areas in FY 2013-2014**

Peer Review Topic*	Number of County Child Welfare Agencies	Number of County Probation Departments	Total
Placement Stability	5	3	8
Reunification	4	8	12
Adoption	1	0	1
DR/SOP	1	0	1
Reentry	3	0	3
Education	0	1	1
Non-Minor Dependent	0	1	1
Least Restrictive Placement	0	1	1
<b>Total</b>	<b>14</b>	<b>14</b>	<b>28</b>

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

Revisions to the C-CFSR process are continuing to be implemented. A newly revised Instruction Manual integrates three separate guides and focuses on the C-CFSR as a continuous cycle rather than three distinct steps. The integrated Instruction Manual promotes the concept of CQI and assists with linking connections between assessment, improvement efforts, and evaluation. It assists counties in understanding the CQI process and supports the work of quality assurance through each step of the cycle, ensuring stakeholders are engaged throughout. The new instruction manual was released December 2013 via All County Letter 13-93<sup>16</sup>. The CDSS anticipates a fully implemented CQI system by Fall 2014 thus ensuring that California meets all of the requirements of a CQI system.

### **Availability of Reports to the Public and Stakeholders**

Below is a list with links to some of the state's main child welfare reports:

- The state publishes County System Improvement Plans (SIPs) which contain detailed goals, outcomes and analysis of child welfare and probation agency services for each of the 58 counties. In addition to the SIPs, there are updates to these reports to inform of changes and accomplishments achieved over the year, these reports are called SIP Updates. The County Self-Assessments (CSAs) are published as they are completed based on the counties 5 year cycle. These reports are maintained in a historical format dating back as far as 2007 and can be accessed via the following, <http://www.childsworld.ca.gov/PG1419.htm>
- Data reports specific to each county are published quarterly and detail the status of the central outcomes that the state monitors along with baseline data and comparison data over time. The data elements included in the reports are generated from CWS/CMS and reported via the UCB-CSSR site. This comprehensive data source allows policymakers, child welfare workers, and the public with direct access to information on California's entire child welfare system. These reports can be accessed via the following, <http://www.childsworld.ca.gov/PG1360.htm>. More detailed customizable reports can be accomplished on [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)
- Since the state underwent realignment, the state has produced an annual report detailing how the state is functioning post-realignment. The report also provides historical information about differences in practice and services based on pre-realignment. It can be accessed via the following, <http://www.dss.cahwnet.gov/cdssweb/PG2800.htm>
- The Child Fatality and Near Fatality Annual Report is available via the following, <http://www.childsworld.ca.gov/PG2370.htm>
- Katie A. Pathways to Mental Health Services County Implementation Annual Progress Reports are available via the following for each county, <http://www.childsworld.ca.gov/PG3515.htm>

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<sup>16</sup> <http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2013/13-93.pdf>

- This report (APSR) is also made available to the public and the state maintains a historical site with previous annual reports. The state's five year plan is also stored and available via the following, <http://www.childsworld.ca.gov/PG1995.htm>

## **Administrative Structure**

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

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

## **Quality Data Collection**

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

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

users. The state takes full advantage of the federal assistance to monitor and improve the quality of data submissions.

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

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

In an effort to enhance data to support practice and policy decisions, the CDSS engages partner agencies in sharing information on common clients. Families are often served by multiple agencies resulting in different kinds of information collected by each. For many technological and legal reasons, it is not feasible that all of this information be stored in a central location such as CWS/CMS. Through these data sharing agreements, information on children and families is enhanced to provide the most complete picture available of the services and experiences of the CWS population. Some of the data sharing agreements that CDSS has entered into include:

- California Department of Education – for the sharing of student and foster care data to support the educational needs of foster youth;
- California Department of Developmental Services – for the sharing of data between the two agencies to support the youth with special needs that require care and supervision that is beyond what is typically provided in foster care;
- California Department of Public Health – to maintain a mandated statewide child abuse and neglect fatality monitoring system.

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

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

focuses specifically on the case review components outlined in the Informational Memorandum such as the: 1) development of a statewide, statistically valid sample under the structure of a county-administered child welfare system; 2) development of a methodology for stratification of the sample; 3) development of a schedule that considers county sizes (small, medium, large), region, and demography; 4) development of standardized case review tools (online and onsite) and interview instruments; 5) determining staffing resources, including training and sustainability for both county and state staff. In July 2014 CDSS will reconvene the Case Review workgroup, comprised of county and state staff, to further develop the case review process.

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

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

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

California is also a subscribing member of the Multistate Foster Care Data Archive (MFCD) housed at Chapin Hall at the University of Chicago, previously described on page 11.

SafeMeasures (see page 14) is another analytical tool that is regularly used by county and state staff to analyze information, including the accuracy and completeness of individual referral and case data. As described previously, SafeMeasures is a secure web-based tool created and maintained by the Children's Research Center (CRC) in Wisconsin that receives data extracts from CWS/CMS daily to analyze and report statewide and individual county data related to state and federal outcomes, and other management and data improvement reports. Unlike the aggregated data reports presented by the Project, the data analyses provided by SafeMeasures are real time. The ability to drill down to a specific child by referral or case, county office, supervisor and staff member, is particularly vital in the management of improving data quality. Although SafeMeasures is not available to the public, county administrators use this tool regularly to manage caseloads, monitor staff activities, and identify data quality issues. State staff use SafeMeasures to monitor

county progress over a wide range of performance indicators and outcome measures in order to effectively provide technical assistance and training.

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

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

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

As described earlier in this report, stakeholder collaboration is the invaluable foundation to California's continuous progress to affect positive change. The CDSS' level of commitment to multi-level partnerships distinguishes California's approach to child welfare practice and reform. The state has multiple sources for disseminating information to counties and stakeholders. Reports generated from SafeMeasures, MCFD, and the Project are used to inform and guide policies, practices, programs, and systems change. The recently developed report to the legislature, Child Welfare Services Realignment: Outcome and Expenditure Data Summary Report is publicly posted on the CDSS website and includes information in a user-friendly format regarding state child welfare outcomes and expenditures. The most current report was published and posted online April 2014<sup>17</sup>. The APSR is developed with input from county and state partners, tribes, the courts, and other stakeholders.

### **How Local Level Process Feeds and Informs the Statewide Process**

The states actions are influenced through direct feedback from stakeholders and the public. Stakeholders and the public provide an array of input through participation in the C-CFSR process and through local stakeholder groups. Some major local stakeholder groups include the State Interagency Team known as the SIT, the Child Welfare Council (CWC), the Foster Parent Association to name a few, and also described in the *Stakeholder Collaboration and Collaboration with Tribes* section earlier in this report. When stakeholders and the public participate in these groups and processes, state representatives are also active participants and take the information received to CDSS for inclusion in plan development and adjustments to current processes. This is

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<sup>17</sup> <http://www.dss.cahwnet.gov/cdssweb/entres/pdf/CWRealignmentReport2014.pdf>

done continuously throughout the year and ensures that services are improved upon to better meet the needs of the children and families served.

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

### **Identification of Gaps in Providing Feedback to Stakeholders**

The CDSS makes every effort to identify gaps in providing feedback outlets to stakeholders and the public. Increasingly, the CDSS has made reports not only available in hard copies, but also uploaded those reports onto the web. On the “Childs World” website, the CDSS maintain a historical collection of reports for the purpose of being able to observe change in services as well as to provide the most up to date information to the public; it can be accessed via the following, <http://www.childsworld.ca.gov/>.

The website is organized with tabs at the top that allow users to review and provide feedback on Programs and Policies, Reports, and County Providers and Partners, as well as locate services. There is a “Contact Us” link in the menu section of the website that provides users an opportunity to reach staff at CDSS and provide direct feedback, identify missing information, and ask questions. The website’s “Site Map” is also instrumental in providing assistance in locating specific services, reports, etc.

The CDSS makes notes of the groups mentioned in the previous section “How Local Level Process Feeds and Informs the Statewide Process” when there is indication about an observed gap in reporting or services. When these gaps are identified, the CDSS will for example, contact our data contractors, and ask that the new element or identified elements be added to a report if readably available. If not readably available, the information received is then vetted with CDSS internal groups, such as the Program Impact Advisory Committee (PIAC), and determinations about the possibility of realizing such services or reports occurs.

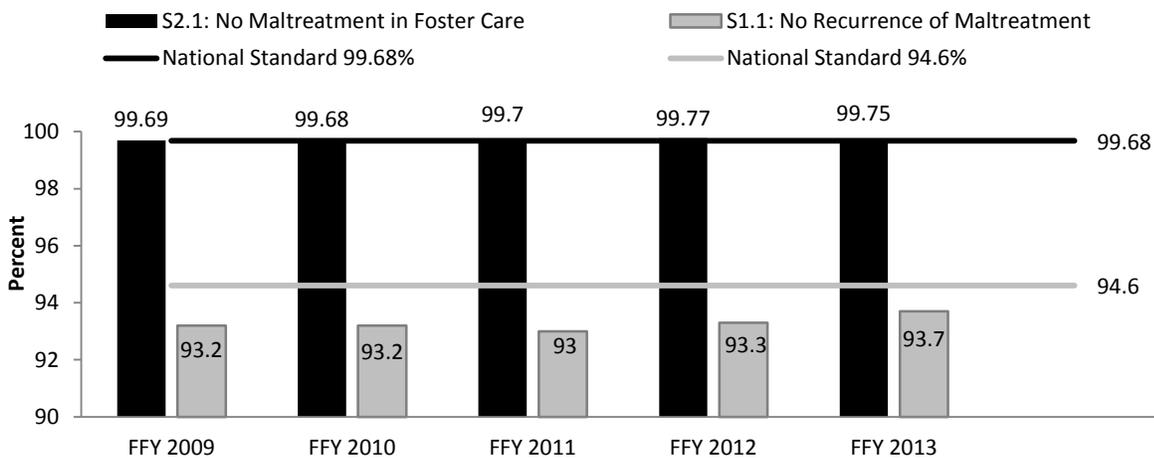
# SAFETY



## CFSR, PIP and Current Status

Safety 1 and 2 were rated as not in substantial conformity during the onsite CFSR review in 2008. As a result, the state had to address the outcome measures in the CFSR PIP. The state addressed Safety in strategy six (6), Strengthen implementation of the statewide safety assessment system. The goals for this strategy were to improve timeliness of investigations and enhance services to families to ensure safety of children. The state met all action steps for this strategy. Figure 5 illustrates California’s combined performance for both No Maltreatment in Foster Care and No Recurrence of Maltreatment over the last five federal fiscal years. Since FFY 2011, the state steadily made improvements in both of the Safety Measures. Between FFY 2009 through FFY 2013, the state met or exceeded the national standard of 99.68% for measure S2.1: No Maltreatment in Foster Care. Although the state has yet to meet the national standard of 94.6% for Measure S1.1: No Recurrence of Maltreatment, the state surpassed the national median of 93.3% in FFY 2013 (93.7%). Further and individual analysis about each of these two critical measures follows later in this Safety section.

**Figure 5: Safety 1 and 2, CFSR State Data Profile March 03, 2014**



## Promoting Safe and Stable Families (PSSF)

Protecting children from abuse and neglect is a critical and challenging responsibility of government in California. Each day, county child welfare agencies investigate reports of child abuse and neglect and make decisions whether children will enter or exit foster care, the latter by reunification, adoption, or guardianship. In general, child welfare outcomes have improved steadily over the last decade. As compared to earlier years, children spend on average less time in foster care, are more frequently reunified with their families, and have more permanency in their living situations. County child welfare agencies have also removed fewer children from their

homes than in prior years, making greater use of community-based methods for addressing child abuse and neglect.

The Promoting Safe and Stable Families (PSSF) Program contributes to the overall vision of safety, permanency and well-being for California’s children. PSSF affords California an opportunity to affect the broader goals of safety, permanency and well-being for children across the state. Service provisions under the four components of PSSF can often influence multiple outcome areas. In addition to the PSSF Program’s impact on safety, permanency and well-being outcomes, California counties leverage and braid multiple funding sources to improve outcomes for children across the state. Data are provided throughout this report to show the effect each component of PSSF has on the broader safety, permanency and well-being goals.

Table 3, shows the percentage of expenditures under each of the four PSSF fund categories. California achieved the minimum of 20 percent spent under each area. Expenditures under the Family Support component remained the highest at 30 percent in 2013-14.

In 2012-13, \$28,688,483 in PSSF funding was allocated to 58 California counties for service provision. As the table to the right shows, California achieved compliance with the requirement to spend a minimum 20 percent per category on a statewide basis. 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.

<b>Table 3: Distribution of PSSF Categories</b>	
<b>Family Preservation</b>	23%
<b>Family Support</b>	30%
<b>Adoption Promotion and Support</b>	23%
<b>Time-Limited Family Reunification</b>	24%

Each California County receiving funding for the CAPIT/CBCAP/PSSF programs must report annually on their participation rates for funded program activities; changes of service providers and/or programs; Parent Engagement; braiding of funds; collaboration and coordination efforts, and, on their quality assurance process. In order to capture this more sophisticated but critical information the OCAP must upgrade 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 taken concrete steps to develop a solution, and expects to launch the new system in FY2015.

**Title IV - B Subpart 1 Funds - Stephanie Tubbs Act**

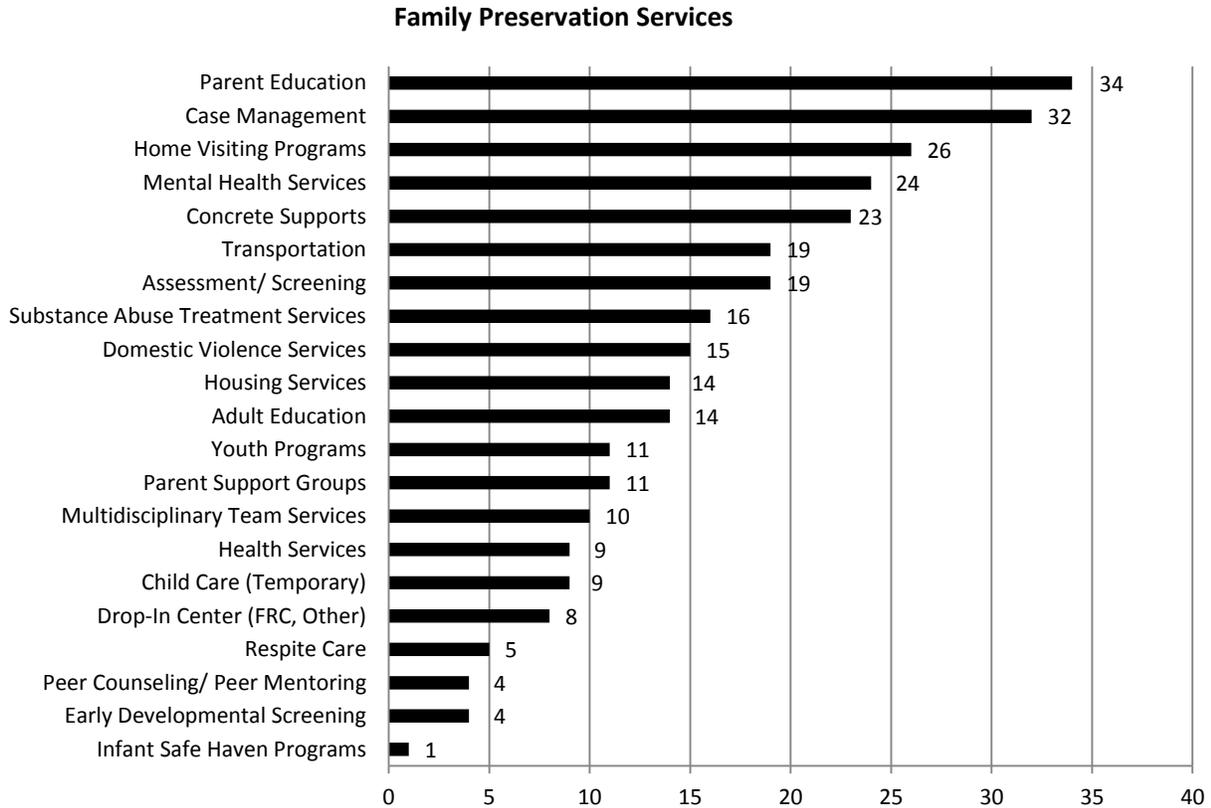
During this Federal Fiscal Year, the services and activities funded using Title IV-B, subpart 1 funds are described mainly in pages 43 through 194. These funds represent a lesser part of the total funding used to fund child welfare services activities in counties. As described in detail on these pages, there are a multitude of prevention services being provided for at-risk children, services to children and families in-home, and services to emancipated youth and youth in out-of-home care. Counties have trained staff in family engagement, and involved community partners, families and youth in planning and implementation of family engagement strategies. County social workers and probation officers are being trained in a variety of subjects as well as professionally developed, as

described in the training section. As outlined in these pages, California provides child welfare services which are directed toward protecting and promoting the welfare of all children, including physically challenged/impaired, homeless and dependent children. Services are provided for preventing, remedying or assisting in the resolution of problems that contribute to the exploitation or delinquency of children. Services preventing the unnecessary removal of children are provided by identifying family needs; by assisting families in resolving those issues that lead to child abuse and neglect; by reunifying families whose children have been removed, and by providing necessary services to the children and their families to enable them to reunify as quickly as possible while maintaining the safety of the children. Overwhelmingly, the CDSS assures permanence for dependent children, who cannot be returned home, by promoting the timely adoption, guardianship or alternative permanent placement for these children through its rich service array options.

### **PSSF – Family Preservation**

Most families, when properly assisted can care for their children successfully. Children need to be with their families, and even in the most troubled families, separation is a traumatic event for the family members. Values that underlie Family Preservation services include (1) parents and families as a whole are respected; (2) families have strengths and services should build on those strengths; (3) families can take an active role in identifying needs and developing a service plan; (4) services are flexible, determined by each family's goals; and (5) families are viewed as part of a community. Following last year's trend of most common services funded, parent education, case management, and home visiting programs were the top 3 service types provided by counties using PSSF/Family Preservation funds. Mental health services and concrete supports rounded out the top 5 offered most often across California during FY 2012-13. Parent education and case management were most frequently funded activities over the last five year period. All counties are represented in Figure 6.

**Figure 6: Family Preservation Services Across California FY 2012-13 (OCAP Annual Report)**



As of fiscal year-end 2013, all counties are using PSSF Family Preservation funds to support parent education (e.g. Triple P) and/or home-based parent education (i.e. home visiting); fifty-five percent are funding case management (e.g. voluntary case management as part of Differential Response).

The following outputs were achieved under Family Preservation:

- 163,103 recipients of services
- Statewide, the most accessed services were assessment/screenings (e.g. substance abuse, mental health) where 9.4% of recipients were served (n=15,140); 8.6% served engaged in parent support groups (n=13,954).

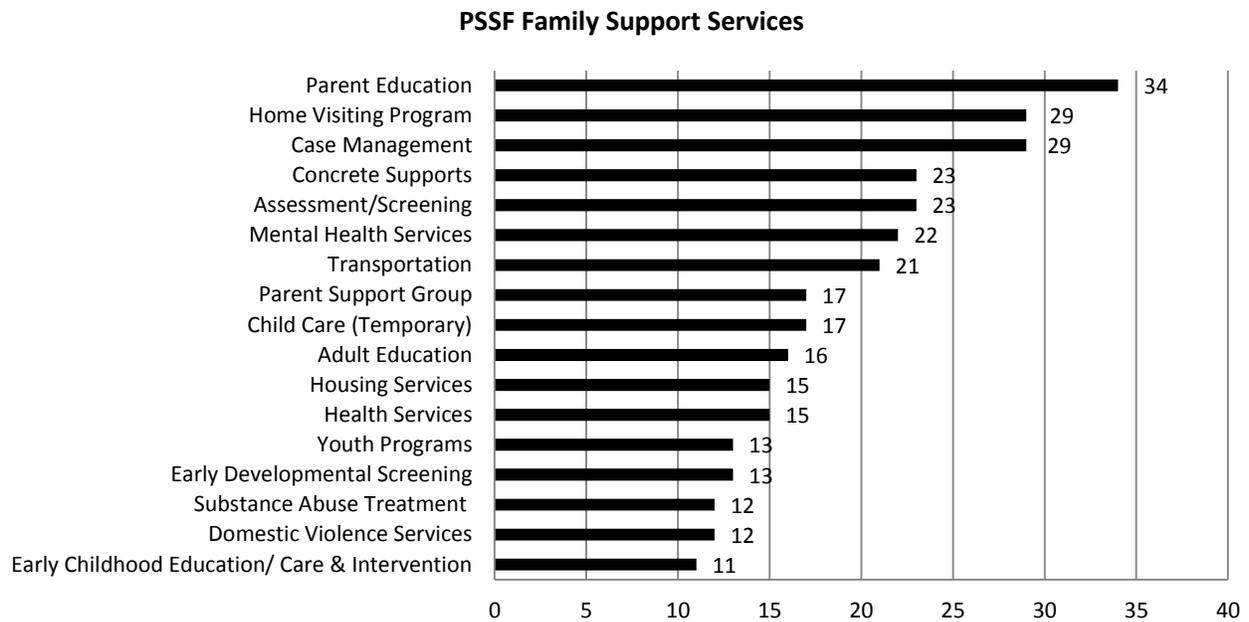
A number of counties report having evaluation plans in place and utilize reliable, valid measurement tools to assess effectiveness, yet few reported measurable outcomes. Compounding the issue, the OCAP’s data collection system has not evolved to respond to the increasing need for more sophisticated data collection and analysis. Relevant evaluation questions and associated data toward desired measurable outcomes have not been collected from counties. In the coming year, the OCAP will update its evaluation plan and data collection system used by counties to report specific outcomes and indicators of success for each funded program in future reports.

### **PSSF – Family Support**

The PSSF funds are used to broaden the network of services available to families and to allow child welfare agencies to respond to reports of child maltreatment earlier, with greater flexibility and

with services tailored to meet families’ needs. As illustrated below, and in the previous year, parent education, home visiting and case management were the most common services funded in 2012-13—a consistent trend over the past 5 years. Concrete support services and assessments/screenings rounded out the top 5 most common services offered in California counties under PSSF Family Support in 2012-13. Examples of funded services available across the state include Differential Response, family advocates at community-based family resource centers, alcohol and drug treatment case management for families, and Functional Family Therapy.

**Figure 7: Family Support Services Across California FY 2012-13 (OCAP Annual Report)**



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

The following outputs were achieved:

- 146,828 recipients served among the 58 counties
- Although only 15 counties offered Health Services, 22,442 recipients received this service type—the highest number reached according to service type.
- 20,839 recipients participated in home visiting services funded by PSSF/FS.

California recognizes the critical importance of providing community based services that promote safety and wellbeing while increasing the strength and stability of families.

### **PSSF – Time Limited Reunification**

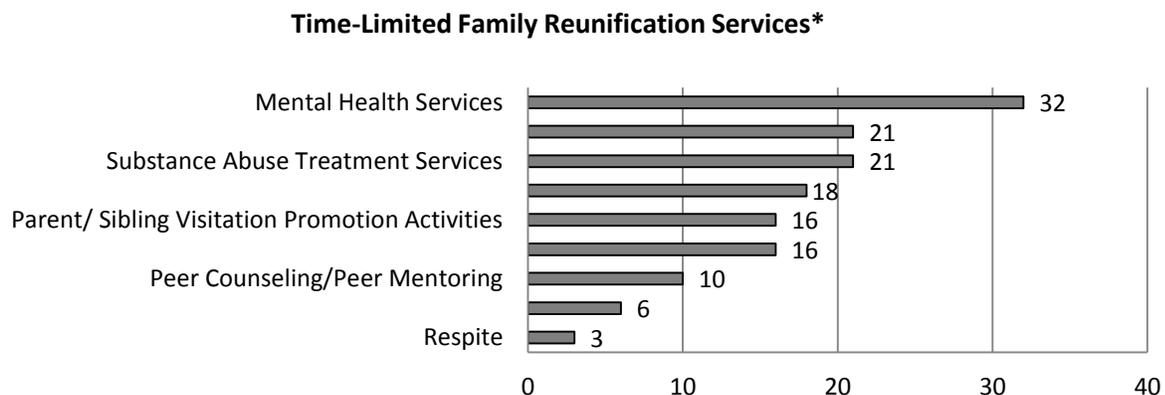
Protecting children from abuse and neglect is a critical and challenging responsibility of government in California. Each day, county child welfare agencies investigate reports of child abuse and neglect and make decisions whether children will enter or exit foster care, the latter by reunification, adoption, or guardianship. Time-limited Family Reunification (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. The following outputs were achieved in 2012-13 through the TLFR component of PSSF:

- Individuals served: 24,064
- 50% of those served received transportation services

As shown in the figure below, mental health services, transportation and substance abuse treatment were most often utilized under TLFR. A total of 12,017 recipients utilized transportation assistance, 5,159 recipients engaged in mental health services while and 2,053 recipients participated in substance abuse treatment with TLFR dollars. The effectiveness of these services is critical as recurrence of child maltreatment is significantly higher among children who are reunified with their parents than for children who exit foster care through guardianship. Typically these services are provided “in-house” within CWS and evaluation is limited. Beginning January 2014, the OCAP began working with counties to identify desired outcomes to measure during the development of System Improvement Plans. Counties will report quantitative and qualitative outcomes data in future annual reports to the OCAP.

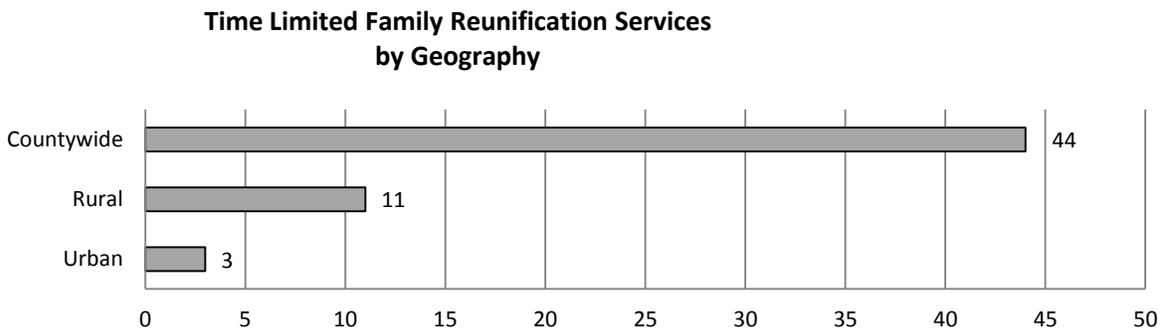
**Figure 8: Time-Limited Family Reunification Services Across California FY 2012-13 (OCAP Annual Report)**



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

Like the previous year, 55% of California counties utilized TLFR funding to provide mental health services. These include critical services such as psychological evaluations, mental health assessments and clinical treatment to meet the individual needs of children and families. Transportation is frequently a barrier to services. Consequently, one-quarter of counties utilized funds for transportation. Again, like the previous year, one-quarter of counties also used funds for substance abuse treatment as substance abuse remains one of the top three drivers into the child welfare system. Rounding out the top 5 services provided under TLFR, parent/caregiver support groups and visitation promotion activities. Last year, these two activities ranked 6 and 5, respectively. As indicated in the figure below, 44 counties provided TLFR services county-wide during FY 2012-2013.

**Figure 9: Time-Limited Family Reunification Services by Geography across California FY 2012-13**



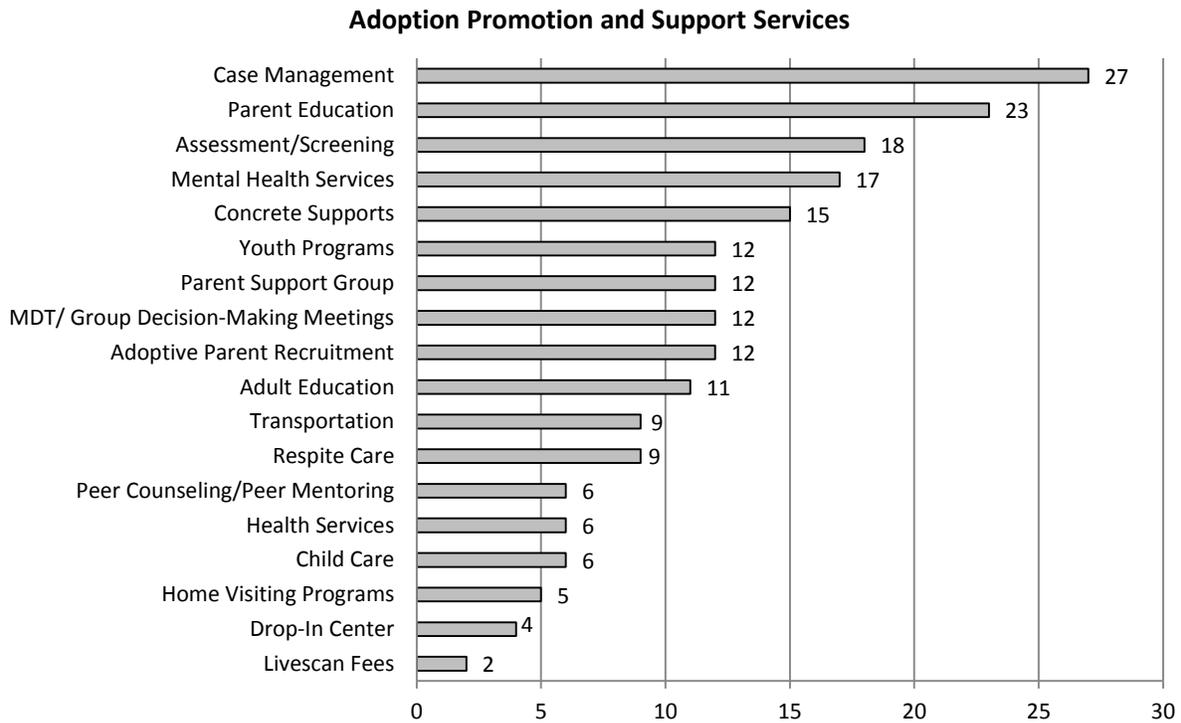
Consistent with last year’s practice, the majority of counties used their TLFR funds for countywide services. A small number of counties focused on specific rural (n=11) or urban (n=3) areas.

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

Over the last decade, the CWS system has decreased the amount of time children spend in foster care by decreasing the time it takes for children to be reunified with their families, adopted, or placed with a permanent guardian. Multiple CWS practice and program reforms have led to improved outcomes, including those related to permanency, and the state’s shift to an outcomes-based system of CWS program evaluation also appears to have had a measurable effect on performance improvements. PSSF/APS-funded services are aimed at promoting adoption for foster children when appropriate while expediting the process and supporting the family. A total of 44,177 received APS services last year.

The Figure 10 shows the number of counties offering APS services by type. Nearly half of all counties offered case management; 40% offered parent education. One-third funded assessment/screenings (e.g. mental health, alcohol and other drug). Rounding out the top 5 services offered were mental health services (29%) and concrete supports (26%) (e.g. basic needs). The distribution of this year’s top five funded services are consistent with previous years.

**Figure 10: Adoption Promotion and Support Services across California FY 2012-13 (all 58 counties represented)**



Although counties have tremendously benefited from the PSSF APS funds to support pre and post adoptive services in California, some counties--particularly small, rural counties—tend to struggle with spending 20% of their PSSF funds on APS. Counties who do not have their own adoption programs and have an MOU with the Regional Adoptions Offices to provide adoption services in their counties face a similar challenge. This may be attributed to the low number of adoptions that occur in the smaller counties compared to larger counties.

The OCAP continued to provide technical assistance to counties to ensure expenditure of PSSF APS at the 20% requirement by assisting counties on identifying methods where they may utilized the PSSF APS funds through unmet needs identified in their CSA to fund pre and post adoptive services, or by encouraging the counties who do not have adoption programs to reach out to the Regional Adoption Offices for input on how the county could utilizes PSSF APS funds.

As noted in previous sections, measurable outcomes data has not been formally requested or collected by the OCAP in prior years. Beginning in FY2015, the OCAP plans to launch a new data collection system that will support outcomes-based accountability. Families that adopt children from foster care benefit from a wide range of services, including information and referral to services, parent education, background information on adoptive children, mental health services, financial assistance, peer support networks, respite and child care, and advocacy. 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. In the coming year, we will work closely with counties and the CEBC to identify effective APS programs.

## 1 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.

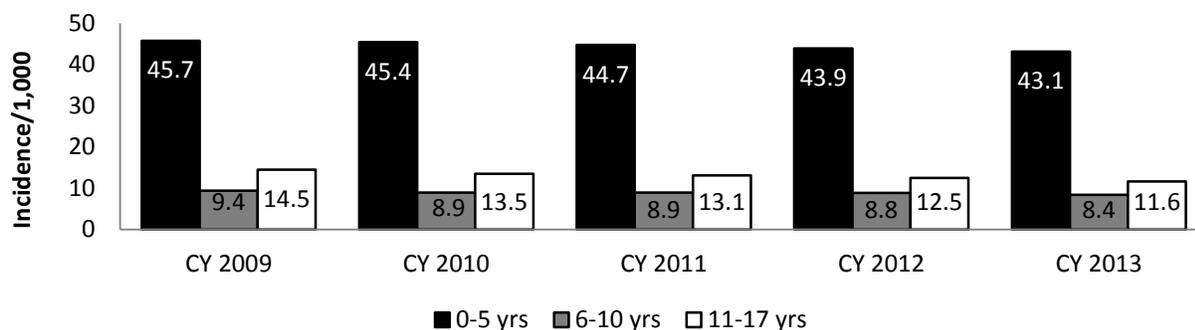
As discussed previously, OCAP also provides oversight of the state for CAPIT as well as the CBCAP and PSSF programs by requiring counties to prepare plans that address how prevention and early intervention activities are coordinated and how services will be provided as part of their 5-year System Improvement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

### Indicators of Progress

The substantiation rate for a given year is computed by dividing the unduplicated count of children with a substantiated allegation by the child population and multiplying by 1,000. Overall, the rate of 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 11, infants (children under one year old) have disproportionately higher rates of substantiated referrals and enter care (see Permanency, Goal 7; page 84) at significantly higher rates than any other age group. Infants' dependency on caregivers and their social invisibility place them at greatest risk for maltreatment. The following section will highlight services and programs specifically targeted towards this population.

**Figure 11: Rate of Substantiated Referrals per 1,000, Calendar Years 2009 to 2013**  
**Ages: 0-17, CWS/CMS CSSR Q4, 2013**



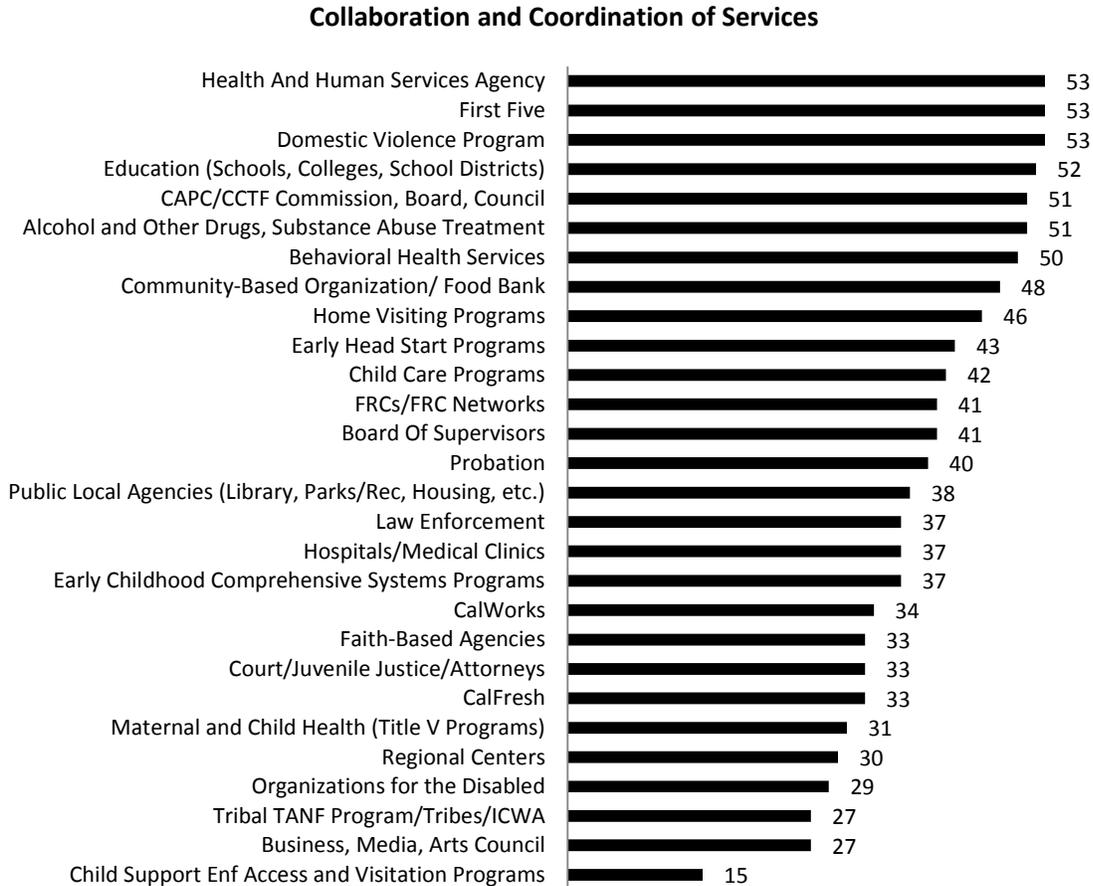
## Factors Affecting Progress

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 in general. CDSS continued to facilitate California’s Child and Family Service Review (C-CFSR) process and promote continuous quality improvement. 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.

The key elements of the process are the County Self-Assessment, Peer Review, and System Improvement Plan. CDSS staff provide training and technical assistance to counties and their funded-partners in stakeholder engagement, data collection, analysis and the development of a prevention-focused, coordinated service provision plan, associated budget and evaluation that address unmet community needs and measure program effectiveness. In the 2012-13, 24 counties and an estimated 3,900 community stakeholders participated in the C-CFSR process. Counties reported a number of programs that contribute to systems change and improvements as a result of the process.

California engages in many efforts to support safety outcomes for children including collaboration and coordination for the purpose of strengthening and supporting families. The OCAP asks counties to include in their Annual Report the programs and initiatives where collaboration and coordination occur for the purpose of strengthening and supporting families for the prevention of child abuse and neglect. Since our last report, First 5 Children and Families Commissions continue to be the organization child welfare agencies turn to for partnership (outside of their own county Health and Human Services Agency). First 5’s have invested millions of dollars to design and establish comprehensive programs that address the needs of children ages 0 to 5 and their families. Other natural partners of child welfare services: domestic violence agencies, schools, child abuse prevention councils, and substance abuse prevention/treatment providers.

**Figure 12: Collaboration and Coordination of Services in California FY 2012-13 (OCAP Annual Report)**



Family Preservation and Family Support are critical components of California’s CWS system. Programs funded with these two components promote prevention and early intervention within the child welfare continuum of services that align with the broader goal of safety. Total recipient count includes children, parents/caregivers, and families. For each service category, recipient is counted once as child, parent/caregiver, or family.

**Summary**

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. 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 in general. CDSS continued to facilitate California’s Child and Family Service Review (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.

## 2 Maltreatment Recurrence

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



### CFSR, PIP and Current Status

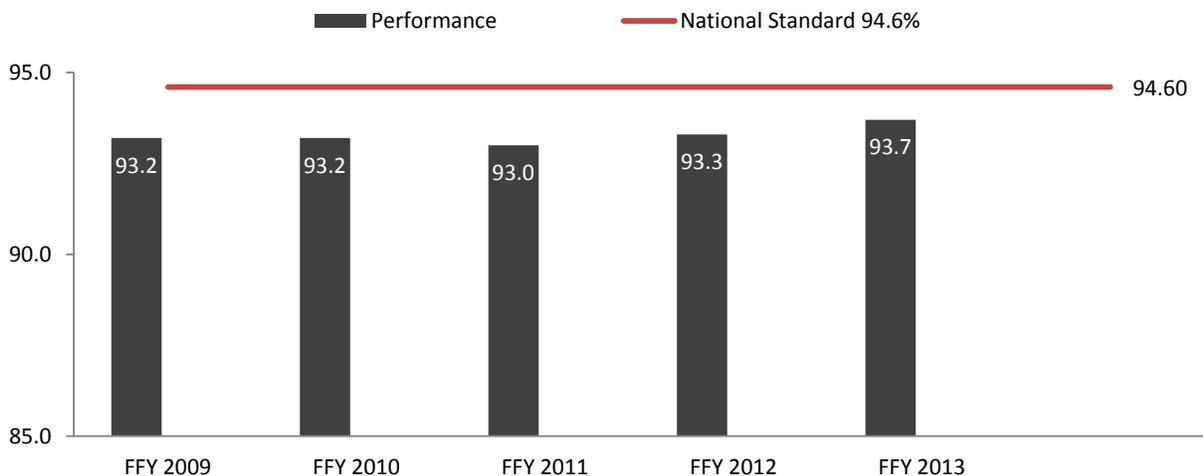
Maltreatment Recurrence was rated as an area needing improvement in four of the 24 (17 percent) applicable cases during the onsite CFSR review in 2008. As a result, the state had to address this measure in the CFSR PIP because it did not meet the national standard of 94.6% or higher. The state’s baseline was 92.6% (2006b/2007a) and the improvement goal was 93.2%. The goal was met in PIP Quarter 3 and currently the state is performing at 93.7%. Over the past five years this has been an area in which California has continually improved and is at the National Median (93.7%).

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 the first 6 months of the reporting period and who did not have subsequent report substantiated within a six-month period. The state has maintained a consistent percentage between 93.2 to 93.7 over the last five years. The figure below illustrates the overall percent range since FFY 2009 through FFY 2013.

**Figure 13: Absence of Maltreatment Recurrence, CFSR Statewide Data Profile March 5, 2014**



## Factors Affecting Progress

While there is no single identifiable factor responsible for avoiding repeat maltreatment, several efforts contribute to maintaining strong progress.

- ✓ Differential Response
- ✓ The Standardized Safety Assessment System
- ✓ Comprehensive Assessment Tools
- ✓ Additional Measures on Recurrence of Maltreatment

- *Differential Response (DR)*

This service path contributed to a reduction in the recurrence of maltreatment by providing earlier and more comprehensive intervention services by CWS and community-based partners. The DR allows California CWS agencies to respond in a more flexible manner to reports of child abuse or neglect by enabling custom tailored DR affords a customized approach based on an assessment of safety, risk, and protective capacity and which recognizes each family's unique strengths and needs. As DR provides earlier and more meaningful responses to emerging signs of family problems, child welfare agencies utilize resources to help families before difficulties escalate and child removal is required. County examples of DR were provided in Goal 1 and are further discussed in Goal 4.

As noted in the Calendar Year 2012 through 2013 Office of Child Abuse Prevention (OCAP) Annual Report, 35 of 58 counties (60%) report utilizing some form of DR; though it has not been verified whether each of these counties has implemented a three-path DR system consistent with the State's model. In order to address these issues, in the coming year CDSS will be inquiring to determine which of these counties have implemented a three-path DR system which will aid State in determining model fidelity throughout DR implementation. The CDSS plans to provide these findings in the OCAP annual report; thereafter, the State will pursue a plan for the next steps in DR evaluation and implementation.

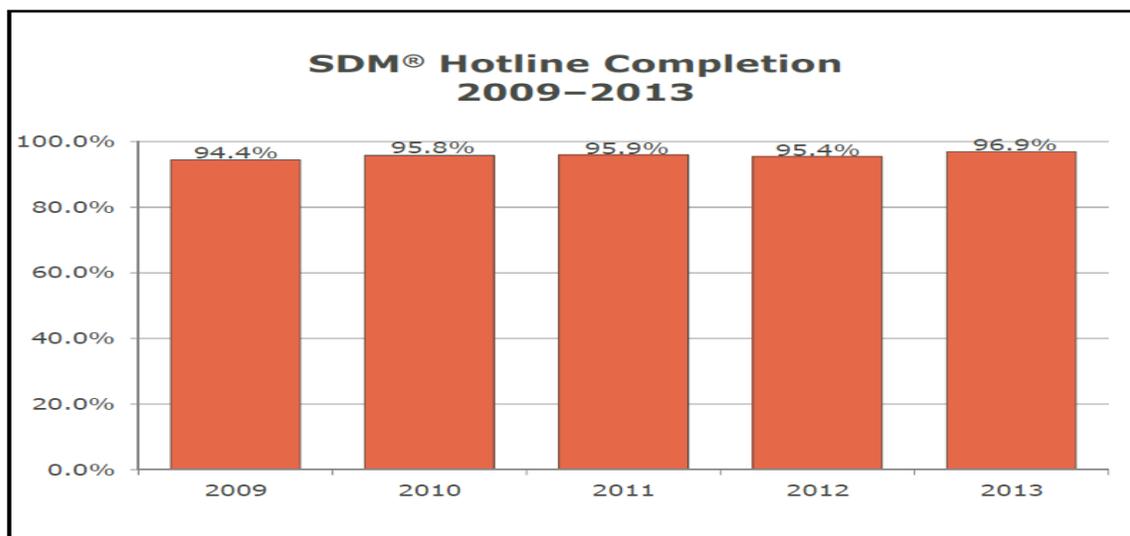
- *The Standardized Safety Assessment System:*

In All County Letter 09-31, CDSS issued guidance to the 58 counties in California on the importance of using standardized safety assessments throughout the life of an open child welfare case. The Structured Decision Making® (SDM) system and the Comprehensive Assessment Tool (CAT) provide quantitative measures of safety, risk, and other factors critical in determining whether a child is safe in the home or must be placed until the identified safety and risk factors have been addressed.

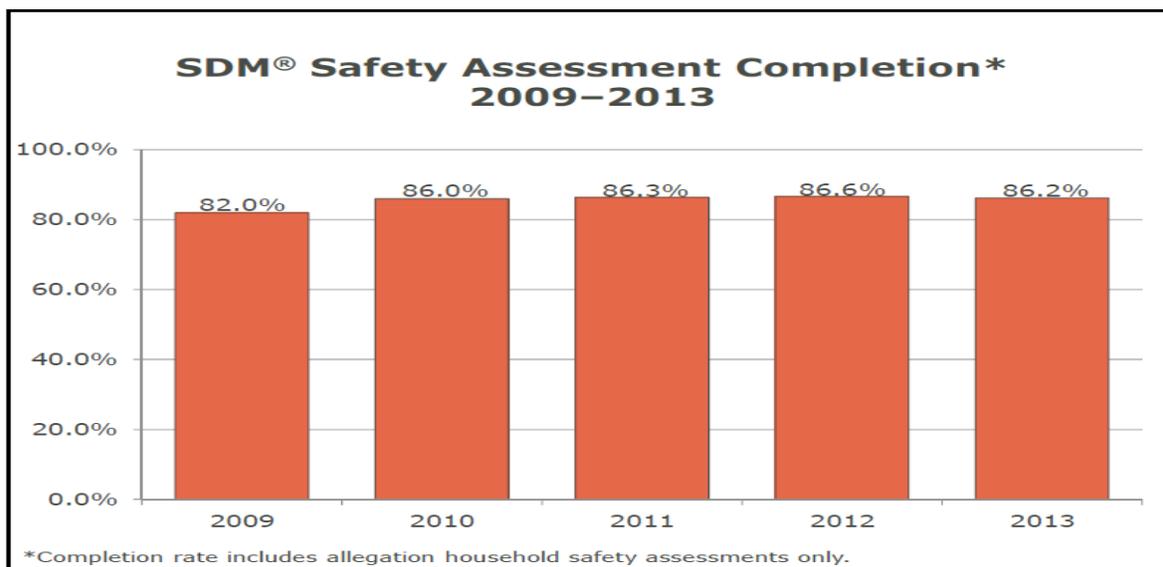
- *The Structured Decision Making® (SDM) Model* is currently used in 54 counties, this model is an evidence-based assessment system for decision making in social services. Use of the SDM system fosters consistency and validity of caseworker decisions, helping agencies identify children most at risk and reduce subsequent harm to children (including re-referrals, re-substantiations, injuries, and foster placement) and to reduce time to permanency (for children in out-of-home care). The following data represent

Calendar Year (CY) 2013 for 54 counties, based on the six tools that comprise the SDM system:

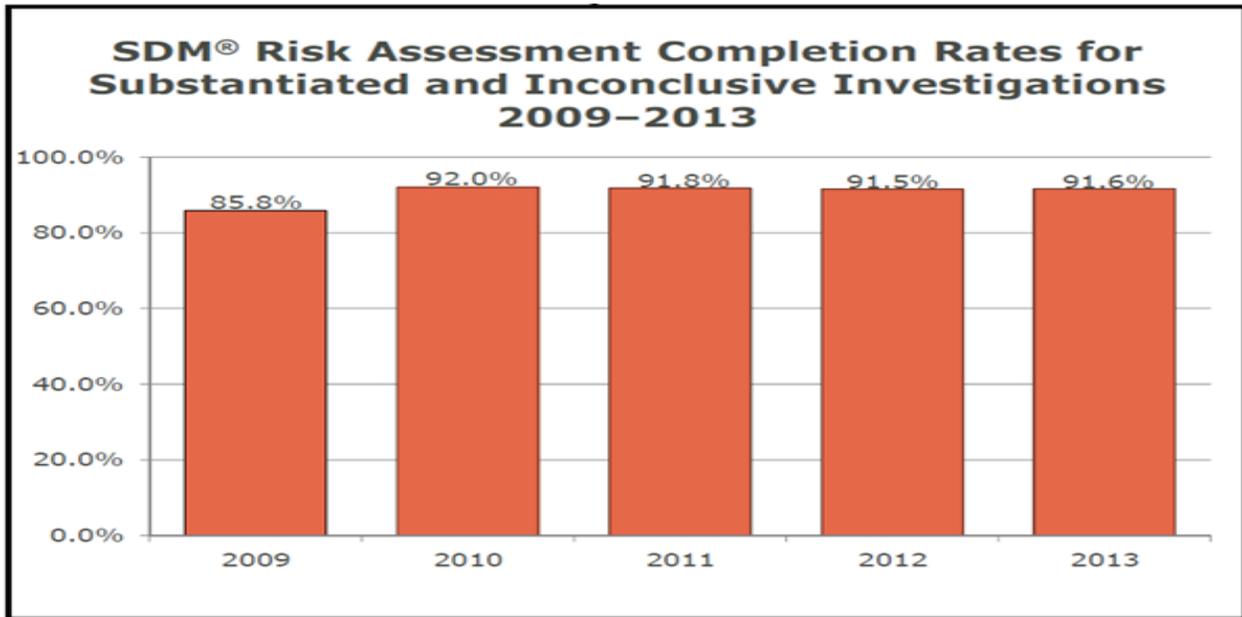
- *The Screening (Hotline) Assessment Tool* helps hotline workers determine 1) whether a new report requires a child protective services investigation response and 2) the response priority for reports accepted for investigation. The tool was completed in 314,773 (96.9 percent) of 325,004 applicable referrals during CY 2013, illustrating marked 2.5 percent improvement since CY 2009, during which the tool was completed for 94.4 percent of applicable referrals; see figure below.



- *The Safety Assessment Tool* helps workers at all points in a case determine if a child may safely remain in the home, with or without a safety plan in place. A second safety assessment applies specifically to foster and substitute care. Safety assessments were completed in 170,814 (86.2 percent) of 198,155 applicable investigations, illustrating marked 4.2 percent improvement since CY 2009, during which the tool was completed for 82.0 percent of applicable referrals; see figure below.



- *The Risk Assessment Tool* estimates the likelihood of future harm to children in a household and assists with determining which cases require ongoing services and which may be closed at the end of an investigation. A family risk assessment was completed for 84,994 (91.6 percent) of 92,789 substantiated and inconclusive investigations, illustrating a marked 5.8 percent improvement since CY 2009, during which the tool was completed for 85.8 percent of applicable referrals; see figure below.



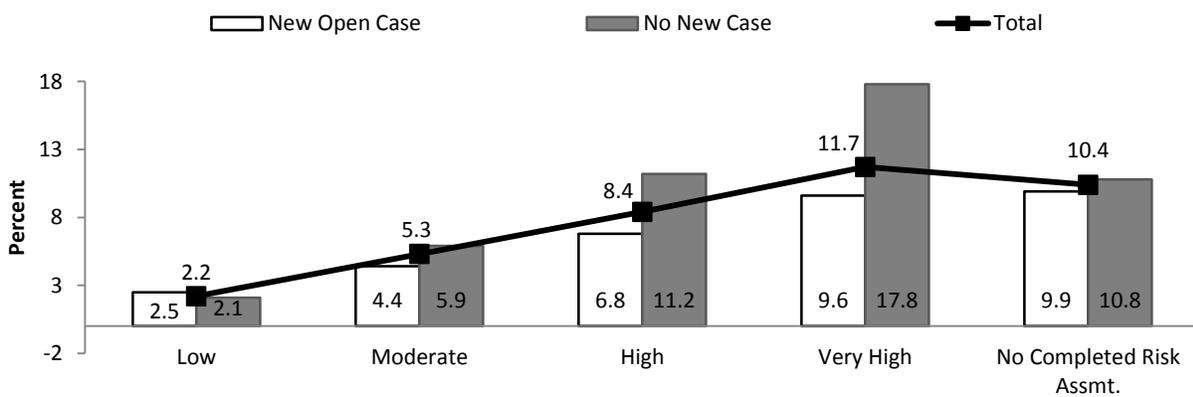
*The Family Risk Assessment* is required for each investigation with a finding of substantiated or inconclusive. In addition, counties are encouraged to complete a Risk Assessment for unfounded investigations; most but not all counties require an assessment for all investigations regardless of finding. This assessment classifies each family into one of four risk levels (low, moderate, high, or very high) based on the likelihood that they will become involved in a subsequent abuse or neglect incident. The Risk Assessment provides a valid classification of the likelihood of future harm and guides decision making regarding service provision through targeting resources to families at higher risk. Risk Assessments were completed in 85,003 (91.6 percent) of 92,798 substantiated or inconclusive investigations during Calendar Year 2013.

The data in the figure below was released in March 2014 by the Children’s Research Center, is inclusive of all children for whom maltreatment was substantiated between January 1 and June 30, 2013. The table provides recurrence rates within six months of the initial substantiation for children whose referrals were elevated to a case, compared with those for whom a new case was not opened, based on the level of risk determined in all completed assessments. Of the 30,020 children with a substantiated allegation, 7.04 percent were repeat victims of another substantiated allegation within six months. Recurrence rates were higher for children in families who received moderate to high risk assessment conclusions, particularly among cases in which the initial substantiated referral was not opened for services.

The rate of recurrence corresponded with the assessed level of risk; that is, families assessed at high or very high risk had a much higher rate of maltreatment recurrence than families assessed at

low risk. Similarly, families assessed at high or very high risk were more likely to have a repeat substantiation when no case was opened. In order to address these findings, CDSS will be working to enhance SDM tools based upon a recent validity study to improve workers' estimates of a family's risk of future maltreatment by more effectively targeting service interventions to high risk families. Also, CDSS plans to better integrate CWS/CMS and SafeMeasures data into the SDM<sup>®</sup> application, which will allow for more accurate safety and risk assessments. More information regarding the Risk Assessment, Safety Assessment, and other assessment tools is provided in the "Managing Risk and Safety" section of this report.

**Figure 14: New Substantiated Allegation of Maltreatment by Risk Level and Case Promotion Decision for Children on Referrals With Substantiated Allegations Between January 1 and June 30, 2013 Six-month Follow-up (2013 SDM Annual Report)**



- *The Family and Child Strengths and Needs Assessment Tool* informs case planning by structuring the worker's assessment of family caregivers and all children across a common set of domains of family functioning. For the case plan, priority areas of need are chosen as the focus of efforts to improve family functioning and child safety. CWS workers completed strengths and needs assessments for 34,640 households and 63,379 children. The SDM report does not include comparative completion rates for this tool in applicable cases from 2009-2013.
- *The Risk Reassessment Tool* applies to families receiving in-home services and helps the ongoing service worker determine when risk has been reduced sufficiently that the case may be recommended for closure. To track family progress in reducing risk, workers reassess each family at least every six months until the case is closed. During this process, workers reassess the risk and needs in each family and update the case plan. While the initial risk assessment considers the family's status at the time of the investigation, the reassessment focuses on current behavior after participation in services provided by the agency. CWS workers completed in-home risk reassessments for 16,224 families. The SDM report does not include comparative completion rates for this tool in applicable cases from 2009-2013.
- *Reunification Assessment Tool* is used for families with a child in out-of-home care with a goal of reunification and helps the worker determine when a child may safely be returned to the home, or when a change in permanency goal should be

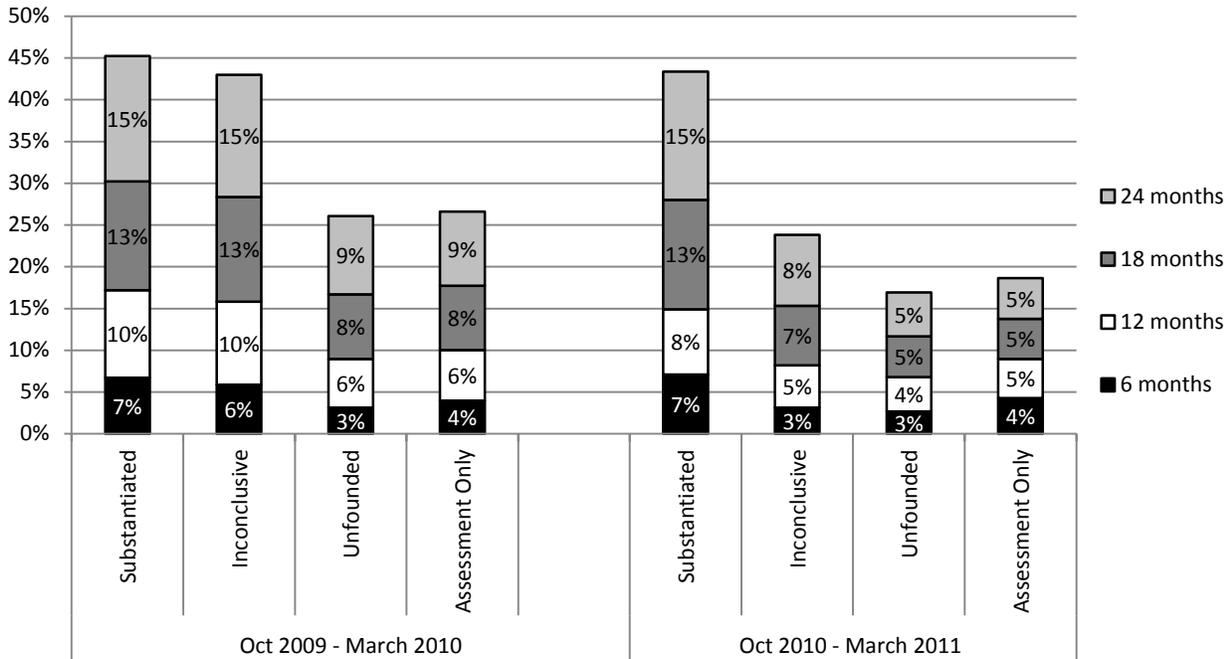
considered. The reunification reassessment consists of a risk reassessment, visitation plan evaluation, reunification safety assessment (if the family qualifies), and a placement/permanency recommendation. Reunification reassessment results were reported for 21,022 children. The SDM report does not include comparative completion rates for this tool in applicable cases from 2009-2013.

- *The Comprehensive Assessment Tool (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. In December 2010 the State's CAT contract expired, and four of the eight counties using CAT transitioned to SDM. The four remaining counties contract directly with the CAT vendor for services. CAT rate of completion was not identified for monitoring in the 2010-2014 PIP and the State does not have comparative data at this time.
- *Additional Measures on Recurrence of Maltreatment:*  
Although not federally required, CDSS monitors recurrence of substantiated allegations beyond the standard six months from the original referral, up to 24 months. Although many factors that contribute to recurrence of maltreatment are beyond the control of a child welfare agency, the State can monitor appropriate dispositions and decisions to open referrals, thereby evaluating their correlation with repeat maltreatment.

The percentages in figure 15 represent the proportion of children who 1) had a referral investigated or assessed during the six month base period and 2) had at least one additional substantiated referral within six, 12, 18, or 24 months. The data indicates two main findings: 1) regardless of initial disposition, the risk of repeat maltreatment increases with time and 2) the likelihood of repeat maltreatment is greatest for children with prior substantiated referrals. Going forward, these findings may be utilized to reduce repeat maltreatment by informing risk assessment strategies, criteria for determining critical periods of intervention, and strategies to direct resources to families at greatest risk.

The data shows that the recurrence of inconclusive and unfounded allegations decreased in 2011, possibly resulting from services provided to families. The recurrence of substantiated allegations remained consistent, indicating the need for increased attention and resources.

**Figure 15: Recurrence of Substantiated Allegation by First Allegation within a six-month period. Ages: 0-20, CWS/CMS CSSR Data Q4 2013**



## Summary

Repeat Maltreatment was rated as an area needing improvement in four of the 24 (17 percent) applicable cases evaluated during the onsite CFSR review in 2008. Over the past five years California has continually improved its rate for absence of maltreatment, and although the State still strives to meet the 94.6 federal standard, the State is consistent with the National Median of 93.7 percent. The State percentage of children who did not have a repeat substantiated referral within six months has slightly improved since FFY 2009, meeting the State’s highest rate of 93.7 in FFY 2013. Although the Federal standard has not yet been met, the data show that California continues to move in a positive direction.

While there is no identifiable single factor responsible for avoiding repeat maltreatment, several efforts contribute to maintaining strong progress. Some improvements that likely contributed to the successful interventions with children and families include differential response, standardized Risk Assessment system, and additional measures on recurrence of maltreatment.

### 3 Absence of Abuse in Foster Care

Ensure that the state is reducing the incidence of child abuse and/or neglect in foster care

#### Indicators of Progress

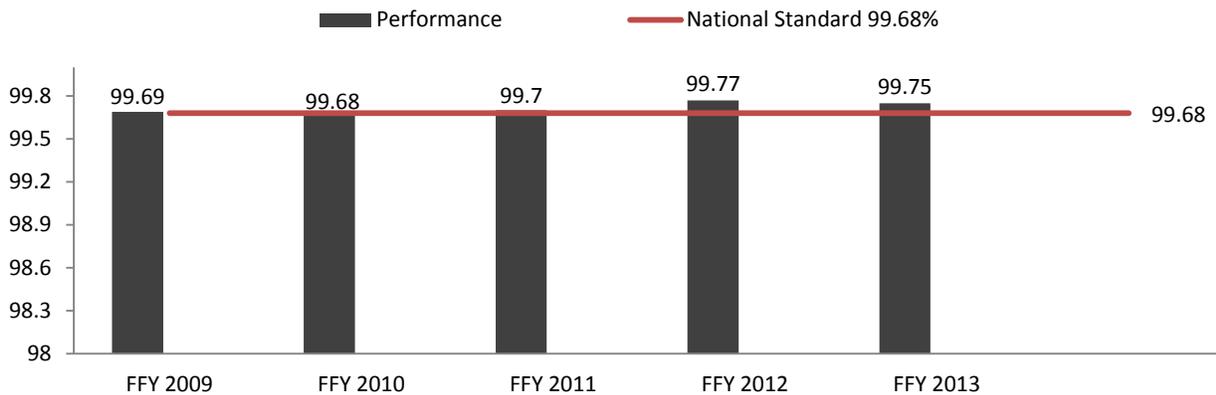


#### CFSR, PIP and Current Status

Absence of Maltreatment of Children in Foster Care was rated as an area needing improvement during the onsite CFSR review in 2008. As a result, the state had to address this measure in the CFSR PIP because it did not meet the national standard of 99.68% or higher. However, between the onsite review and the development of the PIP, the state achieved a 99.71% (FFY2008) and exceeded the national standard thus not having to address it in its PIP. Since then, California has remained above the national standard in each consecutive year. The state's current performance is 99.75% (FFY2013).

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. The data provided below, drawn from the Adoption and Foster Care Analysis and Reporting System (AFCARS), indicates that in FFYs 2009 through 2013 approximately 99.71 percent of children placed in out-of-home foster care were not victims of such maltreatment.

**Figure 16: Absence of Child Abuse and/or Neglect in Foster Care, CFSR Statewide Data Profile March 5, 2014**



#### 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 protections requirements including consistent contact with social 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:

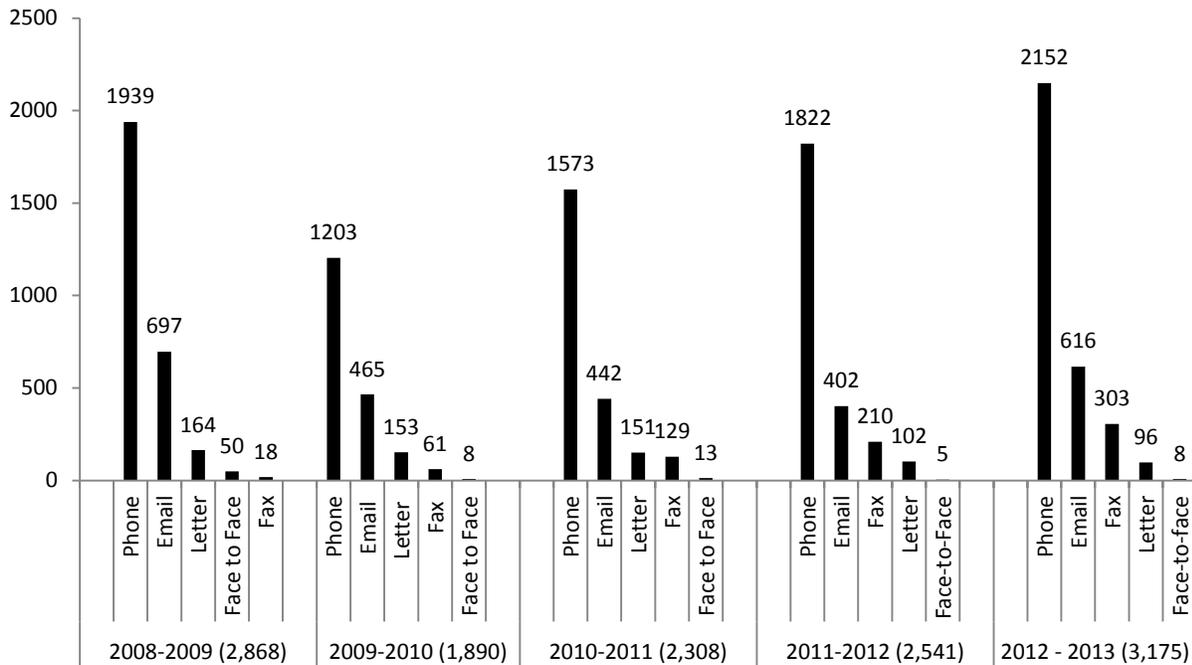
- ✓ The Office of the California Foster Care Ombudsman
  - ✓ Safety Assessment tools, Substitute Care Provider Tool
- 
- The Office of the California Foster Care Ombudsman  
Allegations of maltreatment in foster care are made for a variety of reasons and it is most important to identify the instances which pose risk of harm to a child. Responses to such allegations must be conducted with skill and objectivity to ensure the child's safety and prevent unnecessary disruption and trauma to the child, foster family, and birthparents. One of the State's most valuable assets in assuring the safety of children and youth in foster care is the Office of the California Foster Care Ombudsman (Ombudsman), designated by Welfare and Institutions Code sections 16160-16167 as the autonomous entity within CDSS for providing children who are placed in foster care with a means to resolve issues related to their care, placement, or services.

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

The Office also has statutory responsibility through AB 899 to conduct public outreach functions such as requested presentations to groups, collateral informational materials and publications that inform foster youth and other members of the public of the rights of children and youth in foster care. Social workers are mandated by the bill to explain the rights to every child and youth in foster care, in age-appropriate language, at least every six months, and that licensed foster homes housing six or more children and youth are required to post the posters issued by the Ombudsman Office describing their rights within easy and regular access for the children and youth living there.

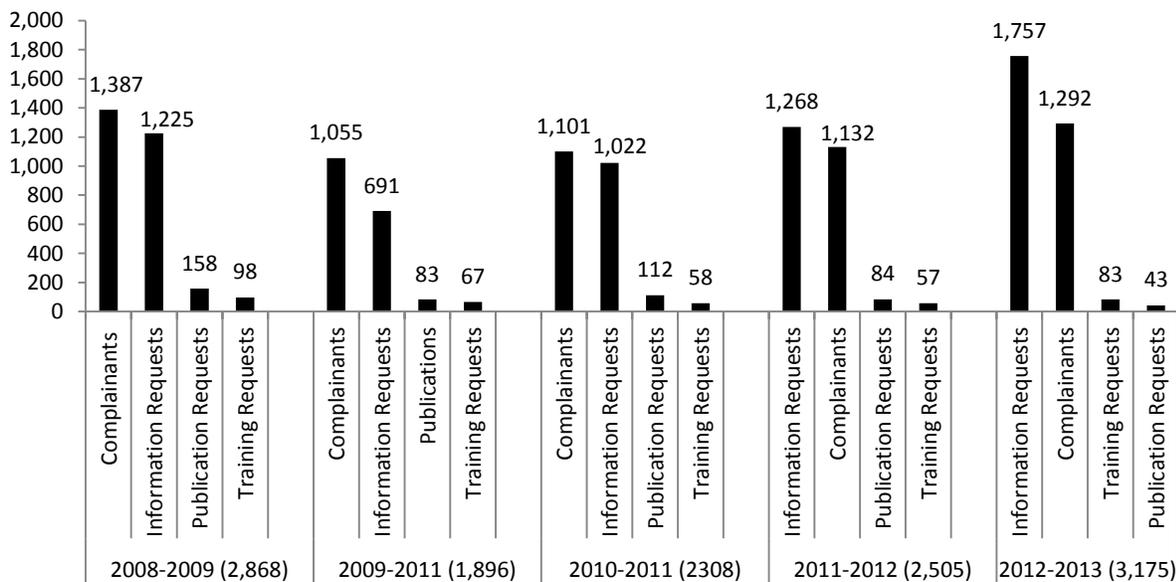
As illustrated in the figure on the following page, during FY 2012-13, the Ombudsman received 3,175 initial contacts, of which, 2,152 were telephone calls, 616 were e-mails, 303 were fax, 96 were letters, and eight were face-to-face. Each contact is an opportunity for the Ombudsman to respond to concerns impacting the foster care population and to gather information to identify recurring issues in California's foster care system. The Ombudsman serves as an additional resource to assure the safety of children and youth in the California foster care system.

**Figure 17a: How the Ombudsman Office was contacted**



Of the 3,175 initial contacts in FY 2013, 40.6 percent were from complainants (n= 1,292), while 50.3 percent were requests for information (n = 1,757). The figure below illustrates the purpose of the contacts received by the Ombudsman’s Office.

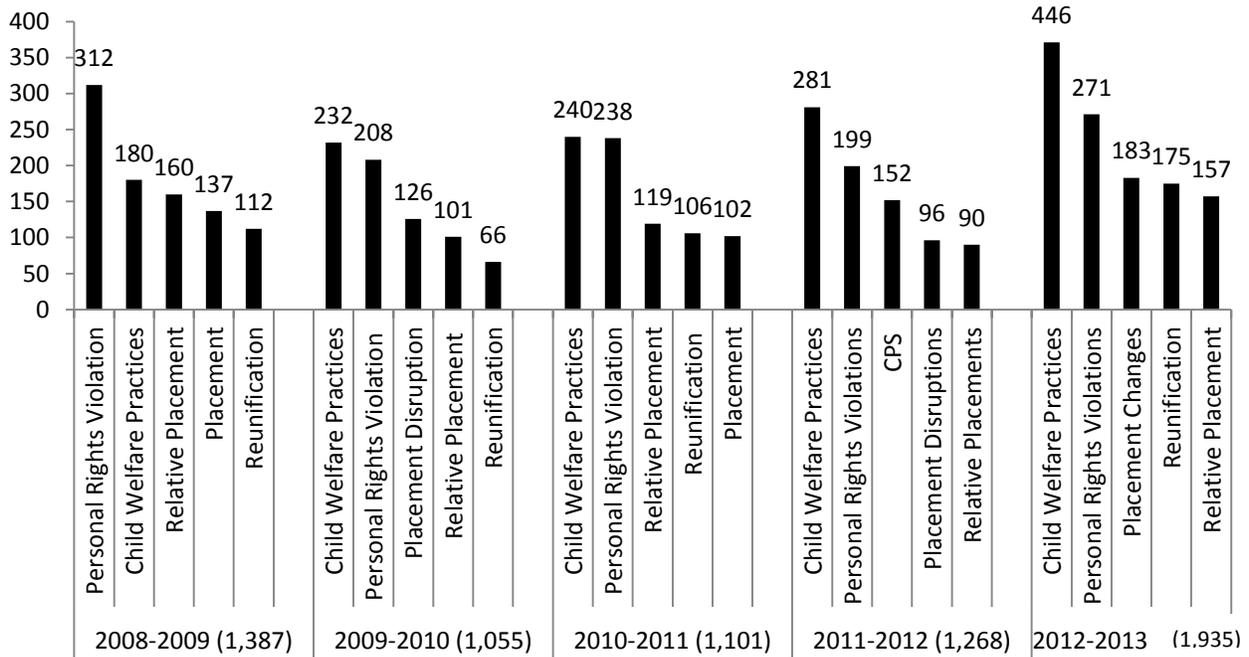
**Figure 17b: Contacts received by the Ombudsman's Office**



Of the 1,292 complainants who called the Ombudsman’s Office, 28 percent of their complaints were regarding Child Welfare Practices. The most common complaints were that social workers did not respect, listen to, and support birth parents, caregivers, and children. There were, also,

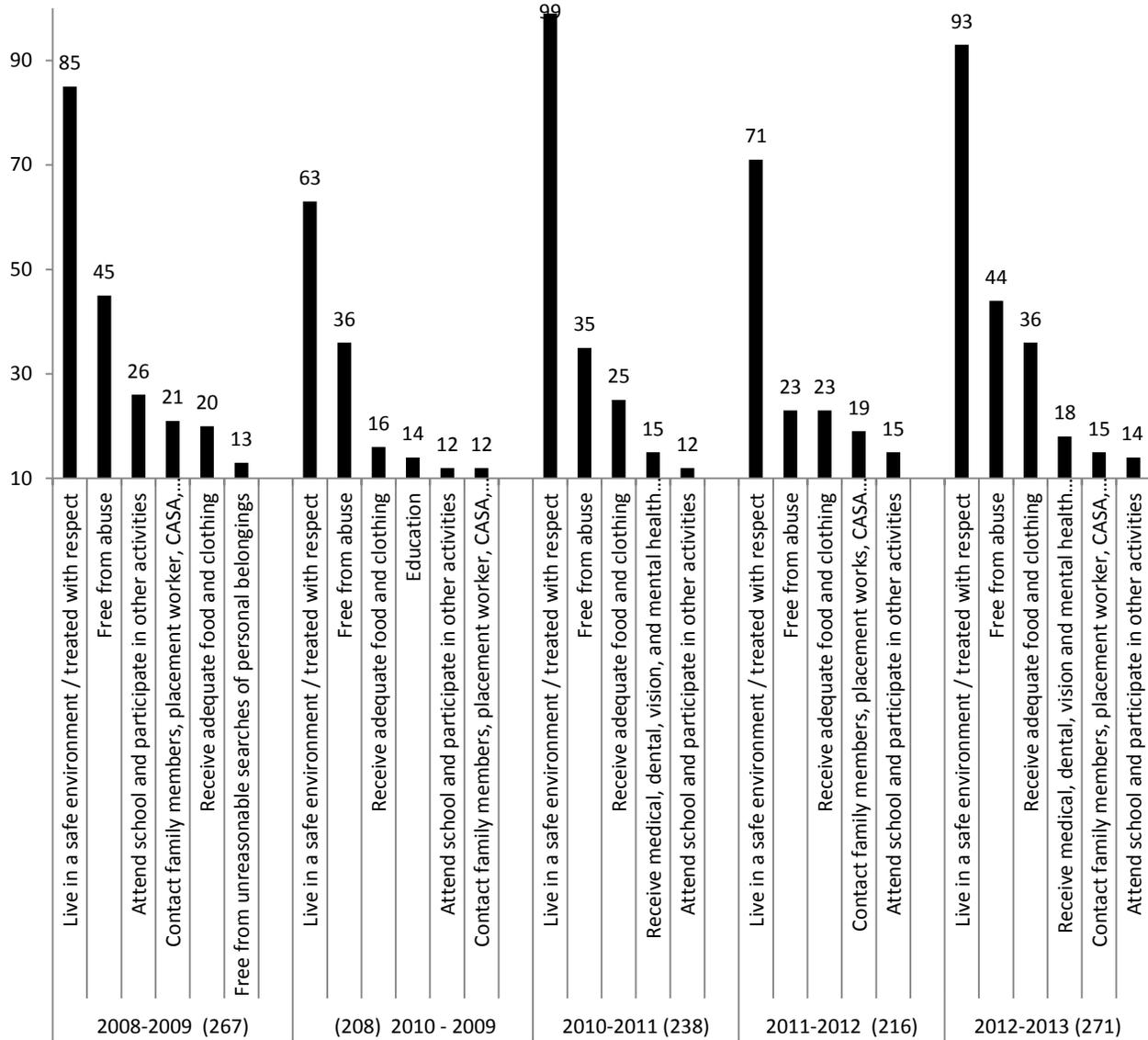
complaints that social workers did not return phone calls in a timely manner; did not include birth parents in the development of their case plans; did not provide clarification regarding case plan objectives and goals for reunification; did not provide needed support services when requested. Youth complained that social workers did not listen to them, especially concerning placement issues; return their phone calls; or follow through with requests. The figure below illustrates the most frequent complaint issues.

**Figure 18a: Most Frequent Complaint Issues Received by the Ombudsman's Office**



The second most frequent complaint concerned personal rights. Of 271 personal rights violation complaints received, 34.3 percent were related to living in a safe environment or being treated with respect, 16.2 percent related to freedom from abuse, 13.2 percent about receiving adequate food and clothing, while other personal rights complaints include: 1) receiving medical dental, vision and mental health services, 2) Contact with family members, social worker, CASA, attorney; 3) Attend school and participate in other activities; 6.6, 5.5, and 5.1 percent, respectively.

**Figure 18b: Most Frequent Personal Rights Violation Complaints Received by the Ombudsman's Office**



To date, the FCO has not been reporting county specific data, however in future Annual Reports the FCO is planning on presenting county data. The FCO is in the process of updating the FCO call tracking data base to more accurately report county and statewide data. To date, the FCO has been reporting on the data required in (W&IC- Sec16164). However, in the future the FCO can expand the analysis to include statewide practices and the impact on specific targeted populations. However, currently the FCO staffing level is not sufficient to provide the level of research and analysis necessary to provide accurate information and data on statewide practices and actions and the impact on targeted populations. The FCO has received limited feedback from counties regarding the implementation of practices. In the future, the FCO, CFSD & CWDA could develop a process to obtain and document information regarding implementation of practices.

- Safety Assessment tools, Substitute Care Provider Tool (SCP tool)

The SCP assessment tool was designed to provide social workers with a means to assess safety threats in a potential placement in a foster, relative, non-relative extended family member, foster family agency, or small family home, or when reassessing such a placement. The level of support and services recommended for an SCP is based on the probability of maltreatment or disruption, and the identification of specific child needs compared to the SCP's ability to meet those needs.

The SCP tool continues to be used in a pilot setting by Riverside, San Francisco, San Diego, and San Luis Obispo, and CDSS is working to expand use of the tool in more counties. Although SDM policy requires safety and risk assessment for most investigated referrals, such assessments are not required for investigations of substitute care providers (SCP) or residential placement homes. During 2013, 1,359 SCP homes were investigated but because they are not required for assessment, they were not included among data in The Structured Decision Making System in Child Welfare Services in California Combined Counties report.

## Summary

Data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) show that over the last five years, FFYs 2009 through 2013, approximately 99.71 percent of children placed in out-of-home foster care were not victims of such maltreatment. Data analysis 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 protections requirements including consistent contact with social workers and compliance with caregiver licensing and approval processes.

California's success 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 pilot implementation of the Safety Assessment/Substitute Care Provider tool has been piloted in four counties and may contribute to absence of abuse in foster care.

## 4 Timely Response

Ensure investigations of maltreatment are initiated within state policy timeframes

### Indicators of Progress



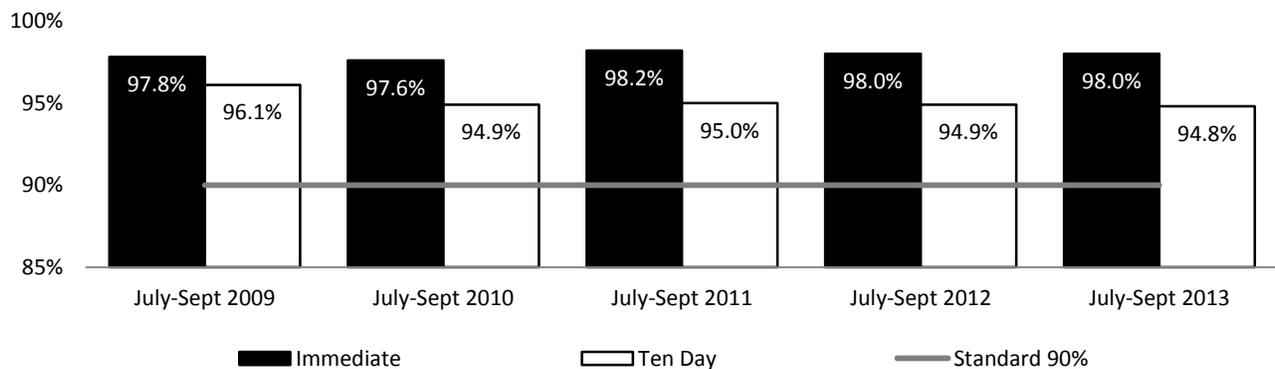
#### CFSR, PIP and Current Status

Timely Investigations of Maltreatment was rated as an area needing improvement during the 2008 CFSR onsite review. As a result, the state had to address this measure in the CFSR PIP because it did not meet the national standard of 95% or higher. The baseline was 94.5% (FFY2008) and the goal was 94.7%. California met the goal during Quarter 1 of the PIP. The state's most current performance for the timeframe of July to Sept 2013 is 98% for immediate investigations and 94.8% for ten-day investigations.

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. Over the last five years, California has performed well above the state goal of 90 percent for all counties, with immediate responses hovering around 97.6 to 98.2 percent between 2009 through 2013. In the same time period, the ten-day responses maintained around 94.9 to 96.1 percent between 2009 and 2013.

**Figure 19: Timely Response to Investigations**

**Agency Type: CW, Ages: 0-20, Timeframe: July 2009 to Sept 2013, Extract CWS/CMS 2013 Q4**



### Factors Affecting Progress

The WIC code mandates the requirements and timeframes for initiations of an investigation of abuse or neglect while the ACIN I-86-06 outlines timeframes for investigations per the Manual of Policies and Procedures (MPP). If the referral is identified as requiring a ten-day response, the response must have been attempted or completed by the end of the tenth calendar day after the referral is received (the day the referral is received is counted as day one). Additionally, if a referral is identified as requiring an immediate response, the response must be initiated or completed by midnight of the day following the receipt of the referral. The State provides oversight and technical assistance to aid each county in meeting the state standards for timely investigations.

Each county welfare agency operates and maintains a 24-7 response system to determine whether an in-person investigation is appropriate, and whether the risk is imminent and requires 24-hour immediate response, or whether the investigation can be initiated within ten days. Each county may implement more restrictive response times than those set by the State and are able to develop their own protocol as long as it contains the required elements. Currently only one county has established a more restrictive 5 day maximum response time. The MPP mandates a risk assessment in order to determine the priority of initiating investigations of abuse or neglect. However, each county may develop their own protocol to prioritize and investigate referrals in accordance with these regulations.

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

- AB 636 outcomes and accountability practice

Overall, the State is performing well ensuring that children are visited within policy timeframes. This may be a result of the Outcomes and Accountability Bureau's oversight and compliance review procedures. Counties performing below the state average on both state measure 2B (described in Figure 16) and 2C, the state's measures of monthly caseworker visits with children in care, are identified as requiring consultation and collaboration between state consultants and local county staff. During the consultation discussions, county staff identify factors that may contribute to the county's underperformance and the necessary steps the county will take to improve performance.

- Statewide safety assessment tools

California's high success rate may be attributed to the use of the statewide safety assessment tools across all 58 counties. Overall, these tools promote a uniform practice of intake assessments by increasing consistency and accuracy in emergency response among child welfare staff within and across the state. These tools guide the child welfare worker in determining the appropriate response to the referral. Additionally, assessment protocols increase the efficiency of child protection operation by making the best use of available resources by consistently addressing the most emergent needs.

- SafeMeasures® data availability

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. Real time data are posted online for the 54 counties who are using SDM and are utilized by counties and state consultants for quality assurance. Supervisors in each county can view the status of each referral for individual staff members to ensure cases are being investigated within policy timeframes.

- SDM Hotline tool

The high success rate of timely response may also be attributed to California’s usage of the SDM Hotline Screening Tools which are completed for all incoming referrals, including those that are evaluated out prior to screening. Additionally, CRC provides the State with detailed annual reports (county-specific and statewide) on the use of the tools. The report is used internally to inform revisions and improvements to the tools at annual meetings with CRC, the State, and counties. Data from these reports are incorporated throughout this report. The screening assessment is a three-step process that includes a screening decision, response priority, and differential response. Based on data from SafeMeasures®, for the 54 counties using SDM, in October 2013, the SDM Hotline tool had a 96.2 percent (30,282) completion rate of the 31,478 hotline calls received. The consistent use of the SDM Hotline Screening Tools effectively and accurately guides the child welfare worker to prioritize referrals for investigation with the appropriate response time.

- Differential Response

The DR allows California CWS agencies to respond in a more flexible manner to child abuse or/neglect referrals by allowing custom tailored services. In addition DR provides earlier and more meaningful responses that attribute to California’s high success rate for timely response. The DR includes a broad set of strategies for working with families at the first signs of trouble. 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. 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. Many (but not all) at-risk children can be safely kept at home by providing their parents and extended family with culturally appropriate community-based services. As a result, children who can be protected and served at home are less likely to be placed in foster care. Entry into the child welfare system can often be prevented through innovative partnerships with community-based organizations that can help meaningfully support families who are at-risk for child maltreatment.

According to the counties’ annual report to the OCAP, 35 of 58 counties are using a 3-path DR model, though it has not been verified whether each of these counties has implemented a three-path DR system consistent with the State’s model. Availability of funds is a major factor in sustaining the program. The following shows the percentage of counties using federal, state and/or local resources to support DR.

Funding Source	DR Path 1	DR Path 2	DR Path 3
CAPIT	31%	29%	15%
CBCAP	16%	10%	0
PSSF	24%	28%	21%
Local/Other	41%	38%	47%

## Next Year

- Continue to provide SDM support, training and consultation.
- Continue to finalize and further develop the SDM/SOP training materials.
- Upgrade current Case Plan Field tool to better incorporate safety and FSNA items and to enable workers a more direct path to go from SDM safety and FSNA assessments to behaviorally specific plans in CWS/CMS; provide a template for future case plan design.
- Incorporate and implement agreed upon changes into the worker and supervisor training curriculums and further integrate SDM with practice-based initiatives.

## Summary

Timely response of child abuse and/or neglect referrals is essential to the protection of children in unsafe homes. In 2008 during the 2008 CFSR onsite review of 36 cases timely investigations of maltreatment was identified as an area in which California needed to improve. As a result the California Timely Investigations progress measure 2B (described in figure 16) was developed and a statewide performance goal of 90 percent was established. These efforts enabled California to measure and evaluate the percentage of child abuse and/or neglect referrals that resulted in a timely in-person investigation.

Even though California experienced barriers of severe budget cuts it remained committed to prioritizing child safety. Over the past five years California has consistently performed well above the statewide goal of 90 percent for immediate and 10 day responses. Many efforts have contributed to California's success such as the C-CFSR outcome and accountability practice, statewide safety assessment tools, SafeMeasures® data availability, SDM® Hotline Tools, and Differential Response. 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. The 96.2 percent completion rate of the SDM® Hotline tool among 54 counties demonstrated the effectiveness of new practices of prioritizing referrals for emergency response. In addition, 35 of 58 counties are now utilizing a 3-path DR model to address the needs and challenges of the child/family to support better outcomes for children and prevent entrance into foster care and the CWS system. Over the past five years California has exceeded its goals and requirements related to responding timely when investigating child abuse and/or neglect referrals.

## Services to Prevent Removal

Ensure that the agency is providing services to children and their families to prevent removal

### Indicators of Progress

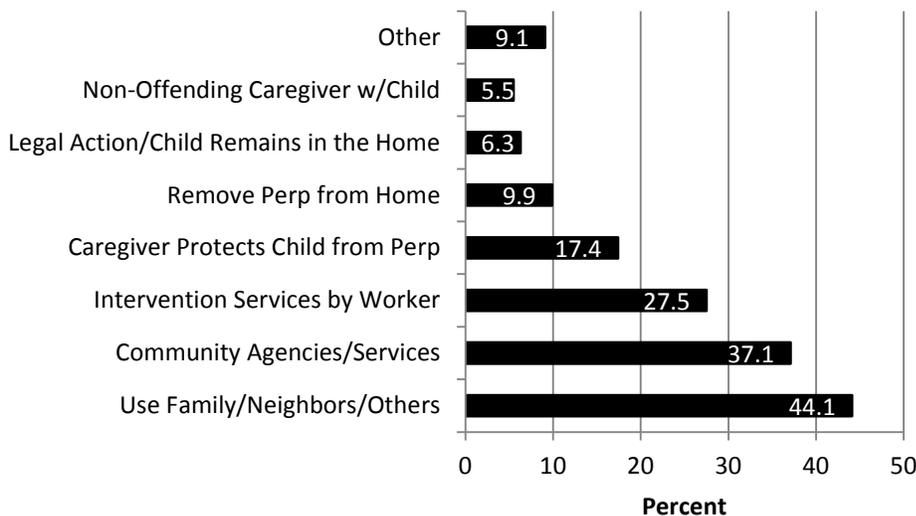


#### CFSR, PIP and Current Status

Services to Family to Protect Child(ren) in Home and Prevent Removal was rated as an area needing improvement during the 2008 CFSR onsite review. As a result, the state had to address this measure in the CFSR PIP. The measure used to gauge progress on this goal was the percentage of CWS cases opened during the quarter where a family strengths and needs assessment was completed. The baseline was 61.8% (FFY2008) and the goal was 62.3%. California met the goal during Quarter 1 of its PIP. The state’s most current performance for the timeframe of Quarter 1, 2014 (Jan-Mar) is 69.7%, demonstrating a continued progression in the right direction for provision of these services.

Since the onsite review, this outcome continues to be an important area of focus for the state. The types of service interventions employed by investigating workers in response to the safety assessment findings are shown in Figure 20a. The most common interventions applied when at least one safety threat was present were use of family/neighbors/others, use of community agencies/services, and intervention services by worker. The data shows the most common provision of services in response to safety assessments is the use of family/neighbors/others and of community agencies/services. Over the last five years these provisions of services continued to focus on collaboration with other department agencies, stakeholders, and community-based service providers and organization to prevent the removal of children from their families. In addition, the data continues to demonstrate that California’s rate of foster care entry, ages and ethnicity overall has remained relatively consistent over the last five years.

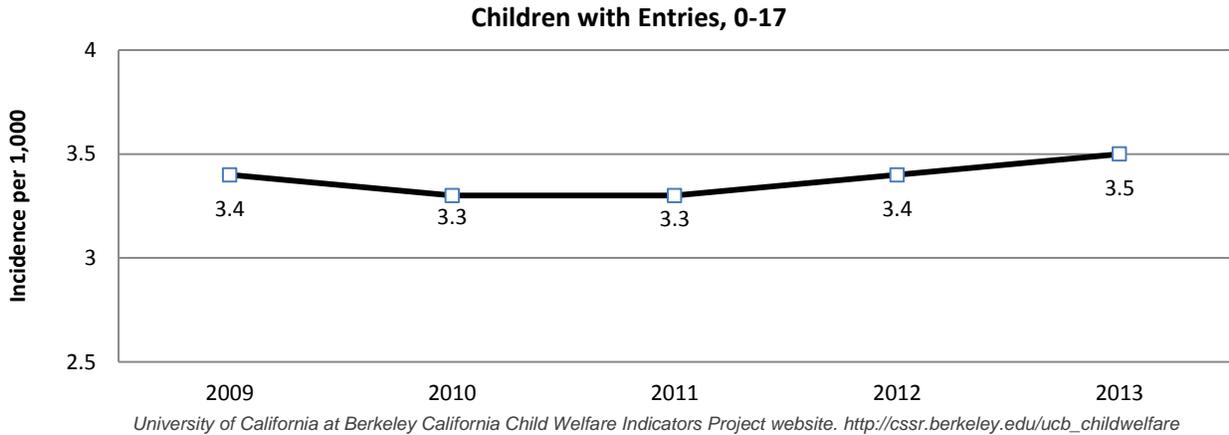
**Figure 20a: Safety Interventions at Investigation**



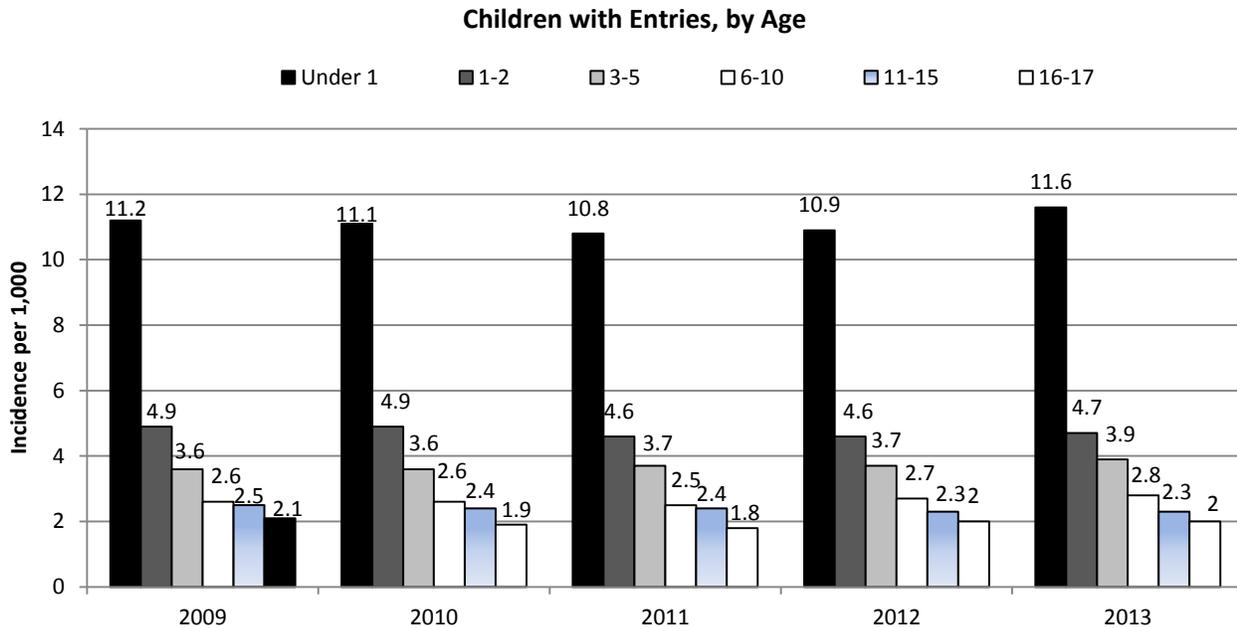
Data from March 2014 SDM Combined Counties Report. N=40,229

Entries into care have been increasing as show in the figure below. A further exploration of the entries into care by age and race/ethnicity reveals that infants, Blacks, and Native Americans are at greatest risk for entering into out-of-home placement (Figures 20c and d). 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), discussed in more detail in the Permanency Chapter of this report.

**Figure 20b: Entries into Care per 1,000**

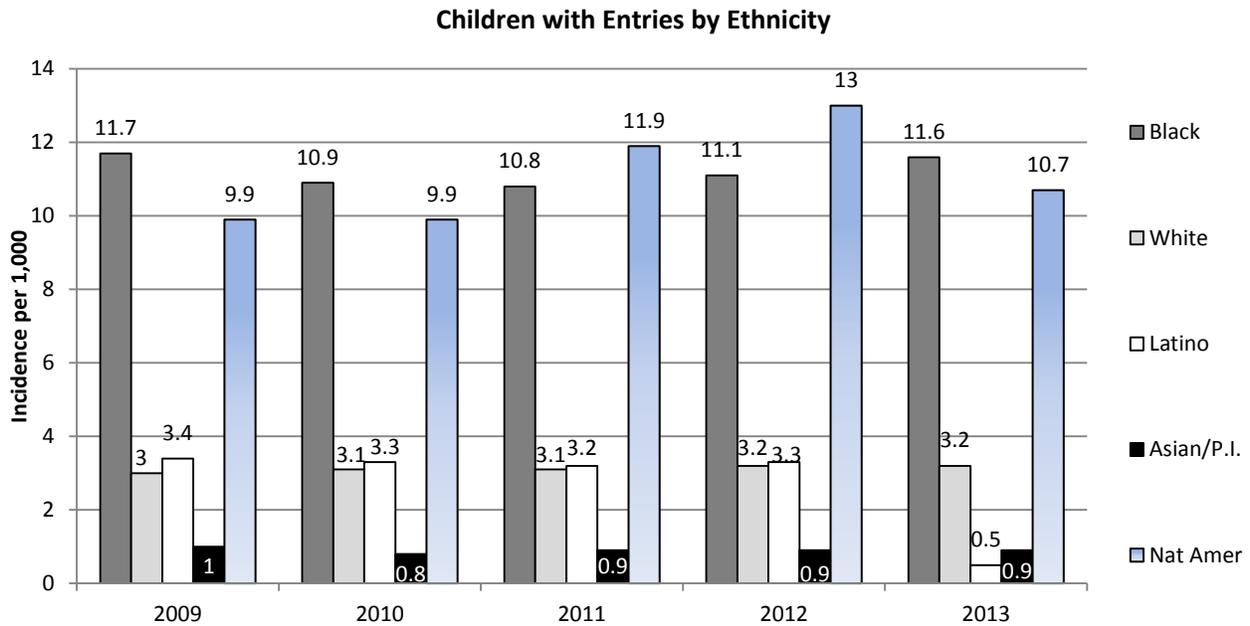


**Figure 20c: Children with Entries by Age**



University of California at Berkeley California Child Welfare Indicators Project website. [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

**Figure 20d: Children with Entries by Ethnicity**



University of California at Berkeley California Child Welfare Indicators Project website. [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

### Factors Affecting Progress

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

- ✓ Linkages
  - ✓ Wraparound
  - ✓ Team Decision Making
  - ✓ Differential Response
  - ✓ Participatory Case Planning
  - ✓ Caseworker Visits
- The *Linkages Project* (Linkages) is a strategic effort by California to improve coordination between CalWORKs and Child Welfare (CWS) through development of system change efforts that support collaborative case management practices at the local level. Implementation began in 2000 and when federal funding ended the CDSS Office of Child Abuse Prevention (OCAP) supported the project for three additional years from 2011 to 2014, as more time was needed for counties to be able to implement and embed Linkages in their practice. **Twenty (20) counties** participated in the various activities provided by the Statewide Project designed to improve service coordination and case planning, prevent duplication of efforts, and maximize funding and resources to better serve clients accessing both systems.

As a result of the activities conducted this year, CalWORKS and CWS staff in Linkages counties shared best practice, improved collaboration, and problem solved when faced with barriers. They were provided information that increased knowledge to help them implement Linkages at the local level. During the 2012-13 year, the following outputs were achieved:

- 5 webinars were to address practical concerns like collecting and sharing data, sustaining programs, conducting marketing, etc.
- Peer Interest Calls (PIC) were conducted on topics including improving data tracking and evaluation, engaging families early, coordinating case planning and other capacity building topics.
- Annual Convening: 21 County Linkages Team counties convened in Sacramento to discuss sustaining programs beyond the conclusion of the program as funded by the CDSS June 30, 2014.

Because Linkages focuses on the family and brings together two major Social Service programs, it can be seen as an Early Intervention that provides resources and case management intended to stabilize families and keep children safely in their homes. It helps prevent out-of-home placement and promotes resiliency in parents. When children are removed, Linkages provided major supports from both the CalWORKs and CWS programs to help get children back to their homes.

**Families receiving Linkages collaborative services between Child Welfare & CalWORKs had:**

- Coordinated case plans
- Access to increased services
- Sharing of resources between programs
- Case Managers from both programs to strengthen the family

These coordinated activities ensure continuity for the family and can increase the timeline toward reunification.

During the life of this project, we've learned that for an initiative to be successful the following have to be present:

- Leadership: to articulate and frame a vision for staff throughout a county
  - Maintain project visibility through frequent contact, support, and presence
  - Connect counties to each other through learning to break isolation and to help counties think outside their own boxes
- 
- 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. A quarterly extract from Q1 2014 shows 3,800 youth being served, but because Wraparound supports a

multitude of agencies statewide, it is not possible for the state to quantify the total number of children and youth served. However, Wraparound is currently available in 45 counties.

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

The number of children being served with the Wraparound program is based on the county and/or providers capacity to serve the target population. Based on the legislation, the Wraparound program has a specific target population: 1) Wards or dependents who are at risk of placement in a group home with an RCL of ten or higher, 2) a child who would be voluntarily placed in out-of-home care, 3) a child who is currently placed in a group home with a RCL of ten or higher, and/or 4) a child who is receiving AAP and is currently or at risk of placement in out-of-home care in a group home with an RCL of 10 or higher. However, counties are not limited to providing Wraparound to other target populations if they have sufficient capacity and funding.

- *Team Decision Making*: A unified plan often involves a team decision making meeting which requires that the family, community and the child welfare agency collaborate to make decisions about the child's safety and placement. TDMs include a facilitated process that assists in identifying the child and their families' strengths and needs which is beneficial to engage families and prevent removal of children from their homes.
- *Differential Response* at initial intake is utilized in the majority of counties as a method to connect families with services to prevent situations of neglect and abuse that require removal. Path One cases are referred for voluntary family services to keep issues from escalating into a situation that may require the intervention of the child welfare services agency. Path Two cases may also use the development of safety plans and agreements made in consultation with the family that are agreed to and implemented in order to prevent the child being removed from the home. . The DR allows child welfare agencies to utilize resources to help families before difficulties escalate and prevent child removal.
- *Family Participation in Case Planning* is a case planning process that actively engages families in defining their strengths and identifying resources that will address the problems which resulted in the disruption of their family. Family participation in case planning encourages families to work with child welfare services agencies for successful outcomes and prevents the removal of children from families. Within the 54 SDM counties, child welfare workers often use the Strengths and Needs Assessment tool in SDM to engage families in creating safety plans, which prevent child removal from the home. Strategies are discussed and agreed to when a safety plan is implemented using the metrics in the safety assessment tools. Another family engagement system is being reviewed and tested in several California counties in conjunction

with the use of the SDM tool, using structured tools for workers to engage families. The goal is to work toward a model for practice that uses reliable and valid decision support tools in a practice context of family engagement, participation, network-building, and including the voice of the child.

- *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 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, Team Decision Making, Differential Response, participatory case planning and social worker visits. 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 five 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 five 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.

## 6 Managing Risk and Safety

Ensure that the agency is managing risk and safety for children in-home and in foster care

### Indicators of Progress



#### CFSR, PIP and Current Status

Managing Risk and Safety was rated as an area needing improvement in 14 of 65 (22 percent) applicable cases reviewed during the 2008 CFSR onsite review. As a result, the state had to address this measure in the CFSR PIP. The two measures used to gauge progress on this goal were, 1) the percentage of CWS family maintenance (FM) and family reunification (FR) cases closed during the quarter where a safety assessment was completed within 65 days prior to case closing, and 2) the percentage of CWS family maintenance (FM) and family reunification (FR) cases closed during the quarter where a risk assessment was completed within 65 days prior to case closing. For 1) the baseline was 22.8% (FFY 2008) and the goal was 23.2%. California met the goal during Quarter 2 of its PIP and has continued success with the most current performance of 46.54% for 2014 Quarter 1 (Jan-Mar). For 2) the baseline was 60.1% (FFY2008) and the goal was 60.6%. California met the goal during Quarter 1 of its PIP and is slightly below the original target at 59.4% for 2014 Quarter 1 (Jan-Mar).

In order to monitor improvement in this area, the State's 2010-2014 Children and Family Services Plan noted that its Program Improvement Plan would measure improvement in the utilization of statewide safety assessment tools as they pertain to Structured Decision Making (SDM) counties. The State has made steady progress in this area, as confirmed in The SDM System in Child Welfare Services in California Combined Counties report, which identified statewide improvement in completion rates for the Screening (Hotline) Assessment Tool, Risk Assessment Tool, And Screening Assessment Tool; specific rates are provided in the following section.

### Factors Affecting Progress

The CDSS continues to utilize the following resources to manage risk and safety:

- The Standardized Safety Assessment System:

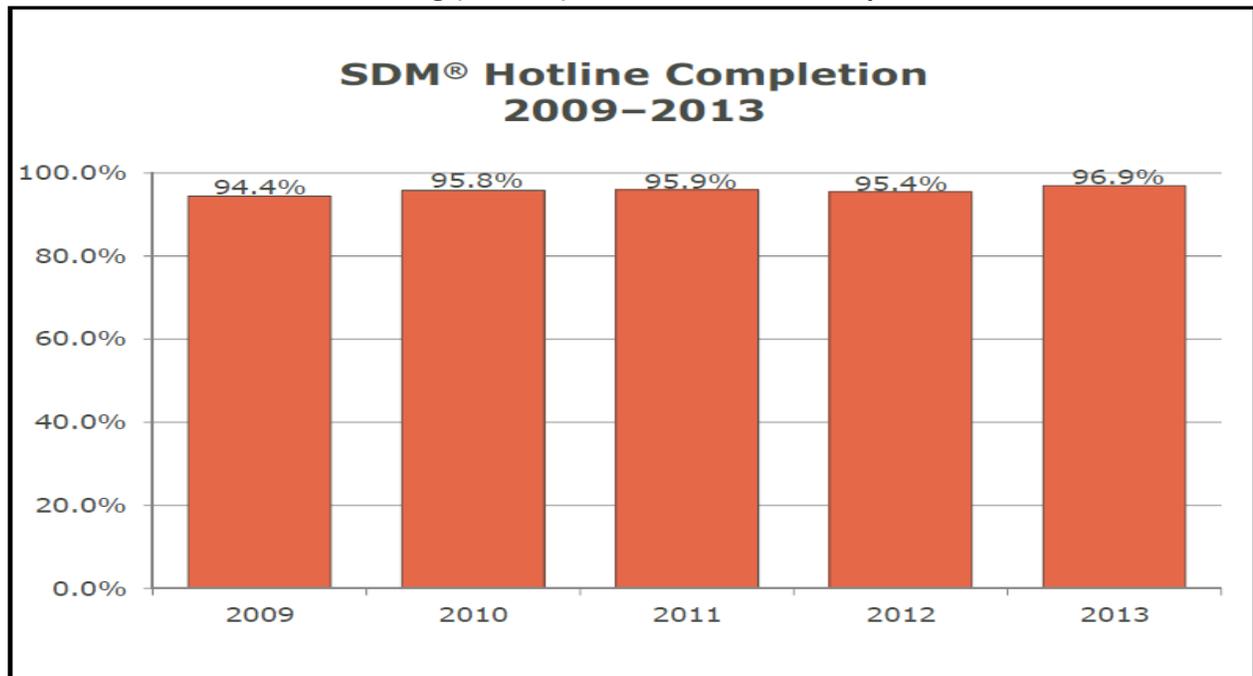
In All County Letter 09-31, CDSS issued guidance to the 58 counties in California on the importance of using standardized safety assessments throughout the life of an open child welfare case. The Structured Decision Making© (SDM) system and the Comprehensive Assessment Tool (CAT) provide quantitative measures of safety, risk, and other factors critical in determining whether a child is safe in the home or must be placed until the identified safety and risk factors have been addressed.

- *The Structured Decision Making© (SDM) Model* is currently used in 54 counties, this model is an evidence-based assessment system for decision making in social services. Use of the SDM system fosters consistency and validity of caseworker decisions, helping agencies identify children most at risk and reduce subsequent harm to children (including re-

referrals, re-substantiations, injuries, and foster placement) and to reduce time to permanency (for children in out-of-home care). The following data represent Calendar Year (CY) 2013 for 54 counties, based on the six tools that comprise the SDM system:

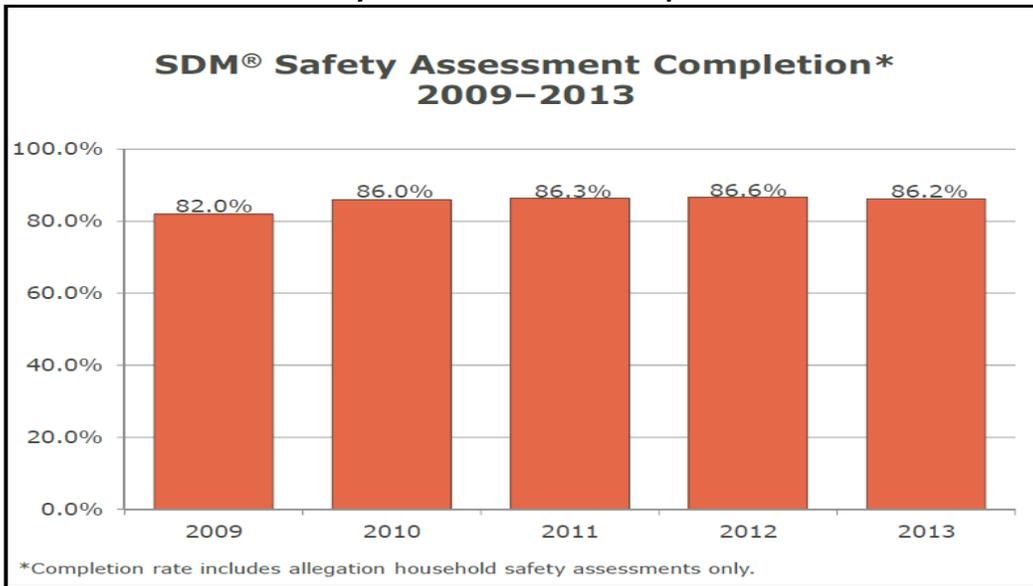
- *The Screening (Hotline) Assessment Tool* helps hotline workers determine 1) whether a new report requires a child protective services investigation response and 2) the response priority for reports accepted for investigation. The tool was completed in 314,773 (96.9 percent) of 325,004 applicable referrals during CY 2013, illustrating marked 2.5 percent improvement since CY 2009, during which the tool was completed for 94.4 percent of applicable referrals; see figure below.
- 

**SDM Screening (Hotline) Assessment Tool Completion Rates**



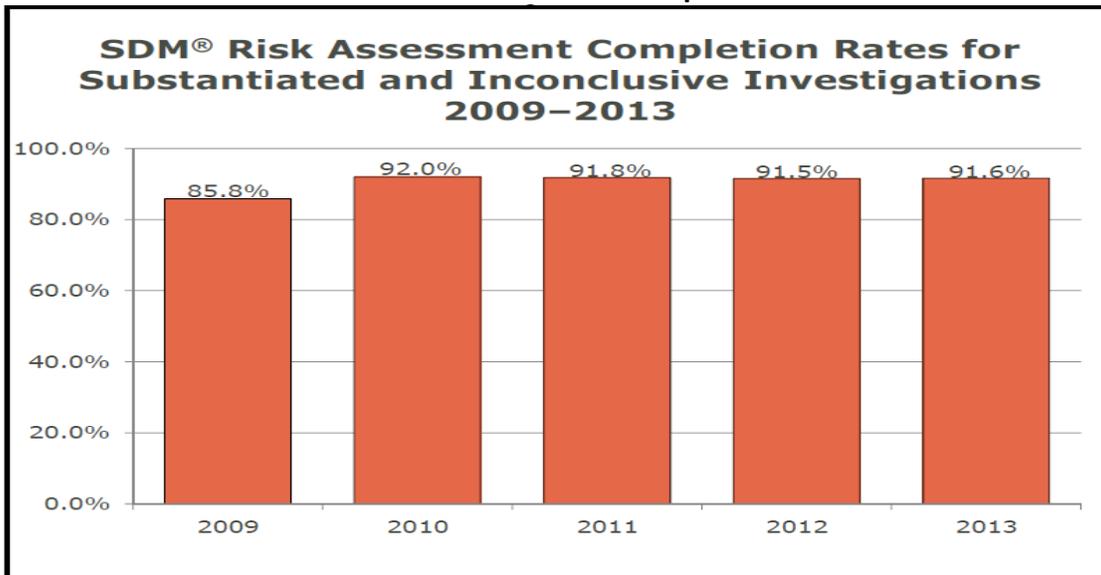
- *The Safety Assessment Tool* helps workers at all points in a case determine if a child may safely remain in the home, with or without a safety plan in place. A second safety assessment applies specifically to foster and substitute care. Safety assessments were completed in 170,814 (86.2 percent) of 198,155 applicable investigations, illustrating marked 4.2 percent improvement since CY 2009, during which the tool was completed for 82.0 percent of applicable referrals; see figure below.

### SDM Safety Assessment Tool Completion Rates



- *The Risk Assessment Tool* estimates the likelihood of future harm to children in a household and assists with determining which cases require ongoing services and which may be closed at the end of an investigation. A family risk assessment was completed for 84,994 (91.6 percent) of 92,789 substantiated and inconclusive investigations, illustrating a marked 5.8 percent improvement since CY 2009, during which the tool was completed for 85.8 percent of applicable referrals; see figure below.

### SDM Risk Assessment Tool Completion Rates



- *The Family and Child Strengths and Needs Assessments* informs case planning by structuring the worker’s assessment of family caregivers and all children across a common set of domains of family functioning. For the case plan, priority areas of need are chosen

as the focus of efforts to improve family functioning and child safety. CWS workers completed strengths and needs assessments for 34,640 households and 63,379 children. The SDM report does not include comparative completion rates for this tool in applicable cases from 2009-2013.

- *The Risk Reassessment Tool* applies to families receiving in-home services and helps the ongoing service worker determine when risk has been reduced sufficiently that the case may be recommended for closure. To track family progress in reducing risk, workers reassess each family at least every six months until the case is closed. During this process, workers reassess the risk and needs in each family and update the case plan. While the initial risk assessment considers the family's status at the time of the investigation, the reassessment focuses on current behavior after participation in services provided by the agency. CWS workers completed in-home risk reassessments for 16,224 families. The SDM report does not include comparative completion rates for this tool in applicable cases from 2009-2013.
- *Reunification Assessment Tool* is used for families with a child in out-of-home care with a goal of reunification and helps the worker determine when a child may safely be returned to the home, or when a change in permanency goal should be considered. The reunification reassessment consists of a risk reassessment, visitation plan evaluation, reunification safety assessment (if the family qualifies), and a placement/permanency recommendation. Reunification reassessment results were reported for 21,022 children. The SDM report does not include comparative completion rates for this tool in applicable cases from 2009-2013.
- *The Comprehensive Assessment Tool (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. In December 2010 the State's CAT contract expired, and four of the eight counties using CAT transitioned to SDM. The four remaining counties contract directly with the CAT vendor for services. CAT rate of completion was not identified for monitoring in the 2010-2014 PIP and the State does not have comparative data at this time.
- *Curriculum Improvements at Regional Training Academies (RTAs):*  
As annual refinements and improvements are made to the SDM safety assessment tools, corresponding training updates are made to the core curriculum and advanced training modules; new child welfare workers are trained in the RTA settings to use the SDM tools effectively throughout the life of the case; supervisor training is regularly updated to reflect new and improved tools, as well as for safety and policy overrides. Effectiveness of Improved training is reflected in the previous data illustrating improved completion rates for SMD assessment tools, utilized in 54 counties statewide.

- *Child Fatality and Near Fatality Monitoring:*

During CY 2014, CDSS produced the California Child Fatality and Near Fatality Annual Report for CY 2011, reporting the following findings related to managing risk and safety:

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

In order to address these findings, CDSS will be working to enhance SDM tools based upon a recent validity study to improve risk assessment by more effectively targeting service interventions to high risk families. The SDM system will also be improved by integrating CWS/CMS and Safe Measures data into the application, which will allow for more accurate safety and risk assessments. The State also aims to 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. Additionally, CDSS plans to 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. More information can be found in the Fatality/Near Fatality segment of the Child Abuse Prevention and Treatment Act section on page 190. In time, CDSS aims to illustrate the effectiveness of these measures through decreased child fatality and near fatality incidents and decreased recurrence of maltreatment through improvements to assessments tools as well as consistency and accuracy in their application.

## Summary

The State's effort to manage risk and ensure safety of children in home and in care has been primarily focused on SDM assessment tools, including means for improvement based on regional training and incorporation of data from critical incidents. Since the 2008 CFSR, the use of SDM has grown from 50 to 54 counties, and data trends verify steady increase in completion rates of the assessment tools. During the last five years California has implemented numerous efforts to assist in managing risk and safety, including the following:

- All County Letter 09-31 detailed risk assessment procedures and importance of completion
- Trainer curriculum updated; added supervisor monitoring of timely assessment completion
- Advanced training module on Interviewing for Strengths and Needs and Writing Individualized Case Plans in conjunction with family members
- Quarterly reviews of assessment data to ensure increased and timely application
- SDM workgroups to recommend data and practice informed revisions to strengthen assessment tools, their definitions, and their application
- Safety Organized Practice training curriculum for staff, as well as trainers, emphasizing links between family participation and SDM assessments

# 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.



### CFSR, PIP and Current Status

The state received a rating of area needing improvement in each of the four (4) Permanency Composites during the 2008 CFSR onsite review. As a result, the state had to address the composites in the CFSR PIP. For both the Timeliness of Adoption and the Permanency for Extended Time Periods, the target was met during PIP Quarter 1. For the Timeliness and Permanency of Reunification the target was met in PIP Quarter 2. For Placement Stability the target was met in PIP Quarter 7. Below is a chart indicating what the baseline, target, and current performance is for each of the composites.

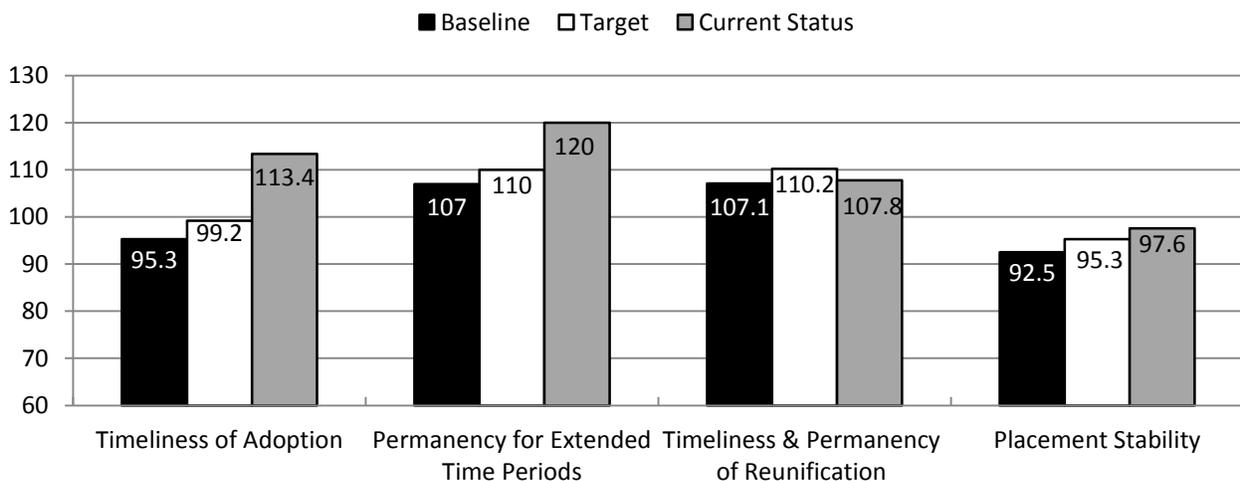
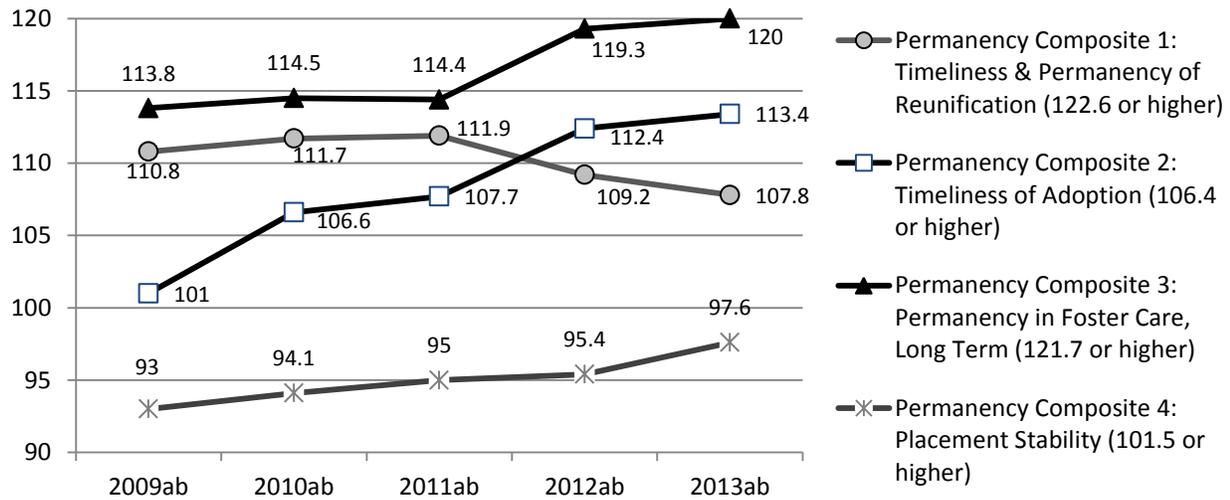


Figure 21 illustrates California’s combined performance for all four *Permanency Composites* over the last five federal fiscal years. The state continues to make steady improvements in three of the four permanency composites (2, 3 and 4). For Permanency Composite 1: Timeliness & Permanency of Reunification, the state has undergone a slight decline beginning in FFY 2012 through FFY 2013. Since a high of 111.9 in FFY 2011 to FFY 2013 the decline has resulted in a 3.6 percent change. Further and individual analysis about each of these four critical measures follows later in this Permanency section.

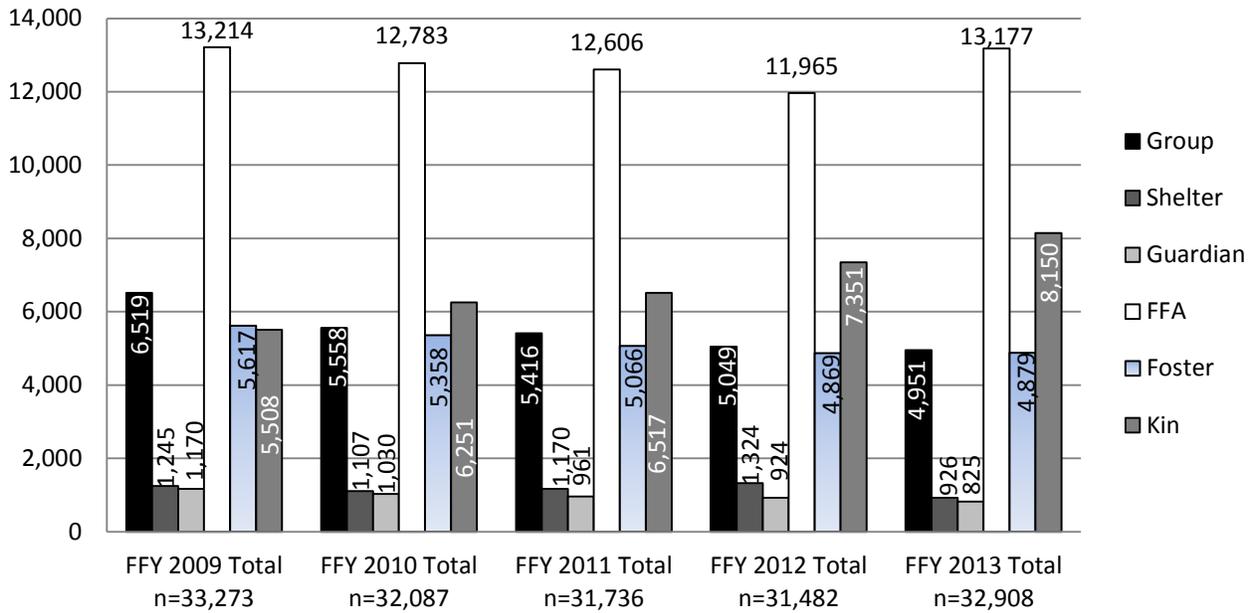
**Figure 21: Permanency Composites 1 to 4, Performance Relative to Federal Standard (CFSR State Data Profile: 03/05/2014)**



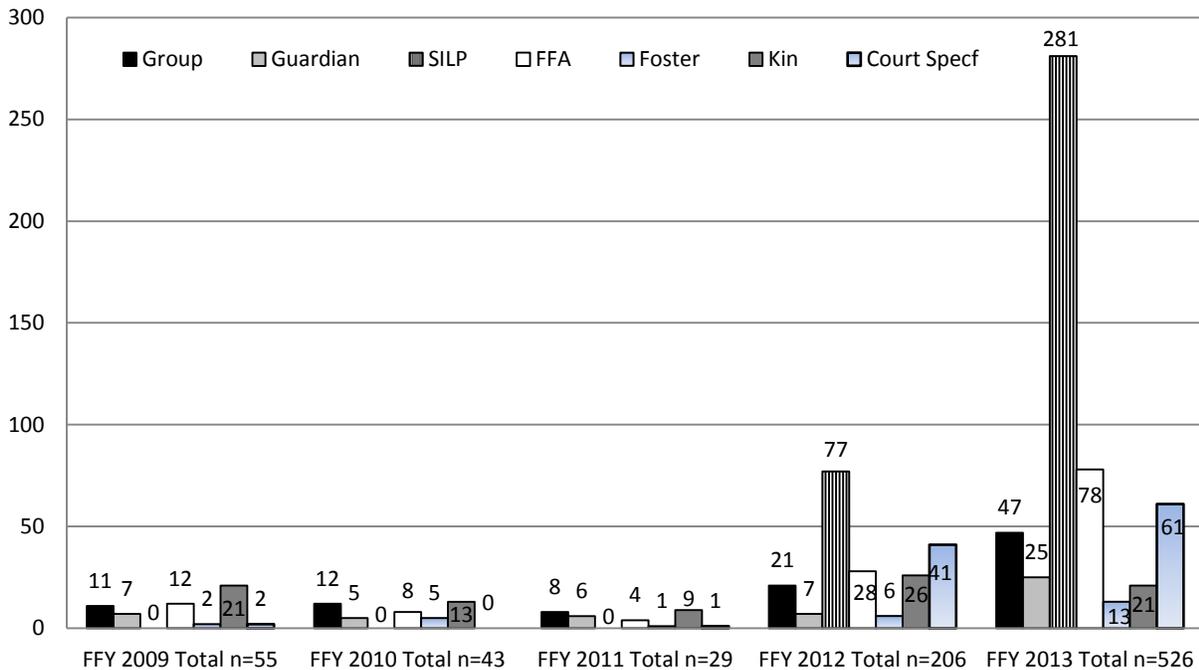
### Entries into Care by Placement Type

After a steady decline in the rate of entries into care between FFY 2009 and FFY 2012, there was an increase in entries in FFY 2013 (Figure 22a). 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 (48 percent in four years) from 5,508 in FFY 2009 to 8,150 in FFY 2013, while the number entering into shelters and group homes continued to decrease. As shown in Figure 22b below, there was a sharp increase in entries from FFY 2012 and FFY 2013 into care in Supervised Independent Living Placements (SILPs), a relatively new housing option created for Non-minor Dependents (NMDs) participating in Extended Foster Care (EFC).

**Figure 22a: All Entries into Care by Placement Type, CWS/CMS CSSR Q4 2013 Data, Agency: All, Ages: 0-17, Excludes Pre-Adopt and Court Specified Home**



**Figure 22b: All Entries into Care by Placement Type, CWS/CMS CSSR Q4 2013 Data, Agency: All, Ages: 18-20, Excludes Pre-Adopt Only**



### Therapeutic Foster Care and Intensive Treatment Foster Crae

The CDSS does not currently have a Therapeutic Foster Care (TFC) population as it is awaiting approval from the Centers for Medicaid and Medicare Services. The CDSS does however collect

data on Intensive Treatment Foster Care (ITFC). Part B. ITFC Special Information data is available below for the April-June 2014 timeframe.

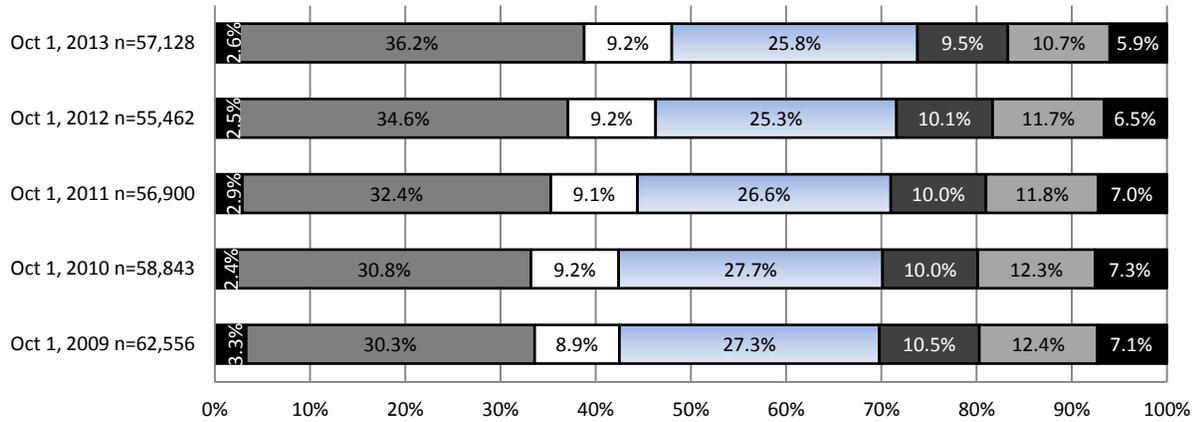
PART B. ITFC SPECIAL INFORMATION	TOTAL BY AGE GROUP (YEARS)						
	0-4 (A)	5-8 (B)	9-11 (C)	12-14 (D)	15-19 (E)	20 (F)	TOTAL (G)
5. The total prior lifetime number of foster care placements for the children who entered the ITFC program this quarter, if known.....	143 0	144 10	145 9	146 3	147 19	148 0	149 41
a. The average number of prior lifetime foster care placements for the children who entered the ITFC program this quarter (Item 5 divided by Item 2, automatically calculated).....	150 0	151 7	152 7	153 3	154 17	155 0	
6. Children in placement who drop down an ITFC level during the quarter.....	156 0	157 2	158 1	159 1	160 5	161 0	162 9
7. Number of changes in ITFC family placements during the quarter, excluding respite and emergency placements.....	163 0	164 1	165 0	166 2	167 4	168 0	169 7

### 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 23a, between October 2009 and October 2013, the number of children placed with relatives increased 6 percentage points. In addition, there has been a slight decline in the number of children and youth placed into group homes, with 10.5 percent of children and youth in group homes in October 2009 to 9.5 percent in October 2013. 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 the Continuum of Care Reform (CCR), Residentially Based Services (RBS) Reform Project 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.

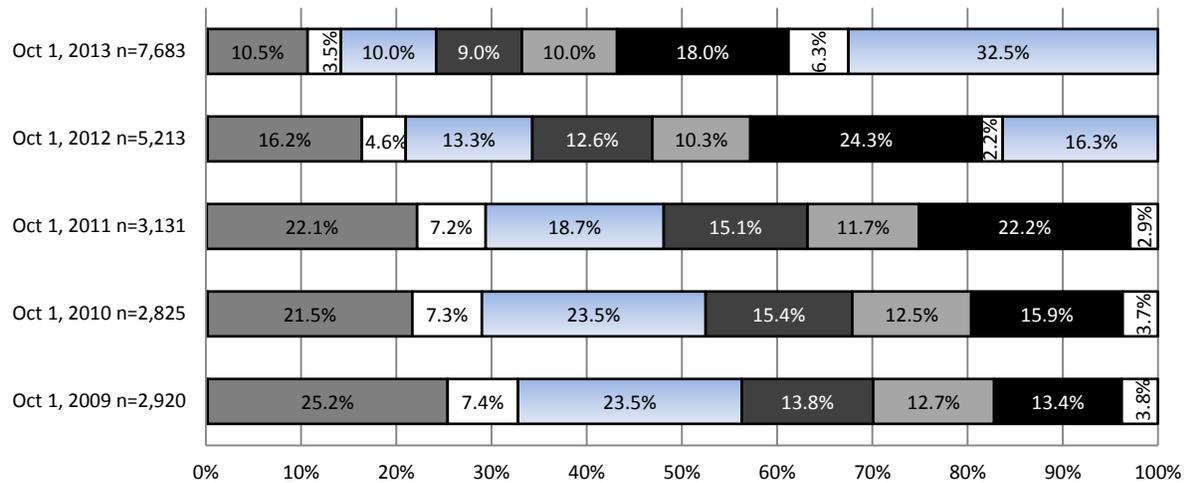
Since implementation of Extended Foster Care, there has been a 111 percent increase in the number of youth ages 18-20 in care, with 6.1 percent in care January 2012 and 12.9 percent in care January 2014 (data not illustrated here). The increase in the number of youth in care as a result of Extended Foster Care is also reflected in the increase in the number of youth in a Supervised Independent Living Placement (SILP) and in Transitional Housing. As shown in Figure 23b, the number of youth in SILPs has increased from 16.3 percent in October 2012 to 32.5 percent in October 2013 and the number of youth in Transitional Housing has increased from 2.2 percent in October 2012 to 6.3 percent in October 2013..

**Figure 23a: Children in Foster Care by Placement Type, Point in Time Oct 1, 2009 to Oct 1, 2013**  
**Agency Type All, Ages: 0-17, CWS/CMS CSSR Q4, 2013 (Other includes: Other, runaway, court specified, trial home visit, shelter and non-fc)**



	Oct 1, 2009 n=62,556	Oct 1, 2010 n=58,843	Oct 1, 2011 n=56,900	Oct 1, 2012 n=55,462	Oct 1, 2013 n=57,128
■ Pre-Adopt	3.3%	2.4%	2.9%	2.5%	2.6%
■ Kin	30.3%	30.8%	32.4%	34.6%	36.2%
□ Foster	8.9%	9.2%	9.1%	9.2%	9.2%
■ FFA	27.3%	27.7%	26.6%	25.3%	25.8%
■ Group	10.5%	10.0%	10.0%	10.1%	9.5%
■ Guardian	12.4%	12.3%	11.8%	11.7%	10.7%
■ Other	7.1%	7.3%	7.0%	6.5%	5.9%
□ Transitional Housing	0.2%	0.3%	0.2%	0.1%	0.1%
■ SILP	0.0%	0.0%	0.0%	0.0%	0.0%

**Figure 23b: Children in Foster Care by Placement Type, Point in Time Oct 1, 2009 to Oct 1, 2013, Agency Type: All, Ages 18-20, CWS/CMS CSSR Q4, 2013 (Other includes: Other, runaway, court specified, trial home visit, shelter and non-fc)**



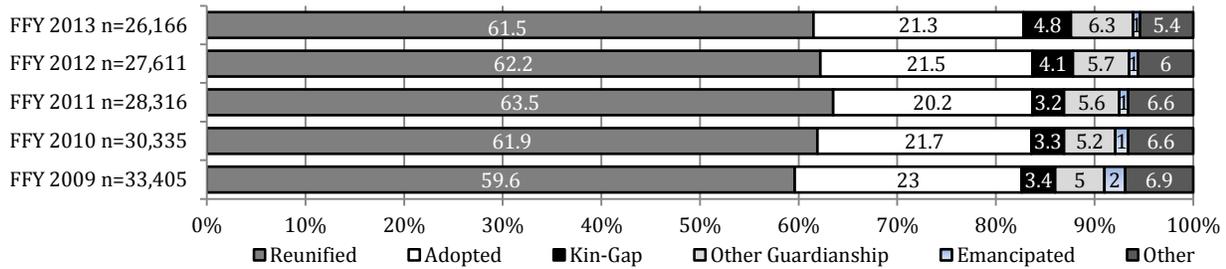
	Oct 1, 2009 n=2,920	Oct 1, 2010 n=2,825	Oct 1, 2011 n=3,131	Oct 1, 2012 n=5,213	Oct 1, 2013 n=7,683
■ Pre-Adopt	0.2%	0.2%	0.1%	0.2%	0.2%
■ Kin	25.2%	21.5%	22.1%	16.2%	10.5%
□ Foster	7.4%	7.3%	7.2%	4.6%	3.5%
□ FFA	23.5%	23.5%	18.7%	13.3%	10.0%
■ Group	13.8%	15.4%	15.1%	12.6%	9.0%
■ Guardian	12.7%	12.5%	11.7%	10.3%	10.0%
■ Other	13.4%	15.9%	22.2%	24.3%	18.0%
□ Transitional Housing	3.8%	3.7%	2.9%	2.2%	6.3%
□ SILP	0.0%	0.0%	0.0%	16.3%	32.5%

### Exits by Placement Type

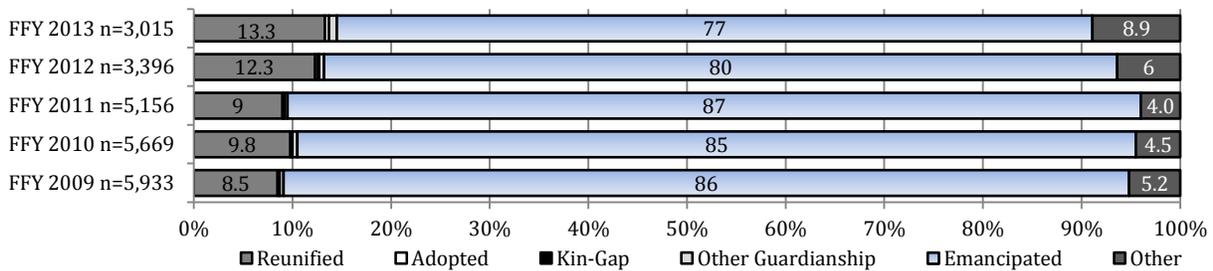
For FFY 2013, the total number of children exiting foster care has decreased by 13 percent, with 29,181 exits for FFY 2013 compared to 33,472 exits for FFY 2011. As illustrated in Figure 24a, for children and youth ages 0-17, exits to reunification and adoption have remained fairly consistent over the last few years. There has been a slight increase in the number of youth exiting to a guardian, with 8.8 percent in FFY 2011 and 11.1 percent in FFY 2013.

As seen in Figure 24b, 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 Extended Foster Care. There has been a slight increase in the number of young adults exiting foster care to reunification, with 12.3 in FFY 2012 and 13.3 percent in FFY 2013.

**Figure 24a: All Exits from Foster Care FFY 2009-2013**  
**Agency Type All, Ages: 0-17, CWS/CMS CSSR Q4 2013 Data**



**Figure 24b: All Exits from Foster Care FFY 2009-2013**  
**Agency Type All, Ages: 18-20, CWS/CMS CSSR Q4 2013 Data**



## Programs and Initiatives

Four 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.

- ✓ California Partners for Permanency
- ✓ Continuum of Care Reform
- ✓ Residentially-Based Services Program
- ✓ Resource Family Approval

### *California Partners for Permanency (CAPP)*

California Partners for Permanency (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 American Indian 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's focus over this past year, the fourth year of the project, has been on evaluation, continued phased roll-out of the Child and Family Practice Model, meaningful involvement of community and Tribal partners, and refinement of the CAPP Fidelity Assessment Protocol and Tools.

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%.

### Lessons Learned

- a) Implementation of a practice model requires the whole organization and its leadership and management to organize around the implementation drivers and all local implementation activities. Regardless of organizational structures and processes, CAPP has learned that responsibility for implementation rests with organizational leadership.
- b) Community and tribal partnerships formulate the core of CAPP and if CAPP were to begin this journey again, it would engage community and Tribal partners at the onset of proposal development. Community, Tribal and system partners have spoken to the developmental and sometimes challenging nature of creating and sustaining partnership, such as:
  - If it isn't documented, it didn't happen
  - Engagement begins at the leadership level
  - Jointly exploring and interpreting data and its implications is critical
  - It is critical to be clear about everyone's purpose, roles and responsibilities
  - The rigor of model fidelity can be coupled with the important insights of community and tribal partners
  - Feedback loops help sustain partnership momentum
- c) Parent partners, foster parents, communities and Tribes are critical in designing new practices and the instruments, tools and processes needed for fidelity assessment and evaluation. When coupled with the rigor of evaluation processes, all partners strengthen the effort to detect and support quality practice and create supportive, transparent accountable human service systems.
- d) As there are many possible measures and methods for assessing fidelity to a practice model, CAPP found it helpful to:
  - Brainstorm fidelity measures to gauge whether the model is being practiced as intended
  - Identify and prioritize measures with greatest relevance to community partners and clearest connection to proximal outcomes

- Identify assessment methods that provide high-value information and, at the same time, are feasible
  - Work with community partners to coordinate testing and development cycles for continued refinement of the draft measures and methods
  - Reduce burden and continue to streamline to create fidelity processes that are targeted enough to provide meaningful data and efficient enough for large scale child welfare system use
  - Create a concrete behavioral rating scale to assist in scoring – it is especially important when the assessment situation involves many possible actions and interactions occurring in a complex and dynamic environment
  - Incorporate a system support survey – this sends a clear message to staff the agency recognizes its role in supporting staff and addressing system barriers.
- e) Organizational culture, structure, supports and policies are significant drivers of public child welfare practice. CAPP found it critical not to equate fidelity assessment with worker performance – rather fidelity assessment reflects a shift in accountability. Specifically, CAPP Fidelity Assessment data is being used to:
- Inform improvements to support coaching, training and skill building.
  - Continually assure the practice model is being used at all levels of the organization and remains consistent and effective over time.
  - Explore the relationship between CAPP implementation and changes in outcomes for children and families.
- *Dissemination Activities:* The sites and project staff have had numerous opportunities to discuss CAPP and provide materials to a variety of audiences at the local, statewide and national level. Highlights include sharing CAPP information with a Design Team beginning work on a Statewide Practice Model and a conference presentation in December at Beyond the Bench, a yearly California conference hosted by the Administrative Office of the Courts. Additionally CAPP provided presentations at the California Alliance for Children and Family Services' Executive conference, National Child Abuse and Neglect Conference, Wellbeing Institute (formerly the Wraparound Conference), and the National Human Services Training Evaluation Symposium. Printed documents have been developed and disseminated and are proving very useful in updating and orienting stakeholder audiences and the public about CAPP's intent and progress.

As local and statewide system improvement efforts have evolved, CAPP has received much technical assistance and has many lessons learned about the optimum leadership and implementation context for the successful and efficient implementation of a California practice model. As part of the Statewide Practice Model Design Team, CAPP is providing important insights to recent efforts by the County Welfare Directors Association of California (CWDA) to bring child welfare leadership together to begin consensus-building around a Statewide Practice Model. The CAPP's partnership approach, operationalized practice behaviors and focus on culture, teaming and sensitivity to layers of current and historical trauma have been well received by CDSS, CWDA, and numerous California counties. In addition, CAPP staff and

sites have been modeling core elements of the Practice Model (e.g. Inquiry, Self-Advocacy, Teaming, Shared Commitment, and Accountability) in all interactions and forums, in order to encourage system leadership to reflect and support the cultural humility and sensitivity that CAPP Social Workers are expected to demonstrate in their work with children and families. By bringing these resources, skills and frameworks to the Statewide Practice Model work that is underway, CAPP is promoting:

1. Integration and consistent use of key practices already in use in many California counties;
2. System alignment across local, regional, and state levels to support CAPP implementation and sustainability; and
3. Agency, community, and Tribal partnerships at the local level to guide practice and system change for improved outcomes for children and families.

### *Continuum of Care Reform*

As previously reported in the 2012 and 2013 APSRs, CDSS, in partnership with CWDA, counties, providers, advocates, philanthropy, youth and families are developing the key recommendations for the Continuum of Care Reform (CCR) effort which aims to improve the out-of-home care system in California. Over the past year and a half, CDSS held monthly meetings with stakeholders and is in the process of finalizing a set of recommendations. The CDSS is the drafting a Legislative report that will put forth recommendations and a plan for implementation.

The report, due October 1, 2014, will detail recommendations based on the CCRs focus in the following areas:

- Group home core services and supports
- Foster family agency core services and supports
- Group home staff qualifications & trainings
- Foster family qualifications & trainings
- Standardized assessment process
- Provider performance & outcome domains
- National accreditation of foster care providers
- Youth and family satisfaction surveys
- Public website for posting provider outcomes
- Rate setting system for group home & foster family agencies

Once the report is provided to the Legislature, CDSS and stakeholders will begin preparing for implementation in 2016. For more information about the CCR effort, including a draft program framework for the new system, visit the CCR webpage at <http://www.childsworld.ca.gov/PG2976.htm>.

### *Residentially-Based Services Reform Project (RBS)*

The RBS<sup>18</sup> was established by AB 1453 (Soto, Chapter 466, Statutes of 2007) in response to growing frustration with the shortcomings of the existing foster care group home system. This law

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<sup>18</sup> See [www.childsworld.ca.gov/PG2119.htm](http://www.childsworld.ca.gov/PG2119.htm)

authorized a multi-year pilot demonstration project aimed at eventually transforming California's current system of long-term, congregate, group home care into a system of RBS programs. In SB 1013, RBS was given an extension until July 1, 2016. These programs would reduce the length of time in-group care and improve permanency outcomes for youth by combining short-term, intensive, residential treatment interventions with community-based services aimed at reconnecting foster children to their families and communities. Presently, there are three RBS counties i.e. Los Angeles, Sacramento, San Francisco with nine providers. Each county has three RBS providers. The County of San Bernardino decided to pick-up their RBS program and implemented their own version of the program as of July 1, 2013.

As a result of the lessons learned from the RBS pilot during the past three years, the State plans to incorporate, expand, and strengthen various components of the RBS pilot for Continuum of Care Reform (CCR) statewide implementation. Some of these components include but are not limited to:

- Funding model for board and care,
- Treatment and Therapies;
- Assessment and placement of the child for case and treatment planning;
  - Child and Family Team (CFT), and
  - Family Finding and Permanency.
- Recruitment of Resource Families.

### **Revise Funding Model**

Currently, the Rate Classification Level funding model is being used in RBS and the payment rate is determined by staff qualifications and a point system. The state plans to implement and provide group home providers with one flat rate for board and care.

### **Treatment and Therapies**

As identified in the RBS - County Annual Report for Calendar Year 2013, a lack of training and knowledge for Early Periodic Screening and Diagnosis Treatment (EPSDT) had prevented some RBS providers from taking advantage of Title XIX funds for treatment and therapies, i.e. mental and behavioral health. Training will be provided for EPSDT, so group home providers can maximize their billing and claiming.

### **Assessment and placement of the child for case and treatment plans**

The state plans to encourage RBS providers to use the CFT model in case and treatment planning for children in RBS. Some providers had success when the model was used properly for appropriate placement, and the development of an individualized plan for the child and family with voice and choice.

Additionally, the assessment will take into account the child and family needs and strengths for an appropriate facility or resource family placement. In an effort to strengthen this method, the Family Finding and Permanency model will be implemented during the assessment process to

identify available and competent resource families for foster parenting or legal guardianship, if reunification is not an option with the biological family.

### **Recruitment of Resource Families**

A high priority will be placed on recruiting more Resource Families or Treatment Foster Care parents to provide Bridge Care or have opportunities for legal guardianship. Providing specialized family based care is a very important piece of the RBS program and serving as the gap between group care and permanency. Also, CCR plans to address this matter with more resources and efforts for recruitment, training and funding, and retention strategies on a statewide basis.

### **What can the counties do statewide in preparation for the CCR roll-out?**

Counties will be engaged as part of the Katie A. implementation and the model development as described in other sections of the plan.

#### *Resource Family Approval (RFA) Project*

The RFA initially authorized through Assembly Bill 340 (Chapter 464, Statutes of 2007) as a Resource Family Pilot Project, was reauthorized through Senate Bill 1013 (Chapter 35, Statutes of 2012) as a Resource Family Approval 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 Non-Relative Extended Family Members as foster care providers or legal guardians, and approving adoptive families into a single approval standard.

As required by SB 1013, the program is currently being phased in through five counties selected by CDSS for early implementation: San Luis Obispo, Kings, Santa Barbara, San Francisco, and Santa Clara counties. Statewide implementation of the RFA program will commence after the end of the third full fiscal year of early implementation, which is July 2017.

To facilitate communication and support implementation, workgroups convene regularly to develop project guidance, share progress, and problem solve challenges.

Effective October 1, 2013, the title IV-E State Plan was approved. The five RFA early implementation counties have implemented the program as follows: San Luis Obispo County (November 1, 2013), Kings County (January 15, 2014), Santa Barbara County (March 1, 2014), Santa Clara County (July 31, 2014) and San Francisco County (August 1, 2014).

An informal survey conducted of the first three early implementation counties has yielded the following results through June 2014:

- 194 applications received (129 relative applications)
- 35 applications approved
- 5 applications denied
- 47 applications withdrawn

- 28 approved families with placement of a child
- 36 emergency placements

As Early Implementing counties move through the process, challenges related to realignment have surfaced. Counties are experiencing fiscal constraints related to start up implementation costs. Other challenges include: melding of three separate processes that have conflicting requirements and regulations; maintaining consistency with similar key initiatives such as QPI and the Continuum of Care Reform (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.

While this project remains in the early stages of implementation, some important lessons have come to light. Involving subject matter experts and communicating about the project early is critical. Creating a process to breakdown the initiative into smaller pieces for workgroups allows a more thorough policy to emerge.

For this reporting period, RFA activities include:

- Collaboration with ICWA workgroup and early implementation counties on building and understanding the key components of the RFA Program
- Three interactive webinars; agenda items included review of current regulatory requirements and development of the Written Directives, data collection, and implementation process
- Completion of Written Directives (v-1) became effective on 11/01/2013. Per SB 1013, Written Directives provide policies, procedures and guidelines for implementation of the RFA program and have the same force and effect as state regulations
- Development of Terms and Conditions/Memorandum of Understanding (MOU), which are being executed with early implementing counties

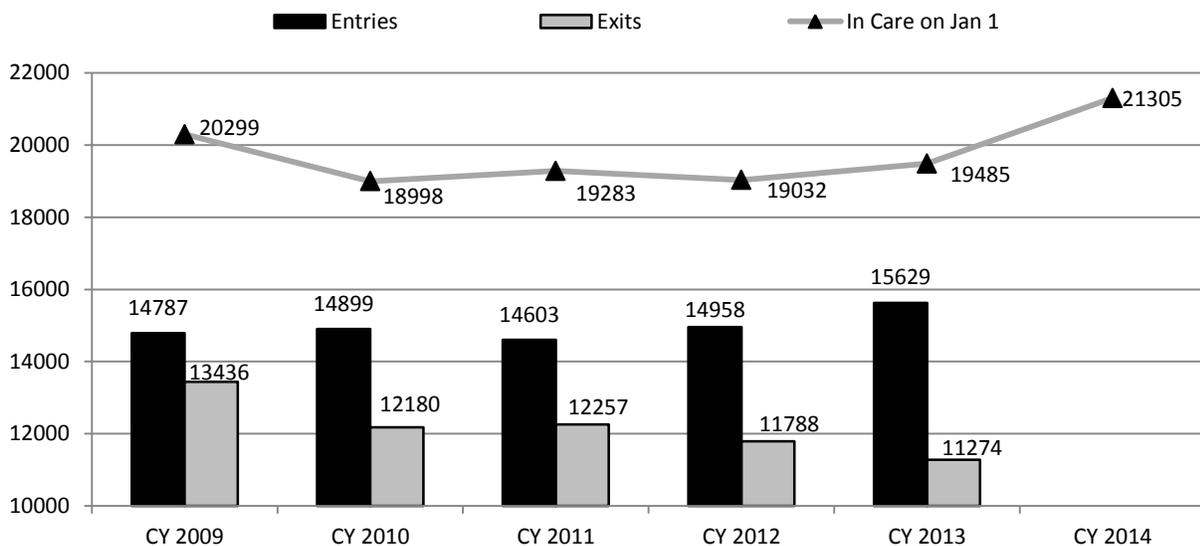
Over the course of the next year, CDSS will continue to collaborate with county partners and stakeholders on the refinement of the RFA program. Two key areas will be data collection/reporting and oversight. Collecting and analyzing quarterly reports from counties will inform both ongoing adjustments 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.

## 7 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 112-34, the Child and Family Services Improvement and Innovation Act and other recent legislation.

Figure 25 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 2009 through 2013. For four of the five years, entries increased, and between CY 2009 and CY 2013 there was a 5.6 percent change increase. At the same time, exits have steadily been decreasing. The point in time is at its highest with 21,305 children in care on January 1, 2014.

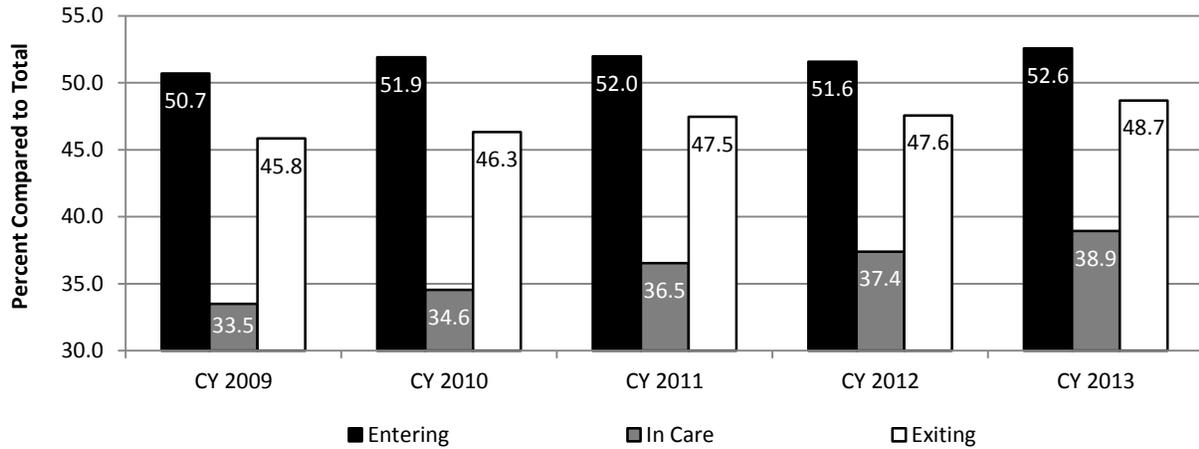
**Figure 25: Entries, Exits, and Out-of-Home Placement Counts for Children 0-5 Years Old, CWS/CMS CSSR Q4 2013 Data**



### Demographics and Characteristics of Young Children

In California, young children under six years old represent the majority of entries into care (52.6 percent in CY 2013), they represent close to 39% (38.9 percent in 2013) of those remaining in care but data seems into indicate an slight upward trend emerging of 48.7 percent of children remain in care compared to 35 percent in 2012 and 34% in 2011.. Overall, these data suggest that since 2011, finding permanency for these young children is correlated with some unknown factor and thus requires more analysis.

**Figure 26a: Proportion of children 0-5 years old compared to total CW population who enter, exit, or remain in care 2009-2013, Ages 0-17, CWs/CMS Q4 2013**



**Figure 26b: Proportion of children 0-5 years old who enter, exit, or remain in care 2009-2013 Ages 0-17, CWs/CMS Q4 2013**

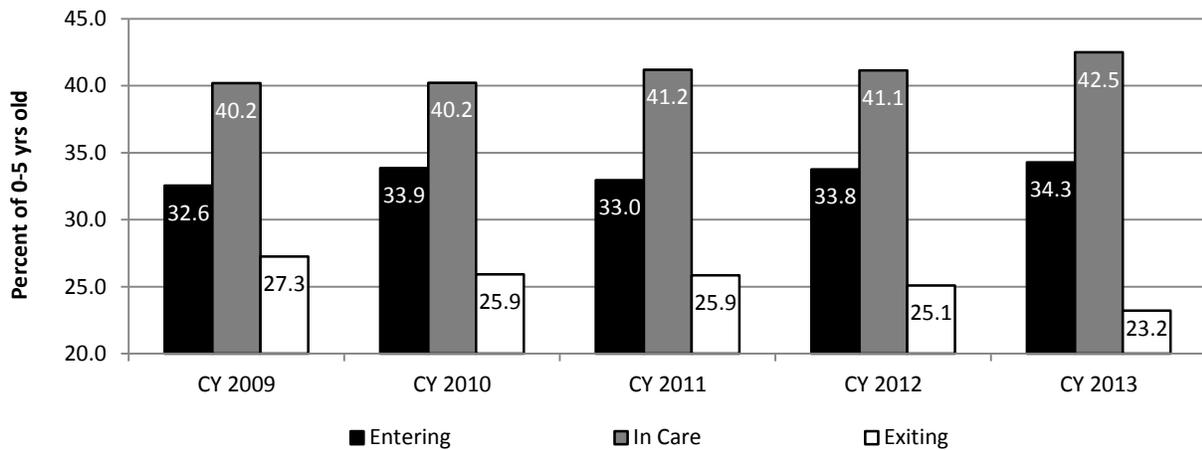
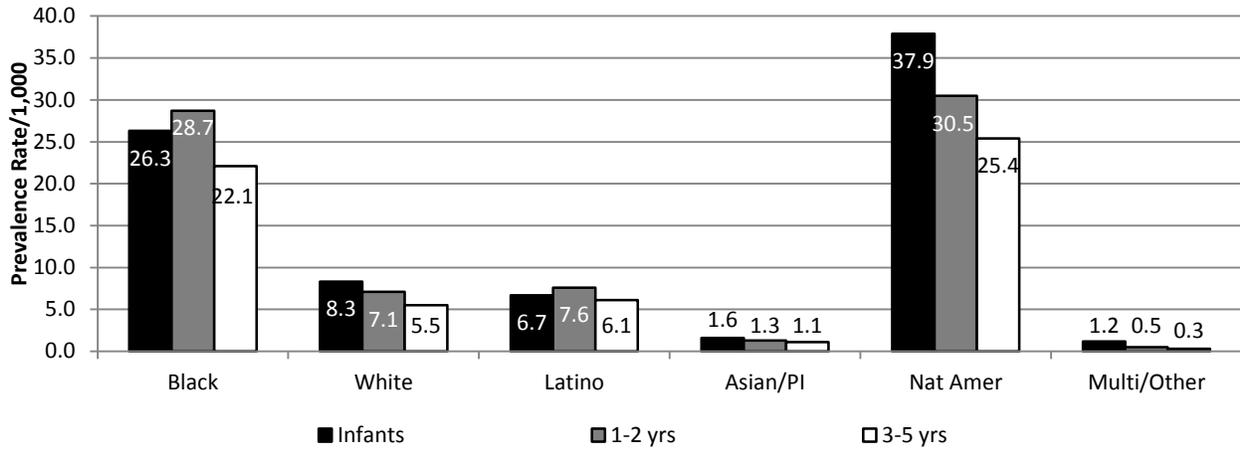


Figure 27 illustrates children zero to five who remained in care on July 1, 2013 by race, age, and placement type.

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

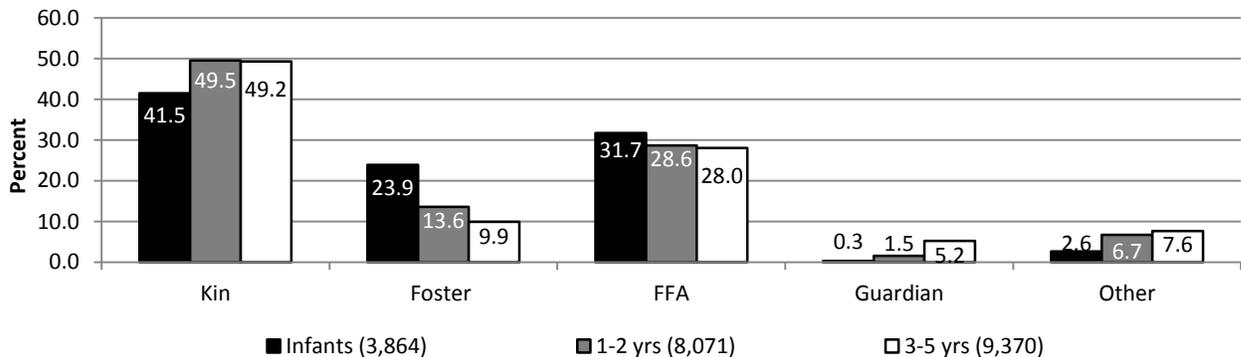
**Figure 27: In Care on July 1, 2013 Prevalence Rate per 1,000 by Age (0-5) and Race (CSSR); Agency: CW**



**Table 4: Number of Young Children in Care on Jan 1, 2014 by Race, CWS/CMS CSSR Q4 2013 Data**

	Black	White	Latino	Asian/PI	Nat Amer	Multi/Other	Total
Infants	725	1,131	1,787	89	57	75	3,864
1-2 yrs	1,669	2,103	3,996	146	108	49	8,071
3-5 yrs	1,799	2,216	5,003	176	134	42	9,370
Total	4,193	5,450	10,786	411	299	166	21,305

- *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 28: In Care on Jan 1, 2014 by Placement Type Agency: CW, Ages: 0-5, CWS/CMS Data CSSR 2013Q4**



## 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 disproportionately higher rates than older children, young children are most vulnerable to the effects of maltreatment, and both maltreatment and involvement in child welfare's impact on development can have life-long implications. 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 Five funding to provide services to foster parents who care for young children,
- Local agreements and contracts 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 Five 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 *Keys to Interactive Parenting Scale as an observational guide to increase the quality of visitation between parents and children ages 2-71 months.* Consistent quality visitation leads to higher reunification rates and lower recidivism rates. Maintaining or healing the attachment with the biological parent/s is critical for children ages zero to five.
- Along with the accelerated reunification timeline is the requirement for *concurrent planning*. *At the same time concentrated efforts are made to engage the parent from whom young child was removed, a concurrent plan is developed that identifies an alternate permanent family if sufficient progress by the parent is not made.* Counties across California have implemented many kinship programs to identify and support relatives for this purpose. 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 Child Welfare Council (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 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*. 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* 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 <sup>19</sup> continues as an established 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

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 BSW or MSW receive courses on child development as a part of the completion of their degree. Once employed by a county welfare agency, a newly hired social worker must receive standardized training on child development in a child welfare context through the Common Core Curricula within 12 months of hire. The focus of this training is to ensure that social workers obtain specific learning objectives that include<sup>20</sup>.
  - Knowledge of developmental theories and their application to child welfare
  - The ability to explain and provide examples of the processes and milestones of normal development of infants, toddlers, preschoolers, school-age children, and adolescents across the physical, cognitive, social, emotional, and sexual domains, as well as the ability to identify delays in milestones and processes.
  - The ability to explain and provide examples of the effects of cultural variations on the manifestation and timing of developmental skills and stages, and the parent child interactions on early brain development.
  - Trainees are also expected to explain how physical and emotional trauma and neglect affect brain function and development, and to recognize the symptoms of PTSD in children and adolescents, and be able to articulate when a mental health referral is useful or necessary.
- Other objectives include the ability for the trainee to identify delays and consequences of substance use, symptoms associated with failure to thrive, characteristics of Attention Deficit Hyperactivity Disorder and autism, and the ability to articulate when and why medical assessments, interventions, and treatments are necessary. It is imperative that social workers are able to identify any of the above symptoms in order to provide the most effective services to assist in either the amelioration of the symptoms or increasing the developmental supports for children to increase overall well-being. The state has partnered with the California Statewide Screening Collaborative and the California First 5 Association to address

<sup>19</sup> [http://www.sccgov.org/ssa/opp2/09\\_courtrelated/9-3.3html#fwc\\_team](http://www.sccgov.org/ssa/opp2/09_courtrelated/9-3.3html#fwc_team)

<sup>20</sup> [http://calswec.berkeley.edu/CALSWEC/CCCCA\\_CD\\_v1\\_0.html](http://calswec.berkeley.edu/CALSWEC/CCCCA_CD_v1_0.html)

prioritization of foster children. However with a shift in the funding and leadership for the prioritizations of foster children was delayed and will be addressed during SFY13-14. The UC Davis Resource Center for Family Focused Practice (RCFFP) – is a statewide training entity responsible for promoting family focused practice.

- As mentioned above the Early Start is California response to young children with or at risk of a developmental disability. The RCFFP continues to provide training and technical assistance to increase the knowledge, skills, and collaboration of Early Start Service Coordinators, child welfare service social workers, early intervention providers, Family Resource Centers, and other professionals who may assist children and their families to achieve well-being. The RCFFP continues to further identify successful coordinated models of service delivery in identifying and providing early intervention for young children; training in specific validated developmental screening tools such as Ages and Stages Questionnaire, Parents' Evaluation of Developmental Status (PEDS), and expanding promoting the use of trauma informed screening tools.
- The Statewide Education and Training Committee is currently undergoing a review and revision of its Core curricula to ensure it is consistent with the changing landscape and needs of the child welfare system. Some revision areas will include but not limited to understanding trauma, promoting evidence-based and evidence-informed, child development, understanding the needs of emerging adults, and how to better engage families.
  - 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 Child Abuse Prevention and Treatment Act and the 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 legislations ( i.e PL 110-351, PL

112-34, and other federal legislations ) 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 Headstart. For the next five years the following areas will be addressed:

- 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 roll-out of the Child Welfare Council's recommendations to educate the Courts and other partners about the importance of meeting the needs of young children in the child welfare system.

## 8 Reunification

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



### CFSR, PIP and Current Status

Reunification was rated as an area needing improvement during the 2008 CFSR onsite review. As a result, the state had to address this item (item 8) in the CFSR PIP. The state addressed the item in strategy two, *Sustain and Enhance Permanency Efforts across the Life of the Case*. The goals for this strategy were to enhance practices and strategies that result in more children/youth having permanent homes and connections to communities, culture and important adults. The state met all action steps for this strategy. In addition, the state's measurement for *Timeliness and Permanency of Reunification* started at a baseline of 107.1 (2006b2007a), and the goal of 110.2 was achieved in PIP Q2. Currently, the state's performance has declined to 107.8 (FFY 2013ab).

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 2013, 60 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**

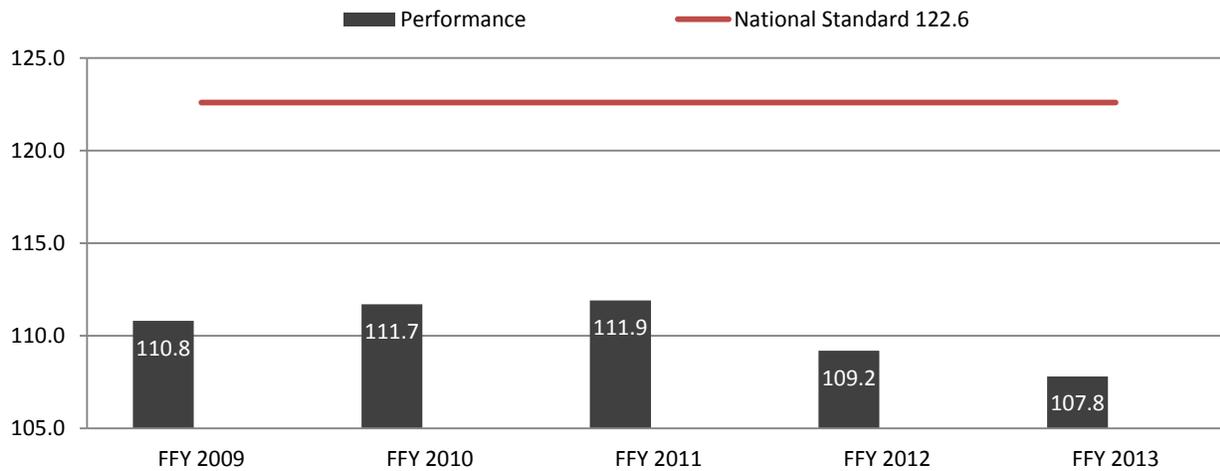
Reunification was rated as an area needing improvement in 42 percent of the 19 applicable cases reviewed during the 2008 CFSR onsite review. As such, Timeliness and Permanency of Reunification is in the states Program Improvement Plan. The baseline for this measure was 107.1 in 2006b2007a, and an identified improvement goal of 110.2 was established.

Permanency Composite 1, Timeliness and Permanency of Reunification is comprised of four measures across two components: A) Timeliness of Reunification and B) Permanency of Reunification. The three measures, C1-1, C1-2 and C1-3 make up Component A. Component B is comprised of measure C1-4: Re-entries to Foster Care in Less Than 12 Months. Measure C1-4 accounts for 46 percent of the total composite score and will be discussed in Section 13: Re-Entry: Ensure that the state is preventing multiple entries of children in foster care.

While California has yet to achieve the national standard on the permanency composite 1 score, the state made steady progress, increasing by three percent from 108.6 to 111.9 between FFYs 2008 and 2011. As shown in Figure 29, between FFY 2012 and 2013 the state decreased in performance by 1.82 percent, going from 109.2 to 107.8. This decrease may be attributed to the increase in re-entry rates (discussed in Section 13: Re-Entry: Ensure that the state is preventing multiple entries of children in foster care) as this measure is weighted at 46 percent of the composite score. In addition, the 12.4 percent decrease in the proportion of youth exiting to reunification within 12 months (Measure C1-3) in FFY 2013 may also be contributing to the decrease in the composite score.

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

**Figure 29: Permanency Composite 1 (CFSR Data Profile: 03/05/2014)**



**Component A: Timeliness of Reunification**

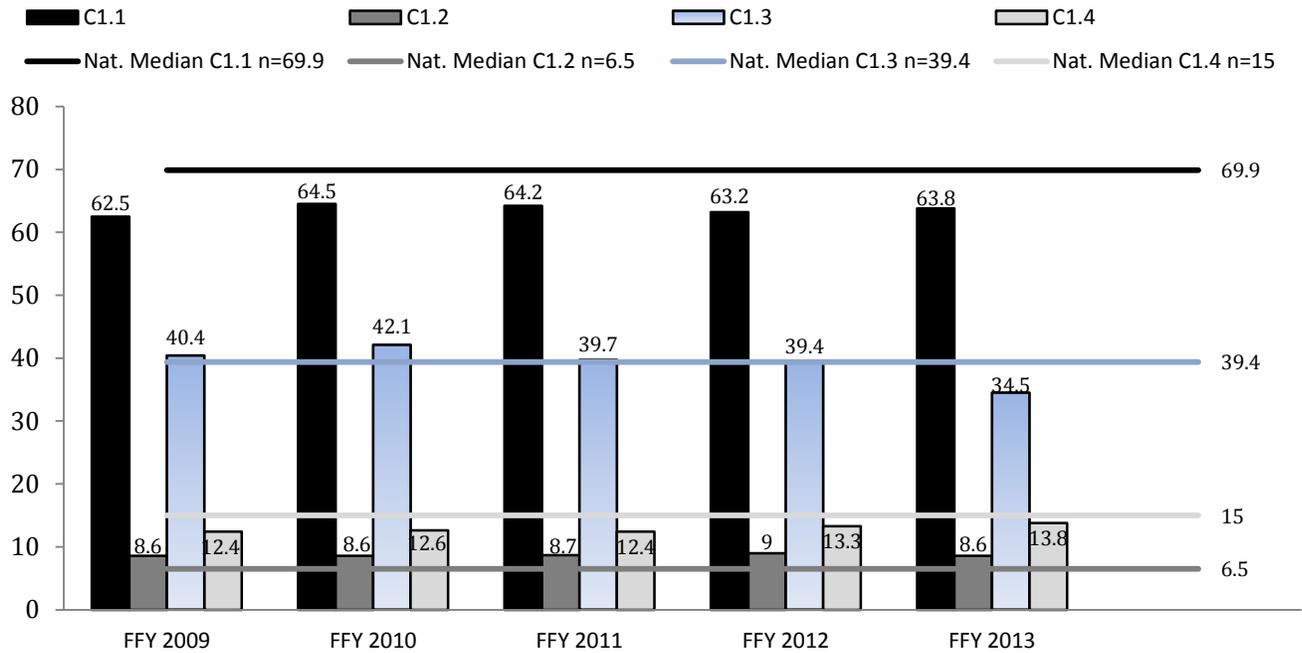
**C1 -1:** Of the children who exited to reunification, who had been in out-of-home care for 8 days or longer, the percentage who were in care for 12 months or less was 63.8 percent for FFY 2013. This has remained fairly stable over recent years and is a slight improvement of 0.94 percent in performance between FFY 2012 and FFY 2013. California’s performance in FFY 2013 when compared to the national median of 69.9 percent is 8.7 percent below the national median.

**C1-2:** Of the children who exited to reunification who had been in out-of-home care for eight days or longer, the median length of stay was 8.6 months for FFY 2013 (lower score is preferable). This is a total decrease of 4.6 months in the median length of stay since FFY 2000, when the median was 13.2 months. Since FFY 2008 the median length of stay has remained relatively unchanged, fluctuating up and down by .1 to .4 months. In the last year, the median time to reunification has decreased by .4 months.

**C1-3:** Of children who entered care for the first time in the six months prior to FFY 2013, and remained in care for eight days or longer, 34.5 percent discharged to reunification within 12 months of removal compared to 39.4 percent discharged in FFY 2012. This is a 12.4 percent decrease in performance from the previous year and brought California below the national median of 39.4 for the first time in five years.

Component B: Permanency of Reunification, which is comprised of measure C1-4: Re-entries to Foster Care in Less Than 12 Months, is discussed in detailed in Section 13 Re-Entry: Ensure that the state is preventing multiple entries of children in foster care.

**Figure 30: Permanency Composite 1: Component A and B: Timeliness of Reunification (CFSR Data Profile: 03/05/2014)\***



**\*Lower is better for C1.2 and C1.4**  
**C1.2 is measured in number of months, all others are measured in percent**

Although the state has shown improvements in measures C1-1 and C1-2 for Component A, there has been a decrease in performance in measure C1-3. The decrease in performance of measure C1-3 suggests that the time to reunification for first entries is increasing. The increase may be attributed to the decrease in the provision of post-placement family maintenance (Post-FM) services. Post-FM services are provided to families following reunification with the goal of monitoring and stabilizing families in order to prevent future removals and re-entries into foster care. Since 2009, statewide the proportion of cases in the Post-FM service component have decreased by 22.5 percent, from 12 percent of cases in the Post-FM service component on January 2009 to 9.3 percent in 2014. Anecdotal evidence suggest that as Post-FM services become unavailable, counties may opt to increase the length and number of reunification services to families in lieu of aftercare post-reunification services in the form of Post-FM services. In addition, further examination of reunification data broken down by age (not illustrated here) suggests the extension of foster care beyond age 18 may be discouraging reunification for 16-17 year olds allowing them to qualify for the extended benefits.

### Factors Affecting Progress

California law requires that reasonable efforts to return the child to his or family occur for at least 12 months and 6 months for children three years or younger, except in specified exceptional circumstances. Further, FR services may be extended to 18 months if, at the 12 month permanency hearing, the court finds that there is substantial probability of reunification if services are extended an additional six months. In addition, recent state legislation allows an additional six

months of FR services to be extended up to a total of 24 months by court order in the event that a parent who has been incarcerated, enrolled in an in-patient substance abuse program, or other institution can prove in court that their circumstance prevents them from accessing or being provided adequate FR services, and such parent can show that they will be able to provide the child with a safe, stable living environment if returned their care and custody by the end of the additional six month provision of services.

In practice, successful and timely reunification requires appropriately and accurately identifying parental needs and effective delivery of services and interventions to improve outcomes for children. For 54 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.

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

- ✓ Time Limited Family Reunification through PSSF
- ✓ County System Improvement Plans

## Summary

Reunification is the first choice of permanency for children and youth in foster care. Reunification is measured by Permanency Composite 1, Timeliness and Permanency of Reunification. This composite is comprised of four measures across two components: A) Timeliness of Reunification and B) Permanency of Reunification. The three measures that make up component A are the focus of this section. However, it is important to note that measure C1-4: Re-entries to Foster Care in Less than 12 Months accounts for 46 percent of the total Permanency Composite score.

There are several services and interventions through Promoting Safe and Stable Families that are being utilized by counties in California to help aid in the timeliness of reunification and permanency of reunification, however quantitative and qualitative outcome data are not being reported to allow for an assessment of what is working or not working. The top three services being utilized are mental health, transportation, and substance abuse treatment. OCAP began

working with counties to identify desired outcomes to measure during the development of System Improvement Plans. With this information, California will be better able to focus efforts in the future toward what is working and strengthen areas that need improvement.

The following changes have occurred over the past five years in the three measures that make up Component A) Timeliness of Reunification of Permanency Composite 1.

C1-1: Over the past five years, California has increased the percentage of children who exited to reunification, who have been in out-of-home care for 8 days or longer, and who were in care for 12 months or less from 62.5 percent in 2009 to 63.8 in 2013. This is a 2 percent increase, however, California's performance when compared to the national median of 69.9, is 8.7 percent below the national median. A factor that may be preventing California from a greater increase in performance may be that when reunification data is broken down by age, it suggests the extension of foster care beyond age 18 may be discouraging reunification for 16-17 year olds allowing them to qualify for the extended benefits.

C1-2: Over the past five years, California has seen little change in the median length of stay for children who exited to reunification who had been in out-of-home care for eight day or longer. The median length of stay was 8.6 months in 2009, went up to 9 months in 2012 and then back down to 8.6 months in 2013.

C1-3: Over the past five years, California has seen a 17 percent decrease in the percentage of children who entered care for the first time in the six months prior to the FFY, and remained in care for eight days or longer and were discharged to reunification within 12 months. The percentage went from 40.4 percent in 2009 to 34.5 percent in 2013. In addition to the possible contributing factor mentioned in measure C1-1, the increase in time to reunification may also be attributed to the decrease in the provision of post-placement family maintenance (Post-FM) services.

## 9 Adoption

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

### Indicators of Progress



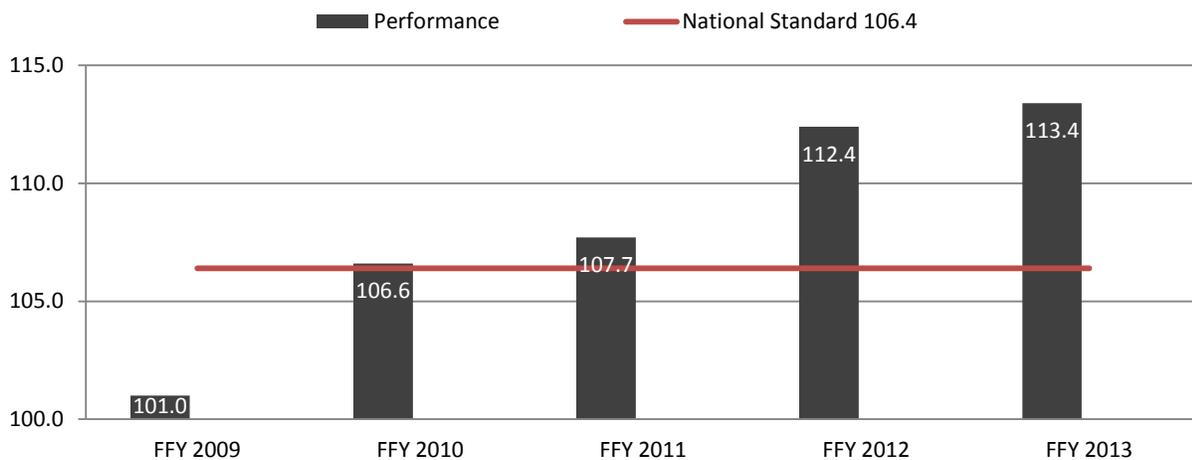
#### CFSR, PIP and Current Status

Timeliness of Adoption was rated as an area needing improvement during the 2008 CFSR onsite review. As a result, the state had to address this item (item 9) in the CFSR PIP. The state addressed the item in strategy two, *Sustain and Enhance Permanency Efforts across the Life of the Case*. The goals for this strategy were to enhance practices and strategies that result in more children/youth having permanent homes and connections to communities, culture and important adults. The state met all action steps for this strategy. In addition, the state's measurement for *Timeliness of Adoptions* started at a baseline of 95.3 (2006b2007a), and the goal of 99.2 was achieved in PIP Q1. The state surpassed the national standard of 106.4 beginning in FFY 2010, and the current performance is at 113.4 (FFY2013ab).

The following composite score for Permanency Composite 2, Timeliness of Adoption addresses the national Child Welfare Outcome 5, Reduce Time in Foster Care to Adoption, and is comprised of five measures across three components: A) Timeliness of Adoptions of Children Discharged from Foster Care, B) Progress Toward Adoption for Children in Foster Care for 17 Months or Longer, and C) Progress toward Adoption of Children who are Legally Free for Adoption.

Overall, California is improving on Timeliness to Adoption; increasing sharply by nearly 13 between FFY 2009 to FFY 2013. California increased notably between 2011 and 2012 and exceeded the national standard for the first time in FFY 2010 at 106.6. For FFY 2013, California continued this trend with a slight increase from the previous FFY. This is nearly 7 percent above the national standard of 106.4.

**Figure 31: Permanency Composite 2: Timeliness of Adoptions (CFSR Data Profile: 03/05/2014)**

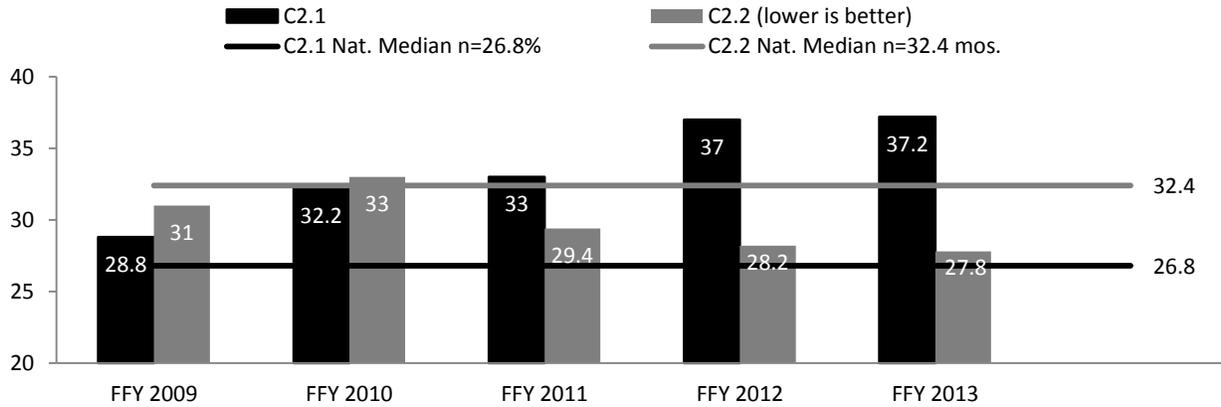


The following two measures address **Component A: Exits to Adoption of Children Discharged from Foster Care.**

**C2-1:** Of all children who were discharged from foster care to a finalized adoption during FFY 2013, just over 37 percent were discharged in less than 24 months from the date of the latest removal. California has shown steady improvement on this measure, representing a 23 percent change difference between FFY 2009 to FFY 2013 and has consistently remained above the national standard.

**C2-2:** Of all the children who were discharged into finalized adoptions from foster care, their median length of stay while in care in FFY 2013 was 27.8 months. The median length of stay of foster children exiting to adoption has significantly declined since peaking at 39 months in FFY 2001, and has continued to decline steadily in recent years. California has remained below the national standard for median length of stay for the last three years.

**Figure 32: Permanency Composite 2: Component A: Timeliness of Adoptions of Children Discharged from Foster Care. Note: C2.2 is measured in months and lower is better (CFSR Data Profile: 03/05/2014)**

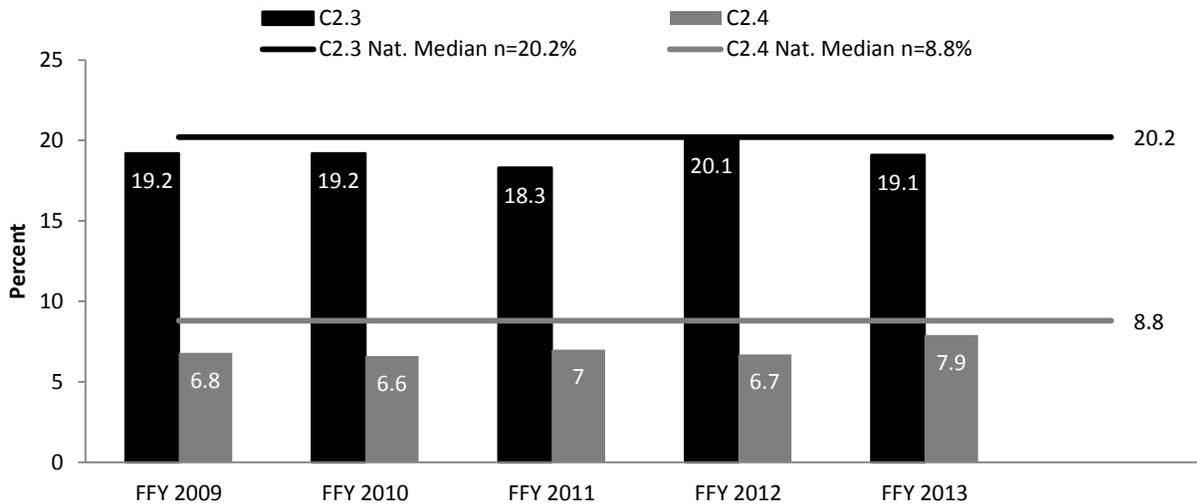


The following two measures address Component B: Progress toward Adoption for Children in Foster Care for 17 Months or Longer.

**C2-3:** Of all children in long-term foster care (defined as in care on the first day of FFY 2013 who were in foster care for 17 continuous months or longer), 19.1 percent were adopted within the year. Over the last decade, California has shown remarkable improvement. Within the last year, California remained steady with a slight decrease of one month.

**C2-4:** Of all children in long-term foster care on the first day of FFY 2013, and who were not legally free for adoption on the day prior, 7.9 percent became legally free for adoption during the first six months of the year; defined as TPR reported to AFCARS for both mother and father. This is an increase from last year. This calculation excludes children who, by the end of the first six months of the year had a discharge from foster care to reunification, living with a relative, or guardianship.

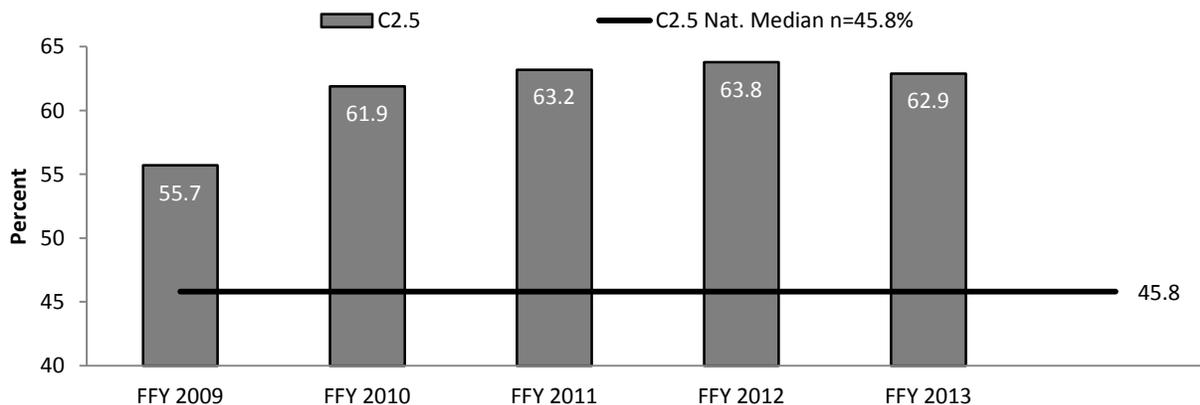
**Figure 33: Permanency Composite 2: Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer (CFSR Data Profile: 03/05/2014)**



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

**C2-5:** Of all children who became legally free for adoption in the 12 month period prior to FFY 2013, 62.9 percent were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free, defined as termination of parental rights as reported to AFCARS for both mother and father. California has been consistently moving in a positive direction since FFY 2008, and has been surpassing the 75<sup>th</sup> percentile of 53.7. This is significantly higher than the national standard of 45.8.

**Figure 34: Permanency Composite 2: Component C: Progress toward Adoption of Children Who Are Legally Free for Adoption (CFSR Data Profile: 03/05/2014)**



Taken together, these measures suggest that California is making considerable progress in finding permanent families for children in foster care through adoption. With respect to Measure C2.1, information regarding timeliness to adoptions for county transitioned systems will not be available for at least two years. Until that time, it is difficult to assess what impact there will be on the measures for these counties.

## Factors Affecting Progress

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

California statutes mandate a permanency hearing be held within twelve months after the child entered foster care, or immediately if reunification services are not ordered. Adoption must be considered at each review hearing following the termination of reunification services. At which point, TPR is initiated unless evidence suggests 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:

- ✓ Adoption Promotion Support Services - PSSF
- ✓ Adoption Assistance Program
- ✓ Private Adoptions Agency Reinvestment Program
- ✓ Adoption Incentive Funds
- ✓ Tribal Customary Adoptions
- ✓ 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.

- **Adoption Assistance Program** aims to remove the financial disincentives for families to adopt and encourage the adoption of special needs children including reducing potential delays in a family's decision to adopt. A research study supported by the Federal Department of Health

and Human Services<sup>21</sup> examined the effectiveness of subsidies on the Timeliness of Adoptions. Recognizing that adoptive parents often experience financial difficulty meeting the special needs of children who formerly were placed in California's foster care system, the Legislature implemented the program with the intention that it would benefit children in foster care by providing the security and stability of a permanent home through adoption. Children may receive a federally funded subsidy under Title IV-E or a state-funded subsidy per state guidelines.

With the implementation of the After 18 Program on January 1, 2012, California extended AAP benefits beyond the age of 18 for eligible youth. Youth who entered adoption at age 16 and meet one of the five participation criteria may receive extended benefits up to age 19, effective January 1, 2012, up to age 20, effective January 1, 2013 and up to age 21, effective January 1, 2014. A provision of the After 18 Program allows for non-minor dependents (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. WIC section 16120(d)(3), the AAP regulations Section 35333(g)(A)1. a., and the AAP agreement (AD 4320) item #15 reflects the provision for the extension of AAP benefits for the child/youth whose initial AAP agreement was signed on or after their 16<sup>th</sup> birthday. Senate Bill 1013 (Chapter 35, Statutes of 2012) deleted the age phase as stated in ACL 11-86 this population of AAP eligible children/youth are now eligible to age 21, effective July 1, 2012. Notification of this change was provided by CDSS via a web link to frequently asked questions related to the extension of Foster Care, Kin Gap and AAP benefits (AB 12). ACL 13-100 provides instructions regarding the polies 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 Regional and Field Adoption 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 DO Managers.

The efforts that have been made to assure that more children qualify for adoptions as a result of Fostering Connections include amended WIC section 16120 (d)(3) and (n) to reflect the specific AAP provisions P.L. 110-351. ACL 10-08 provides information and instructions on the enactment of P.L. 110-351 as it relates to AAP eligibility. ACL 11-86 provides instructions regarding the extension of Kin-Gap program benefits and AAP to age 21 and includes instruction related to the notification to adoptive parents. The AAP regulations Sections 35326(d) and (e)

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<sup>21</sup> <http://aspe.hhs.gov/hsp/05/adoption-subsidies/>

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 ASB staff attend and/or participate quarterly in the following meetings: PAAS, SCAM, CWDA-Adoption Subcommittee and CDSS DO Managers.

In FY 2012-13, there were a total of 5881 adoption finalizations and a total of 5475 of all finalized adoptions received AAP.

*Plans for Documenting AAP savings and expenses* - The state has the ability to identify the savings and related expenses as a result of the new applicable child criteria; however, the state is not able to provide the data related to how the savings were spent. As a result of P.L. 112-34, CDSS, the Adoption Services Bureau is in the process of developing a reporting system for the counties to document any savings, how the savings were spent, and to ensure the savings were spent on child welfare related services specific to the Titles IV-B and IV-E state plans.

The CDSS facilitated a conference call with county representatives. The purpose of this call was to discuss the provision of P.L. 112-34 and the need for development of a reporting system for the counties to document any savings, and how the savings were spent on child welfare related services specific to the Titles IV-B and IV-E state plans. In addition, the participants reviewed a draft of the AAP Savings and Reinvestment Allocation Form. As a result of this call, the county representatives expressed concern that each county would have a different methodology for identifying the total amount of savings. They requested CDSS provide the total amount of savings to each county or provide a standardized methodology for each county to use to identify the total amount of savings in each county to be used when documenting how the savings was spent at the local level. Following the conference call a methodology was developed to identify the total amount of savings to be used to document how the savings was spent. Furthermore, the CDSS contacted Region IX to inquire about other states specific processes to meet the provision of P.L. 112-34 to assist in developing a methodology to identify the savings and/or the total amount of savings for each county. This methodology is needed in order for each county to complete the AAP Savings and Reinvestment Allocation Form.

- **Private Adoptions Agency Reinvestment Program** provides funds to compensate private adoption agencies for costs of placing for adoption and for completing the adoptions of children who are eligible for AAP Program benefits because of age, membership in a sibling group, medical or psychological problems, adverse parental background, or other circumstances that make placement especially difficult. Through PAARP, private adoption agencies can supplement public agency efforts to recruit, study, and train adoptive parents for foster children who would otherwise remain in the foster care system. This can improve the length of time to approve, prepare and finalize adoptions. 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 (NMD)* 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.

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Eligible Private Adoption Agencies Signed up to Claim	71	71	73	76	76
Number of Claims Processed	3,420	3,512	2,784	4,028	3,160

In SFY 2012/2013, there was a significant drop in the number of PAARP claims received by CDSS. This decrease is likely a result of the 2011 Public Safety Realignment. Many counties were in a transition period as they began developing and operating their own adoption programs. During this transition period there was a brief delay in finalizing some adoptions and providing documentation to the private adoption agencies, therefore the PAARP claims for SFY 2012/2013 decreased. Thus far for the SFY 2013/2014 the number of PAARP claims is higher than average likely due to the counties becoming fully operational with their programs and becoming more efficient in providing paperwork to the agencies in a timely manner.

- **Adoption Incentive Funds** - The Legislature passed AB 665, Torrico (Chapter 250, Statutes of 2009) to ensure that the state will reinvest federal adoption incentive payments received through the implementation of the Fostering Connections Act into California’s child welfare system and in accordance with federal guidelines established under Fostering Connections to Success and Increasing Adoptions Act of 2008.

Qualifying expenditures were outlined with the issuance of ACL 10-36 which instructed counties to utilize any adoption incentive funds received on improving legal permanency outcomes for foster youth ages nine and older. Such outcomes may include adoption, guardianship and a second chance reunification for youth who previously had reunification services terminated. Other qualified expenditures include services that focus on adoptive parent recruitment, prevention of adoption disruption and dissolution, promoting sibling placement, and services that remove barriers to adoption.

In 2008, California finalized 7,580 adoptions exceeding the baseline established in 2007 by 99 adoptions. This resulted in California receiving \$1,454,711 in federal bonus which was allocated to counties by percent to total caseload growth of each individual permanency outcome between FFY 2008-2009 recorded in the Adoption and Foster Care Analysis Reporting System (AFCARS).

Since 2009, California has not received Adoption Incentive funds as it has not exceeded the baseline number of adoptions 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 that exceed the baseline or the previous highest year from FFY 2008.

The number of finalized adoptions shown below is inclusive to all specified adoptions. As illustrated in Figure 35 below, California has declined steadily in the number of finalized adoptions; declining by over 28 percent between 2009 and 2013. There was a 6.5% increase in 2012, however data reports for 2013 indicate a 6.4% reduction in finalized adoptions. The number of finalized adoptions, however, has remained fairly steady over the last three years.

**Figure 35: Number of Finalized Adoptions (AFCARS)**

Number of Finalized Adoptions					
	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Number of Children	7,395	6,568	5,673	5,920	5,323

- Factors that may have contributed to the decrease in the number of finalized adoptions include:
  - The overall foster care population has been declining since 2000.
  - A renewed focus on efforts improving Family Reunification as a permanency alternative by counties.
  - Steady increases from 2009-2012 in Kin-Gap guardianships as a permanency alternative.
  - The realignment of funding for adoption services to counties that were previously rendered by CDSS District Offices was implemented in FY 2011-2012 which may cause a temporary negative impact on overall adoption numbers during the transitional phase.

**Tribal Customary Adoptions** - The CDSS, working with California tribes, continues to provide technical assistance to county child welfare adoption agencies, private adoption agencies and CDSS Adoption Regional Offices on the implementation of AB 1325 (Chapter 287, Statutes of 2009), which became effective on July 1, 2010. AB 1325 provides an additional permanency option in the form of Tribal Customary Adoption (TCA) for ICWA eligible dependent children in the state. Terminating Parental Rights (TPR) has been a process contrary to cultural tradition of many tribes. As such, TCA allows for an ICWA-eligible child to be adopted with the permission of the child’s tribe by a relative of the child or a member of the child’s tribe without TPR, while still being eligible to receive adoption assistance payments. Based on data collected from CWS/CMS, six tribal customary adoptions were finalized in FFY 2013.

As of January 1, 2012, foster youth ages 18-21 were allowed to remain in foster care as non-minor dependents provided they meet one of five criteria outlined in the Fostering Connections Act. On January 1, 2013, TCA expanded to include NMDs with the passage of AB 1712 (Chapter 846, Statutes of 2012) in 2012. A sunset provision originally set forth to repeal tribal customary adoptions in 2014 was deleted with the passage of SB 1013 (Chapter 35, Statutes of 2012) in 2012. A report prepared by the Administration of Courts was released in January 2013 and can be found online<sup>22</sup>.

<sup>22</sup> [http://www.courts.ca.gov/documents/lr-Tribal-Customary-Adoption-Report\\_123112.pdf](http://www.courts.ca.gov/documents/lr-Tribal-Customary-Adoption-Report_123112.pdf)

On March 24, 2010, CDSS issued ACL 10-17 to counties, private adoption agencies, CDSS Adoption Regional Offices and Tribal Title IV-E eligible tribes on TCA. Additional instructions were provided to counties in ACL 10-47 issued on October 27, 2010<sup>23</sup>. Regulations will be forthcoming.

## Inter-Country Adoptions

Although Inter-country Adoptions are unrelated to the state's adoption outcomes, it is provided as a requirement to this report. Instructions related to implementation of the Hague Convention were issued to all California inter-country adoption agencies in ACL 09-10.

Historically, due to limitations of the statewide CWS/CMS, California has been unable to obtain sufficient data on children who were adopted from other countries and who enter foster care as a result of the disruption or dissolution of an inter-country adoption. However, changes to CWS/CMS in February 2012 now allow this data to be captured. In January 2013, ACL 12-51 was issued to provide instructions to counties on how to enter the information into the system. In addition, ACLs 12-50 and 12-54 dated January 2013 were sent to all private adoption agencies clarifying the revisions to the Inter-Country Adoption Program Quarterly Statistical Report (AD 202B)<sup>24</sup>. The additional information requested, such as the agencies that handled the placement or the adoption, plans for the child, and reasons for the disruption or dissolution, can be obtained by reviewing the cases that have been identified. First year collection and analysis of completed data entries for calendar year 2013 indicate the disruption and dissolution rate is very low. Statewide totals entered onto the revised AD 202B indicate three disruptions and two dissolutions. Out of these five cases, one of the disruptions entered foster care. The others received an alternate placement. The agencies who handled these five cases were as follows: Dillon Adoption Services, Bay Area Adoption Services, Bethany Christian Adoption Services, Holt International Children's Services and Vista Del Mar.

Bay Area Adoption Services handled the disrupted case with the child who entered foster care. The infant was taken into protective custody by Alameda County Social Services Agency due to alleged physical abuse by the prospective adoptive mother. The county had identified a new prospective adoptive family; however, the infant succumbed to his injuries after several months in the hospital and died.

## Summary

Over the past five years, California has made improvements with timeliness of adoptions. In two out of three components to this composite, California has consistently exceeded national medians by large margins. This has been accomplished during an economic recession that had a huge impact on public child welfare agencies statewide. Some improvements are attributed to improvements to data collection and additional outreach to counties. There may be several

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<sup>23</sup> <http://www.dss.cahwnet.gov/lettersnotices/PG2129.htm>

<sup>24</sup> <http://www.dss.cahwnet.gov/lettersnotices/PG2129.htm>

barriers for components for which California did not exceed the national median number for children in foster care for 17 months or longer. These may include children still in active reunification with their birth parents, children with special needs requiring additional pre-adoption services, children who may be more difficult to place, and children for whom adoption may not be the best permanency option. California continues to look at ways to address these issues. With the recent implementation of NMD adoptions and TCAs, these numbers may begin to improve as these initiatives are targeted at populations historically more difficult to place for adoption. Additionally, there has been an emphasis placed on other permanency options for children besides adoption. These include legal guardianship and establishing permanent 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.

## 10 Guardianship

Strengthen and provide for additional permanency options through federal participation in KinGAP



### CFSR, PIP and Current Status

Guardianship was rated as an area needing improvement during the 2008 CFSR onsite review. As a result, the state had to address this item (item 8) in the CFSR PIP. The state addressed the item in strategy two, *Sustain and Enhance Permanency Efforts across the Life of the Case*. The goals for this strategy were to enhance practices and strategies that result in more children/youth having permanent homes and connections to communities, culture and important adults. The state met all action steps for this strategy.

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.

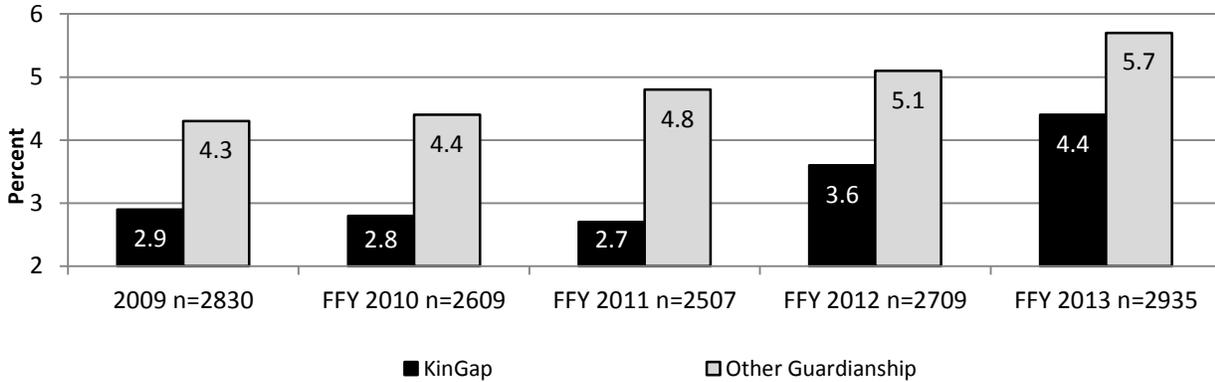
Guardianship serves as a viable alternative to prevent children from growing up in foster care. Prior to guardianship, children in care had three permanency options: reunification, adoption, and long-term care as a third and least desirable option.

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 41.5 percent of the cases in the Kin-GAP Program will receive federal participation. In FFY 2013, the Kin-GAP caseload was approximately 13,500 cases with 5,600<sup>25</sup> cases eligible for the federal Kin-GAP program and 7,900 cases remaining in the state-only Kin-GAP program.

<sup>25</sup> Based on the May 2014 Revision to the Governor's Budget

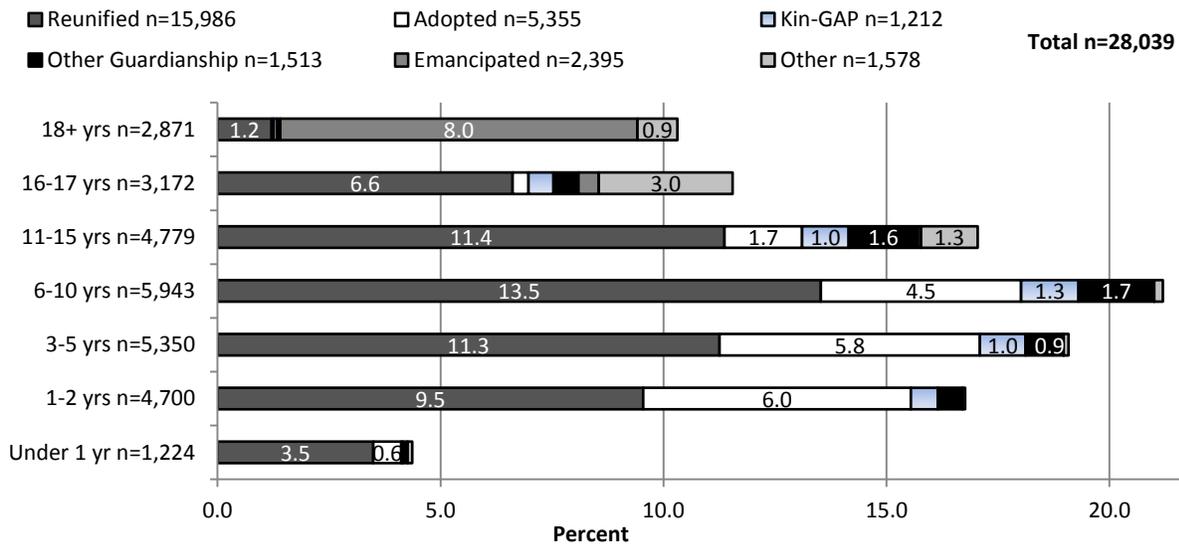
Figure 36 illustrates exits from out-of-home placement into Kin-GAP or other guardianship has increased from 7.2 percent to 10.1 percent between FFYs 2009 and 2013. Data indicates a 57 percent increase in exits to Kin-GAP (rather than all guardianships) from FFY 2009 to FFY 2013, showing a continued increase yearly. 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 36: Exits from Placement into Guardianship. CWS/CMS Q4 2013, Agency: All, Ages: 0-20**  
 (Note: Other Guardianship is defined as Non-related Legal Guardian (NRLG))



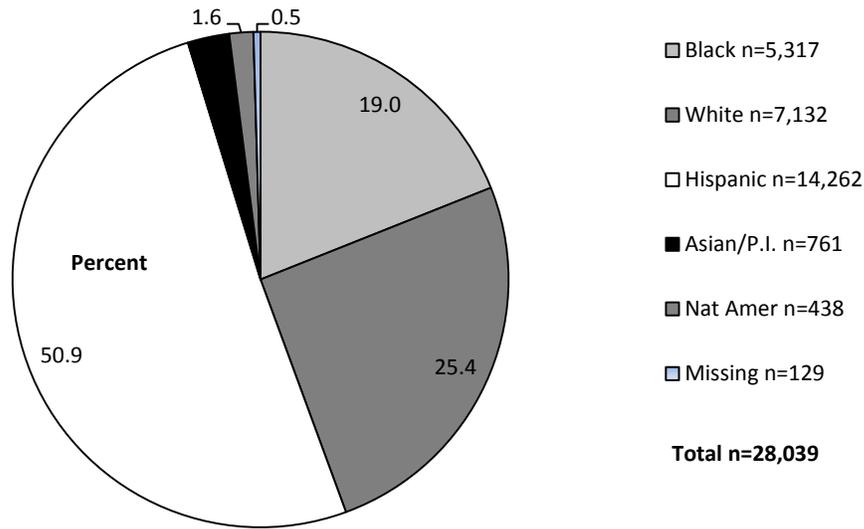
Further examination of the data reveals that although guardianship accounts for a relatively small proportion of total exits out of care (10.1 percent in FFY 2013), it provides additional permanency options for older youth who are unable to reunify or be adopted. As illustrated in the figures below, 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 37: Exits by Age Group and Exit-To Type, CY 2013, CWS/CMS CSSR Data Q4 2013**  
 Agency: All, Ages: 0-20

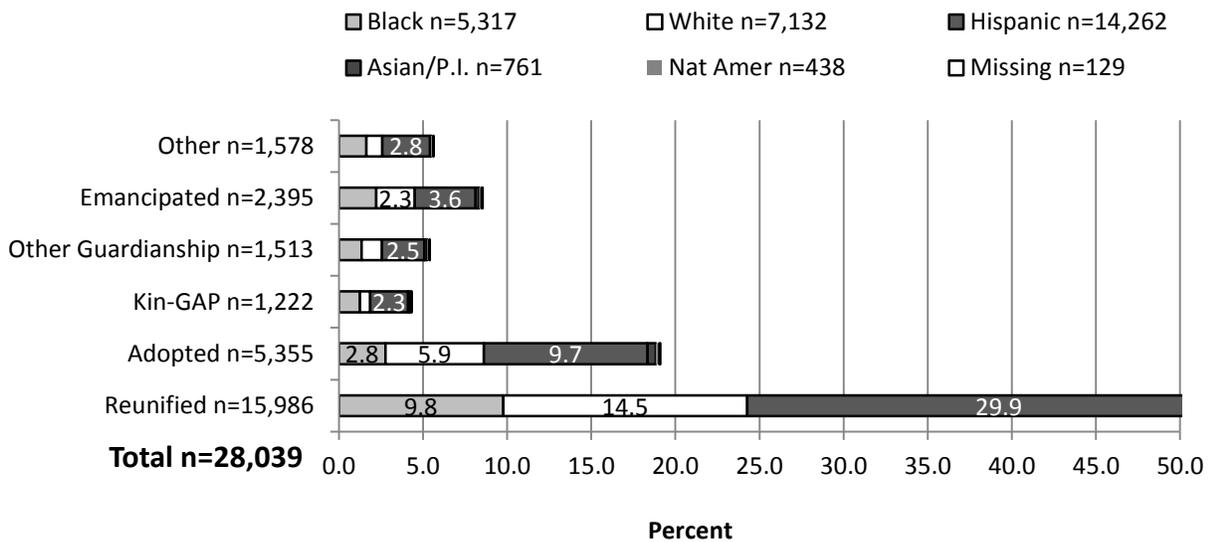


The effect of guardianship as a permanency option is further demonstrated when the data are examined by race. As described in the previous two sections, Black and Native American youth are consistently challenged with positive permanency outcomes. However, the data below show that these same two groups are proportionally more likely to exit (26.70 percent of Black and Native American versus 7.2 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 38a: Exits by Race/Ethnicity, CY 2013 CWS/CMS CSSR Data Q4 2013**  
**Agency: All, Ages: 0-20**



**Figure 38b: Exits by Race/Ethnicity and Exit-To Type, CY 2013 CWS/CMS CSSR Data Q4 2013**  
**Agency: All, Ages: 0-20**



In March 2014, guidance to the counties was issued via All County Letter (ACL) 14 19 entitled Kinship Guardianship Assistance Payment (Kin-GAP) Program Nonrecurring Costs for Legal Guardianship. This ACL stated for a kinship guardianship established on and after January 1, 2012, reimbursement not to exceed \$2,000 would be made to a relative caregiver for reasonable and verified nonrecurring expenses associated with obtaining legal guardianship.

CDSS continues to provide technical assistance to counties concerning both Kin-GAP and Extended Kin-GAP. Regulations have been developed, it is anticipated will be effective by the end of 2014. Clean-up legislation enacted in Assembly Bill 1712 (Chapter 846, Statutes of 2012) established law that expands the definition of relative for the purposes of federal Kin-GAP with federal approval of the amendments to the State Plan. The amendment to the State Plan was sent to Region IX on March 28, 2014; and, letter of instruction to counties (ACL 14-28, *Expansion of the Definition of Relative for the Federal Kinship Guardianship Assistance Payment (Kin-GAP) Program*) was issued on March 26, 2014. The approval of the State Plan amendment is expected to be forthcoming.

The Kin-GAP Program has two components – a federally funded component when the child is eligible for Title IV-E foster care and a state funded component when the child is not eligible for Title IV-E foster care. Kin-GAP benefits can also be extended to age 21 for 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.

## 11 Other Planned Permanent Living Arrangement

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



### CFSR, PIP and Current Status

Permanency Goal for Child (item 7) and Permanency Goal of Other Planned Permanent Placement with Relatives (item 10) were rated as areas needing improvement during the 2008 CFSR onsite review. As a result, the state had to address these items in the CFSR PIP. The state addressed the item in strategy two, *Sustain and Enhance Permanency Efforts across the Life of the Case*. The goals for this strategy were to enhance practices and strategies that result in more children/youth having permanent homes and connections to communities, culture and important adults. The state met all action steps for this strategy. In addition, the state's measurement for *Permanency Goal Established in a Timely Manner* started at a baseline of 72.5 (FFY2008), and the goal of 75.3 was achieved in PIP Q4. In regards to Permanency Composite 3, *Permanency for Children in Foster Care for Extended Time Periods*, the baseline for this measure was 107.0 (2006b2007a) with a goal of 110.0 (met PIP Quarter 1). The state's performance has continued to excel since the PIP, and is currently at 120.0 (FFY2013ab). This score is just slightly below the national standard of 121.7.

Under the Adoption and Safe Families Act (ASFA), the child welfare agency must find permanent placements for all children in foster care; including Other Planned Permanent Living Arrangement (OPPLA) when other suitable permanency options cannot be established. OPPLA is the last and least preferable option and only considered after the agency has undertaken reasonable efforts to exhaust other possibilities; neither long-term foster care nor emancipation are considered permanency options. OPPLA is a CFSR measure and is addressed in the states Program Improvement Plan. The baseline in FFY 2008 of the percentage for out of home cases where the permanency goal was other planned permanent living arrangement was 14.7 percent. An improvement goal of 14.4 percent was established.

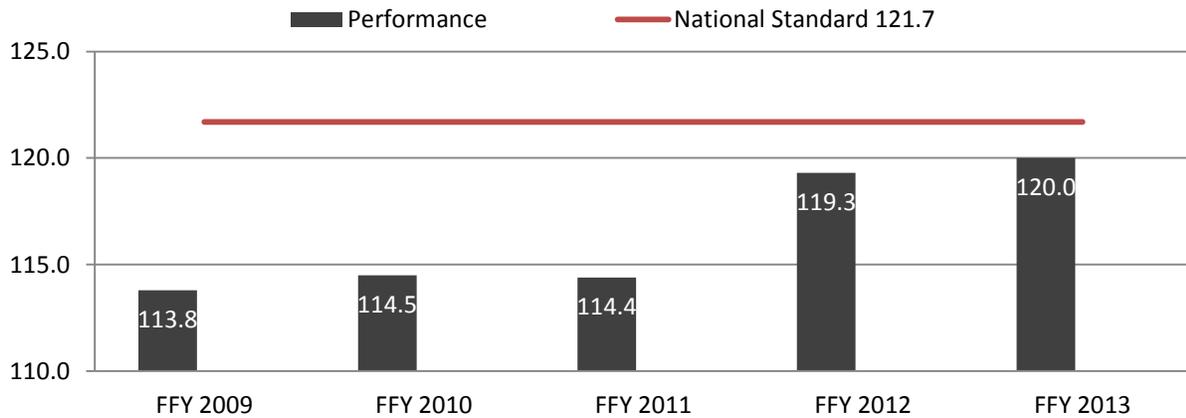
### Indicators of Progress

Permanency Composite 3, Permanency for Children and Youth in Foster Care for Extended Time Permanency, is comprised of three measures across two components: A) Achieving Permanency for Children in Foster Care for Long Periods of Time, and B) Growing up in Foster Care. Component A is comprised of measures C3-1 and C3-2 and Component B is comprised of measure C3-3. The composite score is intended to measure how well the state is achieving permanency for children in foster care when the permanency plan is other than reunification, adoption, or guardianship. Permanency for Children and Youth in Foster Care for Extended Time Periods is a CFSR measure and is in the states Program Improvement Plan. California's performance baseline was 107 in FFY 2006b 2007a, and an improvement goal of 110 was established.

Although California is still below the national standard of 121.7, overall the state has made significant improvements for children in care for long periods of time. As shown below in Figure 39, the composite score has increased notably between 2011 and 2013, going from 114.4 to 120, a

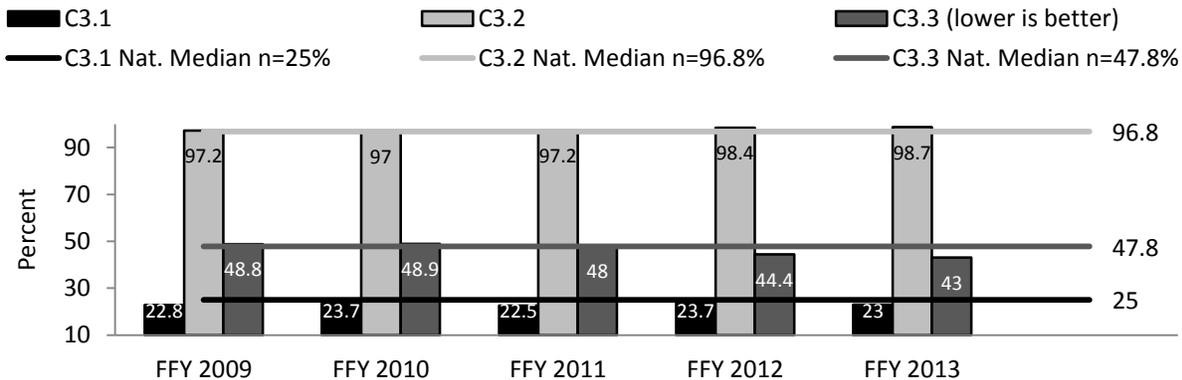
4.9 percent increase. Not only did the state meet the improvement goal of 110 it has surpassed it for the past five years. An examination of the individual components suggests that the area of greatest improvement has been in the area of children in foster care for 3 years or longer who either were discharged to emancipation or turned 18 while still in foster care (C3.3).

**Figure 39: Permanency Composite 3: Permanency for Children and Youth in Foster Care for Extended Time Periods (CFSR Data Profile: 03/05/2014)**



The following two measures, C3-1 and C3-2, address Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time.

**Figure 40: Permanency Composite 3: Components A and B: Achieving Permanency for Children in Foster Care for Long Periods of Time and Growing Up in Foster Care, C3.1 to C3.3 (CFSR Data Profile: 03/05/2014)**

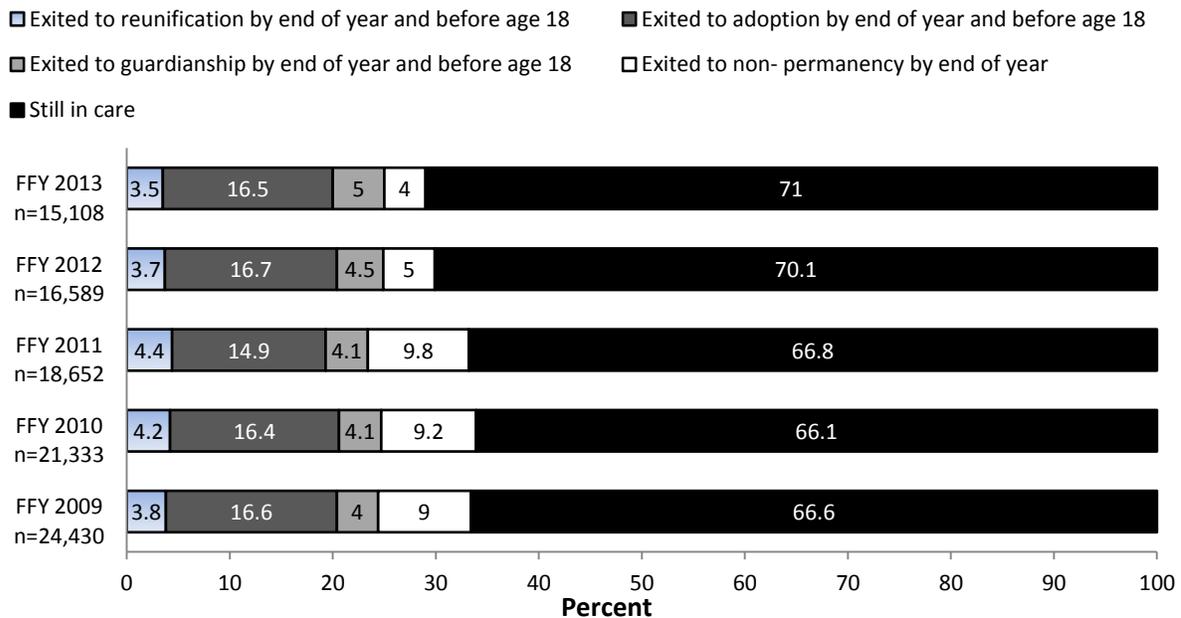


**C3-1:** Of all the children in foster care for 24 months or longer on the first day of the year, 23 percent were discharged to a permanent home by the end of FFY 2013, and before they turned 18 years old. This is a 2.9% decrease in performance from the previous year when 23.7 percent were discharged to a permanent home. A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification. Children who were in care for 24 months at the beginning of the year who exited and reentered during the same year were excluded from this measure. The figure below is a distribution on the types of exits to permanency for children in care for 24 months or longer. This data comes from the Center for Social Services Research (CSSR) January-December 2013 and includes all agencies. Most notable from this figure is the state’s increased

performance measure of children exiting to adoption by end of year and before age 18. It increased by 10.7 percent going from 14.9 percent in FFY 2011 to 16.5 percent in FFY 2013. There has also been an increase in children exiting to guardianship, from 4.1 percent in FFY 2011, to 4.8 percent in FFY 2013. The state continues to see a significant decrease of youth exiting to non-permanency from 9.8 percent in FFY 2011 to 4.5 percent in FFY 2013.

For the measure of youth still in care, the state has decreased in performance such that the proportion of youth still in care has increased from 66.8 percent in FFY 2011 to 70.9 percent in FFY 2013, a 6.1 percent change. When looking closer at the data, it shows that the number of young children in the following age groups, 1-2, 3-5, and 6-10 has increased and could be the reason there has been a slight increase in youth still in care (CWS/CMS Data Q1 2014). This increase could also be in part due to the implementation of the California Fostering Connections to Success Act, which allows youth to participate in extended foster care after age 18 beginning in 2012. Data not provided here, indicates that youth 16 and over were less likely to leave care.

**Figure 41: C3-1: Exit to Permanency, CWS/CMS Data CSSR Q4 2013. Agency: All Ages 0-17**



**C3-2:** Of all the children discharged from foster care during 2013 who were legally free for adoption at the time of discharge, 98.7 percent were discharged prior to their 18<sup>th</sup> birthday and were discharged to reunification with a parent or primary caretaker, or discharged to adoption or guardianship. This is a .3 percent increase from last year’s performance of 98.4 percent in this measure (data not illustrated here). The Extended Foster Care program also affects this measure. As more youth stay in care, rather than emancipating, there are fewer emancipation exits proportional to other exits, thus increasing the proportional of exits to permanency. California continues to exceed the national median of 96.8 percent.

**C3-3:** In the past this measure focused only on youth supervised by child welfare, however, the data for FFY 2013 includes youth supervised by probation as well. This data is limited to foster care children in the juvenile justice system that are supervised by probation who are Title IV-E

eligible and for whom Title IV-E payments are made. As a result of including probation supervised youth, the data presented below in Figure 44 is significantly different from the data reported in past APSR's. The inclusion of probation supervised youth will provide a more accurate representation of all youth in foster care for measure C3-3.

Of all the children who were discharged to emancipation or turned 18 while in care, 41.7 percent were in foster care for three years or longer in CY 2013. This is a 12.6 percent reduction since CY 2011 when 47.7 percent were in foster care for three years or longer. In this measure fewer children who emancipate after having been in care for more than three years is preferable. Therefore, California has shown improvement in this measure.

This measure addresses the second component of Permanency Composite 3: Growing up in Foster Care. In the past this measure focused only on youth supervised by child welfare, however, the data for FFY 2013 includes youth supervised by probation as well. This data is limited to foster care children in the juvenile justice system that are supervised by probation who are Title IV-E eligible and for whom Title IV-E payments are made. As a result of including probation supervised youth, the data presented below is significantly different from the data reported in past APSR's. The inclusion of probation supervised youth will provide a more accurate representation of all youth in foster care for measure C3-3.

**Figure 42: Emancipated or age 18 in care during the year: In care 3 years or longer, CWS/CMS CSSR Q4 2013 Data, Agency: All**

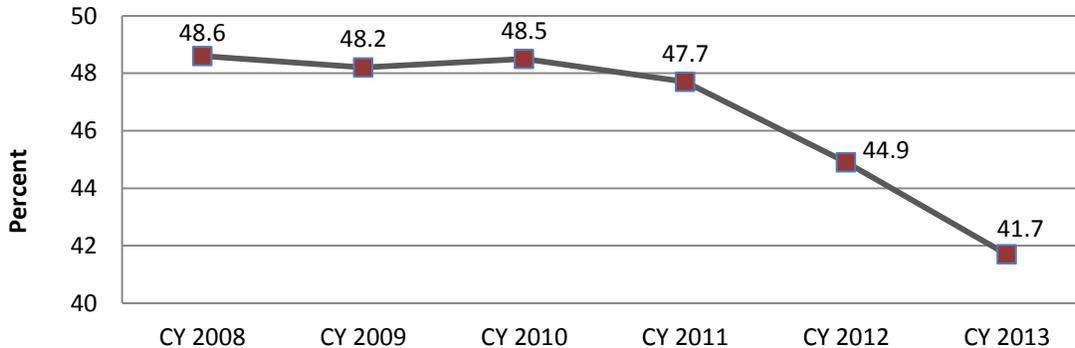
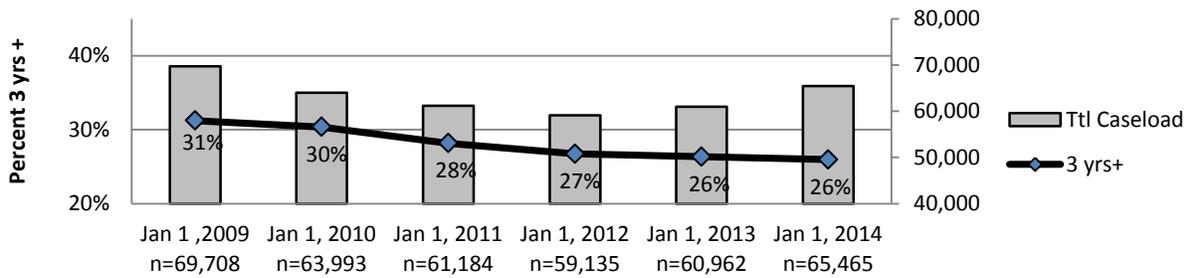


Figure 43 illustrates the proportion of children in foster care for at least three years relative to the total in-care caseload for each year. Again, the data below includes both child welfare and probation foster youth. While caseloads are decreasing overtime, there have also been steady decreases in 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 43: Point in Time, Proportion of Children in Care at Least Three Years Relative to Total Caseload, CWS/CMS, CSSR Q4 2013 Data, Agency: All, Ages: 0-20**



### *Extension of Foster Care to Age 21*

The first component of measure C3-3 describes youth who emancipate from foster care or reach the age of 18 while in foster care. This measure also focuses on reducing the number of children who remain in care for three years or longer which California has made progress toward this goal. Although not a specific component of this measure, California also focuses on ensuring that youth who turn 18 while in foster care receive support and permanent placement up to age 21 to help promote better outcomes by having more time to increase their educational attainment gain employment skills and daily life skills. Although there is a focus on independent living the pursuit of permanency is still encouraged (this is described further in this section).

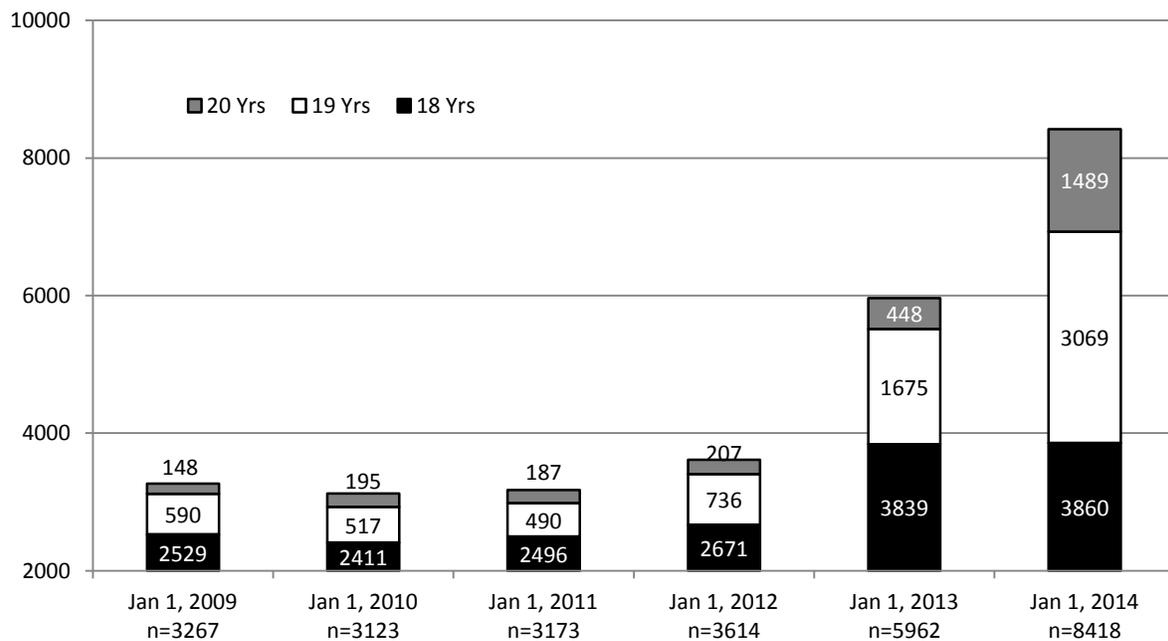
The After 18 Program began on January 1, 2012, allowing foster youth over the age of 18 to remain in care as non-minor dependents up to the age of 21, provided they meet one of the five criteria outlined in the Fostering Connections Act. After 18 is California’s implementation of The Fostering Connections and Increasing Adoptions Act of 2008 which gave states the option to extend foster care up to age 21 with Federal Financial Participation. 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

Originally, AB 12 (Chapter 559, Statutes of 2010) authorized the foster care extension up to age 19 in 2012 and up to age 20 in 2013, but Senate Bill 1013 (Chapter 35, Statutes of 2012) increased the age limit up to 21 for youth in foster care, effective July 1, 2012. Additional legislation, AB 212 (Chapter 459, Statutes of 2011), AB 1712 (Chapter 846, Statutes of 2012) and SB 1013 (Chapter 35, Statutes of 2012) were passed which made further changes to the After 18 Program. Many of these changes were the result of issues identified by the counties during the implementation planning and process. CDSS had ongoing meetings with counties and stakeholders that continued well into the second year of implementation.

The After 18 Program, now in its third year, has achieved full implementation. Figure 44a includes point in time data, which shows the increase in the number of foster youth from January 1, 2009 through January 1, 2014. This includes data for two full years of the program and reflects a 157.6 percent change increase from January 1, 2009 to January 1, 2014. Access to two

years of data allows for a better picture of the numbers of youth opting to remain in foster care after age 18. Overall totals have increased, but this is most evident by looking at the 20 year olds. There has been an over 600 percent change increase in the number of 20 year olds in foster care from January 1, 2012, the date the program began, until January 1, 2014. 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 20. 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.

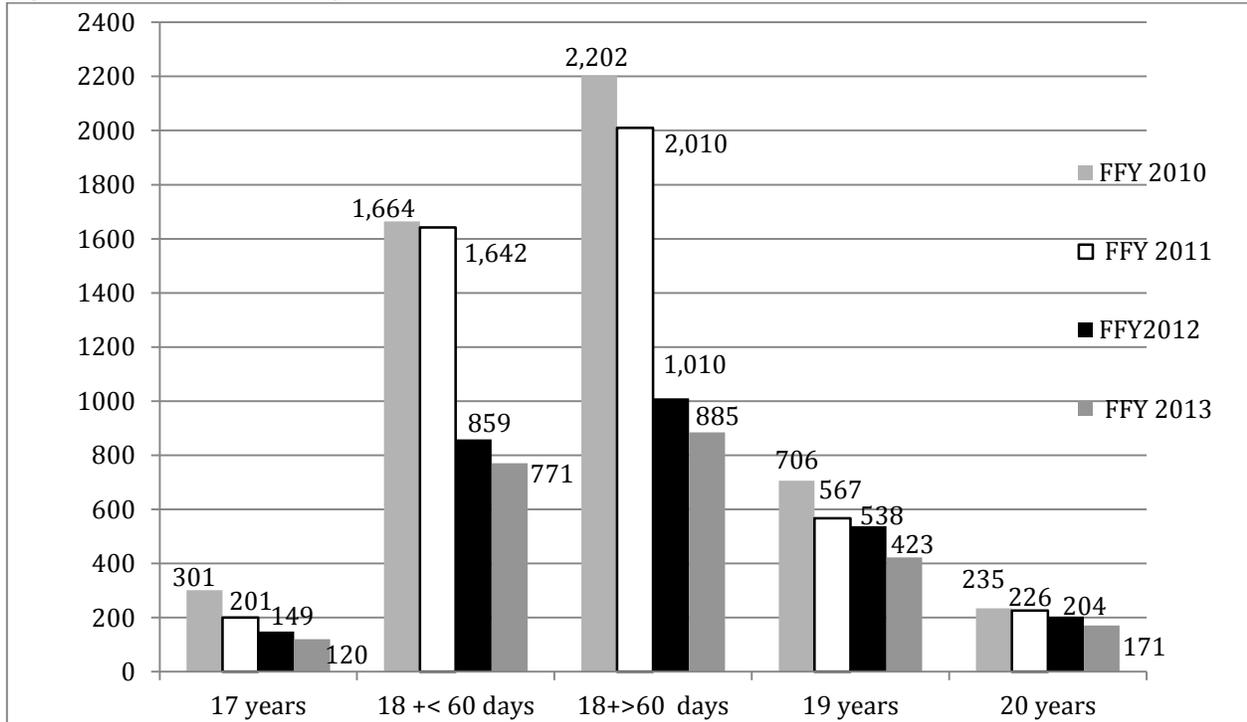
**Figure 44a: Number of Foster Care Youth ages 18-20 Agency Type: All, Ages: 18-20, Point in Time Jan 1, 2009 to Jan 1, 2013, Extract CWS/CMS CSSR 2014 Q1**



Exit data helps to support the conclusion that NMDs are taking advantage of the opportunity to stay in care after age 18. Figure 44b 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 18<sup>th</sup> 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 EFC. As the hearing to terminate the court jurisdiction would not fall exactly on a youth’s 18<sup>th</sup> 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 2011 and 2012 decreasing by just under 50%. This decrease is not accounted for by the decrease of children in foster care as the decrease of 17 year olds in care from 2010 to 2011 (the previous year) was approximately seven percent. Nor or we seeing an increase in exits at age 19 and 20 suggesting that youth are likely taking advantage of the program up to age 21. It is expected that the number

of 20 year olds exiting foster care will begin to increase by FFY 2014 as youth who extended in 2012 will begin approaching age 21.

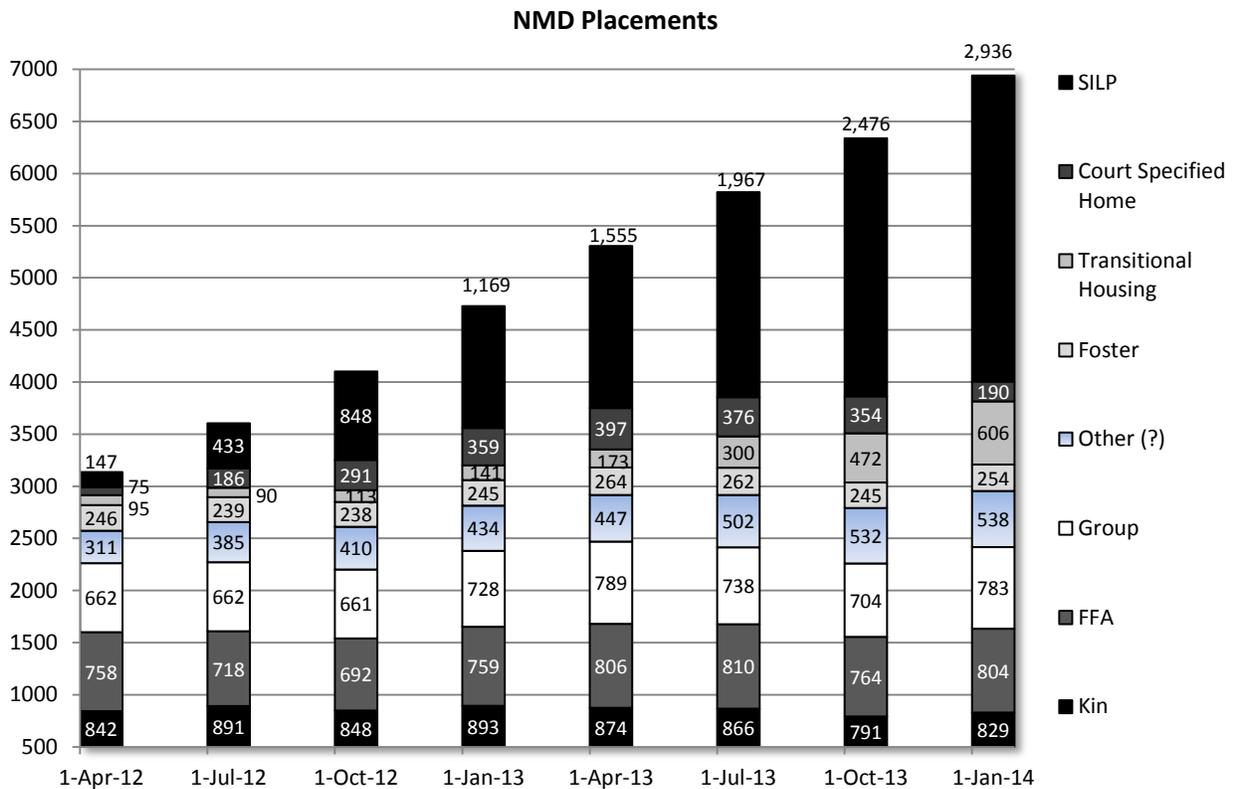
**Figure 44b: Exits to Emancipation Over Time**



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

As SILPs are an entirely new concept for child welfare placements, there is a lot of interest around the utilization of this placement option. Figure 44c below shows NMD placements overtime; the use of a SILP has significantly increased with the most recent data showing nearly 3,000 NMDs in SILPs. The significant increase is to be expected as it is a new placement that that increases with the growth of the program. Transitional Housing placements have also increased significantly due to the other new placement option, THP-Plus-Foster Care. Most other placements have remained stable. There have been slight increases in foster home and foster family agency home placements, which were anticipated to decrease with the availability of SILS. The increase could be an indicator that NMDs may have developed positive connections with their foster parents and have chosen to remain in foster homes.

**Figure 44c: NMD Placement; Agency Type: All, Ages: 18-20, CWS/CMS CSSR**



The CDSS continues to work with counties to identify issues with the 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 CDSS has continued to use the SOC 405E Exit Outcomes data report to measure outcomes for emancipating youth until the report is revised to separately capture outcomes for youth exiting at age 18, 19, 20 and youth who re-enter foster care. It is anticipated that the revised report will be available to counties to begin using in October 1, 2014.

The intent of the Fostering Connections legislation recognizes the importance of family and permanency for youth by also extending payment benefits and transitional support services for AAP and Kin-GAP up to age 21 for youth entering those arrangements at age 16 and older. Thus, youth are not forced to make a choice between having a permanent family and extended support. In addition, AB 1712 (Chapter 846, Statutes of 2012) allows non-minor dependents to be adopted through the juvenile court effective January 1, 2013, referred to as non-minor dependent adoption. A workgroup consisting of CDSS, stakeholders and county child welfare staff 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.

## Factors Affecting Progress

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

While it is not possible to attribute improvements to any single effort, improving permanence for all children has been a focus in California for some time. Some of the activities California has 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, Team Decision Making, Family Group Decision Making 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: Adoption Promotion Support Services, Adoption Assistance Program, and Private Adoption Agency Reinvestment Program. 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

OPPLA was rated as an area needing improvement for 55 percent of the 11 applicable cases reviewed during the 2008 CFSR onsite review. The three measures that make up the Permanency Composite 3 score measure how well the state is achieving permanency for children in foster care when the permanency plan is other than reunification, adoption, or guardianship. 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.

The national standard score for permanency for children and youth in foster care for long periods of time is 121.7. California has made steady gains increasing its score from 113.8 in FFY 2009 to 120.0 in FFY 2013. It is likely that the positive gains California has seen will continue.

## 12 Placement Stability

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



### CFSR, PIP and Current Status

Placement Stability was rated as an area needing improvement for 23 percent of the 39 applicable cases during the 2008 CFSR onsite review. As a result, the state had to address this item in the CFSR PIP. The state addressed the item (item 6) in strategy two, *Sustain and Enhance Permanency Efforts across the Life of the Case*. The goals for this strategy were to enhance practices and strategies that result in more children/youth having permanent homes and connections to communities, culture and important adults. The state met all action steps for this strategy. In addition, the state's measurement for *Permanency Composite 4, Placement Stability* started at a baseline of 92.5 (2008b2009a), and the goal of 95.3 was achieved during the non-overlapping data period of the PIP. The state's performance has continued to excel since the PIP, and is currently at 97.6 (FFY2013ab).

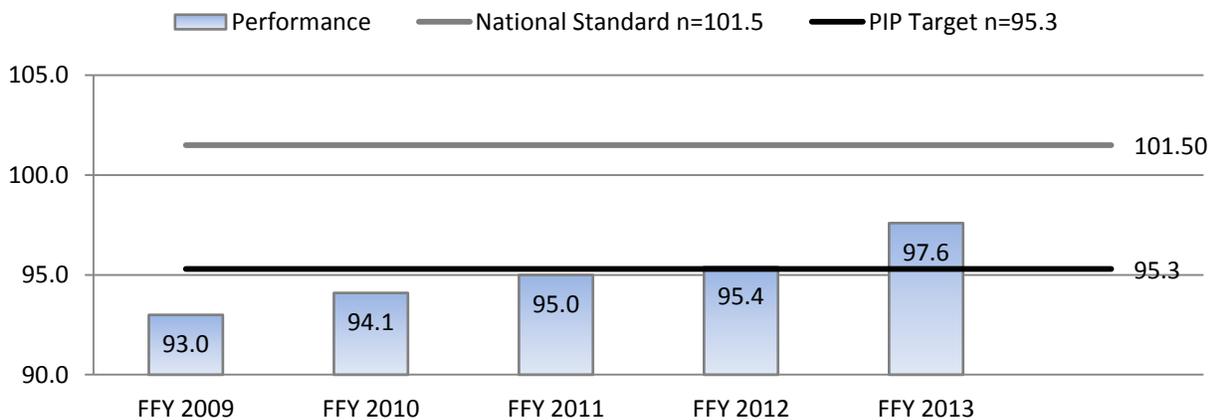
Since placement changes can be disruptive to children, it is important to pay attention to the number of placement changes. Stability increases a child's ability to develop healthy, secure relationships and maintain educational achievement. It also increases the opportunity for a child to develop positive, 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

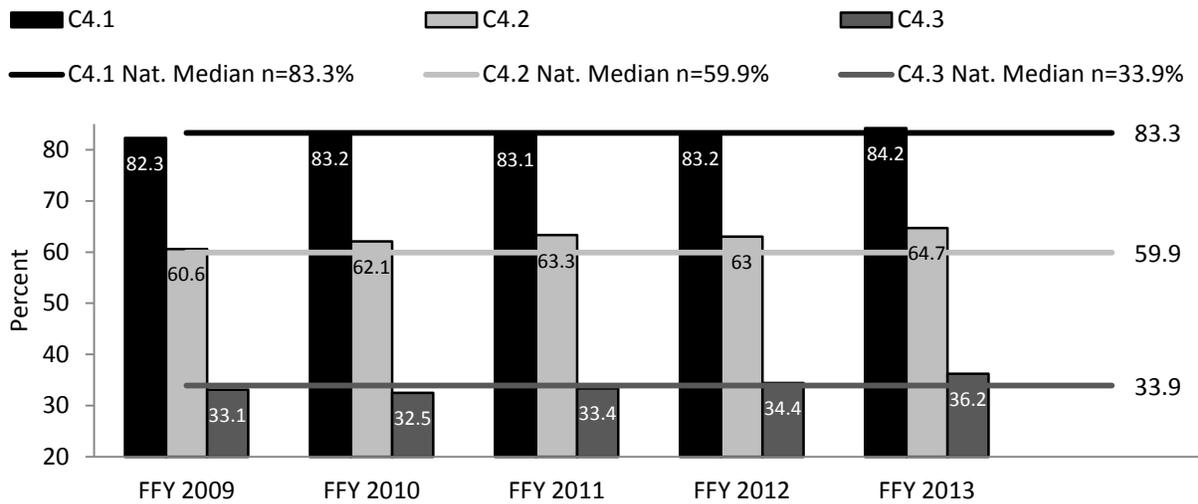
California completed the required actions steps for the CFSR PIP on June 30, 2011 through the submission of the eighth and final quarterly report. The state had until September 30, 2012 to achieve its target improvement goal for Permanency Outcome 1 Composite 4: Stability in Foster Care. The Children’s Bureau informed the state in March 2013 that it had successfully achieved all the data goals included in the PIP. As illustrated in *below*, the target for Permanency Outcome 4 was 95.3 and California achieved a score of 95.4. The most recent statewide data profile indicates the state continues to make progress as evidenced by the figure below. The state increased its performance from 95.4 in FFY 2012 to 97.6 in FFY 2013, producing a 2.3 percent change improvement.

**Figure 45: Permanency Composite 4 - Stability in Foster Care (CFSR Data Profile: 03/05/2014)**



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

**Figure 46: Permanency Composite 4 Measures C4.1-3 (CFSR Data Profile: 03/05/2014)**



Although California remains below the national standard of 101.5, the state’s performance has been in line with the national median of 83.3 percent. In FFY 2013, the state surpassed the national median by 1.08 percent change improvement demonstrating that efforts have been successful in minimizing placement changes.

Examination of CSSR data shows California has been fairly successful and consistent in achieving stability for children in foster care for less than 12 months; however, the percentage of children who have placement stability declines noticeably the longer the children remain in foster care<sup>26</sup>.

### Factors Affecting Progress

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

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

It is essential that an examination of the foster care population allow for stratification of children and cases based on the differing experiences in foster care. Data stratified by children’s various foster care experiences often results in a more complete picture of the reasons and types of

<sup>26</sup> Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). Child Welfare Services Reports for California. Retrieved 5/21/2013, from University of California at Berkeley Center for Social Services Research website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

placement moves that allows for a more focused approach in mitigating the number of unnecessary placement disruptions. Admission type is one of those characteristics, whether children are entering for the first time (First Entry) or children had prior placement episodes (Other Entry). The CSSR developed a measure titled *Placement Stability-Entry Cohort* that calculates the percentage of children with two or fewer placements for all children who were in care for some length of time at a given moment in time. It also differentiates between children entering for the first time (First Entry) versus children with prior placement episodes (Other Entry). The calculations in figures that follow indicate the percent of children with two or fewer placements who entered foster care during January to June each year, and who are still in foster care after 12, 18, 24, 30, 36, 48, or 60 months<sup>27</sup>.

Figure 47 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, 62.4 percent had two or fewer placement changes in 2006 as compared to 81.7 percent in 2013, representing nearly a 31 percent change improvement overall.

**Figure 47: Entry Cohort, 1st vs. Other Entry, Two or Fewer Placements for 3 or 6 months in Care, CWS/CMS CSSR Data Q4 2013, Agency: All, Ages: 0-17**

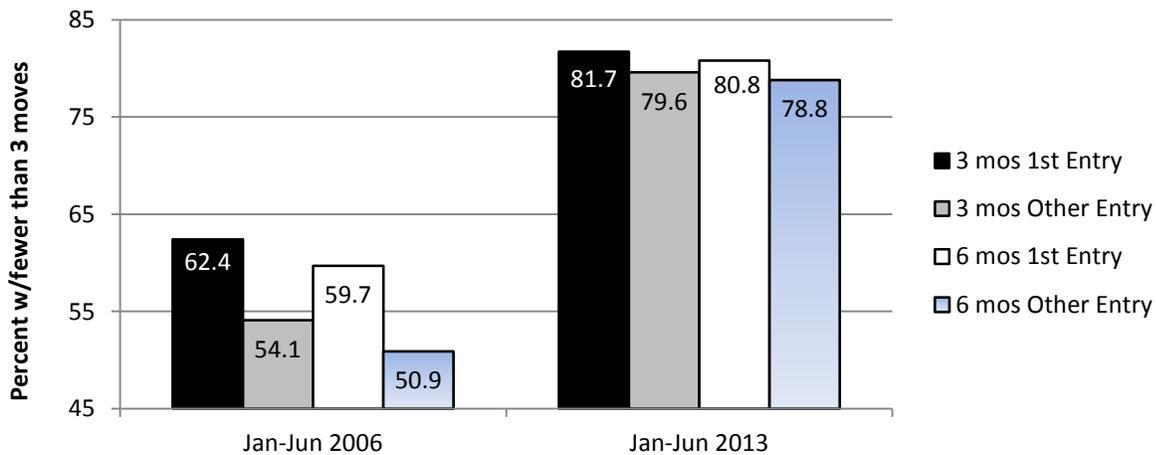


Figure 48 below illustrates that on average, when comparing First Entries to Other Entries over the same timeframes (2006-2012) for children who have been in care for either 12 or 18 months that have two or fewer placement disruptions, there is a 23.3 and 34 percent change improvement over time, respectively.

<sup>27</sup> The number of available elapsed time periods for follow-up varies according to how long ago a child entered care. As a result, data for children who entered between January through June 2012 only have data available for 6 months, while children between January through June 2006 have data available for up to 60 months.

**Figure 48: Entry Cohort, 1st vs. Other Entry, Two or Fewer Placements for 12 or 18 months in Care CWS/CMS CSSR Data Q4 2013, Agency: All, Ages: 0-17**

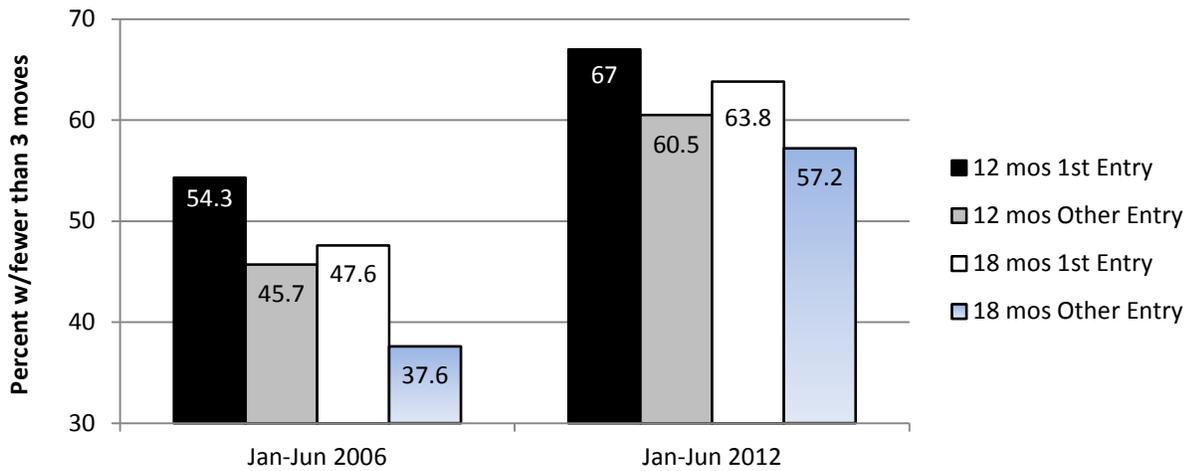
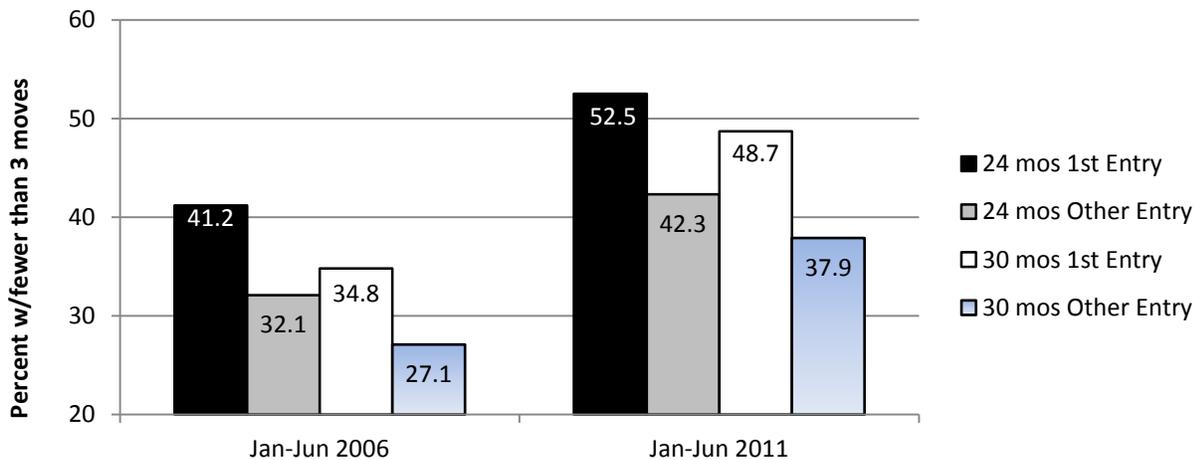


Figure 49 illustrates that on average, when comparing First Entries to Other Entries over the same timeframes (2006 to 2011) for children who have been in care for either 24 or 30 months that have two or fewer placement disruptions, there is a 22 to 24 percent change improvement overtime, respectively.

**Figure 49: Entry Cohort, 1st vs. Other Entry, Two or Fewer Placements for 24 or 30 months in Care CWS/CMS CSSR Data Q4 2013, Agency: All, Ages: 0-17**



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.

## *County Practices*

The state examined performance in the twelve most populous child welfare counties for indicators of good practices, and disseminated the results via an ACIN (# I-31-12) in June 2008. The ACIN served as a tool for sharing innovative practices that appeared to be assisting in improved placement stability. In the state's analyses, the focus quickly shifted to the counties that demonstrated the most improvement over a three year period. Common themes from the analyses emerged: Core Strategies, Training and Supports, Worker and Agency Characteristics, Coordination and Community, Innovative Processes and Program Pilots, and Placement Selection. Although, the state does not have an accurate account of which counties adopted some of the best practices utilized by the larger child welfare populous counties, the results are that the state has continually increased its placement stability performance since 2008 from 92.5% to 97.6% in 2013. Identification of best practices within each theme for improving placement stability is detailed below.

### *Core Strategies*

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

### *Training and Supports*

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

### *Coordination and Community*

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

### **Innovative Processes and Program Pilots**

- The Keeping Foster and Kin Parents Supported and Trained (KEEP) project is a parent training intervention program. The objective of KEEP is to give parents effective tools for dealing with their child's behavioral and emotional problems and to support them in the implementation of those tools. Findings indicate that the KEEP intervention continues to be effective at reducing child behavior problems over the course of the intervention. Foster parents found the format

of the intervention to be conducive to learning new parenting strategies and forming positive and supportive relationships with other foster parents.

- Placement Stabilization Clinicians, placed throughout the regions to provide additional support service to foster, kinship and Non-Relative Extended Family Members (NREFM) caregivers, provide short-term mental health crisis intervention to caregivers and children when a caregiver has notified the social worker of a need.
- Implementation of after-hours response through a Relative Assessment Unit (RAU). Responding social workers specialize in relative and non-related extended family member (NREFM) home assessments. This has also assisted in ensuring that children are rapidly placed in relative/NREFM homes.
- Way Station support groups made up of foster parents, placement units in specific regions and community partners developed quarterly respite nights. Way Station support groups offer assistance and encouragement to foster parents and assist with brief care for foster children in placement and in placement transition.
- Elimination of emergency shelters, receiving homes and the use of foster homes as emergency placements has helped to reduce unnecessary placement changes. Education and training for placement staff has been put in place to successfully support these practices.

#### *Placement Selection*

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

#### *SIP Strategies*

Of the twelve counties submitting CSAs in 2013, six chose placement stability as an area for improvement. Strategies counties identified for improving placement stability outcomes included:

- Increase and enhance support services for caregivers including training; parenting skills classes for relatives/NREFMs; subsidized childcare; ice breaker meetings with parents, social worker and caregivers to exchange information about children; collaborate with faith based community for supports/resources; and, expand foster parent network and peer-to-peer mentoring for resource families.

- Increase and expand mental health services such as behavioral coaches for higher need children/youth, Wraparound, and therapeutic counseling.
- Counties' strategies related to making improvements to practices and infrastructure included collaboration with courts; increase use of TDMs and MDTs; expanding family finding strategies; improving placement assessment for older youth and engaging youth in placement selection; improving recruitment and retention to increase number of resource families for older youth; and increase awareness of training and support opportunities for relative/NREFMs.

## 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

During implementation of the 2010-2014 CFSP, California continued to demonstrate annual progress in placement stability as measured by Permanency Composite 4, Stability in Foster Care, despite falling short of the National Standard of 101.5. The 2008 CFSR review identified placement stability as an area needing improvement. In FFY 2009, California's placement stability composite performed at 93.0, and the following year, FFY 2010 at 94.1; FFY 2011 showed progress at 95.0 but not meeting the PIP goal for the state. In FFY 2012, California met its goal with a performance score of 95.4 in Permanency Composite 4. California has met the Placement Stability Composite goals identified in the PIP and continues to move towards the National Standard goal, with a 97.6 performance score in FFY 2013.

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 State's commitment to placement stability for children in out of home care. The implementation of said efforts and services, along with Wraparound programs, Team Decision Making/Family meetings, 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.

## 13 Re-Entry

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



### CFSR, PIP and Current Status

Re-Entry was rated a strength during the 2008 CFSR onsite review. The state's measurement for *Permanency Composite 1, Component B, Re-Entries to Foster Care in less than 12 months* was at 12.4% in FFY 2009ab and currently is at 13.8% (2013ab). This represents a shift in the wrong direction as this measure desires a lower number.

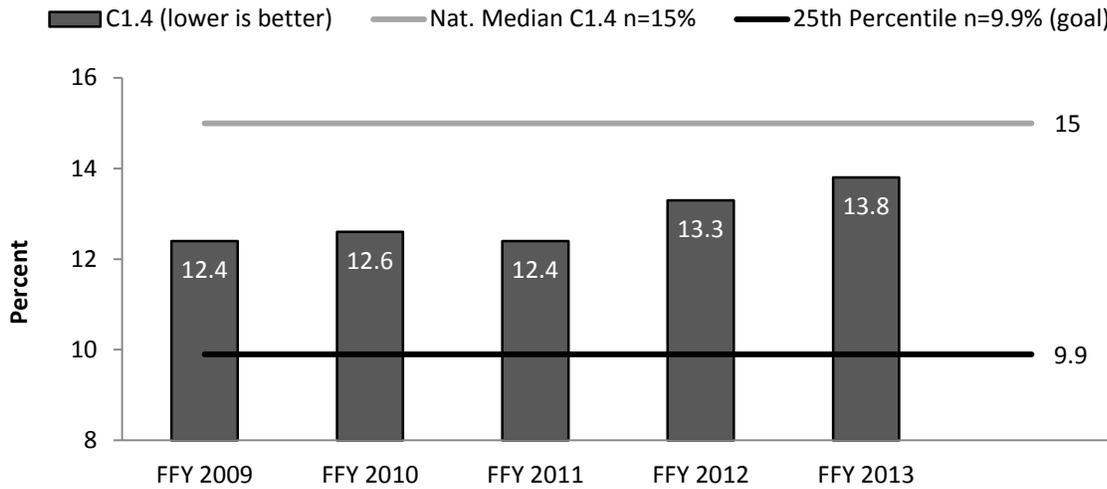
Reentry into foster care is one part of the measure for family reunification. Successful reunification is balanced between timeliness and permanency of reunification. In order for reunification to be deemed successful, children must be returned home as quickly and safely as possible. Failure to permanently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

### Indicator of Progress

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

Reentry measure C1.4 in the Figure 50 below computes the percentage of children reentering foster care within 12 months of a reunification discharge for children with placement episodes lasting eight days or more. The denominator is the total number of children who exited foster care and were reunified with their parents in a 12 month period; the numerator is the count of these reunified children who then reentered care within 365 days of the reunification discharge date. Discharge to reunification is defined as a discharge to parent(s) or primary caretaker(s). If a child is discharged to reunification more than once during the specified year, the first discharge to reunification is considered. These data exclude probation cases. The data show that California has undergone a ten percent change decline in performance between 2009 and 2013. While there has been a regression, the state remains ahead of the national median of 15 percent with 13.8 percent in FFY 2013.

**Figure 50: Measure C1.4: Re-entries to Foster Care in Less Than 12 Months Following Reunification (CFSR Data Profile: 03/05/2014)**



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

A further review of these data by placement type and age for CY 2012, reveals that relative placements reenter at a low proportion of 10.1 percent and children in group home placements reenter at nearly double the rate at 19.5 percent. The data further underscore California’s focus on prioritizing kin placements above all other placements.

These findings are also consistent with other reviews of the literature<sup>28</sup>, which found that children who were severely emotionally disturbed are more likely to reenter care and emotionally disturbed children are more likely to be placed in congregate care settings. These findings highlight the need for the congregate care reform activities in which the state is currently engaged.

As well, infants (children under one year old) reenter care at 17.9 percent, the highest of any other age group. However, these effects were buffered when infants are placed with relatives; they reenter care at nearly the same rate as the overall population. Fourteen year-olds have the second highest re-entry rate at 17.2 percent for the same CY.

### 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

<sup>28</sup> Kimberlin, Anthony, & Austin, 2008; Northern California Training Academy, 2008

home, families are provided in home support services to ensure that the child is stabilized at home.

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

- ✓ System Improvement Plan Strategies
  - ✓ Reassessment Tool and Reunification Reassessment Tool
  - ✓ Visitation Evaluation Tool in SDM
  - ✓ TDMs
  - ✓ Voluntary Family Maintenance (VFM)
- Of the twelve counties that submitted CSAs for 2013, six counties chose Measure C1.4-Reentry following Reunification as an outcome for improvement. These counties' strategies include:
    - Increase and expand family engagement strategies including participatory case planning, systematic facilitated family meetings incorporating Safety Organized Practice principles, engagement of fathers, and strengthening parent support groups to engage parent early and throughout the process.
    - Improve service delivery and expand service array particularly mental health. Increase post reunification supportive services such as social worker visits, wraparound, and parent support networks.
    - Strategies related to county infrastructure include strengthen use of SDM reunification assessment tool, improve administrative and social worker practices, continued/expanded use of TDMs, and collaboration with county and community partners.
  - Prior to returning a child home, social workers are required to perform a safety and risk assessment. For 54 counties in California using SDM, social workers use the Reassessment Tool for In-Home Cases, or the Reunification Reassessment Tool prior to case closure. At a minimum, each ongoing case is reviewed in conjunction with each judicial review (discussed previously and in the Permanency Goal section) to assess progress toward objectives and long-term goals, which should include the reduction of risk and needs. These tools determine whether the case should remain open (the child is not reunified) or closed (reunification may be possible). For those cases that remain open, the reassessment includes updating the treatment plan based on current needs and strengths.

For in-home cases, the tool accounts for factors that research has shown pose risk for future maltreatment, such as prior history with child welfare, the caregiver's own prior history, the child's physical and mental characteristics, current and previous history of drug and alcohol abuse, the caregiver's adult relationships, the caregiver's physical and mental health, and an assessment of the caregiver's progress and commitment to the case plan. For voluntary cases, the tool should be completed no more than 30 days prior to completing a case plan, and prior to recommending case closure. For involuntary cases, the tools should be completed within 65 days for both circumstances. If, however, new circumstances or new information arise that would affect risk, social workers are instructed to complete the tool sooner than 30 days.

In making recommendations for reunification, social workers complete a reunification reassessment tool that assesses risk level based on the presence of safety threats, an assessment of the caregivers' protective capacities, a documentation of the resolution of previous threats if threats are no longer present, and an assessment of possible safety interventions if threats are present. The decision guidelines within the tool only recommend reunification when all three components of the tool meet standards: risk levels at reunification were low or moderate, visitation compliance was acceptable, and, foremost, the child was safe. Successful use of the tool should help workers improve reunification decisions and ultimately reduce reentry into care.

Although risk is family-based, reunification efforts are conducted for each child. Based on the most recent SDM reunification reassessment risk level after overrides for CY 2013, 37 percent of the children (n=7,771) were at a risk level considered appropriate for reunification (low [4.2 percent] or moderate [32.8 percent] risk)<sup>29</sup>.

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

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

In CY 2013 NCCD describes initial visitation evaluation results for visits occurring between a parent and child for 21,022 children for whom reunification reassessments were conducted during the period. Parents of 12,976 (61.7 percent) children initially met visitation requirements at an acceptable level (totally or routinely complied with the plan and had strong or adequate face-to-face visits). After overrides, parents of 13,202 (62.8 percent) children met visitation requirements at an acceptable level.<sup>30</sup>

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

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<sup>29</sup> Children's Research Center, SDM Combined California Counties Annual Report, March 2014, CY2013 data, pg.40, Figure 16

<sup>30</sup> NCCD-Children's Research Center, SDM Combined California Counties Annual Report, March 2013, for data in CY 2012, page 36.

- Re-entry has also been assisted by the use of *Teaming*, *TDMs* and *FDMs*. All of these ensure that families are engaged and aware of the processes that may lead to reunification, and as there are multiple participants in this process, it ensures that families have sufficient resources in their communities to support them. Involved participants in these meetings often include parents, the child (if age appropriate), family members, extended family and other support persons, foster parents (if the child is in placement), service providers, other community representatives, the caseworker, and the supervisor. Together these individuals come together when critical decisions regarding placement must be made. Meetings are a sharing of all information which relates to the protection of the children and functioning of the family. The goal is to reach consensus on a decision regarding placement and to create a plan which protects the children in the least intrusive, least restrictive environment. The process is strength-based with a focus on providing a forum for meeting participants to share and hear the strengths of the family as well as any concerns about a child's safety. These meetings provide families and community an opportunity to participate in the decision-making process regarding a child's placement and it allows participants to see why decisions are made.
- *Voluntary Family Maintenance (VFM)* program is designed to provide services for those families who have been identified as being at risk for out-of-home placement. This program's use varies across the state as each jurisdiction determines to use it or not based on local needs and resources. The participants are families whose level of safe functioning and willingness to voluntarily receive services enables counties to delay and/or forego the filing of a petition to the court for protective custody. Existing petitions can also be dismissed if the family is a strong candidate for VFM. Providing families with resources that focus on dependency prevention increase the opportunity to prevent multiple entries of children in foster care.

## 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 children(ren) to be placed in out of home care. The rate of reentry following reunification in California was deemed a strength in the 2008 CFSR onsite reviews. Reentry measure C1.4 has a National goal of 9.9% of children that had to reenter foster care. The National median for this outcome measurement is 15%. California has been below the National median measurement for every fiscal year since 2009. California remains under the National median for this outcome, but is trending negatively, away from the National Goal of 9.9%. In FY2009, the State has 12.4% of reunified children re-enter out of home care. In FFY 2013, 13.8% of reunified children reenter out of home care, representing a 1.4% increase in the number of children who have been removed not once, but twice from their parent/legal guardian. 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 Structured Decision Making (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 children(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 C1.4, 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.

## 14 Proximity of Placement

Ensure that the state is placing foster children close to their birth parents or their own communities or counties

### Indicator of Progress



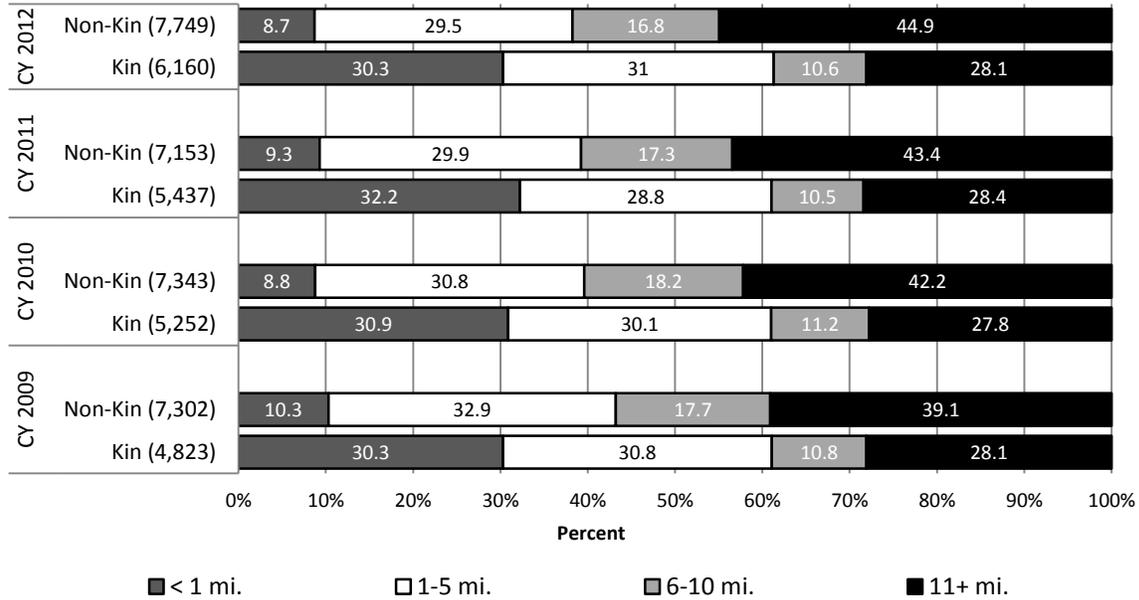
#### CFSR, PIP and Current Status

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

Figure 51 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 Calendar Years 2009 through 2012. The analysis is limited to children who are in a first foster care placement episode and who are still in care one year after entry. This measure, in concert with the other measures of sibling placement, relative placement, and parental involvement is a positive demonstration of the state's commitment to ensuring that children in care preserve their connections with their communities.

Based on these data, the most notable difference for placement between kin and non-kin seem to be the ends of the distribution, closest (less than one mile) and furthest (greater than 11 miles) distances. Placements within one through five miles generally remain unchanged between placement types over time. Kin placements across the two fiscal years ensured that the majority of placements (61.1 percent in 2009, and 61.3 percent in 2012) occurred within five miles of the removal address.

**Figure 51: First Entries: Distance from Home Address to First Spell Placement Address For Children Still in Care 12 Months After Entry, Stratified by Placement at 12 Months with Kin or Non-Kin, CWS/CMS CSSR Data Q4 2013**



### 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* - As will be discussed in the Relative and Sibling Placement sections of this report, much of the efforts have focused on placement of children with kin, with siblings, and in their own communities. These types of placements provide the best assurance that children remain in the same schools, communities, and reduce the extent to which removal may disrupt these connections.

- *State Policy* - When determining the type of placement for a child, WIC 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* - AB 490 (detailed in the Well Being Chapter of this report) also provides that if the child's placement changes, the child has the right to remain in his or her school of origin for the duration of the school year, provided it is in the child's best interest to do so – this provision is an additional assurance that children are placed within their own communities. Further, if placement within the original school district is not available, the social worker makes every effort by working with the caregiver to transport a child to the school of attendance prior to removal.
- *Core Training* - As a focus of core training, social workers receive instructions on the importance of placing children in close proximity to the community from which they were removed, and on prioritizing kin placements above other placement options. In training, social workers are instructed of the requirement to indicate 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* - ACL 10-12 notified counties of the requirements of PL 110-351 to require that case plans for children and youth in foster care include specified assurances for educational placement stability. These assurances include a provision for the cost of reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement as an allowable foster care maintenance cost. These additional supports for promoting educational stability are additional assurances that children stay within their own communities.

## Limitations and Challenges

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

## Future Plans

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

The RBS Project, embedded in the CCR initiative, will limit the time a child is placed in group care through 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 and RBS continue to be implemented, data will be collected and analyzed to learn what impact these initiatives have concerning this goal.

## 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. California will continue to explore factors that contribute to children being placed farther from their home and communities. It is anticipated the Quality Parenting Initiative (QPI) and a statewide reexamination of foster parent (including relative caregivers) recruitment and retention policies and practices at the local level will provide valuable insight to develop additional strategies and practices that will lead to improved outcomes in this area.

## 15 Sibling Placement

Ensure that siblings are kept together in foster care.



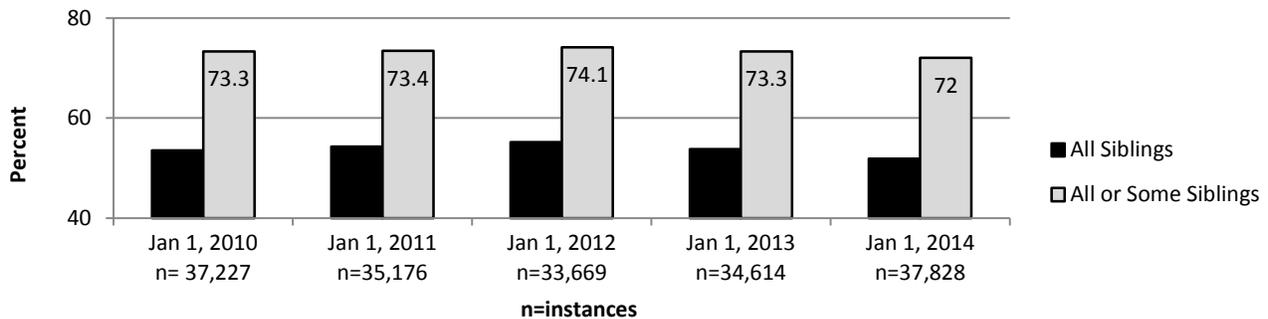
### **CFSR, PIP and Current Status**

Sibling Placement was rated as an area needing improvement during the 2008 CFSR onsite review. As a result, the state had to address this item (item 12) in the CFSR PIP. The state addressed the item in strategy two, Sustain and Enhance Permanency Efforts across the Life of the Case. The goals for this strategy were to enhance practices and strategies that result in more children/youth having permanent homes and connections to communities, culture and important adults. The state met all action steps for this strategy.

## Indicator of Progress

The data in Figure 52 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 Center for Social Services Research (CSSR) the percentage of all children with siblings who were placed with all of their siblings decreased from 55.2 percent in January of 2012 to 51.9 percent in January of 2014, and those placed with all or some of their siblings decreased from 74.1 percent in 2012 to 72 percent in 2014. This decrease in performance may be explained by the 9.3 percent increase in the number of sibling groups in the foster care system from January of 2013 to January of 2014. The number of available placements for siblings is reduced when there are a higher number of sibling groups entering the system.

**Figure 52: Point in Time Counts, All Children w/Siblings Placed Together in Foster Care, CWS/CMS CSSR Data Q4 2013**



## 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. 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:

- ✓ Family to Family
- ✓ Family Finding Efforts

- ✓ Quality Parenting Initiative
  - ✓ AB 743 (2010)
- *Family to Family's* core strategy of developing resource families in communities will result in creating more opportunities for sibling placements. It may increase the likelihood that families will be available to take sibling groups together.
  - California policy has long supported sibling placements and prioritized placements with relatives. Statewide, 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 *Quality Parenting Initiative*, (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.
  - California issued an All County Letter in July of 2013 to instruct all counties of new requirements resulting from AB 743 (2010), that requires that *children's attorneys must be notified when siblings are separated or if there are plans for siblings to be separated* thereby providing additional opportunities for the children's attorneys to advocate for their client to remain with their sibling when possible.

## Limitations

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

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

## Future Plans

California's future plans involve the ongoing commitment and acknowledgement of the importance of keeping sibling groups intact. This can be exemplified in the state's continued support of legislation and initiatives that focus on keeping siblings together in foster care. The Family to Family and family finding efforts combined with Quality Parenting Initiative will continue to strengthen efforts to maintain sibling groups in care. The newest initiative, Quality Parenting Initiative (QPI) holds great promise to secure a statewide approach to recruiting and retaining high quality caregivers who provide excellent care to children in California's child welfare system. As QPI continues to incorporate more counties into the project, it is anticipated this initiative will aid 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.

## Summary

California has remained fairly constant over the last five years with ensuring sibling groups remain intact when placed in foster care. California's numbers peaked in 2012 when the percentage of point in time counts of children placed with all their siblings increased from 53.5 in January 2010 to 55.2 percent in January 2012, a 3.2 percent increase. In addition, the percentage of point in time counts of children placed with all or some of their siblings increased from 73.3 percent in January of 2010 to 74.1 percent in January of 2012. Since 2012 the number of sibling groups entering foster care has increased and as a result, the number of sibling groups where the children were placed with all their siblings decreased to 51.9 percent in January 2014 and children placed with all or some of their siblings decreased to 72 percent in January 2014. There is a correlation to the number of sibling groups entering foster care and the percentage of sibling groups that remain intact. The higher the number of siblings entering the system, the lower the percentage of siblings that remains intact due to a lack of foster families willing and able to take sibling groups, especially large sibling groups.

## 16 Relative Placement

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

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

### Indicator of Progress

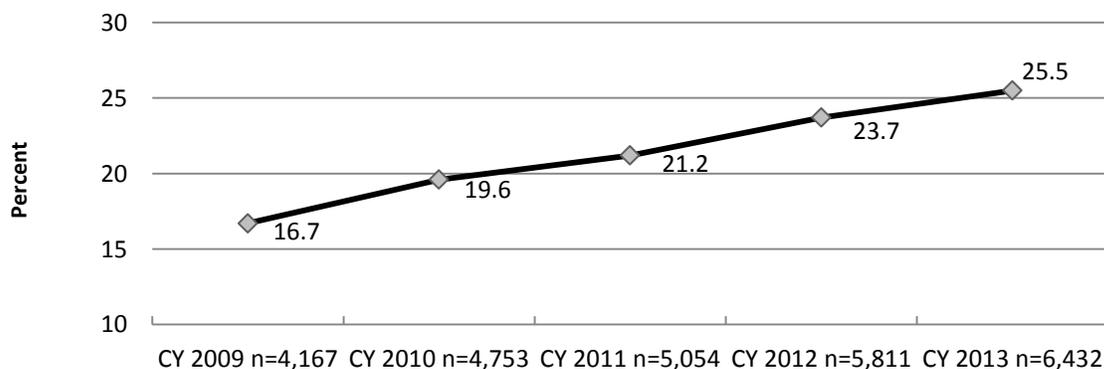


#### CFSR, PIP and Current Status

Relative Placement was rated as an area needing improvement during the 2008 CFSR onsite review. As a result, the state had to address this item in the CFSR PIP. The state addressed the item (item 15) in strategy two, *Sustain and Enhance Permanency Efforts across the Life of the Case*. The goals for this strategy were to enhance practices and strategies that result in more children/youth having permanent homes and connections to communities, culture and important adults. The state met all action steps for this strategy. In addition, the state's measurement for *Family Finding* started at a baseline of 25.6% (established PIP Quarter 5), and the goal of 26.7% was achieved during Quarter 7 of the PIP.

The data in Figure 53 below are the proportion of children who entered care for the first time and who were placed with relatives. Data reported in the 2013 APSR indicated California experienced a 37 percent increase in first time entries of children placed with a relative between 2009 and 2012. Looking at the latest data presented in Figure 53, for the period between 2009 and 2013, California continued to demonstrate improvement on this measure by 53 percent.

**Figure 53: First Entries into Foster Care – Relative Placement (Kin), CWS/CMS CSSR Data Q4 2013, Agency Type: All, Ages: 0-20**



## Factors Affecting Progress

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

1. Requiring the court to determine if there is a relative who is able and willing to care for the child when s/he is unable to return home 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 (Senate Bill 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:

- ✓ Stakeholder Collaboration
  - ✓ Kinship Support Services Program
  - ✓ AB 938 – Relative Notification when a child is placed in foster care
  - ✓ The After 18 Program – Extending Kin-GAP
  - ✓ Other factors
- Stakeholder Collaboration under the Child Welfare Council’s Permanency Committee focused on a statewide commitment to increase the number of children with positive permanency outcomes through Family Finding and Engagement (FFE). The committee focused on collaboration with state and county child welfare agencies, probation departments, and the courts in developing a family finding and engagement toolkit. The AOC contracted with the American Humane Association of Colorado for development of the *Family Find and Engagement Toolkit*. The toolkit is available at:

<http://calswec.berkeley.edu/toolkits/family-finding-and-engagement-ffe-toolkit>.

Although available January 2014, a formal launch of the toolkit will occur at the June 2014 Child Welfare Council meeting. The toolkit addresses topics for those new to FFE and those already engaged in this work. Topics include:

- What is Family Finding and Engagement
  - Engagement and Communication Tool
  - Assessment and Planning Tools
  - Training, Coaching, and Transfer of Learning (TOL) Tools
  - Evaluation Tools
  - Policies and Procedure Tools
  - Fiscal and Funding Tools
  - Resources
- Funding for the Kinship Support Services Program was been realigned to the 20 counties that operated a local program in 2011. The programs continue to provide community-based family support services to relative caregivers who care for non-dependent and dependent children placed in their homes. Services provided by these programs are tailored to the needs of the relative caregiver community within each county and can include case management, support groups, respite, information and referral, recreation, mentoring/tutoring, provision of furniture, clothing, and food, transportation, guardianship and legal assistance, and many other support services needed by kin families.
  - The June 2011 CDSS issuance of an informational letter regarding family finding and engagement activities and resources continues to be available to counties to assist social

workers and probation officers meet federal requirements to not only locate but also to engage relatives to achieve a permanency or other lifelong commitment in a child's life. The letter presents the six engagement activities contained in the National Resource Center for Family Centered Practice and the California Permanency for Youth Project models as recommended best practice. The links to various practice guides and information about training resources provided in the letter ensure agencies have up-to-date information to assist in this important aspect of child welfare practice.

- The extension of Kin-GAP, discussed previously in Goal 10, further stresses the state's commitment to placing children foremost with relatives above other placement options. While relatives report that they are devoted to caring for their relative children, placement can place significant financial hardship on families, especially given the dire economic environment and reductions to support services, such as reductions made to TANF funding.
- Anecdotal information from the five RFA early implementation counties indicates a perceived increase in the number of relatives who take placement of their related foster child. Relatives are also stepping forward to take placement and provide care for unrelated children, increasing placement options. To effectively implement the RFA Program, counties made available additional training to support relatives in their caregiving role. Efforts are in progress to identify the type of program data to collect and analyze.

Other factors that may be affecting progress in this area include:

- Uncooperative parents, undocumented immigrant parents' fear of deportation, therefore unwillingness to disclose information on relatives; or
- If fathers are unidentified, relatives are limited to maternal kin.
- Relatives of children who are not federally eligible are only able to receive CalWorks child-only payment, rather than foster care payment, which is substantially less.

## Summary

Over the past five years, placement of children with relatives has steadily increased as the "placement of choice" as indicated by the data. 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. 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. Expansion of the Kinship Guardianship Assistance Payment (Kin-GAP) Program has worked to incentivize relative placement by continuing financial support a relative received while a child was in care once the child leaves dependency.

## 17 Foster and Adoptive Parent Recruitment

### Resource Family Recruitment

The 2008 CFSR 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:

- Quality Parenting Initiative
- Foster Care and Adoptive Resource Families Recruitment and Training web page
- California Kids Connection Website
- Foster Parent and Relative Caregiver Education Program
- Caregiver Advocacy Network Meetings
- Diligent Recruitment

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.

In regards to FFA recruitment activities, the CDSS currently does not have information on what primarily is being done to recruit families and the number of available families. This is something

the CDSS has identified in the CFSP to pursue. Providing data on the FFAs may require work across divisions and engagement of the Community Care Licensing Division and data matching.

## **Los Angeles County (LA)**

### *LGBT Recruitment*

LA established the All Children/All Families seal to encourage LGBT family recruitment. The seal signifies that the Human Rights Campaign *All Children, All Families* project has determined LA meets specific benchmarks demonstrating the agency is culturally competent and welcoming in working with LGBT applicants. LA hosts a monthly *All Children, All Families* workgroup bringing together Raise A Child, Popluck Club, DCFS, LAGLC, KidSave and several FFAs to plan recruitment events in the LGBT community. Collectively these groups recruit and support LGBT families interested in fostering and adopting. Other recruitment activities include:

- Ads in publications targeted at the LGBT community including promoting recruitment via E-blasts, lamp posts, postcard distribution, radio ads, and print ads.
- Working co-jointly on recruitment events with Raise A Child, Popluck, and FFAs; this cooperation and pooling of resources brought in more LGBT families.
- Hosting events in venues where the LGBT community feels comfortable.
- Utilizing Raise A Child to help track and support LGBT families. Raise A Child tracks recruited families, provides follow up and support through the approval process, and serves as advocates for the families. This ongoing support and advocacy has been helpful in retaining families.

LA does not routinely track LGBT recruitment or resource family approvals, but did track the number of finalized adoptions with LGBT adoptive parents for the first quarter of 2014. There were a total of 13 finalizations of children adopted by LGBT families for the three month period.

### *Faith Based Recruitment*

LA participated in approximately 25 faith-based events over the last year where county staff gave presentations and hosted 'Open Your Heart Sunday' events to recruit new resource parents. Many of these are accompanied by church's outreach efforts and radio and print campaigns to guide people to the events. Additionally LA is presenting at the upcoming Interfaith Summit and employs a faith-based Program Coordinator.

Much of LA's recruitment occurs within African American faith-based communities, as 50 percent of LA's foster children are African American. LA has an African American minister on staff to assist with recruitment events in faith-based communities

### *Special Needs Recruitment*

For children with emotional and behavioral challenges, LA assisted Foster Family Agencies with recruitment and created, printed, and distributed Therapeutic Foster Care brochures and

promotional materials throughout the county. For children with medical needs, LA reached out to various hospitals to recruit medical staff and other employees by providing lunchroom presentations. LA provided staff and table display at various events, such as The Walk for Autism and the Special Olympics, for foster and adoptive children with medical needs.

#### *Child Specific Recruitment*

LA's child specific recruitment activities include Wednesday's Child on Fox 11 News, the Heart Gallery, the monthly waiting child's list sent to all FFAs, featuring children on adoption websites including [www.CAKidsConnection.com](http://www.CAKidsConnection.com), [www.AdoptUSKids.org](http://www.AdoptUSKids.org), and [www.Adopt.org](http://www.Adopt.org), and facilitating adoption fairs. LA's Placement and Recruitment Unit (PRU) participates in the Southern California Co-op bi-monthly meetings to let agencies with prospective families outside of LA County consider LA's children and invite them to attend their yearly co-op adoption event. The PRU works with Adopt America on web-based matching, the Wendy's Wonderful Kids program, Good Day LA morning show features, CBS' annual Home for the Holidays, and the Kidsave Weekend Miracles program supporting older youth reaching permanency.

Additionally, LA has specialized programs that engage youth with the community. Options for youth to participate include volunteers in pair cleared to drive children to events, permanency conference for teens, faith-based programs to move children to permanency, a speakers bureau made up of selected teens who talk about foster care to resource parents, and working with Probation to find adoptive homes for probation youth.

#### *Diligent Recruitment Grant*

Los Angeles County received a five-year federal grant from the Children's Bureau for the diligent recruitment of foster families. The grant project is a multi-pronged effort to recruit and retain resource parents who can meet the placement needs of children in care, particularly African-American, deaf, LGBTQ, Latino, and probation youth, with the goal of increasing permanency for these groups. The grant funds two part-time faith-based liaisons to create two faith-based Recruitment Councils focused on engaging the African American, Latino, and LGBT faith-based communities and three social workers to assist with finding family placement resources for children. A partnership with Five Acres has also been established for outreach to the deaf community.

#### **Orange County (OC)**

Orange County recruitment activities provide information to broad audiences, education about training and approval processes, matching activities, and appreciation events. The following briefly describe OC strategies for foster and adoptive parent recruitment.

- Participates in the Heart Gallery, a collaborative project of over 120 galleries across the United States designed to increase the number of adoptive families.
- Works with faith-based communities to recruit foster families through Faith In Motion (FIM) program. Faith-based communities periodically invite OC staff to speak at services to discuss the need for foster/adoptive families. Some churches reach out to the Heart Gallery to

highlight and present a waiting child at their services. Currently, four churches permanently display OC's Heart Gallery. Some have provided OC facilities to hold pre-licensure classes making it more accessible for families to attend.

- Recruits at community fairs and malls. County employees generally staff the booths, however, OC is beginning to utilize experienced foster and adoptive parents to talk to attendees about the program. Some events OC has participated in include the Pacific Islander Festival, Long Beach and Orange County Gay Pride Festivals, Day of the Child Book Fair, and End of the Season BBQ. South Coast Plaza sponsors Festival of Children event every year and OC has been given a booth at this event over the years to recruit families.
- Hosts picnics, appreciation dinners, and bowling nights. Picnics and bowling nights are matching events, providing an opportunity for waiting and approved families to meet waiting children in a casual setting. Other counties (LA, Riverside, and San Bernardino) participate as well. OC is in the process of planning a bowling night where waiting families, who may be open to older children, come and bowl with older children in hopes matches can be made. Every year OC holds a forum for approved and waiting adoptive families. Families recently finalizing their adoptions are invited to share their journeys and OC presents waiting children to the group. OC hosts a foster family appreciation dinner around Christmas time to thank foster families and give children toys donated by FIM partners.

## **San Diego County**

San Diego's approaches to recruitment and retention incorporate community outreach specialist staff to develop relationships within the community, targeted outreach, community wide distribution of information, and recognition events. San Diego has developed a process for tracking recruitment activities and analyzing data to determine what recruitment and retention activities are most effective. The following highlights county activities.

- Community outreach staff has been hired to conduct outreach to the African American community as well as to non-traditional family communities.
- San Diego is targeting recruitment efforts to increase foster homes that accommodate sibling groups, medically fragile children, African American children, single parents, and LGBT. Targeted recruitment activities include print advertisements geared to caretakers for sibling groups and medically fragile children; recruitment presentations/booths at community fairs and organizations for targeted population (i.e. Older Adult Fair, Exceptional Child Fair); and County community outreach staff efforts. County staff also shares information on the need for caretakers during meetings with caretakers and stakeholders.
- San Diego places general recruitment ads in city and community newspapers and has developed specific recruitment messages designed to attract families considered "non-traditional". San Diego also participates in the Heart Gallery.

- San Diego County hosts retention activities such as award banquets, community picnics, and recognition dinners. Foster parents often bring friends and family who then show interest in becoming a foster/adoptive parent.
- San Diego indicates the most successful recruitment tool is word of mouth. Prospective foster parents are surveyed to find out how they heard of foster care in San Diego. The majority response is talking with existing foster parents and social workers. The strong foster parent community and two foster parent associations also spread the word.

## The Quality Parenting Initiative (QPI)

Since 2009, CDSS, the Youth Law Center (YLC) and the CWDA joined in a collaborative effort with philanthropic support (Stuart Foundation, Taproot Foundation, Walter S. Johnson Foundation, Annie E. Casey Foundation, David P. Gold Foundation, and The California Endowment) to create the QPI. The main goal of the project continues to be development of a statewide approach to recruiting and retaining high quality caregivers who provide excellent care to children in California’s child welfare system. An advisory committee guides the project and includes state and county staff, caregivers, biological parents, community partners, private agencies, and former foster youth.

QPI has evolved since 2009 through implementation phases, each with a specific focus. The initial phase concerned recruiting interested counties to develop a local QPI team of public and private stakeholders. The next phase addressed helping the county QPI teams to develop caregiver recruitment and retention strategies, enhance child welfare agency and foster family relationships, and build linkages between foster caregivers and birth families. By 2011, some 21 counties were involved with QPIL. County QPI teams received support through monthly and quarterly site trainings. Various web-based training for caregivers on topics intended to improve caregiving were also provided to the counties.

A more recently undertaken phase of QPI implementation concerned development of a “Partnership Agreement” containing the specific expectations for high quality caregiving and the responsibilities of the caregiver and county child welfare agency to achieve that quality. CDSS and the YLC continue to work with the counties on implementation of the Partnership Agreement. Currently, all QPI sites are working on implementation of the California Partnership Plan, 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. For example, see San Diego’s training agenda:

[http://qpinevada.cbcs.usf.edu/natlconference/materialsarchive/QPI%20County%20Training%20%20Agenda\\_001.pdf](http://qpinevada.cbcs.usf.edu/natlconference/materialsarchive/QPI%20County%20Training%20%20Agenda_001.pdf)

Another example is Orange County’s caregiver mentor training curricula:

<http://qpinevada.cbcs.usf.edu/natlconference/materialsarchive/Caregiver%20Mentor%20Training%20Curriculum%20Overview.pdf>

As a result of the work concerning the Partnership Agreement, QPI counties identified a number of barriers. 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. Some of the work done in 2013 by CDSS in partnership with stakeholders addressed elimination of those barriers.

- *Lack of clarity about sharing information concerning the child with caregivers:* CDSS released an All County Information Notice (ACIN) clarifying the statutory and regulatory requirements, which provide that foster parents must be provided with all available information about the child in their care 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](http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2014/I-05_14.pdf)

- *Lack of clarity regarding application of the Prudent Parent Standard, particularly as it applies to respite care:* Following an August QPI webinar focused exclusively on respite care issues, CDSS began working on revisiting existing policy and regulations around respite care to ensure 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 emergency or unavoidable absence from children. CDSS plans to issue this All County Letter in the spring of 2014.
- In May 2013, CDSS prepared, with input from youth at the California Youth Connection and the Office of the State Ombudsman for Foster Care, and issued a question and answer format ACIN about applying the Prudent Parent Standard under a variety of scenarios. The ACIN can be accessed at:  
[http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-17\\_13.pdf](http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-17_13.pdf)

Since 2013, YLC's collaborative work has been continuing in support of the 18 QPI county child welfare agency sites to create a network linking California QPI sites to other QPI sites across the country (Florida, Nevada, Texas and Connecticut). At present, program expansion is secondary to the goal of increased support to the 18 counties to build robust local QPI programs. Going forward, resources will be dedicated to intensive quarterly technical assistance visits, monthly all-site webcast meetings, a national QPI conference for sites, and other supports.

QPI also plans in the next year to work with the courts to address issues around abrupt transitions. Many QPI sites have implemented their own transition planning policies to ensure that children's lives are minimally disrupted when they must move to a new home. Since some counties report that the push to transition children quickly comes from the courts, we now plan

to work with courts, children’s counsel and parent’s counsel to develop a statewide practice model for developmentally appropriate transitions.

In March 2014, YLC hosted a national conference for all QPI sites to allow sites to develop a national network, share best practices, receive peer technical assistance, and develop plans for next stages of QPI work. This network will be incredibly helpful, as sites now are at a growth point, where they know most about best practices and how to implement policy changes. The event was a huge success, with participants reporting that they felt very motivated, inspired and gained many new ideas to bring back to their sites. Most of the conference was videotaped, excluding the small breakout group sessions on best practices, and the video and materials were shared with all sites. All resources from the national conference are available at: <http://qpinevada.cbcs.usf.edu/natlconference/materials.html>

YLC is in the final stages of assisting CDSS in issuing a contract with the University of South Florida to launch the QPICalifornia.com training site. This site will be a one stop resource for all resources and trainings related to both the initiative and substantive issues such as developmentally appropriate parenting, partnership between birth families/caregivers/social workers, transition, etc.

California is pursuing a “subscription” to join the QPIFlorida and QPINevada network to share training materials as relevant across sites and make joint access to training resources possible. Additionally, CDSS is exploring the possibility of working with CalSWEC to transfer responsibility for coordinating existing training and training requests from caregivers and to arrange for videotaping of all county trainings. In the meantime, QPI is also launching a site this month, [www.QPI4Kids.org](http://www.QPI4Kids.org), which will be a central site for all QPI sites from California and across the country to share materials, videos, best practices, and connect.

QPI has held monthly leadership team meetings with CWDA and the CDSS director, deputy director, licensing, legal, policy and program staff to discuss how QPI can be integrated into other statewide and county child welfare reform efforts, such as the Continuum of Care Reform efforts and the Resource Family Approval (RFA) Pilot sites. All of the RFA pilot sites selected by CDSS are QPI counties, so the model that will be provided to all counties this year will include key QPI principles. In fact, San Luis Obispo County, who has been first to pilot, utilized the Partnership Plan to develop their new home study for all caregiver homes. In addition, QPI principles are being integrated into the Continuum of Care including a new model for therapeutic caregivers related to the Katie A lawsuit and settlement.

In working with counties to attempt to administer and collect data on the quality of care and the effectiveness of the QPI process in impacting recruitment and retention, it was realized that counties need a significant amount of help in this area. Data collection around caregiver quality is particularly poor or non-existent. In some cases, sites did not even have functional lists of caregivers to send out surveys to. In response, we developed a proposal to the Annie E. Casey Foundation to embark on a data collection and evaluation process for QPI that will begin later this year. We have also been working with the CDSS Research Bureau to develop a sample survey for caregivers and child welfare staff, and explore whether they can play a role in assisting counties in collecting data and analyzing results. We believe that counties need an

outside research entity to assist with the actual work involved with data collection and are hopeful that CDSS Research Bureau may be helpful. In the meantime, we have been assisting willing counties to collect their own survey data and assess quality of care. For example see San Luis Obispo's caregiver survey process:

<http://qpinevada.cbcs.usf.edu/natlconference/materialsarchive/Annual%20Survey.pdf>

<http://qpinevada.cbcs.usf.edu/natlconference/materialsarchive/DSS%20CWS%20791%20Resource%20Family%20Placement%20Review-After%20Placement.pdf>

<http://qpinevada.cbcs.usf.edu/natlconference/materialsarchive/DSS%20CWS%20790%20Resource%20Family%20Placement%20Review-90%20day.pdf>

- In 2012, CDSS added a web page to the Department's public website that provides links for potential foster/adoptive parents, counties, and others interested in foster and adoptive resource families. The web page, titled Foster Care and Adoptive Resource Families Recruitment and Training, contains information for current resource families on where they can go for training, both online and at local training sites. Local, state, and federal agency websites are also linked for easy access. The web page is located at <http://www.childsworld.ca.gov/PG2684.htm>.
- The CDSS has continued to increase the use of cross-jurisdictional resources for adoptive placements, which include recruitment strategies such as the *California Kids Connection (CKC)* program/website. California's adoption exchange program, California Kids Connection, provides several important services - all of which have the final goal of finding permanent adoptive families for children who are available and waiting in the foster care system. Statewide, five regional exchanges met monthly to share information regarding available families and children, with an average of 64 public and private foster/adopt agencies participating each month. Four California Kids Connection staff members work to support matches between waiting children and available families identified at the exchanges. The CDSS expanded this contract to include and interface with the following services in order to increase the consistency of the quality of responses to inquiries and the level of customer service in linking interested families to agencies with available children:
  - Adoption Navigator Services
  - AdoptUSKids
  - 1-800-KIDS-4-US

The California Kids Connection (CKC) website has both a secure section and a public section. The public section is accessible to any Internet user. Prospective adoptive parents indicate their interest in specific children by sending an e-mail via the website to the placing agency identified for each child. Several public adoption agencies throughout the state also maintain their own websites featuring children who are available for adoption.

The CKC has been very successful in finding permanent families for our foster children/youth through the CKC website. Since July 1, 2013, 29 children were matched through the CKC website. From July 1, 2013, through April 1, 2014, an average of 460 children were listed on the

CKC website, and an average of 247 families inquired about waiting children each month. During this time period:

- ✓ 38 percent of the children were on the public section of the website.
- ✓ 61 percent were on the secure section of the website.
- ✓ 90percent were children of color.
- ✓ 23percent were age 12 or older.

At the present time, 43 percent of all public agencies (25 counties) in California participate in exchange meetings and list children on the CKC website, and 64 private agencies list families with approved home studies on the CKC website.

In addition to the online registry, CKC services include exchange meetings, matching events, and training and education for caseworkers. CKC leads five regional adoption exchange meetings in California. Adoption exchange meetings are held in the San Francisco Bay Area (monthly), Sacramento (monthly), the Central Valley (bi-monthly), Southern California (bi-monthly), and Northern California (quarterly). From July 1, 2013, through April 1, 2014, CKC staff organized and participated in five adoption matching picnics and two adoption matching family fairs. CKC will continue to increase the number of matching events it organizes in Southern California this year to include another Family Fair and an older youth matching event. Additionally during the current reporting period, CKC provided training about online adoption recruitment and photo-listing for the Merced County Human Services Agency's Adoptions Unit, which is considering the use of CKC services to assist with child recruitment for their county. In addition, there are also plans for upcoming trainings for two counties (Madera and San Diego) with pending agreements that will be utilizing CKC Adoption Navigation services.

CKC also has partnerships with 12 counties to provide "*Adoption Navigator*" services for the children listed on the California Kids Connection website. Two CKC staff support adoption staff from Alameda County, Los Angeles County, Marin County, Orange County, Riverside County, San Diego County, San Francisco County, Shasta County, Solano County, and the CDSS offices in Sacramento and Rohnert Park with internet-based recruitment.

The Adoption Navigators list child profiles on the public section of the California Kids Connection website and then respond to inquiries about the children from inquiring families. The Adoption Navigators provide critical support and guidance to interested families as they navigate through the adoption process. Since July 1, 2013, the Adoption Navigators have served over 601 children, and 13 children have been matched with adoptive families with assistance from the Adoption Navigators. These are children who may have otherwise remained in care. Thus, these services assist the State with meeting the wellbeing and permanency goals for children in foster care.

- Additionally, CKC partners with *AdoptUSKids* by serving as the AdoptUSKids California Recruitment Response Team (RRT). The AdoptUSKids website is a program of the Children's Bureau, and is funded by the Adoption Exchange Association, the federal Health and Human Services/Administration for Children and Families, and the Children's Bureau. The CKC

Recruitment Response Team is funded by the CDSS and responds to inquiries about adoption generated by AdoptUSKids' national recruitment initiative campaign for finding adoptive families. From 7/1/2013 – 3/1/2014, the Recruitment Response Team has answered the inquiries of 562 families. Of these inquiries, 18 families with whom the RRT is partnered are currently working with an adoption agency.

Since October 2009, California Kids Connection has been the responding team designated to answer the statewide, toll-free CDSS foster care and fost/adopt information line at 1-800-KIDS-4-US. The line is answered by a CKC staff person from 9-5, Monday through Friday, and families can always be helped either in English or in Spanish. Families who inquire are given information about the foster care and adoption process; and non-directive referrals to licensed public and private adoption agencies. Additionally, an information packet with written information is sent to the family by email or postal mail, in either English or Spanish. From July 2013 to March 2014, CKC staff answered an average of 69 calls each month. There is in an average of 30 calls about foster care, 6 calls about fost/adopt, and 17 calls are about "other" topics each month. An average of 7 of all calls is in Spanish per month. CKC staff also sends out an average of 10 information packets in English and 5 information packets in Spanish, and an average of 26 informational emails each month.

### **Foster Parent and Relative Caregiver Education Program**

The CDSS collaborates with the Chancellor's Office of California's Community College provide the education and training of foster parents and relative care providers through a contract with the Foster Care and Kinship Care Education Training Program (FKCE). Through an interagency agreement, statewide meetings and advisory groups, CDSS and the Chancellor's Office determine state-mandated topics to be delivered by the FKCE program. At the local level, each college conducts advisory meetings that include local social service departments and care providers to further identify needs for training. As a provision of the interagency agreement, beginning in 2014 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 WIC 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.

The following is a sample of the topics offered, however, many additional ones are offered by local training programs:

- Pre-service training
- Trauma-Informed Child 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
- Adolescent Issues
- Mental Health
- Successful Transition for Foster Youth

### **Diligent Recruitment of Foster and Adoptive Families**

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

- Issued several letters to counties outlining the federal requirements of MEPA; explaining the federal requirements of the Small Business Job Protection Act of 1996, Section 1808
- "Removal of Barriers to Interethnic Adoption" (IEP); describing changes to the Structured Applicant Family Evaluation (SAFE) assessment tool in order to bring it in compliance with MEPA and IEP.
- Amended Division 14 Staff Development and Training Regulations Section 14-611.1.12(b) outlining required core training for new child welfare workers to include MEPA and IEP to be completed within the first 24 months from the date of hire.
- California's four Regional Training Academies continue to provide training to new social workers on MEPA and IEP as part of their core -training program.
- Received federal technical assistance on MEPA in the past to support counties' compliance with MEPA.

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

- *California Partners for Permanency* - This federally funded project is directed at reducing the numbers of African American and Native American Indian children and youth, the two most overrepresented children in California's foster care system, who remain in long term foster care. One of CAPP's primary principles is to engage youth, families, parents, community members, caregivers and tribes in attempting to find solutions to this problem. 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. The focus of CAPP during this reporting period has been formative evaluation, phased rollout of the CAPP Practice Model, and refinement of CAPP fidelity assessment tool and protocols. Activities during this reporting period are discussed in detail in the introduction to the Permanency section (see page 79).
- *Latino Practice Advisory Committee* – 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:

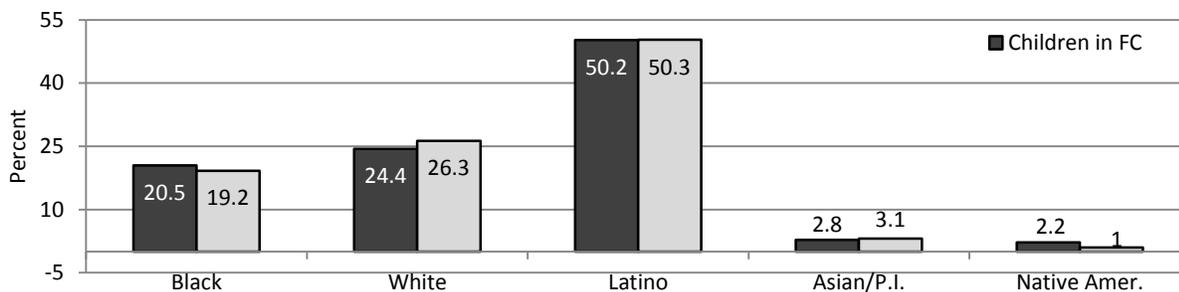
- Outreach to Hispanic and African American faith based organization to do recruitment presentations, participate in church events, and booths at community fairs.
- Presentations during holidays at African American organizations and sororities.
- "Taking Care of Business" –held once a month, the county helps prospective foster parent 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 cannot meet licensing requirements (background, issues with home, etc.).
- Foster parent orientation and PRIDE training are given in Spanish.
- A Licensing Assistance is assigned to a foster parent to help them through the licensing process (Spanish speaking staff).

**Santa Barbara County** targets Hispanic and African American via:

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

As illustrated in Figure 54 the state is faring well in finding foster parents who reflect the race and ethnicity of children in care.

**Figure 54: Ethnicity of Children and Foster Parents of Children Placed in a Family Setting, CWDAB 04/10/14 from source CWS/CMS AFCARS 2013b, excludes unable to determine or missing.**



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

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

- *Caregiver Advocacy Network (CAN) Meetings* – CDSS developed the Caregiver Advocacy Network in 2009 to establish a communication network for caregiver advocates, share information, and improve caregiver support services. The meetings are hosted by the 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 Caregiver Advocacy Network has identified key issues and recommendations that impact caregivers, which are now the focus of advocacy. The FCO hosted the CAN annual meeting on March 5, 2013, in Sacramento. The participants received updates on the Quality Parenting Initiative and the Resource Family Approval Program. In addition, participants discussed caregiver job expectations and challenges. The participants discussed scheduling a Caregiver Advocacy Network Webinar. The next meeting is scheduled on May 20, 2014 in Sacramento at CDSS.

In October 2013, CDSS launched the CAN website: [www.fosterfamilyhelp@dss.ca.gov](http://www.fosterfamilyhelp@dss.ca.gov). Caregivers and advocates statewide had an opportunity to view the proposed CAN website prior to going live to the general public. They provided valuable input in the creation of content to ensure the website effectively addresses caregiver concerns, questions and challenges. The

webpage 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 Foster Care Ombudsman's Office where caregivers can ask specific questions, register complaints, and make suggestions. The CAN website 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 have all been included in the current version of the website.

## Summary

The 2008 CFSR identified recruitment, retention and support of resource families as an area needing improvement. Over the last five years, the state expanded efforts to improve recruitment and retention of quality resource families who reflect the diversity within California and of the children in foster care. The state collaborated with stakeholders, counties, and philanthropy to consolidate and better coordinate existing efforts, improve customer service and initiate the Quality Parenting Initiative. The state's recruitment and retention efforts are exemplified in the following activities:

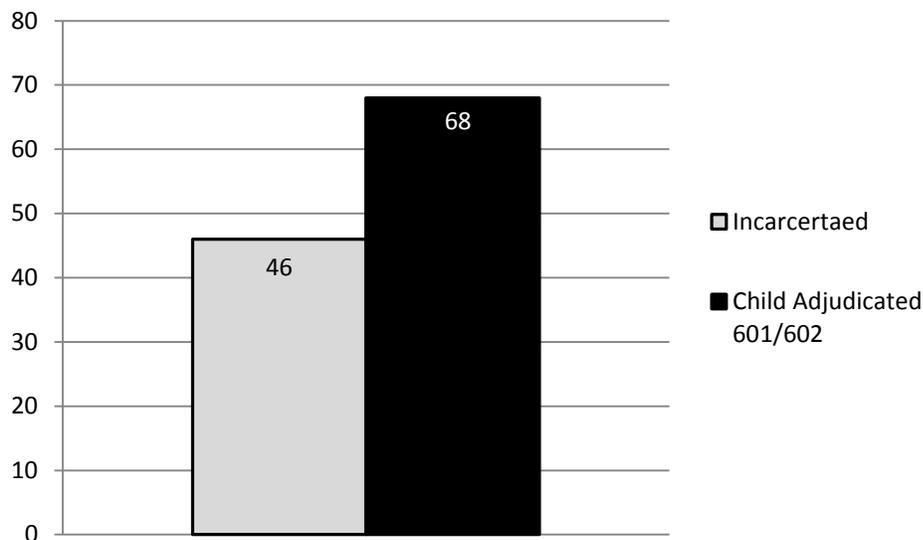
- Foster Care and Adoptive Resource Families Recruitment and Training web page
- California Kids Connection Website
- Foster Parent and Relative Caregiver Education Program
- Caregiver Advocacy Network Meetings
- Diligent Recruitment

## 18 Juvenile Justice Transfer

Table 5 below outlines the number of children under the care of California's child welfare system who were transferred into the custody of the state's juvenile justice system for each of the indicated years. Data from CWS/CMS are used to identify CWS/CMS cases that closed each federal fiscal year with one of the Incarceration closure reasons noted below.

Using exit reason data to determine if a youth transitioned from CWS to Probation is not currently a reliable method to determine how many number of juvenile justice transfers occurred. Presently there is no other established method to gauge transfers; the data in the following graph depicts exit reasons for juveniles for state fiscal year 2013/2014. A more accurate measure requires a comparison of placement episodes which is a lengthy analysis to complete for timely inclusion in this report submission. The CDSS will continue to pursue the analysis of such data for future reporting.

### State Fiscal Year 2013/2014



#### Definition of child adjudicated 601/602-

*“601” refers to the section of the WIC code about status offenses such as truancy or incorrigibility. If you repeatedly commit a status offense, a teacher, parent, or police officer may refer you to the probation department and they may file a petition against you in juvenile court. If you admit to the status offense or if a petition is found true you will be a ward of the juvenile delinquency court and may be referred to as a “601”.*

*“602”, means you are a ward of the juvenile delinquency court. A “602” is a minor who has admitted to a misdemeanor or a felony crime, or who has gone through adjudication for a misdemeanor or felony and the petition has been found true.*

## WELL BEING

### 19 Well-Being Focused Services in PSSF



#### CFSR, PIP and Current Status

Well-Being 1, 2, and 3 were rated as *Not in Substantial Conformity* during the 2008 CFSR onsite review. As a result, the state addressed all three outcomes in the CFSR PIP in two of its six strategies. Strategy one focused on expanding use of participatory case planning strategies, and the goal was to increase engagement of children/youth, families and others in case planning and decision-making processes across the life of the case for safety, permanency, and well-being. Strategy four focused on expanding options and creating flexibility for services and supports to meet the needs of children and families, and the goal was to increase statewide access to varied existing services options for children/youth, and families in foster care. The state met all action steps for both strategies.

In addition to the two strategies, the state also had four measurements related to Well-Being items 17, 18, 19 and 20.

For Item 17- Needs and services of child, parent and foster parent, the measurement focused on the *Percentage of foster care and in-home children as of the last day of the quarter who are receiving Wraparound services*. The baseline was 5.4% (CY2008), and the target was met in PIP Quarter 1 with a rate of 5.9%.

For Item 18 - Child and family involvement in case planning, the measurement focused on *The total number of TDMs that occurred in the (#) TDM counties (denominator) and the number of TDMs that indicate a parent (birth parent, adoptive or guardian) was involved (numerator), quarterly. One year's data utilizing the rolling quarter method*. The baseline was 56.7% and the target was surpassed in PIP Quarter 5 with a 57.6% (target was 57%).

For Item 19 - Caseworker Visits with Child, the measurement focused on *the Percentage of cases rated as a "strength" in quality of visits*. The baseline was 83.2% and the target was 85%. The state exceeded the target in PIP Quarter 8 with 85.82%.

For Item 20 - Caseworker Visits with Parents, the measurement focused on the *Percentage of cases rated as a "strength" in quality of visits*. The baseline was 63.1% and the target was 65.5%. The state surpassed the target in PIP Quarter 8 with 70.34%.

## **PSSF – Well Being Focused Services**

In addition to the provision of direct services to families, increased consideration is being given to how best to use existing service delivery systems that regularly interact with families to address child maltreatment. Research using population- and community-level data underscores the pressing need to design, target, and promote preventive service programs in jurisdictions exhibiting the greatest need (Putnam-Hornstein et al., 2011; Wulczyn, 2009). Accordingly, a number of strategies have emerged that focus on ways to better coordinate and integrate services provided through multiple domains and to alter the context in which parents raise their children (Daro and Dodge, 2009). The goal of such efforts is to move from simply assessing the prevention impacts on program participants to achieving population-level change by creating safe and nurturing environments for all children, as well as communities in which parents are supported through both formal services and normative values that foster mutual reciprocity. Although such initiatives are not yet fully operational in any community, the goal of altering both individuals and the context in which they live potentially provides a potent programmatic and policy response (Daro et al., 2009). The examples below describe a number of innovative, integrated approaches to serving victims of abuse and their families to promote overall well-being that were offered during 2012-13:

**Ventura County** uses PSSF funds for school-based "Healthy Start" social workers that provide prevention and early intervention services for families at risk of involvement in the child welfare system. Supporting families with resources and parenting skills/knowledge not only decreases the likelihood of child abuse or neglect but can also have a positive impact on school attendance. Healthy Start Social Workers assessed 204 children and worked with 216 parents. They assessed

each child's home life situation at the time of referral, focusing on areas that can impact the child's school attendance, grades and behavior. A new tracking system has recently been modified to help capture all services provided to the family and assess outcomes. Program effectiveness is measured by comparing general school attendance rates and improvements in state academic scores, as the services provided to the parents directly affect these areas. Attendance rates are provided to the County by the school's attendance clerk and for the academic progress; the County reviews the Academic Performance Index (API) scores for each school. In addition, parent satisfaction surveys and school staff feedback are utilized to evaluate the program and make improvements to services. Of the two schools served, one experienced an API (Academic Performance Index) overall score increase from 664 in 2011-2012 to 702 in 2012-2013. The other school served experience a 20 point API decrease. The Healthy Start social worker meets with school staff regularly to assist in providing services that will help increase API scores for the current year.

In **Tehama County**, Northern Valley Catholic Social Services and Alternatives to Violence provide the Functional Family Therapy (FFT) model, including all six components/five phases (Pretreatment; Engagement; Motivation; Relational Assessment; Behavior Change; and Generalization). These support services are intended to promote permanency among CWS-involved families and are intended to decrease the reentry rate. Obtaining mental health services when a child is in placement has been an on-going challenge for Tehama County. CWS is interfacing with an increasing number of juveniles with violent behavior and mental health diagnoses. One goal of this service to reduce recurrence of maltreatment; from July 1, 2012 through December 31, 2012, 108 children of 117 total children (92.3%) had no recurrence of maltreatment within six months. This is a 4.8% improvement from the data from July 1, 2011 to December 31, 2011 that was at 87.5%; the National goal is 94.6%.

**Shasta County** Health and Human Service Agency provides SafeCare®, an Evidence-Based, parent-training curriculum for parents who are at-risk or have been reported for child maltreatment. SafeCare® trained home visitors provided services to families who have been reported for child maltreatment and have open court ordered or voluntary Family Maintenance cases or open Family Reunification cases in immediate progression toward reunification. Parents are taught through a health module that targets risk factors for medical neglect, a home safety module that targets risk factors for environmental neglect and unintentional injury, and a parent-child/parent-infant interactions module that targets risk factors associated with neglect and impaired parent/child interaction. SafeCare® is generally provided in weekly home visits lasting from 1-2 hours. The program typically lasts 18-20 weeks for each family. SafeCare® parent training is designed for parents of young children who are at risk of neglect in the family environment. Services are also provided to minority populations and families with children with special needs who are participating in the child welfare system for reasons associated with neglect issues.

**Placer County** contracts with Sierra Forever Families' Foster/Adoptive Family Liaison. The liaison provides support to placement and pre-placement families to ensure placement stability for dependent children. The liaison works with social work staff to help minimize any relationship issues between the Department and placement provider that may impact placement stability. Direct services include bi-weekly support groups; individual support and coaching; foster and adoptive parent training, and assistance with community events to promote resource care. The

Foster/Adoptive liaison assists with ensuring that children are not maltreated in foster/adoptive care and have minimal disruptions in placements. They also assist in ensuring children are placed with their siblings and assist Placer County in meeting the federal mandates related to adoption. Success of the project was measured by: strong attendance at the support groups, successful completion of required trainings, challenging or unstable placements becoming better stabilized after liaison intervention. According to CWS/CMS data (October 2012), no children in out-of-home care experienced any maltreatment. Additionally, Placer exceeds the federal mandates in all adoption related areas; 75% of Placer's dependents placed in out of home care are placed with some or all of their siblings. Placer continues to struggle to meet the federal mandates related to placement stability. This is an area of focus in Placer's 2012 Self-Assessment and Peer Review and it is anticipated that several system improvement strategies will address this outcome.

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

Screenings and assessments are essential to ensuring that young children are adequately matched with families and placements to meet their educational, physical and mental health needs. Specifically, the CDSS continues to be engaged in several efforts focused at improving outcomes for young children consistent with 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 Child Welfare Council (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 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. 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 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.

## Caseworker Visits with Children

Ensure that social workers are visiting children in home and in-foster care.

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

### 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 2013, 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 2013 must not be less than 90 percent of the total number of visits that would have occurred if each child was visited once every month while in care.
2. **Visits in the Home:** At least 50 percent of the total number of monthly visits made by caseworkers to children in foster care during FFY 2013 must occur in the child's residence.

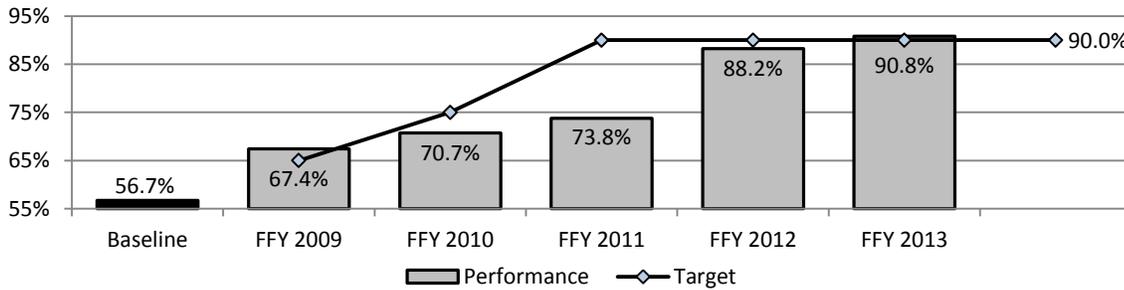
Data for FFY 2013 indicates California's performance as follows:

1. **Monthly Caseworker Visits:** The actual percentage achieved for monthly caseworker visits for FFY 2013 was 90.8 percent, which is .82 percent greater than the 90 percent performance standard.
2. **Visits in the Home:** The actual percentage achieved for visits in the home for FFY 2013 was 77 percent, which is 27 percent greater than the 50 percent performance standard.

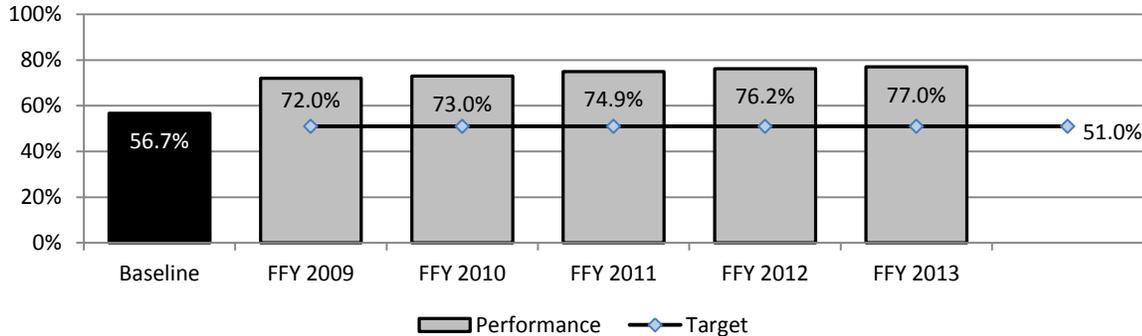
California continues to make progress as illustrated in Figure 55 below. In comparing California's FFY 2013 data to baseline data, California has improved its performance by 60 percent in just six years. This is likely a result of federal revisions to the methodology used to measure state's performance as well as California's statewide efforts to ensure children supervised by both child

welfare and probation are visited monthly (more information below in the Factors Affecting Progress section). California is steadily increasing in performance related to the number of visits that took place in the child’s residence. As shown in Figure 56, California continues to make progress, improving its performance between 1 to 3 percent each year. In addition, California is well over the target performance of 51 percent, with 77 percent of visits taking place in the child’s residence for FFY 2013.

**Figure 55: Children in Foster Care Who Were Visited on a Monthly Basis (PL 109-288 Measure)**



**Figure 56: Visits That Took Place in the Residence of the Child (PL 109-288 Measure)**



### Monthly Caseworker Visit Grant

Counties have been instructed, through a County Fiscal Letter, to use the Monthly Casework Visit Grant for improving the quality of monthly caseworker visits with an emphasis on caseworker decision-making and caseworker recruitment, retention and training. Counties claim costs for

eligible activities using a specific Program Code for the Caseworker Visit Grant. The requirements for “Increase Funding for Caseworker Visits” activities are associated with:

- 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**

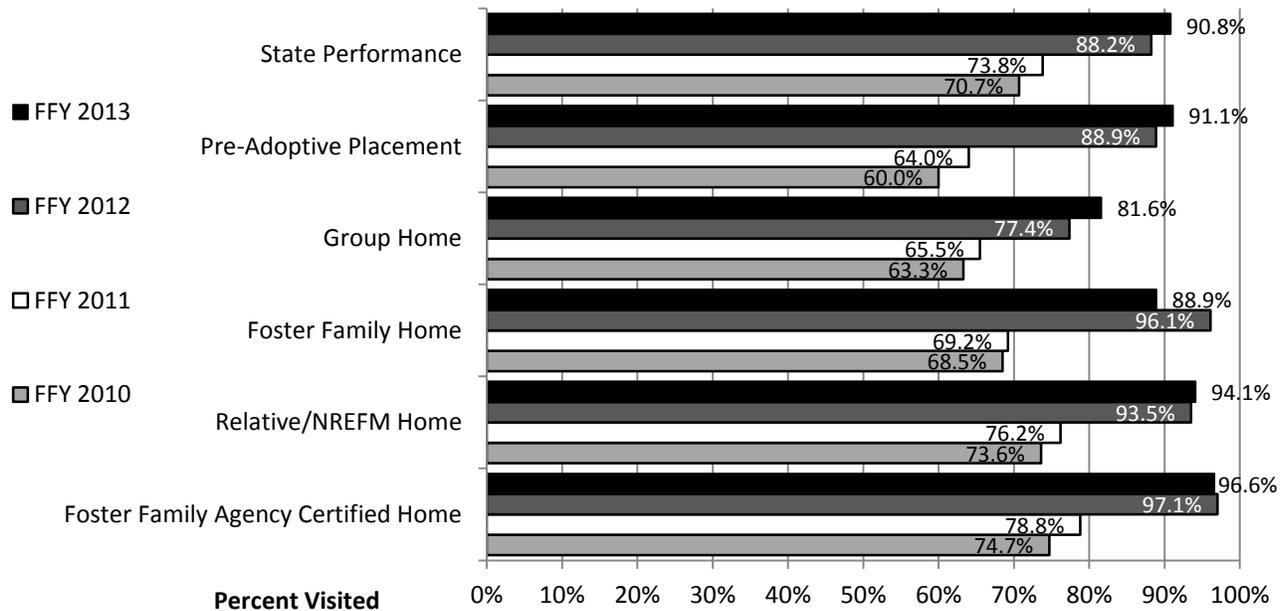
- ✓ Improved Data Collection Processes for Probation
  - ✓ Statewide Training Efforts
  - ✓ Focused Examination of the Data
  - ✓ Improved Internal and External Collaboration
- Efforts continue to ensure accurate data collection from probation by providing county probation departments with access and training to CWS/CMS. Technical assistance, training, and data validation and migration are on-going.
  - Statewide Training Efforts: In 2011, CDSS partnered with CalSWEC to begin the process of updating the social work curriculum by incorporating the new caseworker visits with children regulations. CDSS continues to work with CalSWEC to update the curriculum, referred to as the Common Core 3.0 and projects full implementation of the curriculum in 2017.
  - Focused Data Analyses: Efforts to improve performance continue, including working across divisions and branches to extract and analyze data to determine characteristics that may be associated with missed visits.
  - Program staff continue to collaborate within the Department and with counties through various workgroups and committees to understand the implications of the data. An analysis of the data by placement type is presented below.

Implementing the methodology outlined in P.L. 112-34, the data for FFY 2012 and 2013 in the Figure 57 below has been calculated based on the number of months a visit occurred instead of the number of children visited each and every month, which was the methodology previously used for the FFY 2010 and 2011 data. Due to the change in the methodology, cross year comparisons cannot be made, however, some patterns still remain.

Based on the data (Figure 57) children placed in group homes are least likely to be visited each and every month followed by foster family home placements. Data from FFY 2010-12 showed that

pre-adoptive placements were the second placement type least likely to be visited; however, FFY 2013 data shows 2.5 percent increase in performance when compared to FFY 2012. Although not confirmed by counties, anecdotal evidence suggests a likely reason for the low performance for monthly visits to youth in group homes can be attributed to the high number of youth on runaway status from their group home placement. The FFY 2013 data indicates that children placed in FFAs and those placed in relative homes are most likely to be visited.

**Figure 57: Percent Visited by Placement Type in FFYs 2012 -2013**



**Future Plans**

- For compliance with P.L. 112-34, California will continue to improve its visit performance to meet the 90 percent standard with a goal of visiting 95 percent of children in foster care on a monthly basis by FFY 2015. Visits will continue to occur in the child’s residence at least 50 percent of the time. To comply with the federal caseworker visit mandates established in P.L. 109-288 and P.L. 112-34, 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. 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

as authorized by Senate Bill 342 (Chapter 492, Statutes of 2013). CDSS is in the process of issuing an All County Letter to inform counties of the new requirements.

3. Update the Adoptions Program Regulations 35203, which contradict the new Division 31 Regulations, in order to accurately reflect the new federal visitation requirements.
4. 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.
5. Continue to provide additional funding for counties to improve the quality of caseworker visits with an emphasis on caseworker decision making as well as caseworker recruitment and retention.

## 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 Program Improvement Plan to Conform to Public Law 109-288 Caseworker Visits with Children has been a demonstrated success. California Caseworkers have steadily improved performance each fiscal year, improving by 35 percent when comparing FFY 2009 data on the number of monthly visits with FFY 2013 data. Visits that took place in the residence of the child have also shown a steady improvement of 7 percent when comparing FFY 2009 to FFY 2013.

These improvements have been based on several standards California has put in place including regulatory changes, instructional letter to counties, and improved data collection methods. California faced serious budgetary shortfalls during FFY 2010 and 2011, which made it difficult to increase standards at a time in which there was a lack of resources needed to hire, train and retain county caseworkers. In 2012, California was able to increase funding related to caseworker visits, which may have contributed to the improved performance seen in the FFY 2013 data.

Although the state of California has succeeded in meeting the targeted federal goal of 90 percent, for FFY 2013, the state must continue to improve in order to meet the 95 percent threshold for FFY 2015. California will continue to work with counties and other partners to ensure continued improvement in monthly caseworker visits.

## 21

### Educational Services

Ensure children receive appropriate services to meet their educational needs



#### CFSR, PIP and Current Status

Educational needs of the child was rated as an area needing improvement during the 2008 CFSR onsite review. As a result, the state addressed this item (item 21) in strategy four of its PIP.

Strategy four focused on expanding options and creating flexibility for services and supports to meet the needs of children and families, and the goal was to increase statewide access to varied existing services options for children/youth, and families in foster care. The state met all action steps for this strategy.

## Indicators of Progress

Educational services are provided to children in foster care through the Department of Education, Foster Youth Services Program (FYS). FYS provides services to foster students via local education agencies and serves foster children placed in group and foster homes. However, it does not provide services to students placed in guardianship, kinship homes, or with non-related extended family members (NREFMs). FYS programs have the ability and authority, via California Educational codes sections 42920-42925, to provide educational services. California law requires all districts to appoint an educational liaison with prescribed duties to ensure appropriate and timely educational placement and equal opportunities for foster youth. FYS program supports educational liaisons.

FYS provides direct, indirect, and referred services. Referred services are often provided to foster youth in kinship and guardian placement because the 2010 Budget Act did not provide funds to serve youth in this type of placement. Specific services provided by FYS programs include ensuring health and school records are obtained to establish appropriate placements and coordinate instruction, counseling, tutoring, mentoring, vocational training, emancipation services, training for independent living, and other related services. Services are designed to improve the children's educational performance and personal achievement, which result in a direct benefit to the child well as a long-range cost savings to the state.

In the last year, several new laws were enacted which affect educational services for foster youth. The significant bills are as follows:

- **AB 216:** This bill exempted foster youth from local high school graduation requirements when it is found in their best interests to do so. It is anticipated that the exemption will lead to an increase in high school graduation rates for foster youth as they will be able to graduate without completing additional courses and/or projects that individual districts may require for their students. Due to the recent implementation of this legislation, its impact has not yet been assessed.
- **AB 643:** This bill aligned California law with Federal law regarding the Uninterrupted Scholars Act and allows for Local Educational Agencies (LEAs) to share information with a foster youth's child welfare worker, without a court order, thus facilitating prompt educational services for the youth. A joint letter was issued by the Department of Education (CDE) and CDSS to inform LEAs and county child welfare and probation agencies of the changes to the law and to encourage the sharing of information and collaboration to facilitate the provision of optimal educational services to children and youth in foster care.

- **AB 97:** This bill amended and created many new sections of Educational code, some of which impact foster youth. Provisions of the bill include key aspects of the Local Control Funding Formula (LCFF), which is the methodology for allocating education funds to school districts, that include:
  - CDE and CDSS to enter into a Memorandum of Understanding that enables weekly sharing of CDSS foster data to enable the identification of foster students enrolled in California public schools and the re-disclosing this information to local educational agencies through the California Longitudinal Pupil Achievement Data System
  - CDE to include foster students as an accountability subgroup in the Academic Performance Index
  - State Board of Education to adopt a Local Control Accountability Plan (LCAP) template that includes annual goals for disadvantaged student groups and actions that will be taken to help those students achieve the goals; and
  - CDE to produce a bi-annual report on the educational outcomes of pupils in foster care

The effect of the provisions of AB 97 is not known at this time since implementation activities are still in progress. The LCAP is a three-year plan that is intended to be updated annually. While the impact of any particular investment approach could take time to yield expected results, it is essential to monitor progress of student achievement and determine if adjustments in funding decisions and investments are needed. It is anticipated that once the MOU is executed and data exchange begins, analysis can be done to learn the efficacy of the legislation.

In addition to legislation, there are a number of efforts aimed at improving educational outcomes for children in foster care. The first is the California Foster Youth Education Task Force (CFYETF), which is dedicated to improving educational outcomes for foster youth in California by bringing together subject matter experts representing more than 35 organizations and agencies to engage in cross-systems collaboration. Membership is open to anyone interested in promoting improved educational opportunities and successes for California's foster youth. Many members of this task force are Foster Youth Services coordinators. The following special topic committees, within the task force, are engaging in focused efforts to improve the educational experiences and outcomes for children in foster care:

- **School Discipline** Subcommittee intends to collect and distribute best practice models of meaningful alternatives to expulsion. Many districts lack such alternatives – they only consider the option to expel or not to expel. The committee aims to spread best practice models of meaningful alternatives to expulsion such as tracking and sharing suspension data for individual foster youth students, implementing restorative justice circles, and creating alternative school sites that offer school-based mental health services.
- **School Stability** Subcommittee will work with all agencies and entities involved with education of foster youth to improve the implementation of current California laws and policies. The goal is to improve school stability of foster youth by creating, publishing, and disseminating to stakeholders training materials that are free, accessible, short, accurate, and relevant.

- **Educational Advocacy** Committee will address and examine state and county level issues regarding educational decision-making for foster children. The committee’s goal is to ensure foster children have informed, active educational decision-makers/developmental services decision-makers and to ensure that the decision-makers have access to the training and resources they need to successfully support the child’s education.
- **Early Childhood Education** Committee will explore strategies and provide recommendations to improve the developmental outcomes of children 0-5 in child welfare through increasing access to early care, education and early intervention services.
- **Post-Secondary Education** Committee seeks to identify and implement policy solutions that support foster youth access and success in post-secondary education including career and technical education, two and four year degree programs, and beyond.
- **Local Control Funding Formula (LCFF)** Committee will help to ensure all of the provisions of LCFF are implemented quickly and effectively. Areas of focus include:
  - State Accountability Framework: the inclusion of foster youth in the states accountability index
  - Local Control Accountably Plans: Ensure the meaningful inclusion of objectives specific to supporting students from foster care
  - Data Sharing: State level data sharing between CDE and CDSS to provide information necessary for CDE to identify which students are in foster care and information that is helpful to meet the educational needs of these students
  - Technical Assistance: Support to school districts to support their efforts to serve students from foster care effectively.

As previously described in the introduction (see page 21) CDSS participates on the State Interagency Team (SIT) for Children, Youth and Families. One goal of the SIT is to strengthen programs and services to improve educational outcomes for children in care. This reporting period the SIT’s Chronic Absenteeism Workgroup, created in 2013, focused on developing recommendations for collaborative action to address the issue of chronic absenteeism.

The CDSS actively participated in the creation of *California’s Partial Credit Model Policy, Improving the Educational Outcomes of Foster Youth: An Implementation Model for School Districts and Child Welfare Agencies*<sup>31</sup>. This manual was distributed on September 9, 2013, via the California Child Welfare Council. The manual provides guidance for districts and agencies on legislation, which requires school districts to calculate and accept credit for full or partial coursework satisfactorily completed by the student and earned while attending a public school, juvenile court school or nonpublic, nonsectarian school. Law further mandates foster youth will not be penalized for absences due to placement changes, court appearances, or other related court ordered activities.

Other education related efforts include:

- The Child Welfare Co-Investment Partnership’s Foster Youth Education Workgroup that worked to increase agreement on the critical role of early care on school success. The workgroup also supported a network of child welfare and educational professionals who are focused on

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<sup>31</sup> <http://kids-alliance.org/wp-content/uploads/2013/12/PartialCreditsManualweb.pdf>

sharing insights and strategies to improve success transitions and support for emancipating youth, discussed previously in the Stakeholder Collaboration section of this document.

- *The Child Welfare Council's Child Development and Successful Transitions Committee*, (previously discussed in detail in the Stakeholder Collaboration section of this document) focused on successful youth transitions related to educational well-being. The committee is focused on following recommendations to move forward: 1) On authorizing the California Department of Education and the State Board of Education to promulgate a uniform partial credit transfer regulation, and 2) Enabling access by all foster youth pursuing higher education at a two-year or four-year public college or university to comprehensive campus support programs.
- CDSS continues to participate on the California Department of Education's AB 114 Workgroup, which focuses on ensuring that mental health services provided to children and youth within the framework of an Individual Education Plan comply with the requirements of the Individuals with Disabilities Education Act (IDEA). As a result of that work, CDE recently released guidance to county education agencies and school officials that describes how to document California Wraparound when provided as "related services" and comply with IDEA requirements.

## Summary

In the past five years, California has passed several laws which further educational outcomes for children in foster care including but not limited to laws affecting school discipline, the awarding of full and partial credits, school stability, sharing of educational records, and reimbursement for educational related travel expenses. Implementation for each of these laws at the county and school district level has proven difficult at times due to variance in practice in 58 counties and hundreds of school districts that serve California foster youth. Currently, CDE is responsible for the maintenance of statewide data regarding educational outcomes for students. The Memorandum of Understanding that is being developed by CDSS and CDE will allow for data sharing amongst the two agencies and a more thorough analysis of the success and challenges faced by foster youth in the State's educational systems can be executed.

CDSS continues to ensure educational oversight of these statutes via policy and program guidance through continued participation in statewide workgroups and with the issuance of All County Letters (ACLs) and All County Information Notices (ACINs) to Child Welfare agencies and key stakeholders. Key ACLs that have been issued over the last several years include ACL NO 10-12 and 11-51, which provided guidance on educational travel reimbursement, ACL 12-70, which details educational stability requirements via child welfare case plans.

## 22 Physical and Mental Health

Ensure that the children's physical and mental health needs are identified in assessments and case planning activities and that the needs are addressed through services.



**CFSR, PIP and Current Status**

Physical health (item 22) of the child was rated as strength and mental health (item 23) of child was rated as an area needing improvement during the 2008 CFSR onsite review. As a result, the state addressed item 23 in strategy four of its PIP. Strategy four focused on expanding options and creating flexibility for services and supports to meet the needs of children and families, and the goal was to increase statewide access to varied existing services options for children/youth, and families in foster care. The state met all action steps for this strategy.

The creation of a system for screening, assessment, referral, monitoring and treatment of emotional trauma, mental health and other health care needs for children in foster care involves the coordination of a constellation of current and future statewide priorities and requires direct partnership with the State Title XIX Medicaid agency, known in California as the Department of Health Care Services (DHCS), and other state agencies as necessary.

Assurances that physical and mental health needs are identified are currently addressed through 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. That work, as well as other programs and services that address physical and mental health will be described at the end of this section.

Title IV-B funding for programs was reauthorized by Congress and P.L. 112-34, the Child and Family Services Improvement and Innovation Act, was signed into law by the President on September 30, 2011. Among other requirements, the new law requires the state to include, as part of the plan for ongoing oversight and coordination of health care services for children in foster care, 1) how the state will monitor and treat emotional trauma associated with a child's maltreatment and rem 2) protocols for the appropriate use and monitoring of psychotropic medications.

The assurance that children's physical and mental health needs continues to be identified and addressed accomplished through the Health Care Program for Children in Foster Care (HCPCFC). It is a public health nursing program (PHN) located in county child welfare service agencies and probation departments to provide PHN expertise in meeting the medical, dental, mental and developmental needs of children and youth in foster care. The local Child Health and Disability Prevention (CHDP) program is administratively responsible for the HCPCFC. This includes the management of the required interdepartmental Memorandum of Understanding with the local child welfare service agency, probation and health departments.

The CHDP program implements the Early and Periodic Screening, Diagnosis and Treatment standards of care for Medicaid-eligible children and youth, which includes those in foster care. The program represents a coordinated strategy to identify and respond to their health, mental health and dental health needs, and supports oversight and coordination of health related services.

Through an interagency agreement, CDSS provided an annual State General Fund appropriation to DHCS, which allocates those funds to county CHDP programs in proportion to their foster care populations. With these funds, county CHDP programs employ public health nurses stationed in county child welfare agency offices to provide intensive administrative medical case management

services to ensure that children and youth in foster care receive the full array of CHDP services. Budget actions in 2011-12 augmented funds for the HCPCFC, which permitted counties to hire additional public health nurses and to reduce their caseload sizes. In 2012, the HCPCFC was realigned to counties. CDSS, DHCS and county representatives 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 2014-15.

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

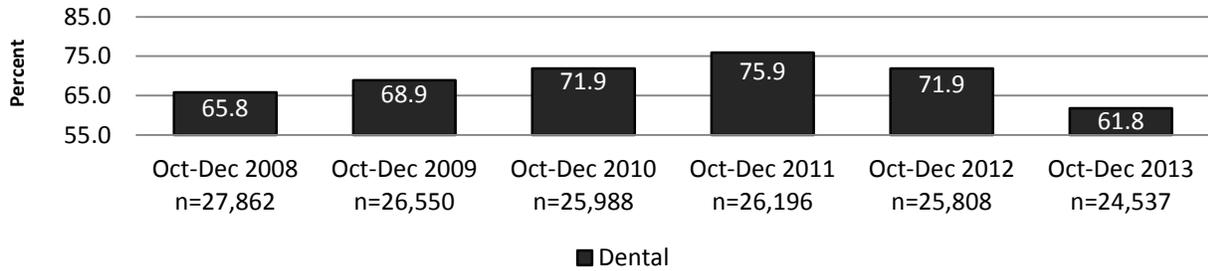
There have been no changes in the implementation of the HCPCFC the Early and Periodic Screening, Diagnosis, and Treatment standards of care for Medicaid-eligible children and youth in foster care. Minors must have an exam by the end of their age period, based on the schedule outlined in Table 6, Medical Exam Periodicity. A child is considered out-of-compliance when the child leaves an age period without an exam. These data include out-of-home child welfare supervised children in placement for 31 days or more, but excludes children in probation and those without placement (including runaways), non-foster care placement, non-dependent legal guardians and incoming ICPC cases.

Through the state’s quality assurance system (described previously), California monitors and oversees county performance on the schedule of physical health screenings. If a county is declining or performing poorly, C-CFSR county consultants include a discussion of the measure as part of a county’s quarterly monitoring. Consultants may discuss the factors that may be contributing to the decline or poor performance and the county’s plans to address them. A county may also choose to include the outcome as part of their System Improvement Plan, the county’s operational agreements between the county and the state outlining how the county will improve their system of care. In recent years, no county has included Timely Medical Exams in their SIP. As illustrated in figure 59, the state hovers around 90 percent of children who receive timely exams.

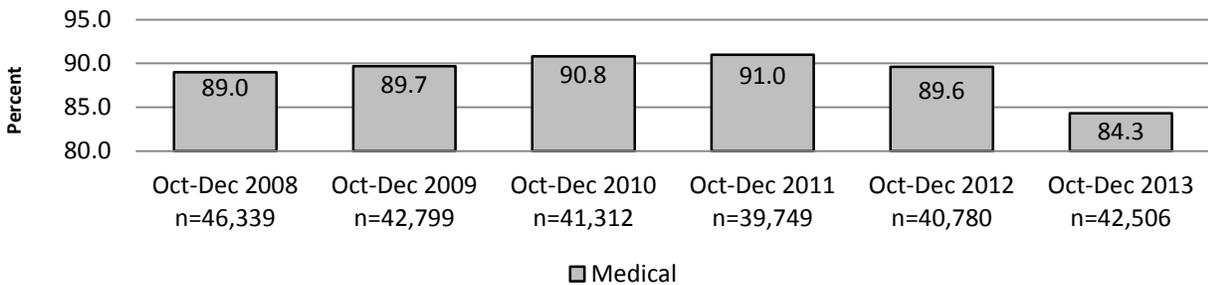
**Table 6: Medical Exam Periodicity**

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

**Figure 58: Measure 5B: Timely Dental Exams, CWS/CMS CSSR Data Q4 2013, Agency: CW, Ages: 0-20**



**Figure 59: Measure 5B: Timely Medical Exams, CWS/CMS CSSR Data Q4 2013, Agency: CW, Ages: 0-20**



Some counties report having enhanced or expanded health and developmental screening programs that were based on the fundamentals of the HCPCFC. The majority of counties report using Public Health Nurses to monitor and coordinate medical, dental, and mental health care. In some areas additional services are provided by local agencies. Examples of localized practices include:

- Collaborative efforts with Head Start program to streamline referrals from child welfare services. This helps expedite service delivery. Children can also be referred to other specialized programs such as the Regional Center and other local programs which are designed to serve children with complex needs.
- Working with child abuse treatment counselors to conduct mental health assessments to ensure all children receive appropriate and thorough services.
- Utilizing mobile foster care teams to ensure that all detained children have clinical assessments as soon as possible following detention. The teams may provide services including, but not limited to, referral follow ups, charting progress, and adjusting treatment needs.
- Providing home visitation that focuses on family, child health, and safety issues to ensure families have a medical home, immunizations, Reproductive Life Plan and linkages to specialty care clinics.

## 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 departments. 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 Public Health Nurses who employ a variety of tools and strategies such as the Denver II, the Ages and Stages Questionnaire, and the Child and Adolescent Strength and Needs. In some counties, (for example, Los Angeles, San Diego, and Sacramento) more expansive health and developmental screening programs have been implemented through the support of additional funding sources such as local First 5 Commissions. All County Letter 06-54 provided a list of validated developmental screening tools that were determined to have a reliability rating of 70 percent or more.

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.

The Continuum of Care Reform (described in the Permanency Chapter) is a statewide effort aimed at reforming the care provided to California foster youth placed in group homes and foster family agencies. One of the project’s primary goals is to develop a standardized approach to completing assessments based on life domains to determine a youth’s strengths and needs which will include the identification of trauma and well-being needs.

*Implementation of the Katie A. v Bonta lawsuit settlement* involves efforts of numerous staff from CDSS and DHCS working closely with counties, parents, the provider community, and others. This work is expected to improve the delivery of medically necessary mental health services to children in or at risk of placement into foster care, with the primary focus on Medicaid eligible children/youth. Currently all 58 counties have implemented many components as outlined in the court implementation plan, and shared management structures are 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. Additional work completed thus far includes:

- Seventeen counties are participating in regional learning collaboratives to identify promising practices and lessons learned for the implementation of the new mediCal service

codes, the core practice model and additional county structures to overcome barriers and challenges to providing services.

- Provision of technical assistance via weekly phone calls with county child welfare and mental health agencies continue with facilitation from both CDSS and DHCS. On-going topical webinars have been conducted during this time to further address the needs of counties as identified through their on-going inquiries.
  - The Joint Management Task Force continues to meet to develop and establish a shared management structure between DHCS and CDSS in order to support the sustainability of child welfare and mental health service delivery.
  - The Accountability, Communication and Oversight task force has merged with the Joint Management Task Force to ensure that on-going oversight and coordination is built into the shared management structure between CDSS and DHCS. Additional collaborative efforts are underway with the DHCS Performance Outcome System to determine what will be measured to evaluate progress in implementing and providing access to CPM activities and EPSDT services.
- *The Intensive Treatment Foster Care/Multi-Dimensional Treatment Foster Care (MTFC/ITFC)* is an intensive treatment program for children/youth with severe emotional and behavioral disorders. The goals of both MTFC and ITFC are to: 1) Create opportunities for youth to successfully live in families rather than group or institutional settings, and 2) Simultaneously prepare their parents (or other caregivers, prospective adoptive parents or guardians) to provide youth with effective parenting. Participation in the program is most appropriate when in-home family preservation programs have been tried, children have had multiple placement disruptions, or when youth are returning from highly restrictive institutional group care placements.

MTFC/ITFC foster parents receive intensive training and on-going support, and are provided with all information known so they are fully informed about the child's history and can make an informed decision about accepting the child into their home. The program supervisor and foster parent develop the child's individualized daily program. Statewide ITFC programs serve 187 children. The small number of children served might correlate with the anticipation of implementing the ITFC 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<sup>32</sup>.

However, at this time screening and assessment activities associated with Katie A., and the Out of County Mental Health are being addressed within the framework of CCR to ensure that the appropriate touch points are identified. There is a shared interest in establishing a systemic approach to screening and assessment that can satisfy the needs of the Mental Health Plans and County Welfare Departments, and the respective State agencies, DHCS' and CDSS'. To that

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<sup>32</sup> <http://www.chhs.ca.gov/Pages/search.aspx?q=Out%20of%20County%20Mental%20Health>

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 CAPP*, described previously in the Permanency section of this report, and Katie A Core Practice Workgroup are in the process of ensuring that both Core Practice Models are integrated within one another. Through the CAPP, there has been an increase of cross-system collaboration with local mental health and probation systems, as well as processes to expand efforts on trauma informed approaches.

### **Sharing Medical Information, with the option for an electronic health record**

Through the establishment of California's Health Information Exchange system<sup>33</sup> the CDSS is exploring mechanisms to share medical information. The Department is also exploring the ability to use the Blue Ribbon Commission's involvement with the Stewards of Change, (described in the Introduction section of this report). The BRC's co-sponsorship of a foster care symposium focused on data exchange in health, mental health, substance abuse, and education is a portal through which medical information sharing across providers can be explored.

The CDSS is also exploring mechanisms through a universal Health Information Exchange System (HIE). The HIE is designed to create a safe and secure patient and provider access to personal health information and decision-making process, benefitting the health and well-being, safety, efficiency, and quality of care for children in foster care.

### **Continuity of Health Care Services, with the Option of a Medical Home the Health Care**

The HCPCFC Program will continue to manage continuity of health care services for children in foster care.

### **Consultation**

Public Law 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

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<sup>33</sup> <http://ehealth.ca.gov>

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. WIC 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. WIC Section 391 (e) further states that “the court shall not terminate dependency jurisdiction over a non-minor dependent who has attained 18 years of age until a hearing is conducted pursuant to this section and the department has submitted a report verifying that the following information, documents, and services have been provided.

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

**Table 7: Outcomes for Youth Transiting Out of Child Welfare (Measure A/SOC 405E)**

Measure 8A, Quarter 1 of 2013 (January – March)	Child Welfare	Probation
	Percent of Youth	
Completed high school or the equivalency	61.7	35.2
Obtained employment	20.7	11.1
Had housing arrangements	91	76.5
Received ILP services	78.1	59.9
Had a permanency connection	86.2	55.6

## Oversight of Prescription Medicines, including Psychotropic Medications

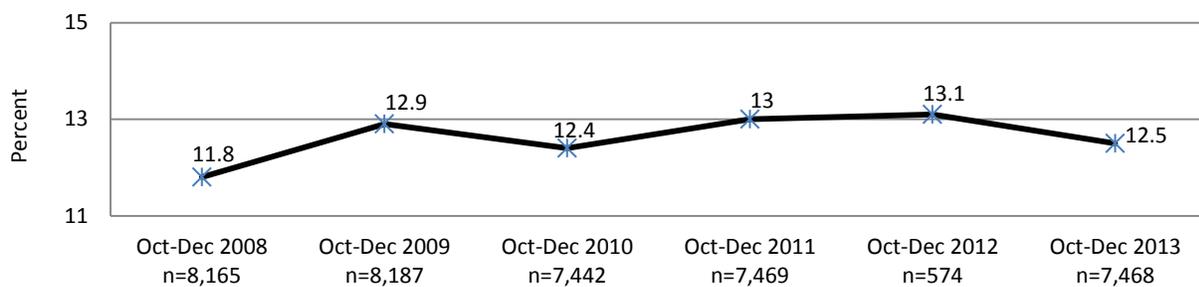
The oversight of prescription medicines, including psychotropic medications is critical towards safeguarding appropriate practice of management and administration of medication to children placed in out-of-home care. In consultation and collaboration with the primary physician, prescribing psychiatrist, and county social worker/probation officer, the public health nurses employed by the HCPCFC program ensure that every child in foster care has a current record of prescribed medications. As part of their health care planning and coordination responsibilities, public health nurses document medication information in the Health and Education Passport in the CWS/CMS. Public health nurses 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.

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). This effort is being conducted in collaboration with the Department of Health Care Services (see below for more information). Access to additional data recently became available under a data sharing agreement executed between CDSS and DHCS which allows for comparison and analysis of existing data in the CWS/CMS with DHCS pharmacy claims data. The process of how to effectively include the CDSS/DHCS matched data in the monitoring system is in development as part of this initiative.

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. These data illustrate that there has been an increase in the authorization of psychotropic medications between 2008 and 2013 from 10.1 percent of children in foster care in Quarter One of 2008 to 12.5 percent in Quarter Four of 2013. The increase in the percentage of youth receiving court authorization for psychotropic medication in the initial years of the measure is mostly due to increased data reporting on the new measure rather than an increase in children receiving these medications.

**Figure 60: Measure 5F - Percent of Children in Foster Care Authorized for Psychotropic Medications CWS/CMS CSSR Q4 Data, Agency Type: CW, Ages: 0-18**



Data indicating the notable rise in use of psychotropic medication among children in foster care prompted the implementation of the QI Project to examine the factors that may be associated with use. In the early stages of collaboration on the QI Project, CDSS and DHCS reviewed additional data collected from the Medi-Cal Pharmacy paid claims information. According to this initial data, from FFY 2011, 43,416 foster children under the age of 18 in California who were found to be Medi-Cal eligible. Of these Medi-Cal eligible foster children, 19 percent (8,257) were found to have been prescribed at least one Mental Health Drug (MHD). For CDSS use, the term “psychotropic” medication is interchangeable with the DHCS definition of Mental Health Drug. Of those 8,257 children, 57 percent (4,747), were prescribed more than one psychotropic medication. Of those prescribed at least one psychotropic medication, 61 percent (5,003) were male. These findings are consistent with national data indicating that males are more likely than females to be prescribed psychotropic medication while in foster care.

In July 2012, DHCS and CDSS began working on a *Psychotropic Medication Quality Improvement* effort, the QI Project, led by the Pharmacy Benefits Division of DHCS. Data gathered from the Pharmacy Benefits Division indicates that foster children in California are five times more likely to receive psychotropic medication. There is an increasing trend in the authorization of these medications over the last several years. This Interdepartmental effort will inform the current oversight plan for psychotropic medications and determine the strategies that can be implemented statewide. The goals of the effort include:

- Reducing inappropriate prescribing of multiple psychotropic medications concurrently;
- Enhancing psychotropic medication safety by optimizing dosages, expanding the pharmacist treatment authorization review process to include all foster children ages 0-18

years, improving the court authorization process to ensure appropriate assessment and evaluation of metabolic risks are completed prior to approval, and that follow-up exams include essential laboratory tests;

- Supporting the use of psychosocial treatment in lieu of medications;
- Developing and implementing statewide protocol that includes provider engagement in practice change via education, improved quality of care delivered by making psychiatric consultation available to all primary physicians, and implementation of parameters and standards of care that are evidence-based.

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

- Develop a five-step Psychotropic Oversight and Monitoring Plan Based on the Child & Family Services Improvement & Innovation Act of 2011:
  1. *Screening, Assessment and Treatment*
    - Comprehensive and coordinated screening process, assessment and treatment planning.
    - Mechanisms to identify children’s mental health and trauma-treatment needs.
    - Include a psychiatric evaluation, if necessary, to identify needs for psychotropic medication.
  2. *Improving the Effectiveness of the Consent Process: Informed and Shared Decision-Making*
    - Identify methods for ongoing communication between the prescriber, the child, caregivers, other health care providers, child welfare worker and other key stakeholders.
  3. *Effective Monitoring*
    - Improve the safety and effectiveness of psychotropic medication use in the foster care population through the utilization of best practices.
    - Reduce the practice of polypharmacy therapy with psychotropic medications in the foster care population.
  4. *Availability of Mental Health Expertise*
    - Consultation on consent and monitoring issues by appropriate medical personnel, e.g., child and adolescent psychiatrist, general psychiatrist, clinical pharmacist, behavioural paediatrician.
  5. *Mechanism for Sharing Accurate Data*
    - Expand collaboration among key stakeholders in this issue, including foster parents, DHCS management, CDSS caseworkers, medical and mental health care providers, and the impacted children and youth.
- Increase the Use of Electronic Health Records
  1. Improve the usability of the HEP by linking data and information electronically.
  2. Engaging end-users to aid in establishing uniform protocols and procedures when documenting treatment plan in the HEP.
- Develop and Distribute Information and Support
  1. Develop education materials specifically to aid families with their skills and knowledge regarding side effects and adverse symptoms related to medications.

In order to meet the objectives of the QI Project, three workgroups were established following an introductory kick-off meeting held with CDSS, DHCS and a large group of stakeholders on October 29, 2012. A clinical workgroup, a data and technology workgroup and a family and education workgroup began meeting monthly in January 2013. After “pausing” the workgroups in fall of 2013 to evaluate the scope of the project and to establish an expert advisory panel, the workgroups resumed in March 2014. The clinical workgroup aims to improve psychotropic medication oversight and monitoring by developing the aforementioned five-step plan 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 improve their skills and knowledge about side effects and adverse symptoms related to medications and to develop training curriculum to train youth, parents, caregivers, social workers, pharmacists, juvenile court staff, and other key figures involved in supporting the foster care population.

The QI project team will also develop data measures related to the effects of interventions and services. In order to complete this function, a data sharing agreement was executed in February 2014. Once the data match is complete, new performance measures, such as a data dashboard and/or quality indicators will be created. In addition, cross system data sharing with counties will be developed to address quality concerns and assess current system practices/procedures. With input from the expert advisory panel members, the following QI Project objectives have been added:

- Establish Data User Agreement for DHCS and CDSS
- Establish Data Use Agreements for DHCS/CDSS and counties

A convening of the stakeholders was held in March 2014 to introduce the expert advisory panel, provide an overview of project milestones to date, update the project scope and objectives and reconvene the workgroups. The three workgroups have begun meeting again on a monthly basis. It is anticipated with improved and more clearly defined objectives the work will regain momentum towards developing protocols that will lead to improved outcomes for psychotropic medication use among children in foster care. The project team, with input from the expert advisory panel, will assess the effectiveness of the deliverables after one year and make recommendations for statewide implementation.

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 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.

### **Medication Monitoring**

Monitoring at both client and agency level is ongoing and achieved through the state's SACWIS system. Currently, 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 CSSR'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 part of the QI project, additional protocols to track this information are being developed in collaboration with PHNs, the AOC's judicial responsibility (as described above), local agencies, and stakeholders.

### **Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible Child and Adolescent Psychiatrist**

The Department will continue to engage the County Mental 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 is being addressed within the QI project. Utilizing the CWS/CMS, CDSS has outcome measures that include Measure 5F: Children Authorized for Psychotropic Medications, as well as Measure 5B: Timely Medical/Dental Exams. Measure 5F identifies percentage of children in placement episodes with a court order or parental consent that authorizes the child to receive psychotropic medication. Measure 5B provides percentage of children meeting the schedule for Child Health and Disability Prevention (CHDP) and the provision for medical and dental exams as stipulated in the Manual of

Policies and Procedures, Division 31. Division 31 mandates CWS and Probation ensure 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.

## **Summary**

During the past five years, CDSS has provided ongoing oversight and monitoring of health and mental health care activities to all children and youth residing in foster care in California. A number of new activities have commenced during this period will improve the provision of services to children in this populations. With the implementation of the settlement of Katie A. v. Bonta lawsuit, all children in care will be screened for mental health treatment needs. The Core Practice Model Guide has been developed to assist counties in coordinating and delivering appropriate mental health services to all children in need. Additionally, as the process for screenings and assessments is developed, it will include a trauma-focused component to ensure children who experienced trauma will be identified. The Continuum of Care Reform effort, initiated in 2012, is working towards creating a short-term treatment focused congregate care system for children and youth whose placement needs require a higher level of care. The QI Project was launched in 2012 to address the need for improvement of use of psychotropic medications for children in care. It is anticipated more effective protocols for monitoring psychotropic medications will be implemented in the near future and increased data sharing amongst the departments will result in better outcomes for children's mental health treatment.

# 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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**Employer Identification Number:**

94-6001347

## Introduction

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

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

The CAPTA Plan is a primary prevention component of the State's Child and Family Services Title IV-B Plan, also known as the CFSP. The programs, services, and activities outlined in the CAPTA 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.

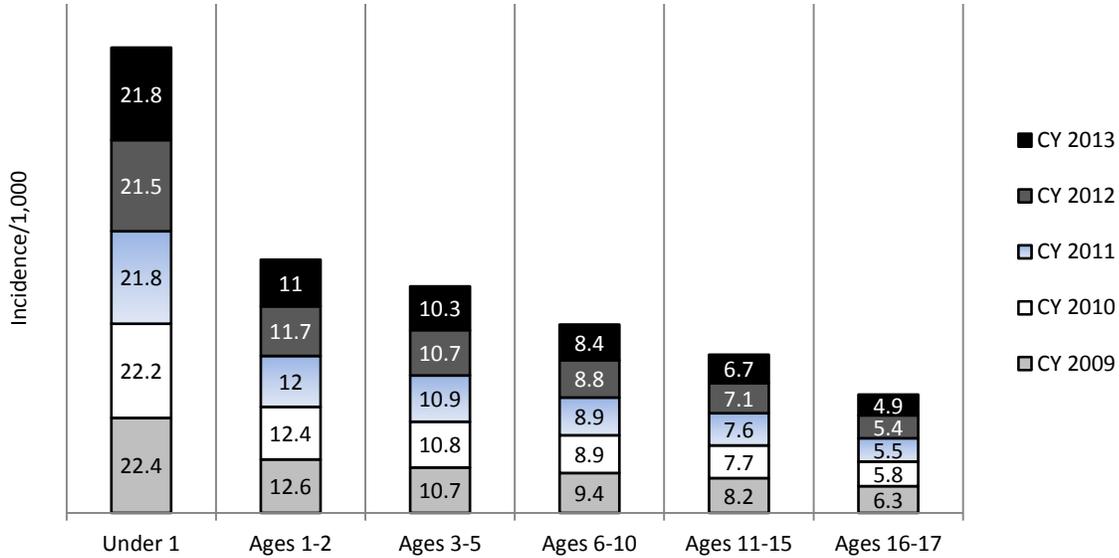
Child Welfare Services (CWS) in California span the continuum of care from prevention and early intervention to treatment and aftercare; however a prevention and early intervention focused CWS system is crucial to achieving safety, permanency and well-being for California's children. As the CDSS lead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

The OCAP provides oversight of the state and federal prevention and early intervention and treatment funds by requiring counties to submit three-year plans that address how prevention and early intervention activities are coordinated and how services will be provided. Currently counties are transitioning from a triennial cycle to a five-year cycle to provide counties more time to plan, implement and evaluate the effectiveness of identified strategies toward improvement. Counties are highly encouraged to utilize the funds to build the capacity of communities to strengthen families, keep children safe, and provide a continuum of quality family services, supports, and opportunities to maintain children in their own homes.

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

The substantiation rate for a given year is calculated by dividing the unduplicated count of children with a substantiated allegation by the child population and multiplying by 1,000. The rate of referrals in California decreased by over 11 percent, from Calendar Year (CY) 2009 at 10 per 1,000 to 8.9 per 1,000 in CY 2013. The largest rate of decrease was among ages 16-17, decreasing by 22 percent over the five-year period at 6.3 per 1,000 in CY 2009 to 4.9 per 1,000 in CY 2013.

**Figure 61: Rate of Substantiated Referrals per 1,000 Children, CWS/CMS CSSR Q4 2013 Data, Ages: 0-17**



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

- Increase in prevention and early intervention focused service provision as a result of the Child Welfare Services Redesign
- Integration of three year prevention/early intervention plan into the California Child and Family Services Review (C-CFSR) process, including the assessment of county efforts
- Counties’ implementation of Differential Response
- Continued efforts to increase collaboration among agencies to better serve families

California counties are shifting to prevention focused service provision, indicating progress in the statewide effort to prevent child abuse and neglect. The statewide shift to more of a prevention and early intervention focused service provision began in 2000 when CDSS launched an effort to develop a comprehensive plan for reform for the child welfare system, the Child Welfare Services Redesign.

### The Integrated Plan

In 2009, CDSS began the integration of the three-year prevention and early intervention plan into the Outcome and Accountability System. This provided the opportunity to better align this integrated approach with the Redesign Workgroup recommended strategies. The integration of the County Self-Assessment (CSA) and System Improvement Plan (SIP) with the three-year prevention and early intervention plan has improved CDSS’ continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. Counties now look more holistically at their CWS system from prevention and early intervention through permanency. As part of the integrated approach, county child abuse prevention and early intervention partners, including a representative from the local Child Abuse Prevention Councils

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

As of September 2012, 44 counties have submitted integrated CSAs and SIPs that have been approved by their County Board of Supervisors, and several counties are currently participating in the integrated C-CFSR process. The OCAP consultants, in conjunction with their colleagues in the Outcomes and Accountability Bureau, work closely with counties as they assess their service needs during the CSA process and develop a plan for service provision through the SIP. This process allows OCAP consultants an opportunity to provide critical training and technical assistance to county child welfare agencies as they coordinate with community partners. The OCAP consultants participate in the internal county preparation meetings and county stakeholder meetings to provide program expertise on prevention, early intervention and treatment services, encourage the development and implementation of evidence-based programs and practice, and assist counties in identifying programs and services that will support outcome measures and strategies. The consultants also guide counties as they look at how interagency collaborations and leveraging funding can impact their ability to achieve positive outcomes for children and families, review and interpret state and federal code in order to provide technical assistance to counties, 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 Family Development Matrix, an outcomes model that provides an integrated family assessment tool for case management and outcomes evaluation. It is used within county-based family service networks and tribal programs. Its purpose is to provide family support staff with the capacity to use the assessment and analysis of family outcome measurement data. The FDM is described in more detail in another section of this plan.

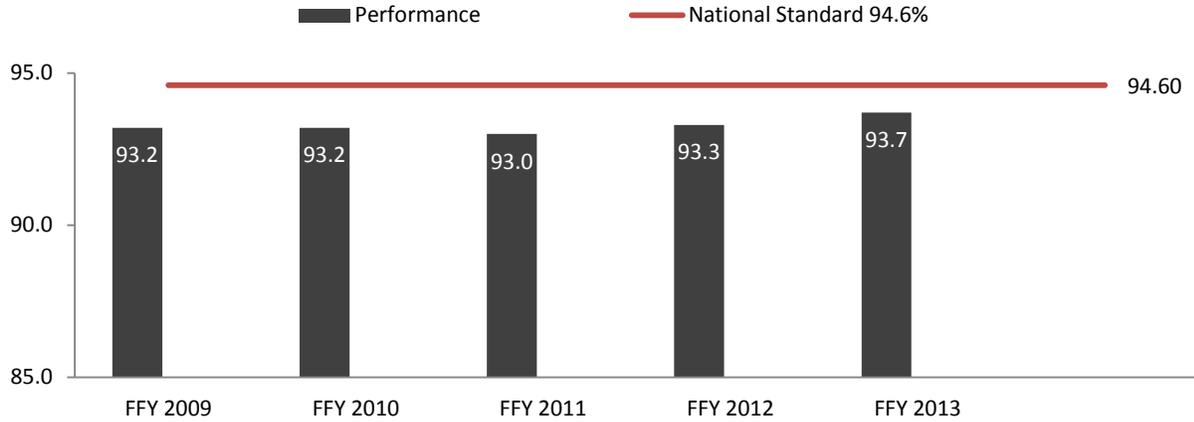
## **Reports of Repeat Maltreatment**

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

Repeat Maltreatment was rated as an area needing improvement for 17 percent of the 24 applicable cases reviewed during the onsite CFSR review in 2008. Over the past five years this has been an area in which California has continually improved and is at the National Median of 93.7 percent.

Figure 62 is the proportion of children that did not have another substantiated report within a six-month period and who were victims of substantiated child abuse and/or neglect during the first 6 months of the reporting period. The state has been at a consistent 93.2 to 93.7 over the last five years. Figure 62 illustrates the overall consistent percent range since FFY 2010 through 2013.

**Figure 62: Absence of Maltreatment Recurrence, CFSR Statewide Data Profile March 5, 2014**



The percentage of children who did not have another substantiated child abuse and/or neglect referral within six months remained approximately the same between FFY 2009 through FFY 2013. Since FFY 1999 when 89.9 percent of children did not suffer subsequent maltreatment within a six-month period, the data shows a steady increase in this measure. As of FFY 2013 the percentage of children who did not suffer subsequent maltreatment within a six-month period increased 3.8 percent over FFY 1999. Although the Federal standard of 94.6 percent or higher has not yet been met, the data show that California continues to move in a positive direction.

### Fatalities and Near Fatalities

The following information regarding fatalities and near fatalities resulting from abuse and/or neglect is a summary of the information which can be found in California’s Child Fatality/Near Fatality Annual Report for Calendar Year (CY) 2011. The information represents a compilation of aggregate data obtained from CWS/CMS for those child fatalities and near fatalities resulting from abuse and/or neglect that occurred during CY 2011 and were reported by counties via the Statement of Findings and Information SOC 826 Form. There is also a comparison of child fatality and near fatality information from CYs 2008 through 2011 which has been derived from the Annual Reports for those years.

Throughout the last few years, the CDSS has continued to refine its analysis of child fatality and near fatality incidents resulting from abuse and/or neglect to provide a more comprehensive look at these incidents including: characteristics of children who are more likely to be victims of fatalities/near fatalities; level of involvement these children and their families had with the child welfare services (CWS) system prior to or at the time of these incidents; demographic information regarding the primary individual(s) responsible (PIR) for these incidents including their ages and/or relationships to the children; and the common causes of these child fatalities/near fatalities and whether these vary by child demographics and/or the individual(s) responsible for such incidents. In addition, new to this years’ annual report is a more in-depth analysis of incidents which were evaluated out and which had prior child welfare services history, some limited data regarding numbers of incidents involving children with CWS history beyond five years and secondary individual(s) responsible (SIR) for such incidents, and current data regarding numbers of incidents for CYs 2012 and 2013. It is anticipated that the CDSS will continue to refine its data collection and

analysis efforts in the future to enable the Department to better understand these incidents and the children and families involved.

### **CY 2011 Fatalities**

In CY 2011, 119 child fatalities that were determined to be the result of abuse and/or neglect were reported to CDSS. Of the 119 incidents, 117 of the children resided with their parent/guardian at the time of the incident and two children resided in an out-of-home foster care placement.

The determination that the fatality was caused by child abuse and/or neglect can be made by one of three agencies: 1) law enforcement; 2) coroner/medical examiner; and/or 3) CWS. For CY 2011, the CWS agency was more often the determiner of abuse and/or neglect. Feedback received from counties after the production of the CY 2010 report, which demonstrated similar findings, indicated that one of the reasons CWS agencies may be more likely than other entities to be the determiner in these incidents is their responsibility to conduct immediate investigations to protect the safety of other children who may be in the home of these families.

The analysis found that 26 of the 119 referrals (22 percent) made to the child abuse Emergency Response (ER) hotline for these incidents were evaluated out by the CWS agency. Referrals are evaluated out because they do not meet the criteria for investigation by the CWS agency. When reviewing the reasons these referrals were evaluated out, over half were evaluated out because there were no other siblings in the home in need of protection. Some of the other reasons for evaluating out the ER referral in these incidents were due to either one or both parents being deceased at the time of the fatality incident along with the children, and law enforcement currently investigating the incident.

The most vulnerable population of child fatality incidents were children four years of age and younger, which comprised 78 percent of the child fatalities reported. Of those incidents, 49 percent were less than one year old with the most vulnerable subset of that population being newborn to age three months. Overall, the number of male child fatality incidents reported was higher than the number of female child fatality incidents. Hispanic children were more frequently victims of such incidents based upon the reports submitted to the CDSS, which coincides with their general representation in the overall child population. White children represented 28 percent of the general child population but were 22 percent of the child fatalities reported. However, Black children represented only six percent of the general child population and 14 percent of child fatalities reported, which indicates a disproportionate number of fatalities for Black children compared to Hispanic or White children. In addition, when looking at the breakdown of incidents of children in the Multiracial category, the most frequently represented primary ethnicities/races of the victims were Black and White, thereby further increasing the disproportionate percentage of Black children when compared with Hispanic or White children.

For CY 2011, 42 of the child fatality incidents (35 percent) reported involved children who were from families who did not have CWS history in the five years prior to the incident. Of the families who did not have CWS history within the five years prior to the fatality incident, the CDSS conducted a sub-analysis of this group which revealed that 38 percent of these families had some CWS history beyond the five-year period. It should be noted that much of this history did not pertain to the victims of these incidents given that the majority of all fatality incidents involved

children four years of age or younger. Additionally, 76 incidents (64 percent) involved children from families who were previously known to a CWS agency in the five years prior to the fatality incident. Four of these incidents were removed from the analysis because the parents' prior CWS involvement was as a minor, not as an adult. Of the remaining 72 incidents, 18 families (25 percent) were known to a CWS agency at the time of the incident, and 54 families (75 percent) were not current clients at the time of the fatality incident. Of the 72 incidents, 71 families had a CWS referral opened within five years prior to the fatality incident, of which 20 had an open CWS case (28 percent) within five years prior to the fatality. Of those families with a CWS referral within five years of the child fatality incident, 52 percent had CWS involvement within a year prior to the fatality taking place, although many of the most recent referrals preceding the fatality incident did not meet the criteria for investigation by the CWS agency or were deemed unfounded or inconclusive for abuse or neglect upon investigation.

Blunt force trauma was the most reported cause of fatality incidents for CY 2011 despite neglect being the single most reported allegation overall. Most of the acts of blunt force trauma involved referrals which were substantiated for allegations of abuse or combined allegations of abuse and neglect. Additional analysis of the causes of incidents by the gender of the victim revealed that the victims of blunt force trauma incidents were 64 percent male and 36 percent female. Male victims were also more frequently represented in shaken baby syndrome incidents and female victims were more frequently represented in fatalities caused by asphyxiation. In the analysis of the causes of fatalities by the ages of the children involved, the most frequently occurring cause of fatalities for children under one year of age involved blunt force trauma or shaken baby syndrome.

The PIRs for the child fatality incidents were found to be exclusively male in 34 percent of the fatality incidents reported, exclusively female in 31 percent, both a male and female together in 32 percent, and for three percent of the incidents, the identity of the PIRs was unknown. Eighty-five percent of the PIRs for the fatality incidents for CY 2011 were biological parents who acted either individually or in conjunction with another individual. However, there were more biological mothers (30 percent) acting alone than biological fathers (24 percent) acting alone as the PIR for the fatality. In 15 percent of the fatality incidents, the biological mothers' significant other was the PIR, either exclusively or in conjunction with the biological mother. In one of the 119 child fatality incidents (one percent), a foster parent, either individually or in conjunction with another individual, was responsible for the incident.

Additional analysis revealed that male PIRs were more frequently documented as being the individual responsible for fatality incidents involving blunt force trauma, and murder suicide. Female PIRs were more frequently documented as being responsible for fatalities associated with burns, house fires, abandonment, and co-sleeping.

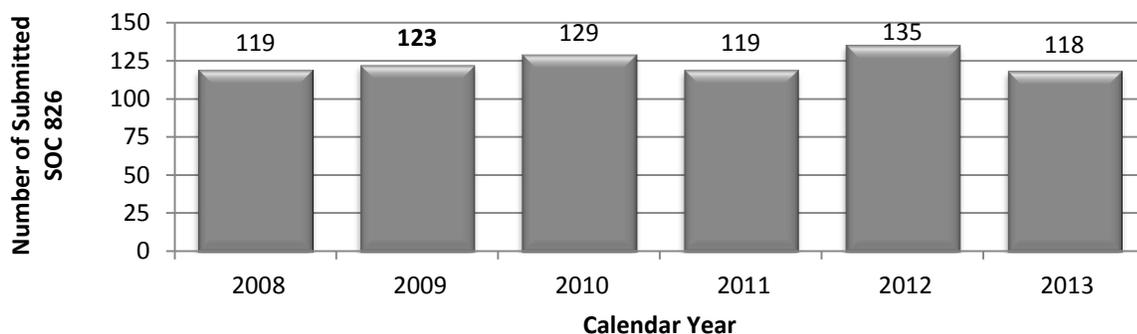
Additionally, of those incidents where the PIRs were known, for children under the age of five, the PIR was most often 30 years of age or younger (59 percent). However, for the five- to 17-year-old age group of victims, the PIR for the fatality was more often over 30 years of age. This data pattern seems consistent with common expectations, in that, as children age, so do their parents. As such, fatalities of older children were more likely to involve older parents.

The CDSS also gathered 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. There were 19 incidents in which there was an individual identified as a SIR. These SIRs were almost equally divided between males (53 percent) and females (47 percent). In addition, there were no SIRs identified in incidents involving children over the age of four. Both biological mothers and fathers were equally identified as SIRs, and the SIRs were identified as being most often 30 years of age or younger for the same children.

### Comparison of Child Fatality Data from CY 2008 through CY 2011

The number of fatalities reported to be the result of abuse and/or neglect steadily rose between CYs 2008 and 2010, but declined for CY 2011 (see Figure 63). While CY 2012 and CY 2013 fatalities are still being reported to CDSS, as of March 2014 the data shows that fatalities increased slightly in CY 2012 and then decreased again for CY 2013. The number of fatalities of children in an out-of-home foster care placement has declined since 2008, although it has increased slightly for CY 2013. For CYs 2009 through 2011, fatality incidents have been determined to be the result of abuse and/or neglect more often by a CWS agency alone.

**Figure 63: Count of Fatalities by Calendar Year**



Consistent with CYs 2008 through 2010, Hispanic children were more frequently victims of such incidents in CY 2011, which coincides with their general representation in the overall child population. However, for Black children, their representation in child fatalities reported throughout the years has been disproportionate to their representation in the general child population. Since CY 2008, the majority of the victims of fatalities have been children less than five years of age. Additionally, the gender of the majority of victims of child fatality incidents shifted from males in CY 2008 to female victims in CY 2009 and back to male victims in CYs 2010 and 2011.

For CYs 2008 through 2010, it was found that nearly half of the families of reported 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. However, CY 2011 data found that a little over a third of the families were not known to a CWS agency at the time of the incident nor had history within five years of the

incident. Furthermore, families that were known to a CWS agency at the time of the incident increased from 12 percent in CY 2008 to 14 percent in CY 2009 and 18 percent in CY 2010, but decreased to 15 percent in CY 2011.

Blunt force trauma has consistently been the most reported cause of child fatalities since CY 2008. While the most reported cause of fatalities has remained the same since 2008, the most reported referral allegation has changed from abuse in CY 2008 to neglect for CYs 2009, 2010, and 2011. The increase in neglect allegations may be attributed to either failing to seek immediate medical care for the injury or illness, failing to provide an explanation of the injury, and/or failing to protect the child.

With respect to the data regarding the individual responsible for the fatality incidents, the CDSS is not able to make comparisons between CY 2011 data and CYs 2008 and 2009 data. In an effort to provide a more comprehensive analysis of those individuals responsible for fatality incidents, the CDSS has been revising its methodology over the last couple of years for collecting this data to better distinguish between the PIRs 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. Therefore, CY 2011 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. However, CY 2011 data can be compared to CY 2010 data as the methodology of gathering the information on the PIRs was the same for both years.

For both CYs 2010 and 2011, males were more frequently documented as the PIRs. Additionally, biological mothers were more frequently responsible for fatality incidents, followed by biological fathers, and then by biological parents together. The number of biological mothers' significant others who were exclusively responsible for the fatalities rose from six incidents in CY 2010 to ten incidents in CY 2011, and these significant others were found to be more frequently responsible for fatalities of children between the ages of one and four.

### **CY 2011 Near Fatalities**

In CY 2011, 135 near fatalities were determined to be the result of abuse and/or neglect and reported to CDSS, of which 129 children resided with their parent/guardian at the time of the incident, and six children resided in an out-of-home foster care placement. A near fatality was defined during CY 2011 as a severe childhood injury or condition caused by abuse or neglect which results in the child receiving critical care for at least 24 hours following the child's admission to a critical care unit(s).

Of the 135 child near fatality incidents reported to the CDSS, the CWS agency was more often the determiner of abuse and neglect than law enforcement and/or a physician, which is what one might expect given that CWS is actively investigating cases involving near fatalities. The greater incidences of near fatality incidents occurred in children four years of age and younger, with 67 incidents (50 percent) being under the age of one. Further analysis of victims under the age of one showed that the most vulnerable population in this age group were children between the ages of newborn to three months (36 incidents). Overall, the number of male child near fatality incidents

reported was higher than the number of female child near fatality incidents; and Hispanic children were more frequently victims of such incidents which coincides with their general representation in the overall child population. White children represented 28 percent of the general child population and were 24 percent of the child near fatalities reported. However, Black children represented only six percent of the general child population and 17 percent of child near fatalities reported, which indicates a disproportionate number of near fatalities for Black children compared to Hispanic or White children. In addition, when looking at the breakdown of incidents with children in the Multiracial category, the most frequently represented primary ethnicity/race of the victims was Hispanic and Black, thereby further increasing the disproportionate percentage of Black children when compared with Hispanic or White children.

For CY 2011, 52 of the child near fatality incidents (39 percent) reported involved children who were from families who did not have CWS history in the five years prior to the incident. Additionally, 83 incidents (61 percent) involved children from families who were previously known to a CWS agency in the five years prior to the near fatality incident. Of those incidents involving families with history, 12 incidents involved families where the parents had history as minors but no CWS history as an adult. Of the remaining 71 incidents involving children from families with CWS history in the five years prior to the near fatality incident, there were 25 families (35 percent) who were involved with a CWS agency at the time of the incident and 46 families (65 percent) who were not clients at the time of the near fatality incident but had history as adults in the five years prior to the near fatality incident. Of the incidents involving families who had a referral generated within the prior five years, 66 percent of the families had a referral generated within a year of the near fatality incident with slightly over half of those referrals being generated for neglect allegations. Upon investigation of those referrals by the CWS agency, over a third had allegations with dispositions being made that were substantiated, followed by allegations that were deemed inconclusive or unfounded at 43 percent.

Blunt force trauma, shaken baby syndrome, and medical neglect were the most reported causes of near fatality incidents for CY 2011. Most of the acts of blunt force trauma and shaken baby syndrome involved referrals which were substantiated for allegations of abuse or combined allegations of abuse and neglect. Additional analysis of the causes of incidents by the gender of the victim revealed that the victims of blunt force trauma incidents were 86 percent male and 14 percent female, and shaken baby syndrome were 67 percent male and 35 percent female. Those incidents involving medical neglect were evenly distributed between male and female victims. In the analysis of the causes of near fatalities by the ages of the children involved, the most frequently occurring cause of near fatalities for children under one year of age involved shaken baby syndrome.

The PIRs for child near fatality incidents were found to be exclusively female in 38 percent of the near fatality incidents, exclusively male in 28 percent, and both a male and a female in 30 percent of the incidents. Seventy-nine percent of the child near fatality incidents involved a biological parent, either individually or in conjunction with another individual, as the PIRs for the incidents. However, there were more biological mothers acting alone (30 percent) than biological fathers acting alone (19 percent) who were identified as the PIRs for the near fatality incidents. In eight percent of the near fatality incidents, the biological mothers' significant others were the PIR, either exclusively or in conjunction with the biological mother. In four of the 135 child near

fatality incidents (three percent), the foster parents, either exclusively or in conjunction with another individual, were responsible for the near fatality incidents. Additionally, of those cases where the PIR was known, over half of those individuals were 30 years of age or younger at the time of the incident.

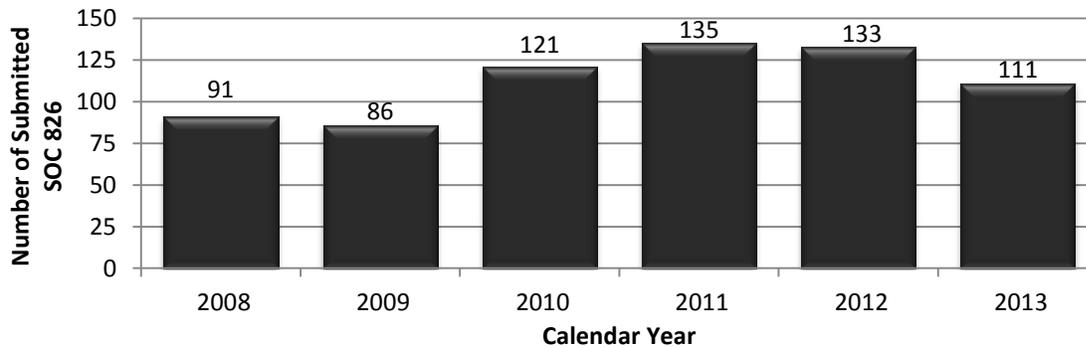
Additional analysis revealed that male PIRs were more frequently documented as being the individual responsible for near fatality incidents involving blunt force trauma (41 percent) and non-accidental trauma/abusive head trauma (42 percent). Female PIRs were more frequently documented as being responsible for near fatalities associated with medical neglect (60 percent), vehicular DUI/negligence (80 percent), near drowning (80 percent), and lack of supervision (67 percent).

There were 43 near fatality incidents in which there was an individual identified as a SIR. In 74 percent of these incidents the SIR was a female and in 21 percent the SIR was a male. With respect to ethnicity, 41 percent of the SIRs were Hispanic. There were 25 individuals identified as a SIR for incidents in the less than one year age group, 17 individuals in the one to four age group, and three SIRs in the five to nine age group. Biological mothers were more frequently identified as the SIR for children under the age of five. The findings with respect to the age of the SIR were similar to what was identified for the PIR in that the SIRs were most often 30 years of age or younger for children under the age of five. With respect to allegation types for the SIRs, the data shows that neglect was documented most often, which is consistent with what one might expect given that the SIR is often the person who is identified as failing to protect the children from the PIR.

### **Comparison of Near Fatality Data from CY 2008 through CY 2011**

The number of near fatalities resulting from abuse and/or neglect has fluctuated throughout the last four years. For CYs 2010 and 2011 there was an increase in the number of near fatality incidents reported to the CDSS. However, for CYs 2012 and 2013, to date there has been a decrease in the numbers. Since CWS agencies may still be reporting near fatalities for these later years, it is unknown at this time whether the downward trend for CYs 2012 and 2013 will continue. For CYs 2008 and 2009, all three agencies together (CWS, law enforcement, and a physician) determined the near fatality incidents to be the result of abuse/neglect. However, in CYs 2010 and 2011, near fatality incidents reported to the CDSS were determined to be the result of abuse and/or neglect more often by a CWS agency alone.

**Figure 64: Count of Near Fatalities by Year**



Consistent with CYs 2008 through 2010, Hispanic children were more frequently victims of near fatality incidents in CY 2011, which coincides with their general representation in the overall child population. However, for Black children, their representation in child near fatalities reported throughout the years has been disproportionate to their representation in the general child population. Additionally, from CYs 2008 through 2011, the majority of the victims of near fatality incidents have been children less than five years of age. With respect to the gender of near fatality victims, from CYs 2008 through 2011, the majority of the victims were male.

Since CY 2008, the percentage of families with reported child near fatality incidents who were not known to a CWS agency at the time of the incident nor had history within five years of the incident has declined from 59 percent in CY 2009 to 50 percent in CY 2010 to 47 percent in CY 2011. The percentage of families that were known to a CWS agency at the time of the incident has increased over the years from eight percent in CY 2008 to 12 percent in CY 2009, 13 percent in CY 2010, and 19 percent in CY 2011.

Blunt force trauma and shaken baby syndrome have consistently been the most reported causes of child near fatalities since CY 2008. While the most reported cause of near fatalities has remained the same since 2008, the most reported referral allegation for near fatalities has changed over the years from abuse in CY 2008 to neglect in CY 2009 to abuse in CY 2010 and to neglect for CY 2011.

With respect to the data regarding the individual responsible for the near fatality incidents, the CDSS is not able to make comparisons between this CY 2011 data and CYs 2008 and 2009 data. As previously stated in the fatality analysis section, the CDSS has been revising its methodology over the last couple of years for collecting data. Therefore, CY 2011 data regarding the individuals responsible for the near fatality incidents cannot be compared to the data for CYs 2008 and 2009 due to the differences in methodology and data collection. However, CY 2011 data can be compared to CY 2010 data as the methodology of gathering the information on the PIRs was the same for both years.

The data for CYs 2010 and 2011 identified that females were more frequently documented as the PIRs. However, the relationship between the PIRs and the victims changed between CYs 2010 and 2011. In CY 2010, biological parents together were more frequently documented as the PIR, followed by biological fathers alone, and then by biological mothers alone. In CY 2011, there were more biological mothers alone documented as the PIRs than biological parents together, followed by biological fathers alone. The number of incidents where the biological mothers' significant others were exclusively responsible for the near fatality doubled between CYs 2010 and 2011 from four in CY 2010 to eight in CY 2011. Biological fathers alone and biological parents together continue to be more frequently responsible for incidents involving children under the age of one while biological mothers continue to be even more frequently responsible for children between the ages of one and four. Biological mothers' significant others alone continues to be more frequently responsible for incidents involving children between the ages of one and four.

### **Efforts to Revise Near Fatality Definition**

During 2014, CDSS worked extensively 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 the Child Abuse Prevention and Treatment Act (CAPTA) section 106 (b)(4)(A). However, collaboration with stakeholders has resulted in the identification of specific issues requiring further development. While it was not possible to accomplish the Department's goals with a federal compliance bill during the 2014 legislative session, the CDSS intends to resolve the identified issues and subsequently address them in a policy bill during the 2015 legislative session.

### **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 and near fatalities for which all of the following occurred: (1) the CWS agency became aware of the fatality or near fatality, (2) the fatality or near fatality was determined to be the result of abuse and/or neglect, and (3) the fatality or near fatality was reported to the CDSS via the SOC 826 form. Therefore, in the event a child fatality/near 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, the CDSS has over the last couple of years 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 California Department of Public Health (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/near 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/near 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 any given year until it is determined that most of the fatalities/near 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 data about these incidents and the children and families involved is derived exclusively from CWS/CMS. Therefore, information that may be available in other sources such as police reports, coroner reports, etc. may not be available for the analysis. As a result, the information gathered often only represents information from the CWS agency file rather than a more multidisciplinary agency approach, such that is offered by a local child death review team.

### **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, Chapter 468, Statutes of 2007. 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.

Over the next year, the CDSS will be continuing to look at how it might utilize other information sources to continue to enrich the data gathered from the SOC 826 reporting process and reported to NCANDS. CDSS continues to collaborate and share data with the CDPH, which continues to conduct the reconciliation audit of child death cases in California. Currently, the CDPH is completing a reconciliation audit of fatality data for CYs 2009 and 2010. We are hopeful that once the reconciliation audit data is available from CDPH, the CDSS will be able to compare that data, which includes State Vital Statistics data with our SOC 826 fatality statistics to compare actual numbers reported, etc. to help inform both our NCANDS and/or APSR submissions.

For additional information, including the California Child Fatality/Near Fatality Annual Reports for CY's 2008-2010, please visit the Child Fatality and Near Fatality Information website at <http://www.childsworld.ca.gov/PG2370.htm>.

### **Child Protective Service Workforce**

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

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

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

The CDSS drafted legislation (SB 1521, Liu) to meet federal requirements. This bill includes the CAPTA requirements that all counties provide data on the number of child protective services personnel; including average caseloads, education and training requirements, demographic information, and workload requirements. The bill was passed, and was enrolled on September 5, 2012 and was subsequently signed by the Governor. The CDSS issued an All County Information Notice (ACIN) describing this new requirement. The ACIN was released on April 1, 2013<sup>34</sup>. The CDSS expanded Part III of its Annual County Training Plan to collect the demographic information required by CAPTA. This ACIN was released on May 6, 2013<sup>35</sup>.

Information about California's child protective services workforce was collected from counties in SFY 2013-14. 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. The CDSS determined the data to be inconclusive due to incomplete responses to survey questions. After a review of the survey tool, CDSS determined the initial survey requires restructuring in order to ensure data quality. While CDSS believes that the completed surveys are representative of California as a whole, only 50 of the 58 counties responded to this survey. An ACIN will be released fall 2014 to provide information about the revised survey tool and specific direction to counties on completing the survey to meet CAPTA requirements. Counties will be required to complete the survey as part of their annual Training Plan.

The following information is based the responses to the initial survey.

### **Worker Demographics**

*Gender and Age* – Of the total 5,248 child protective service professionals, 83% are female and 17% 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 73% of the workforce, Blacks 12 %, and Asian, Filipino, American Indian, Pacific Islander, and Other make up the remaining 15%.

*Education Level* – California has established education requirements for child protective services professionals. As indicated in the Welfare and Institutions Code (Sections 10553 and 10554,

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<sup>34</sup> [http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-27\\_13.pdf](http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-27_13.pdf)

<sup>35</sup> [http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-20\\_13.pdf](http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-20_13.pdf)

Welfare and Institutions Code) 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 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.
- Remaining emergency response and family maintenance services professional staff shall possess a bachelor'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.

The initial survey report gathered data on level of education of line and supervisory staff and based on the data submitted, 21 % of line staff have completed a BSW program, 31% an MSW, and 35% have other degrees. For supervisory staff, 51% have an MSW and 42% were classified as “other”, and 7% have a BSW.

California has also established the following requirements for staff training. As indicated in the Welfare and Institutions Code (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 Welfare and Institutions Code Section 16206, as approved by the California Department of Social Services (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.
- All child welfare workers and supervisors shall undergo 40 hours of continuing training every 24 months.

Via the Annual Training Plan, the Counties report on staff training and detail their corrective action plan for those social workers that are out of compliance (if any). The data collected for initial Core and ongoing training was incomplete this year and is not reported due to poor quality of data. We have revised the Annual Training Plan survey to increase the validity of the results for the future.

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.

### **CAPTA Program Improvement Plan**

A requirement under CAPTA at Section 106(b)(2)(B)(xvi) requires that provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction – to be required to register with a sex offender registry under section 113(a) of the Adam Walsh Child Protection and Safety Act of 2006. California statute did not explicitly prohibit against reunification, but rather assured that reunification was not required in such cases. The decision as to whether to reunify or seek termination of parental rights was within the sole discretion of the State and was determined on a case-by-case basis.

In order to more fully comply with this CAPTA assurance the CDSS drafted legislation (SB 1521, Lui) to make the statute more explicit by including the following language: That the parent or guardian has been required by the court to be registered on a sex offender registry under the federal Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. Sec. 16913(a)), as required in Section 106(b)(2)(B)(xvi)(VI) of the Child Abuse Prevention and Treatment Act of 2006 (42 U.S.C. Sec. 5106a(2)(B)(xvi)(VI)).

The bill was passed, and was enrolled on September 5, 2012 and was signed by the Governor. This completed the CAPTA Program Improvement Plan. The CDSS has drafted an All County Information Notice describing this legislative change, which is currently in the approval process. An ACIN was released on April 1, 2013, which describes this new requirement<sup>36</sup>.

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

Develop and facilitate training protocols for individuals mandated to report child abuse and neglect.

#### **Mandated Reporter Training**

In response to increasing numbers of mandated reporters requiring training, CDSS continued to focus on the availability and accessibility of mandated reporter training. The objective of Program Improvement identified in California's Title IV-B Child and Family Services Plan FFY 2010-2014 is to provide online mandated reporter training, training of trainers, and educational materials. Since October 2009, mandated reporter training has been offered through a grant with Rady Children's Hospital – San Diego, Chadwick Center for Children and Families<sup>37</sup>.

The goals of the project are:

1. Maintain the Mandated Reporter (MR) website and market to low census demographics

<sup>36</sup> [http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/l-27\\_13.pdf](http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/l-27_13.pdf)

<sup>37</sup> <http://mandatedreporterca.com/>

- (educators, law enforcement, clergy, social workers, medical professionals)
2. Maintain a Train-the-Trainers website
  3. Conduct Train-the-Trainer in-person trainings throughout the state
  4. Continue to create and maintain training materials for in-person trainings, to be included in a trainer's toolkit
  5. Develop 4-hour Topic-specific Train-the-Trainer in-person trainings and all materials needed. (i.e. for educators, medical, mental health reporters)
  6. Create a web portal for training resources in California (i.e. calendars, other location specific MR training resources)
  7. Expand web content with audio/video and social media development

Figure 65 below illustrates the percentage of dispositions of child welfare (CWS) referrals from July 1, 2012 to June 30, 2013 by Reporter Type. Over 91% (n=83,924) of substantiated referrals were reported by Mandated Reporters representing 17% of all child abuse and neglect reports (total referrals/reports = 480,972). Of all types, Mandated Reporters made 72% (n=344,844) of all referrals in California compared to 58% reports nationwide<sup>38</sup>.

**Figure 65: Dispositions by Reporter Type**

Reporter Type	Disposition Type					All
	Substantiated	Inconclusive	Unfounded	Assessment Only / Evaluated Out	Not Yet Determined	
	%	%	%	%	%	
Family/Friend	6	7.5	8.1	7.1	8.1	7.4
Neighbor	0.8	1.6	2.3	1.8	2.5	1.8
Law Enforce/Legal	36.9	23.3	12.3	16.3	18.1	19.8
CASA/GAL	0.1	0.1	0.1	0.2	.	0.1
Counselor / Therapist	9	15.4	16.1	22.4	14.4	16
CWS Staff	7.7	5.6	5.4	3.6	5.3	5.5
Day Care/ Foster Care	0.2	0.4	0.4	0.5	0.8	0.4
Medical	10	7.2	8	8.1	10.3	8.3
Education	11.8	20.4	29.5	19.6	22.4	22.4
Other Professional	15.2	15.4	14.6	16.7	13.8	15.3
Other	2.3	3	3.2	3.7	4.2	3.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

<sup>38</sup> (2012 data, <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf#page=16/>).

## **CAPTA Objective**

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

## **Activities/Results**

In 2012-13, Rady's performed the following activities:

- Training for child care providers was translated into Spanish
  - Revised Train-the-Trainer Website and documents:
  - Created a 1-hour, 2-hour, and 4-hour "Mandated Reporter Training with Talking Points" PowerPoint for the trainers
  - Created new interactive activities ("Jeopardy" and "Are You Smarter Than a 5<sup>th</sup> Grader"), so trainers now have options to test participants on the information presented
  - Updated the "Link" page with state and national resource articles on Mandated Reporting issues
- 
- Added extended content to the Social Worker/Mental Health training to satisfy the requirements for the seven (7.0) CEU's needed for LCSW/MFT Licensure
  - Created a basic Mandated Reporting Tips application for Android users. This application can be downloaded from the Android Marketplace or Google Play Store.

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

## **Outputs achieved by Rady's during this reporting period:**

- 8 Train-the-Trainer in-person trainings provided: 221 Trainers attended
- Number of Online Trainings Passed
  - General – 15,135
  - Educators – 4,290
  - Social Workers – 565
  - Medical – 1,197
  - Child Care Providers – 1,345
- Website Page Views and Site Visits
  - Site Visits – 118,377
  - Page Views – 217,983

**Figure 66: Distribution of Online Training Passed by Professionals**

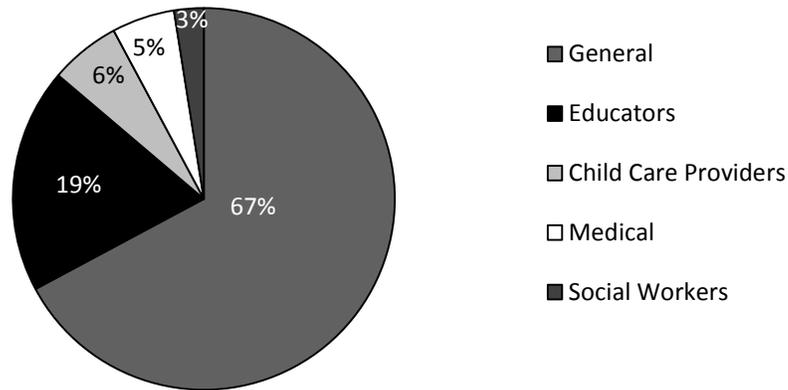


Figure 66 illustrates the distribution of online trainings passed by major professional categories. The “General Category” represents a wide range (i.e. educators, law enforcement, foster parents, foster care, coaches, volunteers). Rady’s has been able to assist multiple organizations in the development of Mandated Reporter Trainings. Updated training materials have been provided to trainers who have been using the same materials created over 15 years ago (e.g. Shadows to Light video by the CA Attorney General’s office, 1995 and Shadows to Light PowerPoint, 2001). Rady’s encourages companies to create 2-year schedules to have employees re-take the training. The free, online training continues to save limited resources by offering a convenient way to stay informed, miss minimal work time and reduce travel and training costs. Keeping up with technology has been critical.

### **Early Start and Child Welfare Services Integrated Training**

Infants and young children who come into contact with child welfare have higher rates of developmental delays. Child welfare’s unique accessibility to children provides an opportunity to identify infants and young children at risk for delays and to facilitate the provision of appropriate early intervention services and family support. The Early Start and Child Welfare Services Integrated Training is intended to increase the knowledge and skills to child welfare workers, resource families, Early Start service coordinators, early prevention and intervention specialists, early education providers, family resources/family support agencies and other professionals who assist infants and young children and their families.

The training and technical assistance was developed by the Resource Center for Family-Focused Practice in collaboration with the California Department of Social Services, the California Department of Developmental Services, the California Department of Mental Health, the West Ed Center for Prevention and Early Intervention and others.

Early Start staff training curriculum was revised in 2013 and updated with current resources. Two webinars are highlighted below.

- Impacts of Trauma on the Young Child: Emotional & Cognitive Development and School Functioning, conducted by Jessica Greenwald O'Brien, Ph.D. The webinar was attended by 71 participants from 27 counties.

- Strengthening Families and the Community: A Formal Collaboration between the County of San Diego Child Welfare Services and Neighborhood House Association Head Start conducted by Roseanne Myers and Stephanie Tesch. Webinar was attended by 331 participants from 24 counties.

Technical assistance is provided to identify or enhance current systems within counties to ensure policy and procedures are in place for referral to early intervention services. Through individual county consultations, the provision of resources to build county specific practices, presentations, the Center website and webinars, essential information and best practices are supported.

As child welfare and their key partners are identifying young children and infants with delays, services and knowledge gaps are identified. Additionally, other practices are recognizing the importance of integrating early intervention as a focus for implementation and training topics. To facilitate both the recognition of system gaps and the integration of early intervention to other practices the following training has been provided.

- Parent with Intellectual Disabilities and their Babies and Toddlers conducted by Megan Kirshbaum Ph.D. in Madera with 44 participants from community agencies, child welfare and public health.
- A webinar on “BabyWrap” from Contra Costa County in collaboration with child welfare and FIRST.
- The Parent Partner Advisory Committee, a committee for the support and integration of past child welfare recipients who work collaboratively with child welfare social workers, there are representatives who were recruited and are designated to work with exclusively with high risk infants and their families.
- The on-line curriculum for quality visitation standards for social workers and staff who conduct visits with children in care includes recommendation to ensure the early identification of young children at risk.

Stakeholder support has been provided through two regional workshop presentations at the Infant Development Association conferences, the Early Childhood Education and Foster & Kinship Care Education Committee with the California Community Colleges Chancellor's Office and the Kinship Care Committee with the Office of the Foster Care Ombudsman. Staff support and input was also provided to the Young Children in Foster Care Work Group report to the California Child Welfare Council.

Representation of child welfare’s position and needs is provided on the Statewide Screening Collaborative, the Early Childhood Training and Technical Assistance Committee and as a co-chair of the Early Childhood Education Committee with the Foster Care Education Task Force.

#### Upcoming Webinars:

- Early Intervention Advocacy for Infants and Young Children in Foster Care conducted by Kathryn Fitzmaurice, Esq. The Jack and Anita Saltz Fellow Early Intervention Advocacy Center Education Program, Alliance for Children’s Rights
- A Model of Trauma Informed Interdisciplinary Care conducted by Jessica Richards, M.S.

### Upcoming Training

- CANS modified for children 0 to 5 for Contra Costa County
- Motivational Interviewing for early intervention staff who provide in home support to parents of children 0 to 3 who are parenting high risk infants in Madera County
- Case Planning priorities with families with infants at high risk in Madera County
- Ages and Stages Questionnaire training in Trinity County

The training and technical assistance remains relevant due to the ongoing requirement for screening for developmental delays among children ages 0-3, the resulting referrals requirements for children involved with child welfare services and the emerging science on the impact of trauma on early childhood development. Agencies are continuing the development of multi system collaboration to enhance or build integration with developmental disability service providers, and workforce turnover.

### **Program Improvement Area 12: Programs, Activities, Services and Training**

Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

#### **California Parent Engagement Activities**

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

The CDSS commitment to utilizing the “parent voice” in shaping the direction of family support programs, services and policies across the state is demonstrated through a 3-year grant (July 2012- June 2015) awarded to the Parent Services Project (PSP). The goals of the Project are to:

1. Develop a “Parent Academy” curriculum, toolkit and related tools designed to empower parents/families of diverse backgrounds to advocate for themselves and their children in a variety of systems to strengthen families and prevent child abuse.
2. Establish 20 Parent Academies in 20 California counties over a 3-year period, integrating the 5 Protective Factors and strengthening the leadership capacity of 700-1000 diverse parents to be effective advocates in the systems serving children and families.
3. Conduct thorough and culturally appropriate outreach for Parent Academies in 20 selected counties, reaching the target population of low-income, emerging parent leaders that will spread the curriculum themes to other community members.
4. Through the Parent Academy training model, facilitate activities that enable families to understand the 5 Protective Factors, affirm and build them in their own lives, and spread this knowledge with other families in their communities.
5. Develop a dissemination plan and build capacity of participating counties to replicate Parent Academies through a Train-the-Trainer model, coaching and tools.

6. With a strategic and responsive Training and Technical Assistance Plan, provide culturally competent tools and resources for counties across the state to use and adopt the Parent Academy in their work. Share lessons learned with systems interested in engaging parents as leaders, while integrating the Protective Factors and Strengthening Families approach.
7. Conduct an outcomes evaluation assessing the impact of Parent Academies in participating counties. Identify whether parent advocacy and leadership increased in local systems and communities as a result of the Parent Academy model. Identify whether local agencies capacity to engage/promote parent leadership increased as a result of the Parent Academy model. Evaluations will include lessons for future county level and statewide parent leadership efforts utilizing the Protective Factors.

This year, PSP designed and produced the *Leaders for Change* curriculum (English and Spanish) integrating the 5 Protective Factors with a foundation of parent leadership content. This training program is tailored to meet the unique needs of the host communities based on input from local advisors. The 20-hour program is delivered over three 6-7 hour days. Topics include: leadership of self, family, community and systems; goal setting, communication, advocacy skills and action planning; understanding the 5 Protective Factors; and building support networks and allies, outreach and mentoring strategies.

PSP established effective partnerships with a diverse group of local entities in the six Year 1 counties (3 Metropolitan: Los Angeles, Orange, Santa Clara; 3 Rural: El Dorado, Lake, Tulare) to convene advisory groups who championed the project locally. Advisory group representatives included Education, Child Welfare, Behavioral Health, Family Resource Centers, Child Abuse Prevention Councils, parents, Head Start, private foundations, higher education and a number of nonprofit service providers. Advisory members identified local needs and interest areas, developed and implemented a coordinated outreach strategy and assisted with training logistics, food, childcare, transportation (gas cards) and follow-up between sessions.

PSP contracted with an outside evaluator to design and conduct an independent evaluation of the 3-year initiative. In Year 1 (2012-13), 103 parents enrolled in the program. Participant demographics included:

- Participant ages ranged from 19 to 71; average age was 39;
- 84% were female;
- 56% were married;
- 54% immigrated to the US on average of 19 years ago;
- 68% of participating parents reported Hispanic/Latino background; 25% white;
- 6 in 10 parents reported an annual income of \$20,000 or less;
- 32% had completed high school or GED; 26% had some college; 16% had an elementary or junior high school education;
- 81% of parents completed the training program.

To determine the level of mastery of the dimensions of leadership, participants were asked to identify the top three takeaways or lessons pertaining to effective communication strategies,

visioning, goal setting and action planning, and advocacy and making change in community systems. The top three were:

- Listening/active listening: 50%
- Identify/set goals: 30%
- Ask for or get support/help for yourself, your family: 36%

Participants were asked to identify one thing they planned to do differently as a result of the training. Seventy parents responded to the question; 41% said they planned to take more leadership and get involved in their child(ren)'s school and community. Fourteen (14%) of parents said that learning about the Protective Factors was helpful. Two-thirds asked for additional training opportunities both for themselves and to reach more parents in their community.

Overall, the results of Year 1 are extremely positive. Parents demonstrated significant increases in knowledge, confidence and skills. Staff who participated in the training also experienced positive outcomes (e.g. knowledge gained). Both parents and staff articulated concrete ways they will change, including taking on leadership roles and improving communication. A follow-up survey of Year 1 participants will be administered 6-months following the end of the program. To view the entire survey:

<http://parentservices.org/wp-content/uploads/2013/10/Leaders-for-Change-YR-1-Report-Final.pdf>

To view PSP's informational video, visit: <http://www.youtube.com/watch?v=jDSX77Cw-Gk&feature=youtu.be>

### **State Parent Leadership Team**

The CDSS initially funded the California State Parent Team (CSPT) through a grant awarded to Parents Anonymous<sup>®</sup> that ended June 30, 2012. Parents Anonymous<sup>®</sup> was awarded the California State Parent Leadership Team Grant for a new funding cycle (2013-2015). As with the original Team, the new Team will also be composed of parents with strong leadership skills and expertise who will work collaboratively with professionals to improve the child abuse prevention services and systems throughout California. Parents Anonymous<sup>®</sup> will provide training, technical assistance, mentoring, coaching and support to the State Parent Leadership Team members to help them effectively carry out their statewide roles as:

- Presenter at trainings and conferences
- Member of designated state committees or task forces (e.g. Child Welfare Council, Indian Child Welfare Act Workgroup, Strengthening Families Roundtable, Katie A Settlement Agreement Workgroup, California Wraparound Workgroup, etc.)
- Ensure commitment to involve parents in the C-CFSR process.
- Provide a forum for consumers of service (parents) to gain knowledge and provide feedback on current and future child welfare issues.

Parents Anonymous has also developed an evaluation plan to measure effectiveness of trainings conducted for parents. PA plans to administer the Leadership Practice & Behavior Inventory and

Protective Factors Survey annually. PA will collect and analyze outcomes of workgroups relative to improvements in programs, policies, procedures, practices, and evaluation of statewide groups and report back to OCAP.

### **Family Development Matrix Project**

Under Program Improvement Area 12 of the 2010-14 CFSP, CDSS objectives are to:

1. Support, broaden and extend existing public/private partnership in the 13 FDM counties focusing on prevention and neglect using a collaborative planning process.
2. Strengthen the validity of the FDM model by establishing a Panel of Experts approved by the CDSS Office of Child Abuse Prevention (OCAP).
3. Develop a strategy for the integration of the FDM model and the Pathways approach.

The CDSS supported partnerships between family resource centers and child welfare agencies to use the Family Development Matrix Outcomes Model (FDM) and The Pathway to the Prevention with its wealth of findings from research, practice, theory and policy, to improve the lives of children and families and to support at-risk families participating in Differential Response and other prevention efforts. In the last year, the project has taken steps to align with the 5 Protective Factors (see 208). The FDM is a comprehensive, strengths-based assessment tool that enhances the commitment to supporting families and children while improving data collection methods. The project is a collaborative effort of the FDM based in the California Community College of the Siskiyous, CDSS Office of Child Abuse Prevention, and Strategies. The goals are:

1. Build capacity within family resource centers to use an integrated family outcomes tool for planning, assessment and evaluation.
2. Support family resource centers to partner with other agencies and local child welfare systems to develop shared outcomes for families.
3. Conduct research and provide a framework of information for a pathway to prevent child abuse and to keep children in stable and nurturing homes.

Benefits for family practice:

1. The Family Development Matrix facilitates a "family-in-situation" comprehensive assessment.
2. Provides reliable information from which to assess family situations. Family workers are more effective in understanding family strengths and areas of concern.
3. Builds on individual and family strengths to address problems recognized through the FDM assessment.
4. Facilitates family decisions and goal setting with empowerment plans.
5. Tracks changes in family status for as long as they are engaged with the program providing tables and graphs of family progress.

Benefits for agency practices:

1. Family assessment identifies strengths and concerns, promotes goal setting decisions by the family members, and measures outcomes of functioning for the entire family.
2. Service plans are individualized to meet the needs of the children and families.

3. Family-centered services are focused on family self-direction and self-sufficiency. Parents are included in every step, especially where a child is at-risk.
4. Service providers maintain cultural competency to build on the unique values, strengths, and cultural assets of the children and families.
5. Case managers and other family workers receive training in family-centered assessment, case management, and evaluation.

Process steps for the family and worker to implement the FDM/Pathway model:

1. The worker conducts the FDM assessment with the family using a core set of 20 measurement indicators.
2. A summary of family strengths and areas of concern are displayed in the web database.
3. The worker and the family choose intervention(s) based on the family's desired goals.
4. The family empowerment plan clarifies roles and describes the activities of all involved.
5. The worker records activities completed by both the family and the worker.
6. The worker re-assesses the family (e.g. 3 months, 6 months) using the core set of indicators, updates the empowerment plan and continues recording the progress of the family.
7. The database tracks outcome changes for each family and aggregates data for reports to funders and for program improvement.

The FDM database provides an analysis of family strengths and areas of concern, interventions (“services” and “practices”) that represent the activity between the family worker and the family. Data analysis is based on associations between family outcomes with types of intervention, case management activities and family engagement. To view the FDM Theory of Change: <http://matrixoutcomesmodel.com/images/27R%20Theory%20of%20Change%202011.pdf>

In 2012-13, 145 family support centers in 24 counties participated in the project: Alpine, Butte, Contra Costa, Del Norte, Fresno, Humboldt, Lake, Los Angeles, Madera, Mendocino, Orange, Sonoma, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Sierra, Siskiyou, Stanislaus, Tehama, Tulare, Ventura, and Yolo. Participating counties reported:

- 15,013 client families served, a 20% increase over the prior year
- 21,211 Assessments
- 36% referred via Differential Response
- Client Race/Ethnicities:
  - Hispanic/Latino 58%
  - White 18%
  - African American 14%
  - Asian/Pacific Islander 5%
  - Native American 2%
  - Mixed/Other 3%

Project activities and outputs during this report period included:

- 30 new family support agencies joined the project
- Over 300 technical assistance responses provide

- 30 webinars & 50 training workshops presented to more than 400 family workers;
  - Training and technical assistance is provided to establish and maintain the staff efficacy and protocol fidelity for FDM practices.
  - Each agency receives onsite design and staff training with webinar technical assistance, a minimum of 3 days per agency.
  - A Protocol Survey with 110 agency responses conducted show that approximately 75-85% of staff are following the steps required to complete the required assessment with families.
- Outcome reports and downloadable data distributed twice per year to participating collaboratives for inclusion into evaluations and grant proposals.
- Maintained a strategy for the ongoing integration and sustainability of the FDM model with the Protective Factors and the Pathways Intervention models
- Following the results of a survey with 100 agencies created a set of FDM/Protective Factors measurement indicators. Conducted reliability tests and literature reviews.

*Evaluation*

During the project year, the FDM team aligned the 20-core FDM indicators to the Strengthening Families 5 Protective Factors.

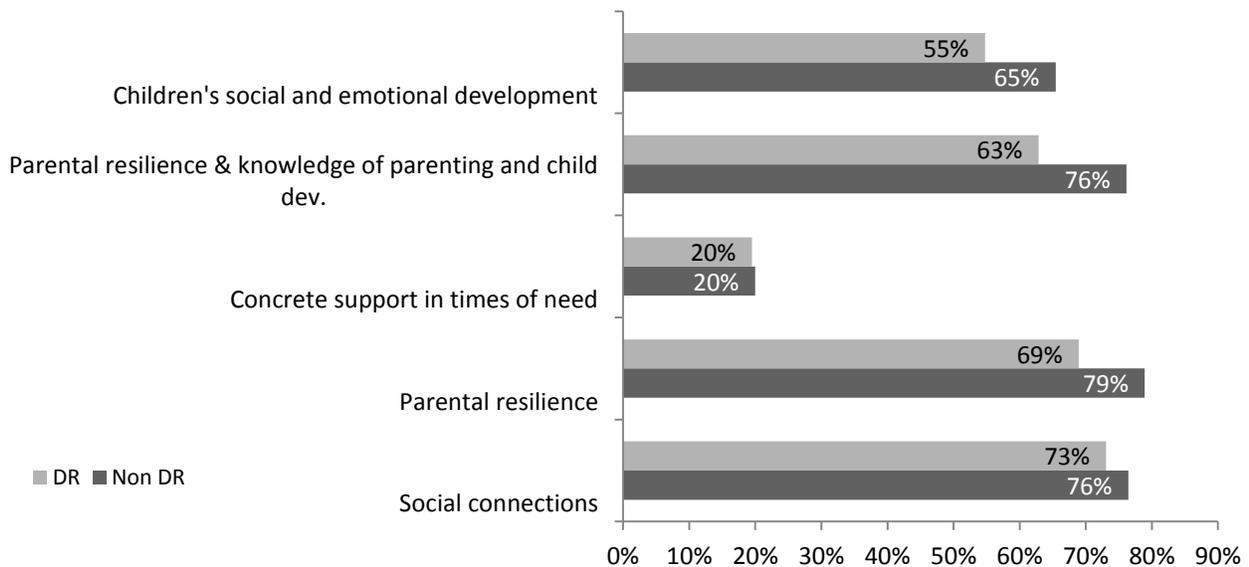
**Chart 1: FDM Indicators Aligned to Strengthening Families**

Protective Factors	Pathway Goals	Categories	Indicators	Pathway Interventions
Children's Social and Emotional Development	Children and Youth are Nurtured, Safe and Engaged	Child Safety	Child Care Supervision Risk of Emotional & Sexual Abuse	Confirm safety of child, Work in partnership with Child Welfare, Connect to childcare opportunities
		Children's Physical and Mental Health	Nutrition Appropriate Development	Identify developmental concerns, Support children's social and emotional competence, Support family to advocate for child in school
Knowledge of Parenting and Child Development	Families are Strong and Connected	Parent/Child Relationships	Nurturing Parenting Skills	Positive parenting education, Effectively involve fathers and other relatives in parenting, Connect to parent support groups and education
		Family Communication	Family Communication Skills	
Concrete Support in Times of Need	Identified Families Access Services and Supports	Basic Needs	Budgeting Clothing Employment	Connect to financial supports for self-sufficiency
		Shelter	Stability of Home or Shelter Home Environment	

		Access to Services	Health Services Community Resources Knowledge Child Health Insurance Transportation	Provide health information, Provide transportation to access medical/counseling appointments as needed, Participate in multi-disciplinary teams to coordinate services
Parental Resilience	Families are Free from Substance Abuse and Mental Illness	Substance Abuse	Presence of Abuse	Connect to weekly group meetings for parents and children, Provide linkages to remove barriers to mental health and substance abuse services
		Life Value	Emotional Wellbeing, Sense of Life Value	
Social Connections	Communities are Caring and Responsible	Social Emotional Health	Support Systems	Connect to informal community supports, work with families to identify system gaps

The status levels of families using the FDM are: self-sufficient; stable; at-risk; and in-crisis. Families are considered to be at “stable or self-sufficient” level in a Protective Factor (PF) only if they are assessed as “stable or self-sufficient” in all of the indicators for that PF. The table below shows family status, according to the 5 Protective Factors, at program entry for families served from September 2009 to March 2013. The baseline data includes 12,184 families/46,991 children served via 25 collaborative groups of which 129 family resource centers participated:

**Chart 2: Family Status According to the 5 Protective Factors at Program Entry**



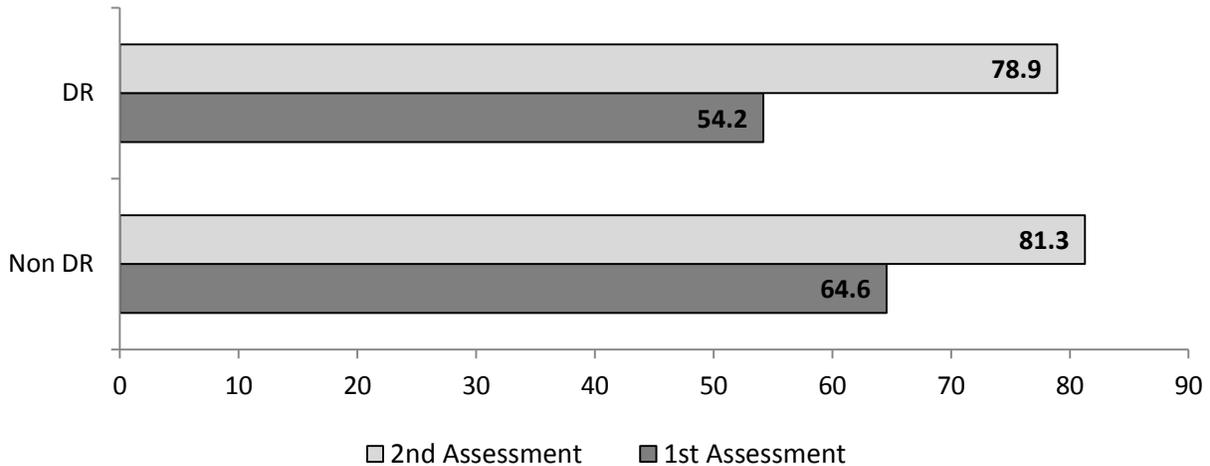
What was learned from this baseline data:

- Family Resource Centers (FRCs) serve a variety of clients; Hispanic/Latinos represent 52% of DR cases, and 63% of non-DR cases—exceeding the state’s population projects of 39% Hispanic/Latino in California. White families represent 23% of DR cases and 14% of non-DR cases.
- DR clients differ from Non-DR clients; DR clients are less likely to be at the “stable” or “self-sufficient” level in just about every indicator.
- Of the DR cases, 67% were Path 2—meaning an initial joint visit by CWS and a community-based provider responded to the referral. The disposition of Path 2 (after the first visit) is determined by the two agencies. In the cases of these data, the casework was performed by the community provider.
- At the PF level, the percentage of clients as “stable” or “self-sufficient” level is lower than at the indicator level showing differences in specific needs within protective factors. This is most evident in the “concrete support in times of needs” PF.

*Progress After 90 days*

The charts below show changes within each PF after 90-days of family support services. In the “Knowledge of children’s social and emotional development” Protective Factor, families experienced significant gains in just 90 days (DR families +24.7%; Non DR families +16.7%).

**Chart 3: 90-day Post Assessment: Social/Emotional Development**



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DR families served also experienced gains (shown above) in their knowledge of parenting and child development through parent education and skill-building supports provided by family resource centers.

**Chart 4: 90-day Post Assessment: Knowledge of Parenting & Child Development**

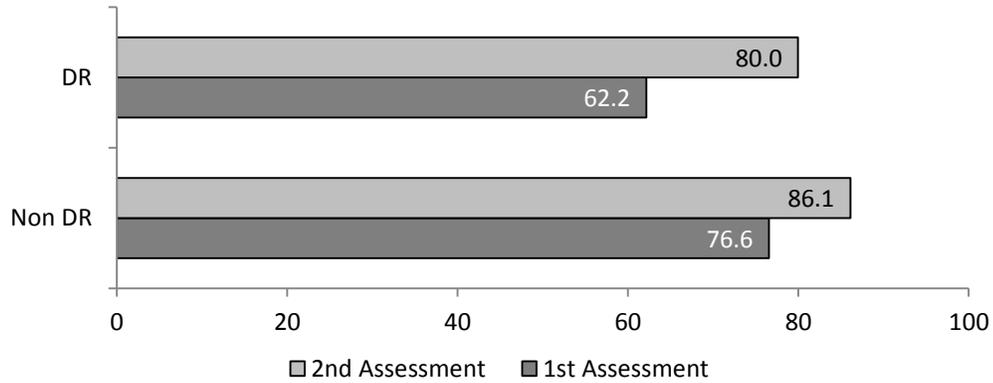
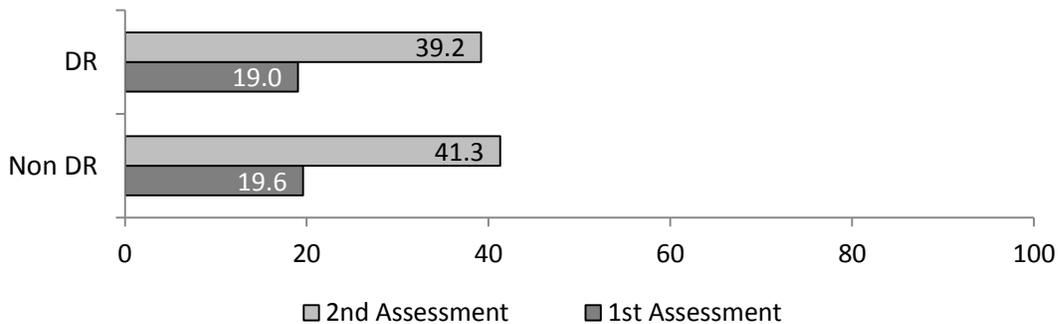


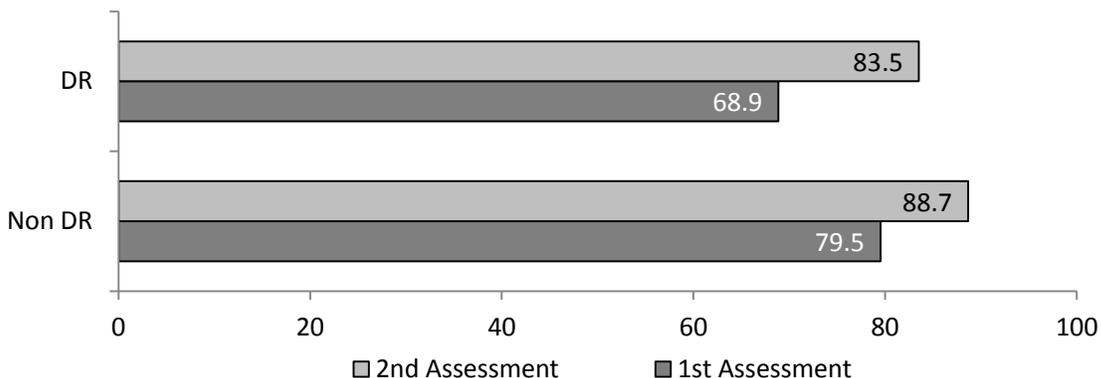
Chart 5 shows major increases in the “Concrete Support” Protective Factor (DR families +20.2%; Non DR +21.7%).

**Chart 5: 90-day Post Assessment | Concrete Support**

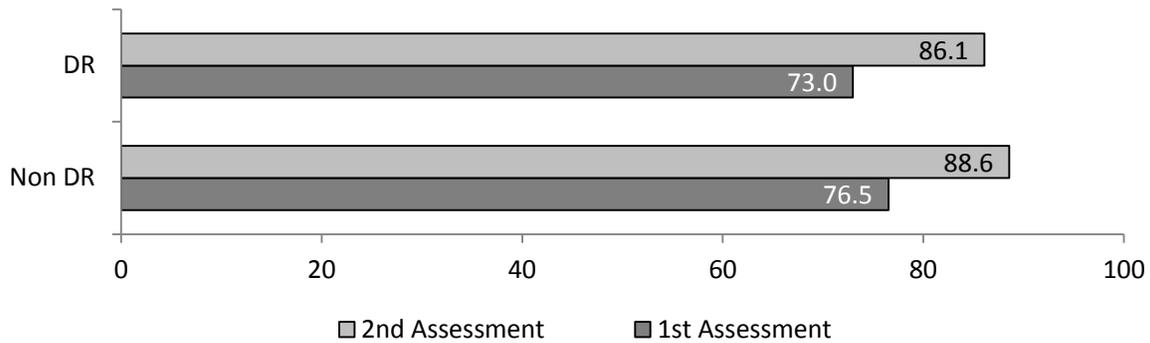


After 90-days, both DR and non-DR parents also experienced gains in resilience. Although the data does not capture why, assumptions can be made that the increased support and follow-up provided by the worker, educational tools and linkages to resources increased parents confidence and ability to cope under stress. These strategies, coupled with parent engagement and contact with other program participants facing similar circumstance increase the social connections (and decrease isolation) among families. (See table below illustrating gains made under the Social Connections Protective Factor.

**Chart 6: 90-day Post Assessment | Parental Resilience**



**Chart 7: 90-day Post Assessment | Social Connections**



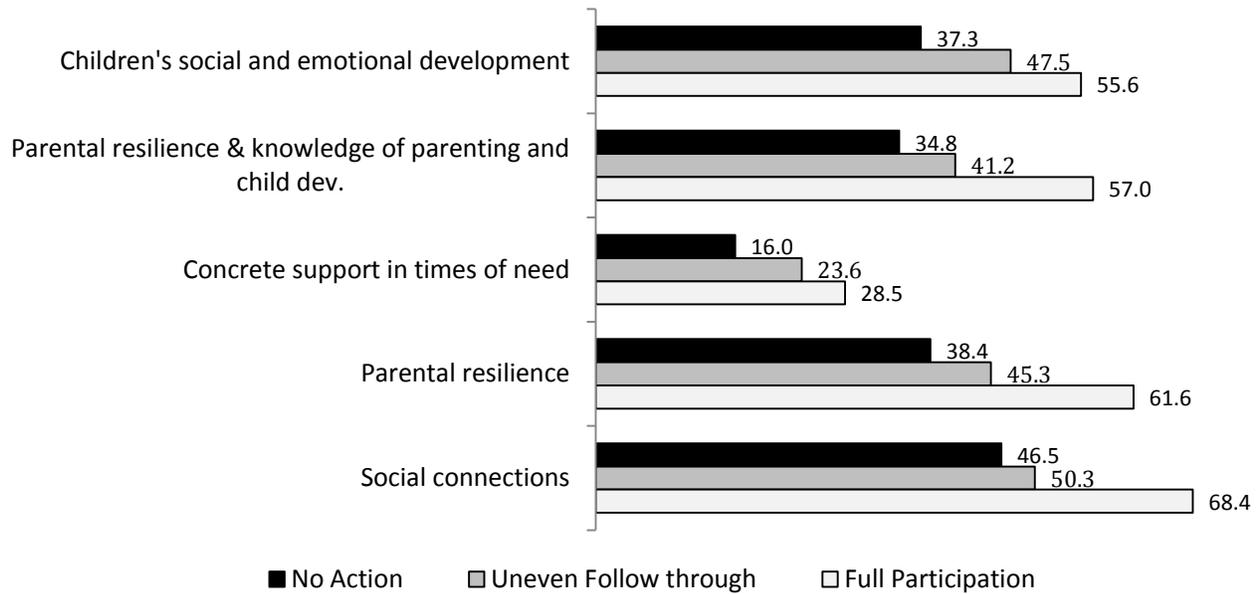
### What We Learned From Measures of Changes Over Time

- Families experienced significant positive changes in all Protective Factors.
- DR and non-DR gaps are reduced from first to 2<sup>nd</sup> assessment, yet small differences remain.
- Greatest gains take place on Concrete Support in Times of Need for both non-DR and DR families.
  - The percentage of clients at a Stable or Self-sufficient level is relatively low compared with other PFs
  - This difference is mainly driven by employment
- Families that exhibit higher levels of engagement are more likely to increase their scores over time. This relationship is consistent across all indicators and protective factors.
- Approximately two-thirds of families continue their engagement for a second assessment within 6 months.

During the 2<sup>nd</sup> assessment, case managers are asked to assess family’s level of “follow through” with the agreed plan of action. One-third (29.7%) demonstrated uneven follow-through an indicator of the depth and breadth of the challenges faced by these families. The table below illustrates the percentage of families moving from “at-risk” or “in-crisis” to “stable” or “self-sufficient” level in subsequent assessments by levels of engagement. The longer families stay engaged the better their outcomes. The FDM Team will continue to work with counties and their funded-partners to increase engagement thereby improving long-term outcomes.

Another important point is the measurement of engagement itself. Families perceived as taking “No Action” still have some positive results, suggesting that worker observations may not capture the entire picture of family participation.

**Chart 8: Family Engagement & Improvements Over 90 day period for families starting from apposition of risk or crisis**



By the 3rd Assessment DR cases are as likely to be at a “safe” or “self-sufficient” level as non-DR cases in almost all indicators (except for employment, and family communication skills where the differences are larger than 5 % points).

Interventions are based on models that are supported by national research and the diverse organizations that use them in the community. In 2006-2007, in collaboration with the Harvard University Pathways Mapping Initiative, led by Elizabeth Schorr, OCAP sponsored research resulting in the development of a best practice model entitled “The Pathway to Prevent Child Abuse and Neglect.” By 2008, the Pathway interventions were aligned with a set of 20 core outcome indicators for the FDM assessment protocol. The core set of family outcome indicators aligned to the Pathway interventions has provided widespread dissemination and replication of an evidence informed prevention model through the state of California.

**Scientific Rigor:** The FDM has great appeal to family support staff and agencies because it supports the move towards a standardized practice and the collection and utilization of data to measure the impact of intervention. The OCAP supports the FDM to move towards attaining more scientific rigor, and attaining a best practice rating on the California Evidence Based Clearinghouse. Maintaining an evaluation panel of experts has provided guidance for scientific oversight, designing evaluations and research design. Publications with peer review journals, an agency survey evaluating protocol practices, and a research design for shared data with Child Welfare agencies are each being developed and will be ready for implementation by June 2014.

**FDM Internal Strengths**

- A theory of change since 2009 defining the building blocks for family development assessment that includes a core set of outcome measures, case management and family

engagement activities, Pathway interventions, FDM categories and indicators and long-term child abuse prevention outcomes.

- An assessment protocol and database monitoring system to maintain consistency of assessment practices across all agencies within the collaborative.
- A database calculation of a family's strengths with alignment to evidence informed and localized interventions, supports and services.
- A family empowerment planning process that collaboratively develops a family directed action plan of interventions and activities.
- A web accessed database capable of providing family outcomes reports in relation to case management activities and family participation as an essential catalyst for outcome change.
- Evaluation methodology for evaluation information and distribution of client data results to the worker, the agency and the collaborative.

### **FDM External Strengths**

- Prevention planning at a collaborative level to integrate the FDM Pathway to Prevent Child Abuse and Neglect model into case management practices in Child Welfare / FRC partnerships.
- A web-based information and data system to improve the capacity and performance outcomes of FRCs and partner agencies at a community level.
- Development of Family Strengthening Protective Factor indicators as an adjunct to the FDM core indicators.
- Panel of experts to guide research and evaluation and increase scientific credibility of the FDM.
- Presentations and publications demonstrating the methodology and outcome results in the state, across the country and internationally.
- Newsletters and showcases providing practice and program information in a website format.
- Outcome reports distributed twice a year to each collaborative and downloaded data for inclusion into evaluations and funding proposals.
- Relatively low cost expenses for providing a comprehensive outcomes and information system in participating counties.

## Strategies: Family Resource Center and Family Support Program Training and Technical Assistance

In 2012-13, CDSS/OCAP continued to fund **Strategies** (a consortium of 3 nonprofits) to provide training and technical assistance across the state. The three organizations of this consortium are: Youth for Change (Region 1, Northern California); Interface Children and Family Services (Region 2, Central California); and the Children’s Bureau (Region 3, Southern California). The project’s purpose is to execute an integrated child abuse prevention approach at the state, regional and county levels. The goals of this prevention initiative are:

1. **Provide training** to California family strengthening organizations in order to improve their abilities to implement effective practices to prevent child abuse and facilitate permanence, safety and well-being.
2. Through the **provision of technical assistance**, improve family strengthening organizations’ and networks’ abilities to provide quality child abuse prevention services, implement effective practices, and enhance child permanency, safety and well-being.
3. **Disseminate information** to family strengthening organizations and networks that heightens their ability to provide quality child abuse prevention services, implement effective practices, and enhance child permanency, safety and well-being.
4. **Support the development of integrated child abuse and neglect prevention/early intervention approaches at the state, regional and county level** which incorporate current best and evidence-based practices, such as Strengthening Families; strengthen local prevention networks; assist with the integration of county child welfare plans into the Outcomes and Accountability system; and promotes quality practice through implementation of shared standards for family strengthening practice, peer-to-peer learning and professional development.
5. Ensure that OCAP investments in the **Supporting Father Involvement** research is leveraged by coordinating wide dissemination of evidence-based practices, technical assistance and promotion of model fidelity.
6. **Provide a seamless statewide system of services** that supports regional relationships and addresses local concerns while providing capacity building activities across the state.

*In 2012-13, Strategies achieved the following training outputs:*

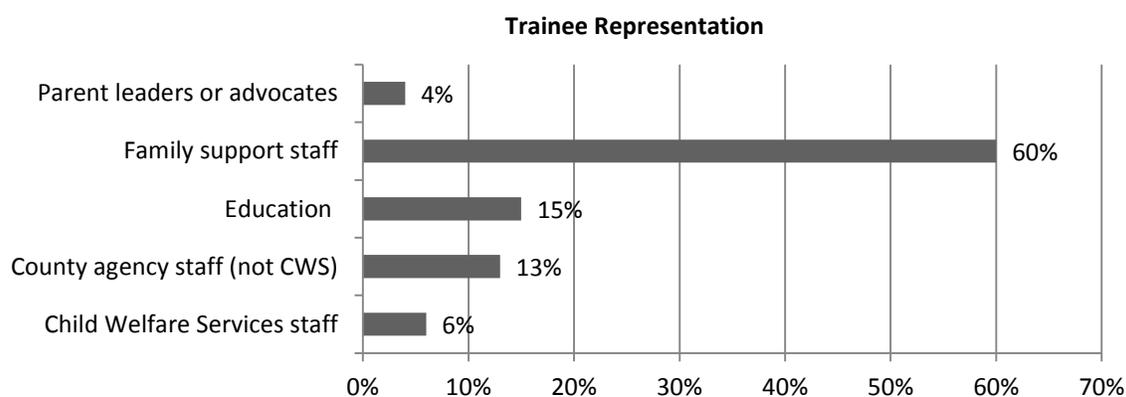
TRAINING			
	Classroom	Webinar	Total
Region 1	45	1	46
Region 2	59	5	64
Region 3	43	14	57
Statewide Total	147 (88%)	20 (12%)	167

Thirty-eight percent (38%) of trainings offered built the capacity of organizations to strengthen families (e.g. evaluation, adopting the Strengthening Families Framework, strategic planning, marketing). The chart below illustrates the types of trainings provided:

**Strategies served trainees from 56 of 58 California counties** (Sierra and Modoc were the only counties not served). Interestingly, the two counties who chose not to access trainings offered faced a number of challenges in the past two years—leadership/staff turnover, limited availability of programs and participant engagement—all of which could be address through training and technical assistance offered by Strategies. The OCAP will encourage targeted outreach to these two counties in the coming year.

Of 5,223 training participants, 60% were family support staff and 6% were from child welfare services. The focus in the past has been on support non-CWS, as CWS are served by regional training centers. There is a growing demand from CWS agencies, however, for family support services offered by expert organizations such as Strategies. Capacity would have to be greatly expanded to meet the need.

**Chart 9: Trainee Representation**



Strategies achieved the following training outcomes:

- 93.7 % of training participants reported an increase in knowledge as a result of training;
- On a scale of 1-5 (5 equated with high quality), participants reported an average score of 4.54 that the training was useful and applicable to daily practice;
- Participants reported an average score of 4.60 on a scale of 1-5 (5 equated with high quality) regarding the overall effectiveness of trainings.

**Training Lessons Learned:**

- Trainees want and need more practical trainings, such as program and practice implementation, particularly using specific tools, assessments, and strategies to implement child abuse prevention best practices.
- Increased demand for training focusing on methods to document activities (outcomes) and increase family support staff professionalism.

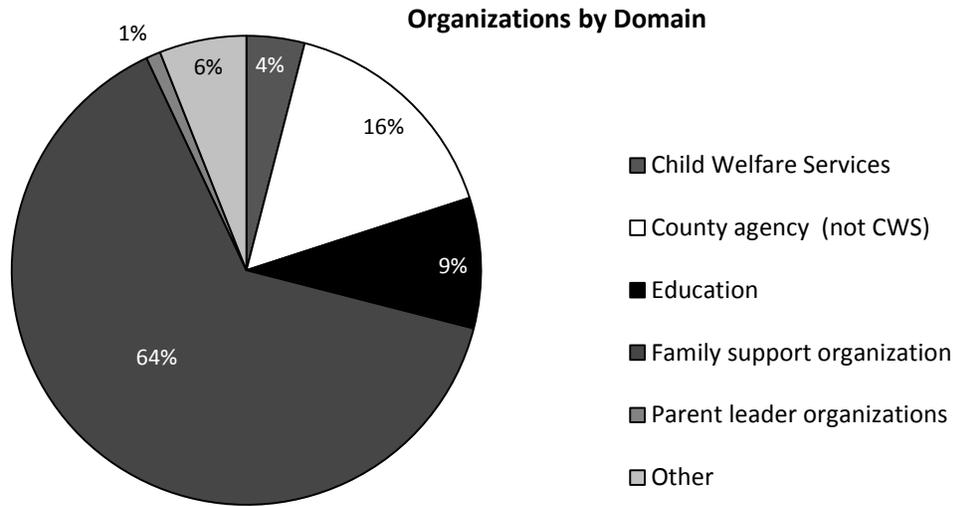
- **Continued need for family support foundational training** (e.g. home visiting, case management, motivational interviewing, etc.). Many family support staff, particularly in rural areas, are deployed into family resource, home visiting and even differential response without any formal training.
- Increased participation by network, regional, and collaborative groups interested in learning and participating in trainings together.
- Increased requests for additional training formats, including shorter (half-day) and online learning to accommodate resource and time/scheduling considerations.
- Increased number of requests for prevention training focused on trauma-informed services and programs, implementing the Strengthening Families Framework™, understanding and promoting maternal and family wellness, applying and implementing standards for family support organizations, and supporting families of children with special needs.
- Audience composition is changing—we must prepare extensively with appropriate examples and activities to accommodate staff with no experience and staff with extensive experience in the same training.

#### **Training Impact on Families:**

- With increased knowledge and skill acquisition, home visitors report offering an increased number of resources to families, better assessment, and increased parent engagement.
- Organizations report using family assessments that they had not previously used, including, but not limited to, maternal and paternal mental health, child social-emotional development, protective and promoting factors, and father involvement. **Skilled use of assessments has resulted in families receiving timely, more effective prevention services.**
- Family support organizations report an increase in interpreter services, use of neighborhood health outreach workers, and active coordination of prevention and early intervention services with traditional healers, as a result of training.
- **Family support workers report having specific skills and tools to open difficult conversations with families, which removes barriers to families receiving services.**
- Family support workers report that families are benefiting from the tools and visual materials that family support workers use as a result of the training—as examples, **families have better understanding of their natural supports, better understanding of budgeting, and receive a better quality of empathic response and support.**

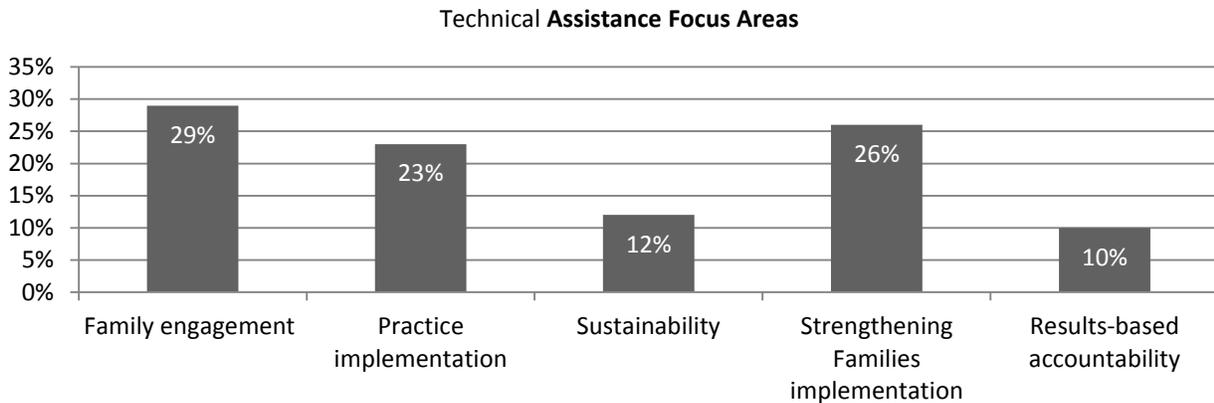
In addition to trainings, **Strategies provided individualized technical assistance (TA)** to 667 organizations and 35 networks/collaborative groups representing 36 counties across the state. TA participants represented the following domains:

**Chart 10: Technical Assistance Participants by Organizational Domain**



As the chart above illustrates, two-thirds of TA recipients were from family support organizations (e.g. family resource centers); 20% represented county agencies, including 4% from child welfare services. TA focused on the five major areas as shown below:

**Chart 11: Technical Assistance Focus Areas**



Nearly one-third of technical assistance was provided in the area of Family Engagement (e.g. serving underrepresented, underserved or other special populations; case management training); 26% of technical assistance was related to implementation of the Strengthening Families Framework; 23% was practice implementation-related (e.g. Supporting Father Involvement, evidence-based programs, trauma-informed approach).

**TA Outcomes Achieved:**

- Family support agencies reported an increased number of fathers participating in support activities, case planning, and other activities as a result of TA.

- Increased parent input into program services, agency decision-making, and other elements of family support, as a result of learning how to offer Parent Cafés and Conversation Cafés effectively. Parents also report a significant increase in social connections, as a result of Parent Café implementation technical assistance.
- Increased numbers of families actively participating in agency services and supports and community involvement projects.
- Increased number of county and community networks in which family strengthening organizations, non-traditional partners (faith-based organizations, businesses, service clubs, law enforcement, libraries, etc.) and child welfare services are working together to effect community change.

**Technical Assistance (TA) Lessons Learned:**

- As grantmakers, donors and other stakeholders seek and expect results-oriented accountability from the public and non-profit sectors, an increasing number of agencies, networks, and collaborative groups reported difficulties in this area and requested TA to develop performance measures. This is consistent with the OCAP’s findings of a recent survey of counties about data collection. Fifty-two percent of survey respondents (n=30) stated that outcomes evaluation caused them the most frustration.
- There were an increased number of networks and collaborative groups requesting TA on using community data and developing performance measures on project impact and community change. Over the past year, the OCAP has observed that, in the development of System Improvement Plans, and specifically prevention program plans, counties identify service needs based on the absence of a service rather than an analysis of data (i.e. the problem or situation to be addressed). Increased trainings offered by Strategies, CEBC and OCAP consultants are intended to eliminate this circular-reasoning in planning.
- Networks and collaborative groups requested TA to implement collective impact or collective action projects that use shared language, shared measures, and group accountability. This is also an area OCAP is promoting during the C-CFSR process and TA sessions.
- Increased requests for leadership and organizational sustainability projects—in recent years, Strategies has observed a significant turnover in seasoned nonprofit leadership and young, inexperienced individuals moving into director and executive director positions without skills and information needed for stability and sustainability.
- Preparation time for TA to specific, underserved populations is extensive—for example, integrating the Strengthening Families Framework using a culturally relevant approach into populations, including, but not limited to, Hmong, Mixztec, and Native American agency practice and documents requires deep understanding of relevant culture and approach before assisting with any integration and implementation process.

### Technical Assistance Impact on Families:

- Due to skill integration projects, such as home visiting, families are receiving enhanced quality of visits, assessment, and resources.
- Specific populations are receiving better services that influence policy. For example, data generated through a Strategies' community data project with a Hmong community was used to change mental health practice for Hmong families in California.

Strategies awarded 20 mini grants averaging \$3,000 to family strengthening networks in 13 California counties (4 in Northern California, 5 in Central California, 4 in Southern California). The goal of this funding is to build and enhance the capacity of these networks, strengthen their member agencies, provide quality child abuse prevention services, implement effective practices, and enhance child permanency, safety, and well-being. Capacity building activities were defined as those that help enhance the effectiveness of the network and/or offer opportunities for peer exchange, including but not limited to the following:

- *Vision/Mission Statement*
- *Fund Development*
- *Strategic/Action Planning*
- *Shared Leadership*
- *Shared Purpose Values*
- *Marketing/Outreach*
- *Defining and Measuring Outcomes*
- *Decision-Making*
- *Building Allies and Champions*
- *Advocacy*
- *Evaluation*
- *Peer Review*
- *Leadership Development*
- *Communication*
- *Motivation/Retention*
- *Membership*

### Capacity-building Grant Lessons Learned

- Networks and collaborative groups are expressing increased interest in child abuse prevention best practices and learning about work in other states, counties, collaboratives, and agencies.
- Low literacy or the inability to read emerged as a key community issue in several community capacity-building and technical assistance projects. A number of projects were completely delivered through photos, visual representation, and artwork designed to communicate the project elements. Community members involved in the projects also completed work visually. Significant time is invested in delivering a complex community capacity-building projects visually.
- Networks involved in capacity-building efforts are often loosely affiliated or emerging and benefit from the formal network development activities provided, which strengthen and improve their affiliation, function, and member relationships.
- Leadership buy-in is essential to the success of any capacity-building project and the balance of challenges experienced in capacity-building efforts include significant leadership changes or leadership level individuals not sufficiently informed of or involved in the project.

- The capacity-building small seed grant funding is not a good fit for time-intensive, in-depth technical assistance projects. This seed funding may be a better fit for smaller, pilot efforts.
- Agency, organizational or network readiness for a project is extremely important for success—networks sometimes verbalize readiness and excitement about a project and then find they do not have the foundation (i.e. infrastructure) required to implement the project or the capacity to participate. We have developed a project readiness assessment to address this consideration.

### **Capacity-building Grant Impact on Families**

Although grants target capacity of networks, families benefit in a number of ways—from reduced time at intake (program entry), to program enhancements that improve participant’s experience and outcomes. Examples reported by Strategies:

- Increased access for families to programs that “work” i.e. evidence-based and evidence-informed child abuse prevention services, including, but not limited to, Supporting Father Involvement, integrating protective and promotive factors, and assessments.
- Father-friendly programs, practice and environments in family resource centers
- Media campaigns increasing community awareness of child abuse and neglect prevention.
- Increased capacity for networks and collaborative groups to coordinate and ensure non-duplication of services for families.

### **Program Improvement Area 14: Programs, Activities, Services and Training**

Supporting and enhancing collaboration among public health agencies, the child protection system and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including the mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

### **The Evidenced-based Clearinghouse for Child Welfare Services in California (CEBC)**

As part of California’s improvement strategies, CDSS/OCAP continued to partner with 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 support the California Evidence-Based Clearinghouse for Child Welfare (CEBC). The CEBC identifies and disseminates 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.

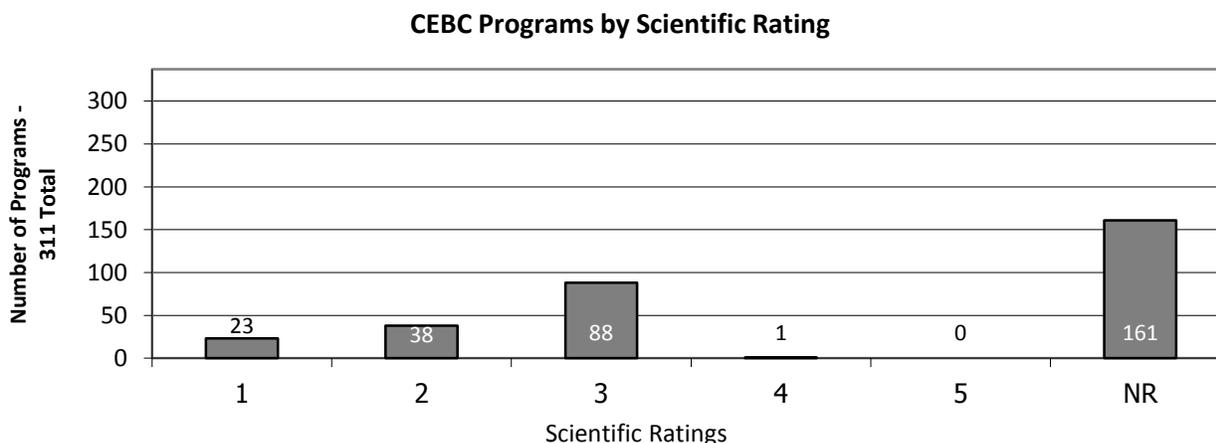
The CEBC is guided by two main entities: (1) a statewide Advisory Committee comprised of state and local child welfare leaders, supporting organizations, and nationally respected authorities on child welfare; and (2) a national Scientific Panel comprised of five core members who are nationally recognized as 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:

1. 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.
2. Provide up-to-date information on evidence-based child welfare practices and child welfare practices that are marketed or used in California.
3. 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.

As of June 2013, there were a total of 311 programs listed on the CEBC website. About half of the programs on the site are not-rated (NR) because they have not been rigorously evaluated and/or meet other CEBC criteria.

**Chart 12: Programs by Scientific Rating**



In 2012-13, research and re-review of 115 programs on the site for more than 2 years was conducted. For example,

The Triple P Program outline was updated and split into two (System Triple P and Level 4 Triple P). Annual program reviews began in the second quarter and continued throughout the year. New topic areas added this year (4 topics, 26 programs):

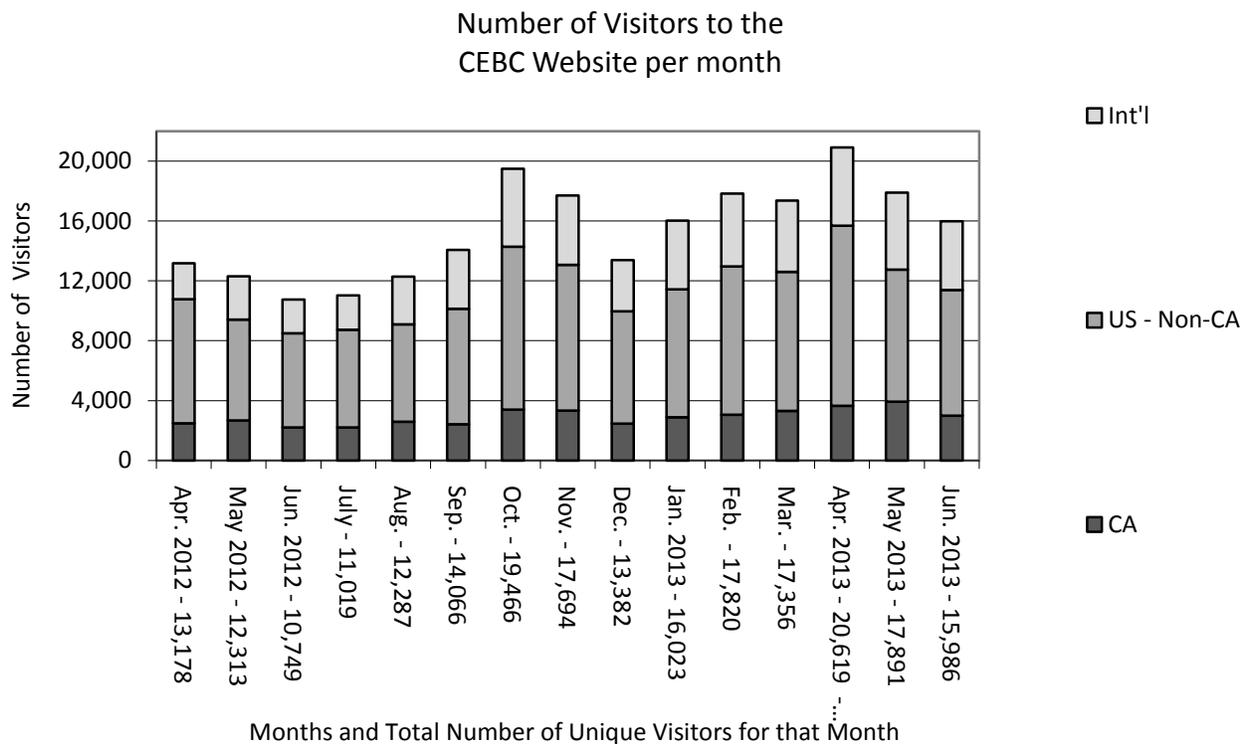
1. Teen Pregnancy
2. Reducing Racial Disparity and Disproportionality
3. Commercial Sexual Exploitation of Children and Adolescents

#### 4. Trauma Treatment (Adult)

Other outputs achieved in 2012-13:

- 31 new programs were added to existing topic areas this year.
- 9 face-to-face trainings and 8 webinars conducted
- Over 600 trainees comprised of child welfare administrators, child welfare front line workers, researchers and professors, attorneys, community based agency providers and private practitioners.

**Chart 13: CEBC website visitor activity during 2012-13:**



The most accurate way to report the statistics for visits is to show it by month and see trends of increased or decreased unique visitors, since unique visitors across reporting periods cannot be tracked. When comparing the April-June of 2013 to the same months in 2012, the visitors to the website have increased by over 5,000 unique visitors in all three months, with the biggest increase of over 7,000 in April giving the CEBC a **new all-time high monthly visitor count of 20,619**. Online resources were added for Professors and Students on how to use the website including a Lesson Plan and a detailed description on how the CEBC research staff conducts literature searches. The CEBC provides vital information on the research evidence of over 300 programs to child welfare systems and those that provide services to children and families. It is used by administrators to make decisions about which programs to fund and implement in communities. It is also used by child welfare workers to inform case planning and referral decisions. These types of system and individual decisions impact the services received by children and families.

The importance of keeping this resource up to date to reflect new research and new programs has become critical. Over the past few years, the CEBC has moved from training on information about defining evidence-based practice and what the level of research on programs is to providing more information on how to make decisions about selecting practices based on the research evidence and the needs of the community. This training emphasis will continue in the coming year.

### **Safe Kids California Project (SKCP)**

a) The CDSS concluded funding for SafeCare® in 2013. SafeCare® is an evidence-based practice to improve parenting for caregivers at-risk for, or who have been reported for, child maltreatment. Home visitors are trained or certified by the National SafeCare® Training and Research Center to deliver this evidence-based practice with fidelity to the model. The model requires three primary roles. SafeCare® home visitors deliver the in-home parenting project. SafeCare® coaches provide assistance for home visitors regarding SafeCare® questions and conduct monthly monitoring home visits to ensure high levels of fidelity. SafeCare® trainers are certified to train and coach new SafeCare® Home visitors. The curriculum of the SafeCare® training program is comprised of three modules: Health, Home Safety, and Parent-Child Interaction/Parent-Infant Interaction. Modules may be administered in any order, which include role-playing, hands-on demonstrations, and assigned homework.

b) During the past five years, the Safe Kids CA Project (SKCP) in collaboration with partners the California Department of Social Services/Office of Child Abuse Prevention (CDSS/OCAP), the National SafeCare® Training and Research Center (NSTRC), and the University of California, San Diego Department of Psychiatry (UCSD), provided and supported a system of change. Multiple counties across California (Central Valley: Fresno, Madera, Tulare; 2009, Shasta; 2010, and San Francisco; 2011) transformed local services from untested models into a culturally robust evidence-based service delivery system. Each county implemented the Safe Care® neglect intervention model as an Evidence Based Home Visiting (EBHV) program by leveraging existing funding streams and redirecting existing service delivery capacity to the SafeCare® model with strong implementation support and fidelity to the model.

c) During the same time frame as SKCP, Child and Adolescent Services Research Center (CASRC/UCSD) successfully sought support from the Centers for Disease Control and Prevention to fund a companion study in which SKCP was embedded in a wider randomized trial of SKCP supported implementation of SafeCare® and an alternative version of implementation support in which the SafeCare® was adapted to local needs prior to implementation called ADAPTS (for a scholarly examination of the ADAPTS project, see Aarons, Green, Palinkas, et al, 2012). **Overall, more than 1,000 families were served by the counties participating in the SKCP cascading diffusion model by end of project, September 2013.**

d) Evaluation of the Safe Kids California Project (SKCP) was conducted using mixed qualitative and quantitative methods to describe implementation reach and progress including challenges and keys to success, provider fidelity and client satisfaction with the SafeCare® model, and client level outcomes including caregiver depression, caregiver stress, and the working alliance. An additional ongoing goal was to assess long term client outcomes using recidivism data from California's

CWS/CMS data system. Enrollment of clients ceased in December 2012, and as such, the SKCP team planned to collect recidivism data dating 6 months, 12 months, and 18 months post services. The successful collection of these data relied on the diligence of counties in designating these SafeCare clients in the CWS/CMS system. However, many of the SKCP counties did not successfully comply with this requirement. SKCP leaders are currently working with the Children's Research Center (CRC), who have access to recidivism data for each California county, to obtain accurate recidivism data for counties involved in the SKCP project to the extent it is possible.

## Summary

### 1. Central Valley (Tulare, Madera, Fresno):

- Agencies providing services = 6
- Home visitors providing services =29
- Staff trained = 43 (includes Fresno and Madera)
- Staff certified = 39
- Total local coordinators = 4 over time Currently there is only 1 coordinator due to funding issues in Fresno and Madera. Tulare participated in a train the trainer training to increase capacity.
- Total trainers = 3 currently
- Total coaches = 8 currently ( 10 including Fresno and Madera)
- Total families served = 862; completed program = 403

### 2. Shasta

- Agencies providing services =2
- Home visitors providing services =15
- Staff trained = 24
- Staff certified = 24
- Total local coordinators =2
- Total trainers = 4
- Total coaches = originally 9, currently 5
- Total families served = 372; completed program = 125

### 3. San Francisco

- Agencies providing services = 3
- Home visitors providing services = currently 8
- Staff trained = 25
- Staff certified = 20
- Total local coordinators = 2
- Total trainers = 2
- Total coaches = 2 currently ( originally during implementation phase 4)
- Total families served = 130 completed program = 40

## SKCP Outcomes:

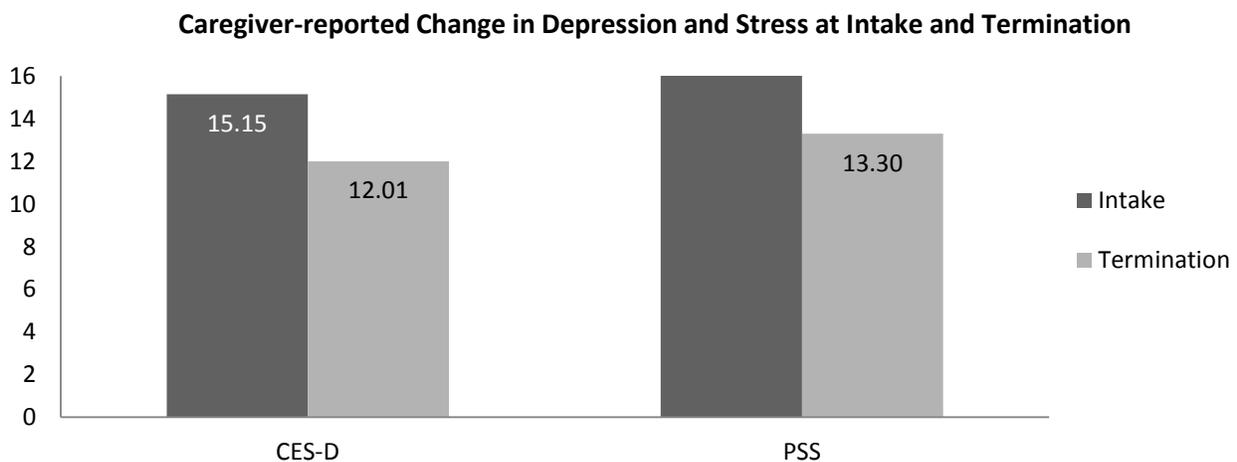
Based on the SKCP final evaluation Report:

- The Health module was the most commonly completed module, followed by the Home Safety and Parent-Child Interaction modules.
- Overall, caregiver satisfaction scores were high for all modules.

- SafeCare® Model Fidelity: overall, fidelity to the SafeCare® model was high across all four categories, particularly Psychoeducation and Feedback.
- Families receiving services were highly satisfied and reported a strong alliance with their home visitor.

Caregiver Depression and Caregiver Stress were examined over the course of the study using the Center for Epidemiological Studies-Depression (CES-D) scale and Perceived Stress Scale (PSS). The scores on caregiver stress and depression measures decreased over the course of SafeCare implementation.

**Chart 14: Caregiver Depression and Stress at Intake and Termination**



- The SKCP cascading diffusion model, provided counties with the ability to successfully continue the expansion of their programs.
- SafeCare, as delivered by SKCP, was delivered with a high level of fidelity across all implementing sites.

### Key Factors

Implementation Keys to Success in sustaining SafeCare Sites:

- ✓ Presence of a strong well organized SafeCare team leader
- ✓ Continued weekly team meetings for team bonding and problem solving
- ✓ Ability of county administrators to network for funding
- ✓ Reciprocal communications between county administrators and other SafeCare stakeholders
- ✓ Proactive problem solving approach at all levels of leadership

### Other activities and considerations:

- A unique feature of Safe Kids California Project (SKCP) was that for the first time a full cultural and linguistic adaptation of SafeCare® was implemented to facilitate and enhance the uptake of SafeCare® skills in the language in which it was delivered in the community. The cultural adapted SafeCare® model included staff training, coaching, and supervision in the adapted

language and culture. The SKCP cultural adaptation was primarily to Latino families across the cohorts selected for the Evidence Based Practice home visiting implementation.

- Compared with other grants, the project provided the capacity to flourish by way of the cascading diffusion model. This model of diffusion and the build in capacity for self-sufficiency and sustainment of the infrastructure put in place during the implementation phase ensures that the community of service delivery is securely institutionalized. This continues to be a key factor for the continuous success of the model implementation beyond the project conclusion.
- In March 2012, San Francisco Health and Human Services Agency (HHSA) funded the translation of the SafeCare® training manual into Cantonese for the Asian community and added a new community based organization (Asian Perinatal Advocates) to provide SafeCare®.
- Another unique feature that was implemented among the SKCP sites was the **Community of Learning Network**. The Community of Learning Network was produced to provide a forum by which members can communicate, exchange ideas, discuss challenges and provide each other with technical support to maintain the SafeCare® home visitation model sustainability within each member's county/community in collaboration with NSTRC as needed for guidance on model fidelity and training support.
- Along with the scientific understanding of implementation gained in the project, the evaluation, and the wider ADAPTS study, the SKCP Team learned many valuable practical lessons and made a number of observations that are of benefit to others seeking to implement SafeCare® or any evidence-based practice (see attached document for Safe Kids California Project SafeCare® Implementation Guidelines).
- Due to the SKCP model success and lessons learned, the trainer specialist for SKCP is currently employed at NSTRC as a Senior Trainer to continue the dissemination of SafeCare®, and most importantly provide implementation guidance to the developers.

Overall, the implementation sites across California served as a laboratory for scientific input that continues to date by UCSD to expand translation to the California Evidence Based Clearinghouse for Child Welfare to support for other counties.

### **Supporting Father Involvement (SFI)**

The Supporting Father Involvement (SFI) research project was launched in 2003 as a joint partnership between the research and development team of Philip A. Cowan, PhD, Carolyn Pape Cowan, PhD, Marsha Kline Pruett, PhD, Kyle D. Pruett, MD, and the California Department of Social Services, Office of Child Abuse Prevention (OCAP). The primary goal of the project was to develop an evidence-based intervention that would 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.

Research to develop the evidence-based curriculum was conducted in the field at family resource centers located in five California counties: San Luis Obispo, Tulare, Santa Cruz, Yuba, and Contra Costa. The Cowan's and Pruett's managed the research design and development, data collection and evaluation in partnership with their affiliated institutions, the University of California at

Berkeley, Smith College, and Yale University. Data analysis was provided by Peter Gillette, PhD, SFI Data Manager at the University of California at Berkeley.

To date, the SFI research study has enrolled over 900 families from various cultural backgrounds. In the initial phases of the project, participants were carefully screened for active domestic violence, alcohol and substance abuse, and families involved with Child Welfare Services were excluded. Later phases of the project included families who presented more risk factors for child abuse and neglect. Details about the SFI research phases can be found at:

<http://www.familyresourcecenters.net/projects-2/supporting-father-involvement/research/>

Few father involvement programs have been systematically evaluated, especially in low-income minority populations. In the SFI study, couples from primarily low-income Mexican-American and Euro-American families were randomly assigned to 1 of 3 conditions and followed for 18 months: 16-week groups for fathers, 16-week groups for couples or a one-time informational meeting. The ongoing interventions produced short-term positive effects on symptoms of anxiety and depression and earned income. Longer-term positive effects were found in fathers' engagement with their children, couple relationship quality, fathers' social support, and children's problematic behaviors. Couples in the 16-week couples intervention showed more consistent longer-term positive effects than those in the Fathers-only 16-week group.

In addition to providing services that encouraged father involvement, the SFI Study included the promotion of a culture shift within family agencies to become more "father-friendly." The need for this shift was evident from the very first visit by the researchers to participating Family Resource Centers where walls were painted in pastel colors, pictures were of women, babies and flowers, women's magazines in the waiting rooms. Fathers names were rarely included in case files even when parents were married. Services were typically available during the day—excluding just about every working dad.

The CDSS/OCAP engaged with Strategies to coordinate wide dissemination of the Supporting Father Involvement research, evidence-based practices, promote model fidelity, and support the implementation of father-friendly practices for organizations and father engagement networks. Specific to Strategies' goal, a number of outputs were achieved under 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 submitted by participating agencies and professionals. These focus on three areas of strengthening families through enhancing father involvement:

- Supporting Father Involvement: Incorporating Father Friendly Practices at Your Organization.
- Father Engagement: Building Financial Stability for Families.
- Supporting Reentry Fathers: Myth Busting and Practical Strategies.
- Organizational Strengthening Training: Organizational Development and Strengthening in Father Friendliness.

- Agency Staff Training in Father Friendliness: How to include and enhance the inclusion of fathers using the principles and tools of Supporting Father Involvement (SFI).
- Group Leader Preparation Training: Clinically Trained Professionals, knowledge and skill building in conducting the 32 hour “Supporting Father Involvement” groups for fathers or couples.

Based on interest from the field, Strategies developed a new father engagement training focused on building financial stability for families. Father involvement training topics were offered via teleconference and in face-to-face classroom settings.

2. Provided **outreach and capacity-building** by maintaining and promoting a father involvement website.  
SFI research and all scheduled fatherhood engagement-related trainings are promoted on the Strategies SFI website. Webinars are now recorded and uploaded on the site.
3. **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 at the following conferences in 2012-13:
  - 14<sup>th</sup> Annual Fathers & Families Coalition of America Conference, San Francisco. This is the 3<sup>rd</sup> year Strategies has presented at this conference. Workshop presentation: *Engaging Fathers in the Child Welfare System*.
  - National Partnership for Community Leadership 15<sup>th</sup> Annual International Fatherhood Conference, Orlando. Presentations focused on Fathers of Children with Special Needs and Supporting Military Fathers.
  - Child Welfare League of America Conference, Washington DC. Topic: SFI Intervention.
  - Chico Fatherhood Conference, Butte County
  - Fresno Father Engagement Network Convening, Fresno County
  - San Diego Fatherhood Network, San Diego County
  - Children’s Network Conference, San Bernardino County
  - North State Fatherhood Conference, Chico, CA.
4. **Provide father engagement capacity-building grants** to networks and organizations in each region.
  - 13 grant applications received
  - 8 capacity-building grants awarded

The SFI capacity-building grant process included a webinar, application submissions, application reviews, and scoring.

*Orange County’s* La Habra Family Resource Center (LHFRC) was awarded a *Supporting Father Involvement Capacity Building Grant* through Strategies to facilitate an Organizational Self-Assessment; conduct staff training and focus groups with fathers; develop an outreach and marketing plan. With this support, the LHFRC made father-friendly changes to the FRC (e.g. including dad’s in intake process and goal-setting, scheduling classes and groups geared toward fathers and mothers), enhanced their marketing materials to target dads, and added a new

“Father’s Circle” support groups in partnership with Boys Town California. The center is poised to educate the public about the positive impact of fathers in the lives of children.

*Ventura United Parents* in Ventura County developed a promotional video on fatherhood. The video was presented to the Ventura County Board of Supervisors in honor of family reunification month.

*San Francisco Support for Families of Children with Disabilities* conducted focus groups to survey fathers and find out what supports they feel are most useful. With the input received, SFSFCD developed plans to launch their first fatherhood group in FY2013-14.

5. **Provided oversight and leadership** for the statewide fatherhood initiative.

The dissemination of the SFI intervention was initiated in 2010 and included field implementation at non-research associated community-based organizations with user-friendly implementation trainings and tools (a Guidebook that is currently in development by Strategies). The implementation phase is coordinated by the Strategies team 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 (CRPs)**

During this funding period, California has continued to support three county-based CRPs located in: (1) Calaveras County; (2) San Mateo County; and (3) Ventura County. The funding cycle for the CRPs ended in June of 2012 and the three current panels submitted letters of intent to continue through June of 2015. Calaveras, however, notified CDSS in the fall that for staffing reasons it would cease operating its CRP in December 2013.

### **County Citizen Review Panels**

During 2012-13 each county panel engaged in meaningful activities to ensure the well-being, safety, and permanence of children and families in their communities and throughout the state. Recommendations made include the following.

**San Mateo County** panel members recommended that Child and Family Services evaluate the effectiveness of the Team Decision Making model currently in use in relation to the primary objectives of the program. Team Decision Making (TDM) Meetings have been in place as a strategy for San Mateo County Children & Family Services (CFS) since 2005. Currently a TDM is required for every placement move, from the entry into foster care, during placement changes, and through transition to permanency. The County agreed to hire a consultant to identify barriers faced in recent years. Additionally the San Mateo CRP recommended that CFS select 2-3 additional services for reunifying families and assess how effective they are in helping families successfully reunify. San Mateo County is taking an in-depth look at mental health services and parental visitation.

**Ventura County** panel members reviewed the implementation of AB 12 and also the impact AB26.5 funding elimination of as it related to crisis intervention needs and CFS caseloads. Neither review resulted in recommendations. The Ventura CRP also reviewed current Group Home programming components specific to substance abuse issues and recommended that outcomes regarding drug and alcohol use and specific service models utilized be added to the existing MOU, in order to capture data on relapse, as well as continue to monitor programming design specific to drug and alcohol treatment services.

**Calaveras CRP** considered how the Foster Youth Bill of Rights (Assembly Bill 899, passed in California in 2001) is being implemented. They contemplated how the needs of transitional age youth in foster care are addressed. Steps included a review of the 2009-10 CRP recommendations based on focus groups of youth in the Independent Living Program (ILP). They conducted interviews with ILP staff and held youth input meetings. Youth reported in surveys the extent of their knowledge and understanding of their rights.

All three county panels submitted an annual report to CDSS that included these recommendations. The CDSS responded in writing to the recommendations within six months after the date the reports were submitted.

### **Statewide Citizen Review Panel**

The Statewide CRP was established in December 2013 as the Prevention and Early Intervention Subcommittee of the California Child Welfare Council. In July 2013, the state completed an analysis of four options outlined in the 2011-12 APSR and made the determination that the existing Prevention and Early Intervention Committee (PEI) of the California Child Welfare Council (CWC) is well suited to meet the needs of California.

In October 2013 the CDSS engaged the Council to explore their willingness and ability of the Prevention and Early Intervention Committee to assume the statewide CRP role. The Prevention and Early Intervention Committee already had a broad range of membership as required by CAPTA and the Office of Child Abuse Prevention, and was already reviewing child welfare practices and was subsequently making recommendations for improvement to the CWC, and thus to the Department of Social Services, a key member. Becoming a statewide Citizen's Review Panel was a natural fit and brought the added value of focusing recommendations through the lens of prevention. The timeline below reflects the 2012-13 dates for the development of a state level CRP, estimated and actual. Delivery dates were ahead of schedule.

### **Estimated/Actual Timeframes**

**June/August 2013** The CDSS completed its analysis of the proposed options and determined the Prevention and Early Intervention Committee of the CWC will best serve the needs of California.

**October/Sept 2013** The CDSS engaged the CWC; obtained support of existing chair and membership, and approval from CWC. Existing grant agreement in place was modified to support facilitator and function as CRP.

**February/Dec 2014** The CDSS has an agreement in place and began facilitation and providing technical assistance to the CWC PEI CRP. First meeting of statewide CRP was December 12, 2013.

**May/Dec 2014** The CWC or other existing stakeholder group with statewide function will be in place and ready to begin implementation of their role as the statewide CRP.

The Statewide Citizen's Review Panel understands and has agreed to complete all federal requirements for CRPs. As with all federally required CRPs, the Statewide CRP will: meet no less than quarterly; maintain a roster of membership and record of participation; strictly enforce confidentiality measures; review issues of consequence to the state child welfare system; and make actionable recommendations to the CDSS at least annually.

The *California Child Welfare Council Operations Manual, June 2012* will be revised to reflect the Statewide CRP as an integral part of its structure, and will operationalize plans to comply with all federal CAPTA requirements. The revised Operational Manual will be in place by June 2014. Meanwhile, a separate *Prevention and Early Intervention Orientation Handbook* is being developed to assist new members to become familiar with federal CAPTA requirements, how the Statewide Citizen's Review Panel operates, and what their specific role and responsibility is as a member. Taken together, these foundational steps will assure timely completion of all federal CAPTA requirements.

Supported by ongoing technical assistance from the Office of Child Abuse Prevention, the Statewide Citizen's Review Panel is well-positioned to make substantive recommendations to the CDSS/OCAP that pertain to critical statewide issues. As a key member of the California Child Welfare Council, California's Director of Social Services regularly briefs the Council on priority issues and initiatives in service of child welfare program improvement for enhanced outcomes for children and families.

### **Training and Technical Assistance**

The **San Mateo CRP** received and discussed the Children and Family Services Dashboard on a monthly basis. This is an internal CFS document that provides a quick overview of data in key interest areas related to children and family services. These monthly reviews of data have provided the Panel with an understanding of the indicators used by CFS to monitor its own programs and services. Panel members are encouraged to direct questions about the Dashboard data to the CFS Director, who attends CRP meetings. This year, the San Mateo CRP also received a summary of the goals defined by Children and Family Services and Probation in their System Improvement Process.

Several members of the **Ventura County CRP** once again participated in the Agency 101 daylong conference in the spring of 2013. This conference focuses on providing information on resources available to families of at risk children and youth and is sponsored by the Department of Children and Family Services, Behavioral Health and the local SELPA. This forum provides presentations

from agencies that focus on prevention, employment, education, mental health, health, child care, etc.

The CDSS analyst provided technical assistance to the newly formed **Statewide Citizen’s Review Panel**. The analyst attended the exploratory meetings and the initial launch. She has advised the CRP Chair and facilitator/consultant on program orientation and development of policies and procedures. As requested she, provided support documents, information about other state CRP practices, along with current trends and data to support chosen objectives.

The CDSS/OCAP will host and accompany the Statewide Citizen’s Review Panel Chair and facilitator/consultant to the annual National Conference on Citizen Review Panels. The objective will be to contribute to the national dialog and transfer learning to help spread and sustain successful, evidence-based practices. During FFY 14/15, the CDSS/OCAP will provide technical assistance to all California CRPs to develop a reliable system of evaluation to measure impact of the CRPs and resulting recommendations. Outcomes will be shared as they become available.

### **Safely Surrendered Babies (SSB)**

CDSS/OCAP partnered with 211 LA County to continue operation of the statewide toll-free baby safe hotline. Commonly known as the Safely Surrendered Baby (SSB) Law, “Safe Arms for Newborns” Law, or the “Safe Haven” Law, it is intended to spare the life of an infant by encouraging parents or the person with lawful custody to safely surrender their infant at a designated safe surrender site rather than harming or abandoning their baby in an unsafe location. In addition to maintaining the hotline, 211 LA County conducts outreach to promote awareness of the law and use of the hotline. The hotline is available 24 hours, 7 days a week and calls can be handled in over 140 different languages. Callers statewide who dial the SSB hotline are routed to 211 LA, which provides SSB Law information and safe surrender site information specific to the local region from which the person is calling.

#### **Callers from the following 21 counties can reach 211 LA by dialing the numbers “211”:**

Alameda	Orange	Santa Barbara
Contra Costa	Riverside	Santa Clara
Fresno	Sacramento	Solano
Kern	San Bernardino	Sonoma
Marin	San Diego	Stanislaus
Monterey	San Francisco	Ventura
Napa	San Luis Obispo	Yolo

#### **Callers from remaining 37 counties can reach 211 LA by dialing “1-877-BABYSAF” (1-877-222-9723):**

Alpine	Humboldt	Mariposa	San Benito	Tehama
Amador	Imperial	Mendocino	San Joaquin	Trinity
Butte	Inyo	Merced	San Mateo	Tulare
Calaveras	Kings	Modoc	Santa Cruz	Tuolumne

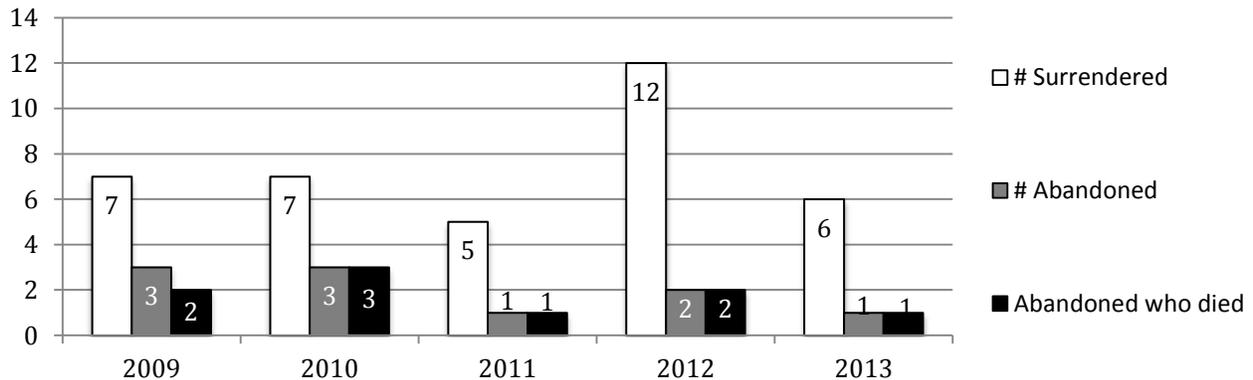
Colusa	Lake	Mono	Shasta	Yuba
Del Norte	Lassen	Nevada	Sierra	
El Dorado	Los Angeles	Placer	Siskiyou	
Glenn	Madera	Plumas	Sutter	

The project achieved the following outputs and outcomes in 2012-13:

- 125 calls outside originating outside LA County were answered by operators of the toll-free hotline number; 466 calls answered (from all zips) since the project’s inception in 2010;
- 246 calls answered from LA County callers;
- 6 babies surrendered in LA County; 1 baby was abandoned (1 of whom died)

The chart below shows the 5-year history of babies surrendered, abandoned and abandoned deceased infants in LA County.

**Chart 15: Los Angeles County Surrendered, Abandoned, and Abandoned Deceased Infants 2009 - 2013**



The majority of safely surrendered babies and abandoned deceased infants have been reported by Los Angeles (LA) County, which accounts for 25% of the state’s child population<sup>39</sup>. The number of safe surrenders recorded by CDSS for LA County is higher than the number reported by the Interagency Council on Child Abuse and Neglect (ICAN), and CDSS aims to work with the Council to clarify this issue. Counties who have not recorded a safe surrender or abandonment have not been included Chart 16.

**Chart 16: SSB Data Jan 1, 2001- Sep 30, 2013**

<sup>39</sup> California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (May 2013); U.S. Census Bureau, Current Population Estimates, Vintage 2012 (June 2013).

Safely Surrendered Babies		Abandoned Deceased Infants	
County	Total	County	Total
Los Angeles	124	San Benito	4
San Bernardino	68	Santa Barbara	4
Orange	60	Solano	4
Sacramento	47	Sonoma	4
San Joaquin	43	Madera	3
Kern	32	Merced	3
Alameda	22	Mono	2
Riverside	22	Santa Cruz	2
San Diego	19	Shasta	2
Santa Clara	19	Tulare	2
Fresno	15	Amador	1
Stanislaus	15	Del Norte	1
Ventura	9	Imperial	1
Contra Costa	8	Kings	1
Marin	6	Lake	1
Butte	5	Mendocino	1
El Dorado	5	Modoc	1
San Francisco	5	Napa	1
San Luis Obispo	5	Nevada	1
San Mateo	5	Placer	1
Yolo	5	Siskiyou	1
Humboldt	4	Tehama	1
Monterey	4		
<b>Total: 589</b>		<b>Total: 79</b>	

The statewide trend indicates an overall increase in the number of safe surrenders and an overall decrease in the number of abandoned infants found deceased since enactment of the SSB Law. While there is continued concern for parents and families in crisis to consider abandoning a newborn infant, CDSS shares the ICAN conclusion that the law is “a success story to be celebrated.”

While it has been somewhat difficult to obtain straightforward demographic information on the mothers who safely surrendered and abandoned their children, it is nearly impossible to obtain information regarding these mothers’ awareness of the SSB Law. For example, how did those who surrendered their infants become aware of the SSB Law? Were mothers who abandoned their infants aware of the SSB Law and, if so, why did they fail to take advantage of the SSB Law? What are the barriers preventing women from safely surrendering their children rather than abandoning them in an unsafe manner? An inability to obtain these types of data is unfortunate, as this

information would be helpful in providing direction for best implementing the SSB Law and associated outreach.

Even with inherent difficulties in gathering data, the information collected does provide some direction in better implementing the SSB Law. We've learned that any public information campaign must be very broad. For example, in LA County, a safe surrender outreach campaign must be directed to females of all childbearing ages, ethnicities, socioeconomic classes and geographic locations. Further, information must reach those individuals who surround women of childbearing age; families, friends and co-workers must be made aware of the option to safely surrender a newborn so they can support women at risk for abandoning or harming their infants in choosing this option.

The CDSS continues to refine its collection of SSB data and has identified additional opportunities for comparative analysis through its continued data sharing with the California Department of Health and 211 LA, as well as additional sources for county-specific SSB information. These resources will be utilized to further verify the scope and accuracy of data available to CDSS. The available data indicates a general trend of decreasing child abandonment deaths since the introduction of the SSB Law, which may provide insight for successful outreach efforts in other child abuse prevention areas. The CDSS will investigate this opportunity by further analyzing the data and key findings provided in the most recent California Child Fatality and Near Fatality report. Lessons learned from successes in the SSB campaign will be applied to other child abuse and neglect outreach and prevention efforts that face similar challenges.

However, such tragedies have not been entirely eliminated, which begs the question of whether improved or additional public outreach would prevent such deaths altogether. A more bothersome question lies in what measures, if any, can be taken to prevent the few cases where the mother was aware of the SSB Law yet persisted to fatally abandon her infant. With these obstacles in mind, CDSS continues to pursue answers to these critical questions, which may save the lives of unwanted infants in the future.

## Strengthening Families Framework

CDSS/OCAP continued its partnership with Strategies to promote statewide coordination of the Strengthening Families framework. Strategies staff worked closely with OCAP and the Center for the Study of Social Policy to ensure that the most recent SFF information is shared with the field. This project goal is to embed the Strengthening Families Framework (SFF) in programs, services, and communities throughout California.



Strategies uses three approaches to achieve this goal:

1. High quality training about the 5 Protective Factors and the Strengthening Families Framework;
2. Technical assistance for public agencies, community-based organizations, and communities implementing the SFF;
3. Statewide outreach and education through the website, publications, and the California Strengthening Families Roundtable.

The **Strengthening Families Roundtable** is the California Leadership Team charged with embedding the SFF and the 5 Protective Factors into child and family programs across the state. An average of 60 individuals representing a wide range of stakeholders (e.g. CDSS, Department of Public Health, Department of Mental Health, Department of Education, Department of Health Care Services, First 5s (state and local), child welfare services, family resource centers, child abuse prevention councils) from 24 counties participated in two Roundtable convenings this year. Strategies also customized SFF trainings across the state to include: 5 Protective Factors for home-based child care providers; SFF for child abuse prevention councils; statewide training in collaboration with California Network of Family Strengthening Networks on the Standards of Quality for Family Strengthening and Support; Protective and promotive factors in early child trauma prevention, intervention and treatment; a workshop for the California Child Welfare Directors Association (CWDA) statewide conference; the SFF as related to home visiting programs; community mapping for 5 Protective Factors; and integrating 5 Protective Factors into the parent café process.

**SFF Training Outputs Achieved via Strategies:**

- 46 basic and customized training sessions provided to
- 1500 trainees in
- 43 of 58 counties.

**Strategies** embarked upon a variety of short- and long-term technical assistance projects designed to offer concrete tool and processes for incorporating the **Strengthening Families Framework (SFF)**. Trainings and technical assistance continued to emphasize integrating the SFF into California’s child welfare system, including child welfare partners in systems-change technical assistance projects. Child welfare services (CWS) partners were involved in Strategies’ technical assistance projects in Ventura, Tulare, Sonoma, El Dorado, Placer, Sacramento, Yolo, Mono, Shasta, Santa Barbara, Riverside, Los Angeles, Lassen, Lake, and Butte counties. **Some examples of Strategies systems change work during the year:**

**Butte County** began a long-term effort to introduce the 5 Protective Factors (5PFs) to key partners, including CWS. The project began with training at various staff levels, program self-assessments, and implementing Parent Cafés.

**Fresno County** and the local First 5 home visiting agency partnered to assure quality services, enhance peer sharing, and align programs and activities with the Strengthening Families Framework. Agencies completed program self-assessments, and a mapping project to integrate the 5PFs into programs and activities.

In **Kern County**, the Bakersfield School District held a one-day convening with local agencies to explore integrating the 5PFs into the community. Participants now have a shared understanding of the SFF and are actively involving parents in solutions to community problems.

**Lassen County's** project resulted in the formation of a county SFF leadership team. The team includes Lassen County Welfare Services, Public Health, family resource centers, and Lassen Indian Health Services. The project included training, program self-assessment, action planning, and a countywide report.

Many child welfare departments expressed an interest and became active partners in program self-assessments, securing SFF trainings for staff and requiring subcontracted community partners to promote the 5PFs with families served. To that end, Strategies staff researched five state strategies for integrating the SFF into child welfare systems. The states researched included Illinois, Massachusetts, New Jersey, Michigan, and North Carolina. Strategies collected information related to programs, tools, educational materials, and outcomes and indicators relate to child welfare. Identified trends included piloting the use of the 5PFs in child welfare social worker training, assessments, case planning, and service deliver in limited geographic service areas. Interviews with other states confirm that although California has a recently timeline for integrating SFF, much as been accomplished already.

#### **SFF Technical Assistance Outputs Achieved via Strategies:**

- 17 projects in
- 28 counties
- 15 CWS partners engaged

#### **Lessons Learned**

Feedback from a number of providers about SFF is how many people initially assumed the Strengthening Families Framework was just another re-packaging of the same social service concepts they've seen over and over again. One provider from Inyo County stated, "What we have found that is different and exciting about SFF is that it is not just a model for social service organizations; it is a model for communities. SFF welcomes people who never thought they could impact the safety of children directly and gives them an empowered view where their contributions are linked to creating a healthier community by connecting with individuals, families or groups in your community. Through simple everyday interactions, everyone can be a champion for kids and families."

The framework is a natural fit for family resource centers and other support agencies who have long embraced the principles of family support. Bringing public agencies into the fold (e.g. Public Health, Education, Child Welfare) strengthens the continuum and provides a unified approach to our work.

One way to demonstrate the feasibility of using the Framework (SFF) is developing crosswalks between Strengthening Families and other prevention frameworks—this process shows organizations how to embed the 5PFs without making significant changes to service provision.

During this report period, Strategies' staff developed the following crosswalk documents for various training and technical assistance uses:

- Crosswalk and comparison for Strengthening Families and T. Berry Brazelton's "Touchpoints" approach. The Touchpoints approach can inform practice for child care resource and referral specialists. Strategies used the crosswalk to develop a workshop for the California Child Care Resource and Referral Network's annual summit.
- Crosswalk for SFF and the principles of Safety Organized Practice (SOP), practice strategies and concrete tools for child welfare workers, supervisors, and managers to enhance family participation and foster equitable decision-making. Strategies used this crosswalk for technical assistance projects having child welfare partners. The State of North Carolina requested this crosswalk to incorporate into their Strengthening Families integration work.
- Crosswalk between Healthy Families America home visiting model and the SFF.

# INDIAN CHILD WELFARE ACT

## Native American Children in Child Welfare through FY2012 - 2013

In an environment where fiscal and human resources are severely strained, California remains committed to ensuring continued progress in improving child welfare work with Native American populations, including continuing efforts toward increased ICWA compliance. Although much work still needs to be done, CDSS has made progress on ICWA-specific modifications to the Division 31 regulations, the development of a formal consultation process with California Tribes, and the distribution of ACLs to address ICWA compliance issues and provide guidance on the After 18 Program and Indian non-minor dependents covered by the ICWA. This chapter describes the levels of Tribal consultation, the structure in place to ensure ICWA compliant child welfare practices and the current activities and future plans within the state that impact child welfare work with Native American youth and families.

The disparity of Native American children in care under the supervision of child welfare agencies is a continuing problem. Data for CY 2013 from CWS/CMS indicate a prevalence rate of 23.8 per 1,000 Native children, as compared to 5.8 for the total child welfare population<sup>40</sup>. In FFY 2009, 1.2 percent of entries into care were American Indian children (n = 389). Between 2010 and 2013, the number of Native children in care increased from 382 to 448, an increase in the proportion of the child welfare population from 1.2 to 1.4 percent.

**Figure 67: Number of Entries within Indian/NA Children (CSSR)**

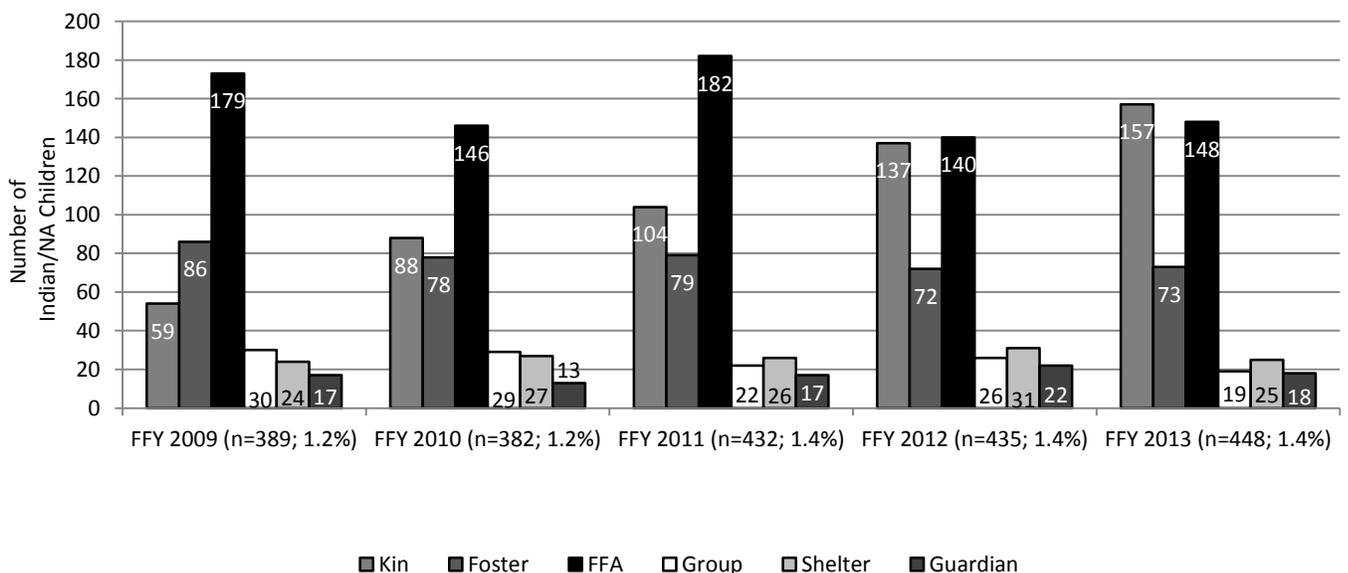
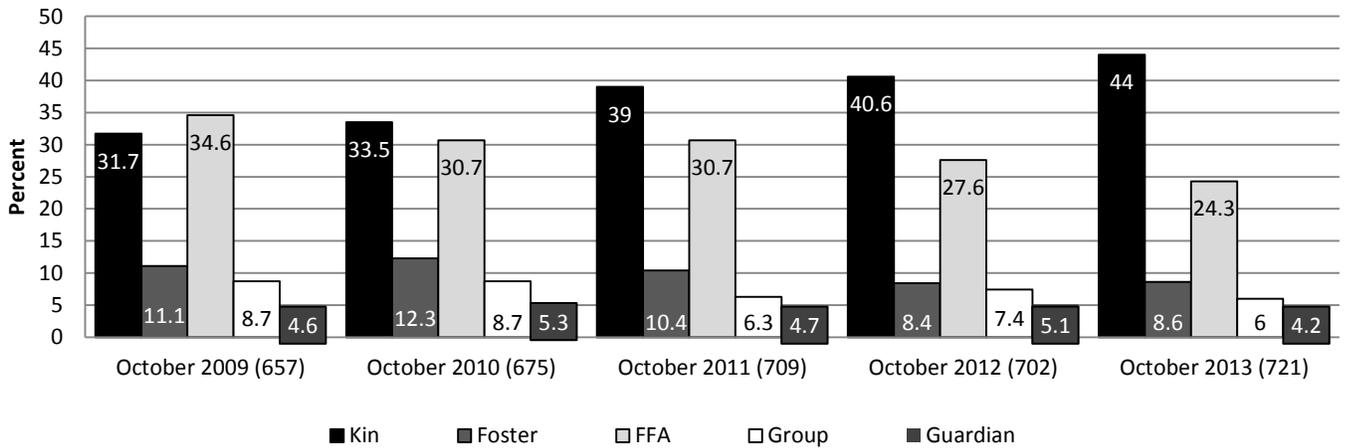


Figure 68 below includes all children who have an open placement episode in the CWS/CMS on

<sup>40</sup> Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C., & Lawson, J. (2013). *Child Welfare Services Reports for California*. Retrieved 4/22/2013, from University of California at Berkeley Center for Social Services Research website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

October 1, 2009 through October 1, 2013. During FY 2009, there were slightly more Native children placed in FFAs than in preferred kin placements. The state has improved the proportion of kin placements increasing from 31.7 percent to 44 percent between 2009 and 2013. In the same time period, the proportion of children in FFAs decreased notably from 34.6 percent to 24.3 percent. These data illustrate the state’s continued commitment to prioritizing kin placements above all other placements as kin placements continue to show an increase over a five-year period.

**Figure 68 Point in Time Placements of Native American Children (CSSR)**



Obtaining accurate data for Indian children continues to be a challenge, as children who are identified in CWS/CMS as having multiple ethnicities may not necessarily be identified by the CWS/CMS system as being Native American. Additionally there is often a delay from when the data are entered and the reports are produced. This data reporting situation becomes more evident when the status of Native American is not reported for ethnicity when the youth is reported as ICWA-eligible or when Tribal affiliation may be indicated. Data improvements such as the issue of distinction and possible incongruence between Native American ethnicity, Tribal membership status, and ICWA eligibility status will be among the many areas for future plans for improvement. Specifically, the data issue is currently being further explored through efforts related to California Partners for Permanency Project (CAPP), the federal grant to reduce long-term foster care. The focus of CAPP has been on the engagement of community and Tribal partners in the systems review analysis, development of the practice model, and the initial implementation activities. Each CAPP county is in a different phase of implementation as they are adapting their processes and approaches to meet the needs of their communities and Tribes. For further information on the CAPP project, please refer to the Permanency Chapter of this report, page 79.

**Consultation Process with American Indian Tribes**

In California, the consultation process with American Indian Tribes involves engagement at the state and at the county level. The following information provides a description of consultation built into the county review process as well as consultation through the state ICWA workgroup

and, more broadly, through an interagency agreement with the Administrative Office of the Courts (AOC).

### **Consultation and Coordination with Tribes at the statewide level**

Consultation with Tribes was further developed during 2012 with the establishment of a Tribal Advisor by Governor Edmund G. Brown, Jr. with the intent to bolster communication and collaboration between California state government and Native American tribes. By Executive Order B-10-11, the Governor endorsed the state and the Tribes' reaffirmation of the right of the Tribes to exercise sovereign authority over their members and territory, and to adopt and implement mutually beneficial policies when they cooperate and engage in meaningful consultation.

As of February 7, 2012, Ms. Cynthia Gomez was appointed as the Tribal Advisor to serve as a direct link between the Governor's Office and Tribal governments on matters including legislation, policy and regulations. Ms. Gomez has been the Chief Justice for the Shingle Springs Band of Miwok Indians and served as assistant secretary of environmental justice and Tribal governmental policy for the California Environmental Protection Agency from 2008 to 2010. Ms. Gomez is a member of the Tribal Court-State Court Forum for the AOC and has served as chair of the Transportation Research Board's Native American Transportation Issues Committee.

Ms. Gomez has assisted CDSS in the development of a formal "government-to-government" consultation process between the Children and Family Services Division (CFSD) of CDSS and California Tribes on child welfare issues. She has also shared with CDSS feedback from tribal representatives and ICWA Workgroup members regarding the effectiveness and structure of the ICWA Workgroup. Ms. Gomez has expertise in Tribal Government relations and CDSS will continue to use the Tribal Advisor as a resource in further CDSS-Tribal collaboration efforts as it is through these partnerships that the CDSS becomes aware of Indian child welfare concerns. These Tribal-State partnerships have allowed CDSS to develop the following ACLs in the reporting period: ACL 13-91, After 18 Program (AB 12 Extended Foster Care) and Indian and Non-Minor Dependents Covered by the ICWA; ACL 1410, Instructions for Completion of the Relative Assessment/Approval SOC Forms for a Tribal Approved Home; and ACL 14-15, Federal Requirements for the Transfer of Indian Children to a Tribal Title IV-E Agency or an Indian Tribe with a Title IV-E Agreement. Ms. Gomez's guidance helps ensure these partnerships are strengthened and maintained so that further Indian child welfare specific policies are addressed by the department.

In June 2013, CDSS co-facilitated, in partnership with representatives from three different tribes, two listening sessions at the 20<sup>th</sup> Annual Statewide ICWA Conference. The purpose of these sessions was to gain insight from California Tribes on the structure and key components to consider while drafting a Tribal Consultation Policy (TCP). Professional stenographers were present to capture tribal input at these sessions and those transcripts are posted on the CDSS ICWA webpage along with a description of the TCP development process.

In the months following the ICWA Conference, CDSS visited with seven different Tribal Councils; the Soboba Tribe, Karuk Tribe, Habematolel Pomo of Upper Lake, Washoe Tribe of Nevada and

California, Yurok Tribe, Torres Martinez, and the Hoopa Tribe in an effort to engage more California Tribes in the TCP process. CDSS also partnered with the Statewide ICWA Workgroup, Tribal STAR, the Inter-Tribal Council of California, Dr. Art Martinez of the Shingle Springs Band of Miwok Indians, the National Resource Center for Tribes and the Administration for Families and Children to ensure the TCP development process will be inclusive of all California Tribes. Through these partnerships and meetings with Tribal Councils, coupled with the information captured at the ICWA Conference, CDSS has begun the process to form a TCP committee that will consist of Tribal Council members and CDSS staff. This committee will collaborate to develop a TCP representative of the needs and goals of both CDSS and the tribal community. The committee will have a kick-off meeting in May 2014 to be followed by a working session at the 21<sup>st</sup> Annual ICWA Conference June 2014. It is anticipated the committee will convene approximately 5 times over a seven month period with the target to complete a mutually agreed upon TCP in 2015.

### **Consultation and Coordination with Tribes at the County Level**

Statewide structure regarding county efforts for consultation and coordination with Tribes is provided through the county guides for the C-CFSR processes as well as ACINs and ACLs issued by CDSS. Additionally, CDSS is in the process of updating the Division 31 Regulations to include the elements of ICWA more prominently throughout the regulations. These updates have been sent out for comment to counties as well as the ICWA Workgroup on a number of occasions and the goal is that they be submitted to the Office of Regulations Development (ORD) in October of 2014. The revised C-CFSR Instruction Manual, described on page 29, provides specific directions for considering the county's policies, procedures, and/or systems soliciting Tribal input and for incorporating their input into decisions or recommendations. The manual further solicits information regarding the extent to which the county consults and coordinates with local Tribes in child welfare planning efforts including shared expectations, responsibilities, the exchange of information, aligning of activities, sharing of resources, and enhancing the capacity of all involved. Additionally, the County Self-Assessment (CSA) process requires counties to provide analysis regarding lessons learned during the CSA focus groups, interviews, and/or consultations with county partners and others about the county's effectiveness in involving local Tribes in county planning efforts and service provision. Counties have begun the transition from the former three-year process to the five-year cycle. As a result, nine counties have submitted their CSAs to date for the current reporting period. Of these nine, six indicated that they had tribal representation in their focus groups.

### **Consultation and Coordination with Tribes through the ICWA Workgroup**

The CDSS continues to collaborate with self-identified representatives of the 109<sup>41</sup> 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 ICWA Workgroup and its various subcommittees.

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<sup>41</sup> <http://www.ncsl.org/issues-research/tribal/list-of-federal-and-state-recognized-tribes.aspx#ca>  
updated February 2013

For example, through the Workgroup and the various subcommittees, input has been provided to CDSS on the development of policy for the implementation of AB 1325 (Chapter 287, Statutes of 2010) regarding Tribal Customary Adoptions (TCA). Areas of focus include drafting of guidelines to counties regarding the use of expert witnesses, Tribally Approved Homes (TAHs), 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 an 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 on AB 2418 (Chapter 468, Statutes of 2010) regarding broadening the definition of Indian child as it relates to the application of ICWA and on the drafting of regulations as well as ongoing curriculum improvements.

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

In an effort to further collaboration and consultation with Tribes through the ICWA Workgroup, CDSS submitted a Training or Technical Assistance (T/TA) request to Region IX on March 11, 2013 seeking assistance to identify the purpose, governance structure, and membership criteria for the ICWA workgroup. In addition, the ICWA Workgroup - Tribal Caucus submitted a T/TA request to Region IX on September 4, 2012 seeking assistance with formalizing the ICWA Workgroup Tribal Caucus relationship with CDSS to effect ICWA outcomes and collaboration. Tribal members and CDSS have struggled with the role of the ICWA Workgroup and share the goal of developing a formal consultation process with California Tribes. The CDSS hopes that by pursuing these two T/TA requests concurrently, in partnership with the Tribal Caucus, a formal agreement for on-going relations and communication regarding Indian child welfare via the ICWA Workgroup will be achieved.

### **Coordination with Tribes through the AOC Tribal Court-State Court Forum**

Another ongoing collaboration exists with the interagency agreement between CDSS and the AOC. Consultation with tribes occurs through a partnership with the AOC through the Tribal Court-State Court Forum (forum). The forum consists of a coalition of various state and tribal courts in California who partner in order to address common issues relating to recognition and enforcement of court orders that cross jurisdictional lines, the determination of jurisdiction for cases that might appear in either court system, and the sharing of services between jurisdictions. The forum is convened for the express purpose of improving the working relationship between its members and enabling the courts of each to issue and enforce their respective orders to the fullest extent allowed by law. Details of the ICWA-related work accomplished by this forum are further described in the Current Activities section of this chapter.

### **Consultation and Coordination with Tribes that have Title IV-B Plans**

Coordination with Tribes specifically regarding their Title IV-B plans currently is accomplished by electronic exchange of the APSR. The current report was sent in May 2014 to representatives of the five Tribes who submitted an approved Title IV-B plan for FFY 2012, including the Karuk Tribe of California, Smith River Rancheria, Tule River Tribal Council, Yurok Tribe, and Washoe Tribe of Nevada and California. The CDSS conducted additional consultation and coordination efforts by notifying the broader ICWA Workgroup in early April 2014 that the APSR would be updated and requested feedback for the reporting period. Copies of the working 2014 document were provided via e-mail to the group in May 2014 with a request for responses by July 2014. To the extent possible, revisions and comments are addressed and incorporated throughout this document. The final approved 2014 APSR will be shared with all Title IV-B Tribes via electronic mail; the report will also be posted on the Department's public website listed on the cover page of this report.

### **California's Efforts to Comply with components of ICWA**

The narrative that follows describes California's efforts to comply with specific components of ICWA:

- **Notification** of Indian parents and Tribes of state proceedings involving Indian children and their right to intervene;
- **Placement preferences** of Indian children in foster care, pre-adoptive, and adoptive homes;
- **Active efforts** to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
- **Tribal right to intervene** in state proceedings, or transfer proceedings to the jurisdiction of the Tribe.

#### **Notification to Indian parents and Tribes of State proceedings involving Indian children and their right to intervene.**

Statewide structure for ICWA-compliant child welfare practices, specifically regarding compliance with notification of Indian parents and Tribes of state proceedings involving Indian children and the right to intervene, can be found through C-CFSR Instruction Manual as well as ACINs and ACLs issued by CDSS. Additionally, CDSS is in the process of updating the Manual of Policies and Procedures (MPP) Division 31 regulations to include the elements of ICWA more prominently throughout and the goal is that they be submitted to the Office of Regulations Development (ORD) by October 2014. The C-CFSR Instruction Manual provides specific directions for considering the county's policies, procedures, and/or systems for notifying caregivers/tribes of hearings and soliciting caregiver/tribal input and for incorporating their input into decisions or recommendations.

### **Indicators of Progress**

While data, and therefore progress, regarding notifying to parents and tribes involving ICWA-eligible children and the right to intervene is difficult to capture in the current CWS/CMS system, the data collected on ICWA-related dependency appeals indicates a decrease for 2010. After

reviewing appellate cases for the past several years, AOC staff determined that there were 162 statewide ICWA-related dependency appeals, which accounted for 22.2 percent of the 727 dependency appeals for 2008. There were 110 ICWA appeals, which accounted for 15.2 percent of the 719 dependency appeals for 2009. For 2010, there were 87 ICWA appeals, which accounted for 13.3 percent of the 651 dependency appeals for 2010. This represents a 40 percent decline over three years. This progress has remained steady over the last several years. In 2011, there were 82 ICWA appeals, which accounted for 12.4 percent of the 661 dependency appeals. In 2012, the figure was 12.9 percent, which represents 90 ICWA appeals out of 693 dependency appeals, and in 2013 there were 636 dependency appeals, of which 88 involved ICWA issues, for a rate of 13.8 percent.

## **Factors Affecting Progress**

Factors affecting this progress likely include the resources dedicated to training and technical assistance for judges, attorneys, social workers, probation officers, and others on ICWA, and specifically ICWA noticing requirements. The decline in appeals is aligned with the timeframe in which the AOC began providing training on the subject and may have positively impacted the appeals numbers.

The CDSS has worked to improve ICWA compliance through the provision of training, technical assistance, the issuance of policy directives on such topics as noticing and the right to intervene in juvenile court proceedings through a contract with the AOC. CDSS also issued ACL 13-91 (November 1, 2013) on the After 18 Program to provide guidance to Indian youth in out of home placements who are seeking to participate in the After 18 Program. In 2013, CDSS funded 19 in-person trainings. In addition, online self-paced trainings on both fundamental and advanced level ICWA issues have been made available since 2008. The CDSS provides other standard and advanced ICWA-related trainings specifically for child welfare social workers through the Core Curriculum training for newly hired social workers.

With respect to Tribal Customary Adoption (TCA), the AOC has responded to numerous inquiries from judges, attorneys, and social workers. During the reporting period, staff has incorporated TCA into all ICWA trainings for social service agencies. In addition to the three trainings at Quechan, Yurok, and Hoopa (listed in the Cross-Cultural Court Exchanges section of this report), staff continues to respond to requests for technical assistance in this area. Tribal/State Programs Unit staff also received numerous requests concerning ICWA in general, including when qualified expert witness testimony is required, who can serve as a qualified expert witness, where to find resources, and payment for appointed counsel in guardianship cases. Staff has assisted counties in developing their recommended findings and orders templates in ICWA cases.

## **Future Plans**

Future plans include continued tracking of ICWA-related dependency appeals and continuing the availability of trainings through the contract with the AOC. Moving forward, the AOC 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 AOC will track this data for ICWA trainings and provide this information to CDSS annually. The AOC ICWA will continue to create educational resources, such as, brochures, information sheets and other kinds of self-help materials as requested by the Courts, the ICWA statewide workgroup, Tribal Court-State Court Forum, CDSS and other partner agencies or as new case law or legislation determines the need for such information. The AOC will provide intensive technical assistance to Los Angeles County Superior Court-ICWA courtroom staff and assigned judicial officer as needed to assist in creating a roundtable of ICWA stakeholders for that county. The AOC will increase technical assistance 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 AOC staff will continue to provide requested technical assistance and collaborate with local, statewide and national committees, roundtables or work groups, such as, the Urban Indian Child Welfare Work Group, Bay Area Collaborative of American Indian Resources (BACAIR), California Social Work Education Center (CalSWEC), as part of the American Indian Enhancement Team on the Casey Disproportionality Project. An upcoming outcome from such collaboration AOC 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, including AOC 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 nation-wide. .

## **Placement Preferences of Indian Children in foster care, pre-adoptive, and adoptive homes**

### **Indicators of Progress/Factors Affecting Progress**

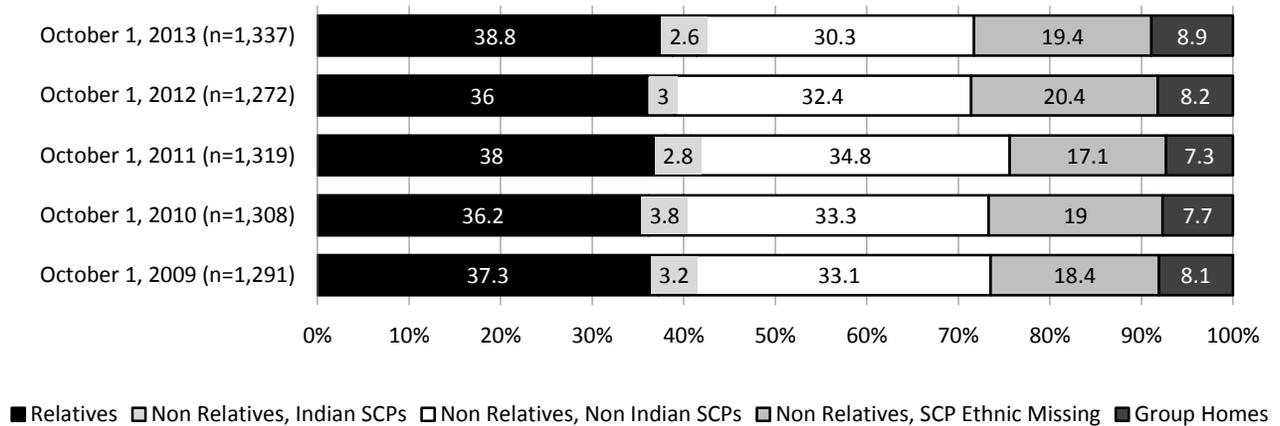
In 2013 there was a significant increase of ICWA eligible youth placed with relatives, demonstrating improvement with ICWA compliance. This is consistent with the first order of placement preference priority as required by ICWA. Relative placements were followed by non-relative Indian substitute care providers, and subsequently followed by non-Indian substitute care providers. Over the 5 year reporting period, 2013 illustrated the highest percentage of ICWA eligible children remaining with relatives at 38.8 percent. This is an increase of 5.3 percent from last year, and demonstrates the most improvement over the past 5 years. ICWA and State law identify the second placement preference for ICWA eligible youth as foster homes that are licensed, approved or specified by the Indian child’s Tribe. However, data illustrated in the table below show the next most common placement is approximately 30.3 percent of eligible youth placed with non-relative, non-Indian substitute care providers. This is a decrease of 2.1 percent when compared to the previous year of this non-preferred placement for ICWA youth. The current available data do not distinguish if these placements are licensed, approved, or specified by the child’s Tribe. Therefore, it is difficult to ascertain the degree to which ICWA placement preference outcomes has improved. Collaboration between CDSS and Indian Tribes is on-going, with the continued goal to maximize placement of ICWA eligible youth into Tribally

Approved Homes (TAH).

As mentioned in prior reports, anecdotal information from the local level suggests that one reason for non-Indian, non-related home placements is due to the lack of available Indian foster homes. ICWA workers/advocates have expressed difficulties in having county social workers place Indian youth in TAHs. Although CDSS has previously issued ACLs to provide policy direction, placement of Indian children in TAHs remains an area needing improvement. The ICWA Workgroup shared that there is confusion among county social workers about which portion of the SOC 815 (placement form) is to be completed when placing a child in a TAH. In response, CDSS released ACL 14-10 to clarify the portions of the SOC 815 are to be completed by the County and reaffirmed the right of Tribes to license their own foster homes based on tribal standards.

Figure 69 below illustrates the point in time placement status of ICWA eligible youth between October 1, 2009 and October 1, 2013. Placement status accounts for placement type, child relationship to substitute care provider, and substitute care provider ethnicity. The resulting placement categories are with relatives; non-relative, Indian substitute care providers; non-relative, non-Indian substitute care providers; non-relative substitute care providers with ethnicity missing in CWS/CMS; and group home (ethnicity cannot be determined) placements.

**Figure 69: Measure 4E.1 - ICWA Eligible - Point in Time Placements**



**\*\* Beginning Quarter 1, 2009, a point in time (PIT) count is a count of children in care at the end of the quarter. In the past, all children served during the quarter were counted. This change results in a smaller number of children in the count, and some shift in proportions.**

Limitations of the data include the: inability to differentiate which of the non-relative placements had been approved by the tribe, and the classifications listed above, are not consistent with the language delineated in ICWA. Additionally, the data do not provide any indication for situations when a Tribe may agree with a placement that is other than the first preference, which would still be ICWA-compliant. The CDSS continues to address issues concerning ICWA-related data and has made efforts to include tribal representation in the new web-based SACWIS case management system design targeted for implementation in 2017. Although minor System Change Requests have been submitted to improve ICWA data collection within the existing CWS/CMS system; these requests will not be sufficient to make significant gains in ICWA data collection integrity.

Factors affecting placement data for ICWA eligible youth include legislation implemented throughout the past five years. Assembly Bill 1325 passed in 2009 allowing Tribal Customary Adoptions (TCA) and AAP eligibility for dependent ICWA-eligible youth. Assembly Bill 1712, passed in 2012, expanded the population eligible for this type of adoption to non-minor dependents. Under this law, youth and non-minor dependents can be adopted and qualify for adoption assistance funding and services without termination of parental rights. This permanency option is an effort to meet the permanency needs of dependent and non-minor dependent Indian children in a manner consistent with tribal culture. The CDSS issued ACL 10-17 in March 2010 and ACL 10-47 in October 2010 as direction on Tribal Customary Adoption as a new permanency option for child welfare cases.

Additionally, CDSS has continued to develop assistance workshops and training programs to collaborate with tribes. Early examples of this include: -three technical assistance workshops on Tribal Customary Adoptions throughout the state on August 11, 2010, August 23, 2010, and September 9, 2010. 2011 consisted of TCA trainings in Sonoma and Mendocino respectively. 2013 included TCA training in Redding, Shasta County, San Mateo and Oakland. Additional TCA training ~~that~~ was incorporated into general ICWA training offered in 2011, 2012, and 2013 throughout Glenn County, Humboldt County, Alameda County, Inyo County and Placer County. Training and technical assistance on Tribal Customary Adoption is being provided to parents, relatives, tribes, and counties, as TCA will be a permanency and concurrent planning option for relatives in situations that might otherwise not be supported or be viable options. As such, the placement preference data for ICWA-eligible youth is being tracked for future analysis and reporting through the CWS/CMS.

## **Future Plans**

Future plans regarding increasing ICWA compliance in placement preference, include revisions to the MPP Division 31 for ICWA and continuing the training and technical assistance for ICWA placement preferences. In 2011 the CDSS ICWA Unit established a technical assistance 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 youths that ultimately receive placement in relative based or tribally approved homes for foster care, pre-adoptive and adoptive homes. CDSS staff typically responds to multiple technical assistance inquiries regarding placement preference each month. The technical assistance calls include but are not limited to custody, Tribal money, child protective services concerns, benefits/KinGAP, college student inquiries, placement, probate, child removal, services, noticing, permanency, exclusive jurisdiction, and Tribal membership. Technical Assistance inquiries have generated from approximately 38 out of 58 counties in California and have been received from individuals with membership in approximately 55 different Tribes. Additionally, CDSS holds bimonthly meetings with county representatives of the five CWDA regions to discuss issues regarding implementation of ICWA at the county level. 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.

Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption.

### **Indicators of Progress/Limitations**

Three initiatives 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. These are increased training, improved communication via tribal collaboration, and CDSS staff support with technical assistance for tribes, counties and the public. Each of these actions has demonstrated progress towards this initiative. 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.

ICWA related dependency appeals have declined since the origination of this 5 year plan. Baseline percentage of ICWA related appeals was 22.2% in 2008. Over the past 5 years starting with 2009 the percentage of ICWA related appeals were 15.2%, 13.3% 12.4%, 12.9%, and 13.8% respectively. It appears increased training, technical assistance and resources regarding Active Efforts raised awareness and compliance and resulted in a substantial reduction in appeals over the three years.

### **Factors Affecting Progress**

Predominant factors affecting progress include the aforementioned training and technical assistance provided through the CDSS, the statewide training for social workers, and through the AOC. Additionally, the clearinghouse of resources, desk aids/tools for ICWA topics provided through the AOC's Tribal State/Programs Unit have been useful for translating the training into improved practice.

The CDSS continues involvement and support of the Family Development Matrix, which provides a structure for documenting prevention and early intervention services and tracking progress and outcomes for such services. Some Tribes and Tribal services providers have begun using this tool. This project has been presented to the Tribal community through the ICWA Workgroup. A culturally specific set of outcome indicators has been developed by a Tribal workgroup to help connect tribal members with their communities. "Connection to Tribal Traditions and Practices," "Knowledge of Family Lineage and Tribal History," "Participation in Tribal Government Activities," "Knowledge of Legal Rights..." have been adopted by several tribal communities, along with family outcome measures for assessment and case management. Additionally, an *Advanced Indian Child Welfare Act Active Efforts and Expert Witness* curriculum was developed through collaboration with CDSS staff, the ICWA Workgroup and the University of California Social Worker Education Center (CalSWEC) at UC Berkeley. The training included an 1) Introduction; 2) Learning Objectives; 3) Agenda; 4) Lesson Plan; 5) Trainer's Tips and Content; and 6) Training Supplement for Activity.

### **Future Plans**

The CDSS will continue work to improve ICWA compliance on active efforts through the provision of training and technical assistance for both child welfare and court staff. The issuance of policy directives, improving standardized curriculum, and the creation of desk aids are other strategies used to address active efforts compliance. Currently, CDSS, in collaboration with the ICWA workgroup and 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 a Native family. The CDSS will continue involvement in the Family Development Matrix work, with plans to support use for Tribes and Tribal service providers. Currently, there are nine tribal communities participating. In addition, CDSS plans to work closely with Tribal communities on CAPP, which will relate to improving active efforts within a practice model for child welfare.

### **Current Activities**

CDSS is involved in an array of ICWA and Tribal-related efforts on levels ranging from local to state and federal. These activities are described throughout the report. In addition, CDSS is involved in the following list of activities and collaborations:

### **Title IV-E Agreements- Karuk & Yurok**

CDSS is continuing to facilitate the negotiations of Tribal/State Title IV-E agreements which will allow for the pass-through of Title IV-E funds to California Tribes. These funds will provide tribes with foster care funding for Indian children. Further, CDSS will continue to assist tribes as necessary and as requested, to access direct funding through the P.L. 110-351, the Fostering Connections to Success and Increasing Adoptions Act. CDSS learned last summer that the Fostering Connections Act also provided enhanced federal funding for Title IV-E Tribes due to a Tribal federal medical assistance percentage (FMAP) rate. This enhanced Tribal FMAP rate is based on the average per capita income for a tribe for a three-year period. It varies by tribe but is significantly higher than California's rate which is 50 percent. This reduces the tribal share of IV-E costs proportionally. Currently, both Karuk and Yurok's enhanced FMAP rate is 83 percent. In November 2012, CDSS modified the fiscal addendum, which is part of the Title IV-E agreement to reflect the enhanced FMAP rate.

On March 14, 2007, CDSS and the Karuk Tribe of California signed the first ever Tribal-State agreement in California. The CDSS staff continues to provide training and technical assistance to staff of the Karuk Tribe for the implementation of the agreement. CDSS met with the Karuk Tribe in October 2013 as well as March and April 2014. Two of these meetings were held at the Karuk Tribe and one was held in San Francisco with the ACF. These meetings were to discuss implementation of the tribe's Title IV-E plan as well as any items the tribe has sought assistance with.

In 2013, the CDSS has assisted the Karuk Tribe with completing the necessary steps to receive

advance funds to purchase a Live Scan machine. This equipment will give them the ability to conduct the criminal background checks for caregivers in their foster homes. CDSS program staff has facilitated several discussions with the Office of Systems Integration, IBM and the Karuk Tribe to secure access to the Child Welfare Services Case Management System (CWS/CMS) for the Karuk. Access to CWS/CMS will allow for the streamlined transfer of cases from county jurisdiction to the tribal jurisdiction as well as allow the Karuk tribe to continue the necessary documentation of their cases. It is anticipated that by July of 2014, the Karuk will have both a Live Scan Machine and access to the CWS/CMS.

The CDSS and the Karuk Tribe secured technical assistance through ACF and the National Resource Center for Organizational Improvement to provide assistance to the Karuk Tribe in the development of the tribe's CWS Plan. The tribe's CWS Plan was approved by ACF on November 6, 2009, and was effective July 1, 2009. Since the approval of that plan, the CDSS has provided the Karuk Tribe with training on fiscal claiming procedures, Title IV-E eligibility screening and data reporting requirements. While the Karuk Tribe has had a Title IV-E agreement in place since July 2009, they have not received any Title IV-E funding. CDSS program and legal staff met with Karuk staff in June 2012 to discuss how to best assist them in the claiming process. As a result of the meeting, a hands-on, two day on-site training was delivered in November 2012 to provide technical assistance on how to submit a Title IV-E claim, determine eligibility, and how to report to CDSS what children are being served. Karuk staff receiving the training included administrative personnel and social workers. CDSS brought staff knowledgeable in program policy, fiscal policy, and a trainer on Title IV-E eligibility. From this meeting, a list of deliverables was developed to provide additional information to assist Karuk in submitting Title IV-E claims. Some of the deliverables sent to Karuk following the training were a sample claim, program cost code manual, mock transfer case, sample signature authority letters, fiscal sharing ratios, aid code information, and a list of CDSS contacts for future questions. There has been ongoing correspondence with Karuk to see if any additional information or technical assistance is needed. The CDSS will continue to provide training and technical assistance as needed to Karuk regarding fiscal claiming procedures and child welfare practice to ensure Title IV-E compliance.

The Yurok Tribe initiated negotiations of a Tribal/State Title IV-E Agreement in August 2007. The agreement was signed effective May 28, 2010. The Tribe continues its efforts to develop its child welfare services plan and has submitted a draft to the ACF for approval as they are currently considering a direct federal agreement. Should Yurok decide to continue their original agreement with the state, CDSS will be in a position to provide training on fiscal claiming procedures, Title IV-E eligibility screening and data reporting requirements. Upon request, CDSS would also be able to assist with the purchase of a Live Scan machine and access to the CWS/CMS.

CDSS believes that one reason the Karuk and Yurok Tribes have not fully implemented their Tribal/State IV-E Agreement is due to lack of funding available to pay the tribal share of costs associated with a Tribal/State IV-E Agreement. Because of this, the Yurok and Washoe Tribes met with CDSS staff in November 2012 to present a proposal that would eliminate the Tribal share of costs for Title IV-E claims based on the enhanced Tribal FMAP rate that is now available to many Tribes. Based on this proposal, the state would pay the full non-federal share of costs and the Tribal share would be eliminated. With the enhanced Tribal FMAP rate of 83 percent, the state share of costs would still decrease even if the state covered the Tribal share of costs because a

much larger percentage of costs would be eligible for Title IV-E reimbursement. CDSS is reviewing the proposal and will consider this budget adjustment in the future to assist Tribes in being able to operate their own Title IV-E CWS program.

## **After 18 Program**

With the passage of AB 2418 (Chapter 468, Statutes of 2010), regarding the After 18 Program on extending the age of eligibility for foster care, CDSS has had many discussions with the ICWA Workgroup regarding the implementation of the new statutes and ensuring appropriate language is incorporated in the Regulations. In addition, on November 1, 2013 CDSS released an All County Letter (ACL 13-91) entitled: After 18 Program (AB 12 Extended Foster Care) and Indian Non-Minor Dependents (NMDs) Covered by The Indian Child Welfare Act (ICWA). This ACL contains information on both case management and eligibility issues related to foster youth as Non-Minor Dependents (NMDs). It highlights and provides clarification regarding policies and procedures for the placement of NMDs that are deemed an “Indian child” per the ICWA. The ACL also provides guidance to Indian youth in out-of-home placements who are seeking to participate in the After 18 Program. Pursuant to AB 12, this program allows foster youth to remain in foster care, under court jurisdiction, up to age 21 as NMDs. The CDSS also revised a training that is used by counties and the California Social Work Education Center (CalSWEC) regarding the After 18 Program and ICWA Youth. This training includes a Power Point as well as a trainer and trainee guide

## **ICWA Initiative with AOC Tribal/State Programs Unit**

Effective December 2005, CDSS entered into an interagency agreement with the AOC to create the ICWA Initiative. This successful partnership between CDSS and the AOC is made possible through funding from CDSS for what has been known as the ICWA Initiative. Funding for the ICWA Initiative has continued and was renewed for another three years beginning July 2013.

In 2009 the AOC established, as part of the Center for Families Children and the Courts, a Tribal/State Programs Unit. The purpose of this unit is to serve as liaison and to assist the judicial branch with the development of policies, positions, and programs to ensure the highest quality of justice and service for California’s Native American communities in all cases, with a focus on cases relating to domestic violence, dating violence, sexual assault, trafficking, elder abuse and stalking. These projects are supported with funds from the Office on Violence Against Women, U.S. Department of Justice, that are administered through the California Emergency Management Agency, the U.S. Department of Health and Human Services, Court Improvement Program, and CDSS.

Through the Tribal/State Programs Unit, the AOC 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.

## **Clearinghouse of resources**

The AOC continues to maintain a clearinghouse of resources that includes: 1) forum activities,

including AOC educational events for tribal and state court judges; 2) resources relating to compliance with ICWA in juvenile, family, and probate cases; 3) a directory of Native American family resources in California; 4) resources relating to domestic violence, dating violence, sexual assault, trafficking, elder abuse, stalking, and tribal communities; 5) tribal communities of California; and 6) tribal justice systems, including an up-to-date directory of tribal courts searchable by tribal court or county name; and 7) tribal/state collaborations nationally and in California <sup>42</sup>

During the reporting period, the AOC continues to update these comprehensive ICWA resources<sup>43</sup>: (1) expert witness list; 2) ICWA laws, rules, regulations; 3) Statewide Directory of Services for Native American Families (continually updated); 4) ICWA job aids for judges, social workers, probation, and attorneys; 5) ICWA education; and 6) information on Tribal Customary Adoption (TCA).

In October 2013, the Adoption and Permanency month ceremonies held by the Judicial Council featured a family that had gone through the TCA process for permanency. The Tribal/State Programs Unit staff has been primarily responsible for several rules and forms proposals intended to implement ICWA and ICWA-related provisions in state court. Specifically, staff was part of the efforts to amend Rule 5.640 approved by the Judicial Council on October 25, 2013. These amendments ensure *inter alia* that tribes will receive notice of applications to administer psychotropic medications to their dependent tribal children. Through the Tribal Court-State Court Forum, staff worked on a legislative proposal to amend Section 827 of the Welfare and Institutions Code to provide for tribal access to confidential juvenile court records in proceedings involving their tribal children. This legislative proposal was approved on October 25, 2013 and has since been introduced in the California legislature as AB 1618.

The AOC has also created links to other resources so that practitioners can find everything they need in one place to stay current with ICWA requirements and best practices. Tribal advocates, tribal attorneys, and other tribal personnel whose work is related to child welfare matters have access to all of the legal, educational, and other resources available on the California Dependency Online Guide (CalDOG) <sup>44</sup> The CDSS' resources regarding compliance with notification to Indian parents and tribes of state proceedings involving Indian children and the right to intervene can be found through the county guides for the C-CFSR processes <sup>45</sup> as well as ACINs and ACLs issued by CDSS.

To support tribal justice system development in California, the AOC maintains a list of grants, provides letters of support to tribes, assists with tribal grant applications for the Consolidated Tribal Assistance Solicitation, and has assisted a number of tribal courts in adapting the California Judicial Council's court forms for use in their tribal courts, and continues to make available information and technical assistance on collaborative courts, supervised visitation, and domestic

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<sup>42</sup> [www.courts.ca.gov/programs-tribal.htm](http://www.courts.ca.gov/programs-tribal.htm)

<sup>43</sup> [www.courts.ca.gov/3067.htm](http://www.courts.ca.gov/3067.htm)

<sup>44</sup> [www.courtinfo.ca.gov/dependencyonlineguide](http://www.courtinfo.ca.gov/dependencyonlineguide) or at <http://168.75.202.29/>

<sup>45</sup> [www.childsworld.ca.gov/PG1322.htm](http://www.childsworld.ca.gov/PG1322.htm)

abuse self-help services.

### **Tribal Court-State Court Forum (Forum)**

The AOC staff the forum, which is a coalition of California Tribal court and state court judges who come together as equal partners to address issues common to both relating to the recognition and enforcement of court orders that cross jurisdictional lines, the determination of jurisdiction for cases that might appear in either court system, and the sharing of services between jurisdictions. The forum is convened for the express purpose of improving the working relationship between its members and enabling the courts of each to issue and enforce their respective orders to the fullest extent allowed by law.

The forum is comprised of 31 members: 28 judges, 1 former judge, 1 volunteer judge (retired), and 1 non-judicial member. The members include 13 tribal court judges, nominated by their tribes' chairs, representing 16 of the 22 tribal courts currently operating in California, as well as 15 state court judges and representatives from the California Attorney General's Office of Native American Affairs and the Native American Heritage Commission. To date, the forum has looked at issues such as the enforcement and recognition of protective and other kinds of orders and judgments, jurisdictional issues, and how to ensure access to justice in Indian country in the areas of domestic violence, sexual assault, stalking, and teen-dating violence. On October 25, 2013, the Judicial Council of California (council) 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 six times in person (June 13, 2010, January 13, 2011, June 17, 2011, December 14, 2011, October 9-10, 2012, and March 4, 2014) and regularly 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>

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<sup>46</sup> domestic and other violence and victimization statistics<sup>47</sup> tribal court directory<sup>48</sup> and map<sup>49</sup>, and tribal justice systems<sup>50</sup>); 4) focus on domestic violence (recognition and enforcement of protective orders: Statewide Needs Assessment<sup>51</sup>), California Courts Protective Order Registry<sup>52</sup>, Domestic Abuse Self-Help Tribal Project<sup>53</sup>, Efficient and Consistent Process<sup>54</sup> Public Law 280 and Family Violence Curriculum for Judges<sup>55</sup>, Recognition and Enforcement of Tribal Protective Orders (Informational Brochure)<sup>56</sup>, Tribal Advocates Curriculum<sup>57</sup>, and Tribal Communities and Domestic Violence Judicial Benchguide<sup>58</sup>); 5) focus on child support<sup>59</sup> 6) recognition and enforcement of tribal civil judgments; and 7) focus on juvenile cases (rule proposals, legislative proposals, and legislative reports).

### **Cross-Cultural Court Exchange**

The California Tribal Court-State Court Forum (forum) convened a series of local tribal court-state court exchanges to both model the collaborative relationships among tribal and state court judges at a local level and foster partnerships among tribal and non-tribal agencies and service providers. Through these exchanges, which were 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, understanding jurisdictional complexity and the needs of their tribal community, and improving the quality of justice, whether citizens walk through the tribal or state courthouse.

The forum convened three exchanges at Quechan, Yurok, and Hoopa and is planning two more this fiscal year. These exchanges were historic collaborative meetings attended by Tribal leaders and elders and Tribal and county representatives from education, family court services, probation,

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<sup>46</sup> [www.courts.ca.gov/documents/resup\\_pop\\_072511\\_final.pdf](http://www.courts.ca.gov/documents/resup_pop_072511_final.pdf)

<sup>47</sup> [www.courts.ca.gov/documents/NatAmStatsAbUpdate.pdf](http://www.courts.ca.gov/documents/NatAmStatsAbUpdate.pdf)

<sup>48</sup> [www.courts.ca.gov/14400.htm](http://www.courts.ca.gov/14400.htm)

<sup>49</sup> <http://q.co/maps/cvdq8>

<sup>50</sup> [www.courts.ca.gov/documents/TribalJusticeSystemRU.pdf](http://www.courts.ca.gov/documents/TribalJusticeSystemRU.pdf)

<sup>51</sup> [www.courts.ca.gov/8117.htm](http://www.courts.ca.gov/8117.htm)

<sup>52</sup> [www.courts.ca.gov/15574.htm](http://www.courts.ca.gov/15574.htm)

<sup>53</sup> [www.courts.ca.gov/documents/FactSheetDASH.pdf](http://www.courts.ca.gov/documents/FactSheetDASH.pdf)

<sup>54</sup> [www.courts.ca.gov/documents/SPR11-53.pdf](http://www.courts.ca.gov/documents/SPR11-53.pdf)

<sup>55</sup> [www.courts.ca.gov/documents/Tribal-FamViolenceCurriculum.pdf](http://www.courts.ca.gov/documents/Tribal-FamViolenceCurriculum.pdf)

<sup>56</sup> [www.courts.ca.gov/documents/Tribal-DVProtectiveOrders.pdf](http://www.courts.ca.gov/documents/Tribal-DVProtectiveOrders.pdf)

<sup>57</sup> [www.courts.ca.gov/documents/TribalAdvocacyCurriculum.pdf](http://www.courts.ca.gov/documents/TribalAdvocacyCurriculum.pdf)

<sup>58</sup> [www.courts.ca.gov/documents/Tribal-DVBenchguide.pdf](http://www.courts.ca.gov/documents/Tribal-DVBenchguide.pdf)

<sup>59</sup> [www.courts.ca.gov/documents/Tribal-ITC-FLIV-D.pdf](http://www.courts.ca.gov/documents/Tribal-ITC-FLIV-D.pdf)

social services, and domestic violence prevention services.

Child welfare and domestic violence were identified as areas of mutual concern to tribal, state and county participants.

Working closely with the forum, the other California Judicial Council advisory committees, and justice partners, the AOC continues to assist with several projects related to recommended revisions to rules and forms, recommended legislative proposals, judicial education, and local/statewide programs.

### **Indian Child Welfare Act Services**

The AOC continues to work with courts and agencies to comply with ICWA by providing education, technical assistance, and resources statewide. Educational offerings include regional trainings and local collaborative workshops addressing the following 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 AOC provided 16 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, and TCA. Training was also provided for tribal court judges, tribal court staff, and tribal law enforcement on the California Courts Protective Order Registry (CCPOR). Eleven tribal courts and their law enforcement personnel have been trained and can now access CCPOR. By sharing information on restraining and protective orders through this registry, state courts and tribal courts are better able to protect the public, particularly victims of domestic violence, and avoid conflicting orders. To learn more, visit [www.courts.ca.gov/15574.htm](http://www.courts.ca.gov/15574.htm). At least 22 state courts and 10 tribal courts are now using this registry. The registry is available to all state court judges, tribal court judges, and law enforcement.

### **Curriculum Development and Education**

The AOC has developed various curricula, published bench guides, and updated other educational materials, some of which are contained in the California Dependency Online Guide (CalDOG).

The AOC, 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 AOC 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 AOC. 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<sup>60</sup>.

In March 2013, staff were asked to serve on the ICWA Curriculum Advisory Committee that met in person in Washington, D.C., hosted by Casey Family Programs. The committee was comprised of national ICWA experts and asked to create the “National Model ICWA Judicial Curriculum”. This curriculum was designed as a tool to educate state court judges throughout the U.S. in a series of modules that an ICWA expert could utilize when conducting trainings for that particular audience. In early 2014, staff reviewed a draft of the curriculum and provided edits/suggestions. The final draft of the curriculum is due to be completed during the summer of 2014.

### **Legal and Court Services**

The AOC, 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/allocating/transferring jurisdiction and sharing court-connected resources; and 4) technical assistance to judges, social workers, probation officers, attorneys, members of the public, and others seeking information on ICWA, and TCA or assistance drafting or reviewing local protocols or advice on obtaining qualified expert witnesses.

### **CDSS Technical Assistance**

Along with the technical assistance provided through the interagency agreement with the AOC, CDSS’ ICWA staff provides ongoing technical assistance. The ICWA staff responds to daily inquiries relating to various ICWA topics. Staff respond to and/or direct the inquiries to the appropriate contacts and resources as needed. Technical assistance is provided on a broad range of ICWA-related topics, including but not limited to the following:

- ICWA forms and processes
- Tribal resources 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

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<sup>60</sup> <http://168.75.202.29/>

- Referrals to the State Ombudsman’s Office
- Tribes’ access to court documents in child welfare proceedings
- Pre-adoption birth certificates (for proving tribal heritage)/right to records
- Rules and processes for transfer to tribal court
- Tribal customary adoption
- Voluntary placement
- Relinquishment
- Paternity
- Non-federally recognized tribes
- Trainings
- Foster and adoptive placement resources
- Requests for assistance/education re: ICWA and guardianships/adoptions
- Out-of-state placements
- Canadian and Mexican tribes
- Noticing issues
- Probation issues

Examples of specific extended technical assistance included:

- Alpine County - assistance with funding for foster care placements made by the tribal court;
- Humboldt County - assistance concerning payments to eligible guardianship placements made by the tribal court;
- Sonoma County - assistance with drafting a local rule concerning transfer of ICWA cases from state to tribal court;
- Sonoma County - assistance with local tribal/state court transfer ICWA protocol;
- Los Angeles County - provided extensive technical assistance to the Los Angeles Superior Court ICWA courtroom by helping to organize and facilitate a first meeting of a Los Angeles County ICWA Stakeholders roundtable meeting which was held in Los Angeles on January 24, 2014. Staff also assisted in coordinating the second meeting of this roundtable to be held on May 2, 2014. This assistance to the Los Angeles County Superior Court began from an initial informal meeting held at the ICWA statewide conference in 2013 and will be ongoing;
- Tribal Court Clerks - assistance with resources, forms, information and collaboration for tribal court clerks throughout the state;
- BACAIR - assistance with ICWA educational offerings and information for the Bay Area Collaborative of American Indian Resources (BACAIR). This assistance is ongoing; and
- Urban Indian ICWA Convening - assistance is provided to the the Urban Indian ICWA Group beginning in the fall of 2013 and will be ongoing. The group is of ICWA experts throughout the nation that are examining issues, research and deriving solutions for urban Indian communities. Meetings and funding for meetings are provided by Casey Family Programs and the Denver Indian Family Resource Center. A Tribal/State Programs Unit staff member will attend an annual in-person meeting and provide technical assistance on ICWA as needed to members within the group and any other referrals from this collaboration.

Legal services relating to the ICWA, in the form of in-person and distance trainings; job aids for judicial officers and court-connected service providers in juvenile dependency and delinquency

cases, family custody and probate guardianship cases; file reviews; and other technical assistance, as requested by local judges, improves ICWA compliance. While data, and therefore progress, regarding ICWA compliance is difficult to capture in the current CWS/CMS system, the data collected on ICWA-related dependency appeals indicates a decrease for 2010. After reviewing appellate cases, AOC staff determined that statewide ICWA-related dependency appeals accounted for 22.2 percent of all dependency appeals for 2008, 15.2 percent for 2009, 13.3 percent for 2010, and 13.8 percent for 2013 representing a significant decline over five years. Factors affecting this progress likely include the resources dedicated to training and technical assistance for judges, attorneys, social workers, probation officers, and others on ICWA, and specifically ICWA noticing requirements. The decline in appeals is aligned with the timeframe in which the AOC began providing training on the subject and may have positively impacted the appeals numbers.

Working in collaboration with CDSS, county and tribal social workers, and others, the AOC had worked to improve ICWA compliance through the provision of training and technical assistance. In 2013, CDSS funded 16 in-person trainings.

With respect to TCA, the AOC has responded to numerous inquiries from judges, attorneys, and social workers. During the reporting period, staff has incorporated TCA into all ICWA trainings for social service agencies. In addition to the three trainings at Quechan, Yurok, and Hoopa (listed in the Cross-Cultural Court Exchanges section of this report), staff continues to respond to requests for technical assistance in this area. Tribal/State Programs Unit staff also received numerous requests concerning ICWA in general, including when qualified expert witness testimony is required, who can serve as a qualified expert witness, where to find resources, and payment for appointed counsel in guardianship cases. Staff have assisted counties in developing their recommended findings and orders templates in ICWA cases.

### **Annual State ICWA Conference**

The CDSS continues to support the Annual Statewide ICWA Conference hosted by a volunteer tribe or group of tribes. The venue alternates between northern, central and southern California, and is sponsored and organized by a host tribe in the selected area. The conference is conducted over two and one-half days and is attended by approximately 200 individuals consisting of state, tribal and county representatives, professionals from child welfare and child maltreatment prevention programs and agencies, law enforcement, judiciary, and foster/adoption agencies.

The 21<sup>st</sup> Annual Statewide ICWA Conference is scheduled for June 17-19, 2014 in Lemoore, California and is hosted by the North Fork Rancheria. Further information regarding the conference is available in the Stakeholder Collaboration section of this report. CDSS will facilitate a working session at the conference with the Tribal Consultation Policy Committee to further the work on this initiative.

Division 31 Regulation changes to incorporate SB 678 (Statutes of 2006, Chapter 838) into regulations

SB 678 (Statutes of 2006, Chapter 838), effective January 1, 2007, was a massive effort by the State and California tribes to codify the Indian Child Welfare Act requirements and best practice requirements into state law. The bill codified federal ICWA (25 U.S.C. § 1901 et seq.) by adding amendments to the Family Code, Probate Code, and Welfare and Institutions Code. CDSS has been working to draft regulations to implement the provisions of SB 678 into the California Manual of Policies and Procedures (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 SB 678 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. In January, 2013, CDSS hired a part-time retired annuitant (RA) to help in the completion of this important process and document. 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. The draft regulations package has continued to be refined and was reviewed by the ICWA Workgroup and the counties in May 2013. Currently, CDSS is preparing the final draft for submission to the CDSS' Office of Regulations Development (ORD). It is anticipated that the regulations will be submitted to the ORD by the end of April 2014. Once submitted they will again 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 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 final revised regulations will become effective in the Spring of 2015.

## **Family Development Matrix**

The Family Development Matrix provides an integrated family assessment tool for case management and outcomes evaluation in 140 family service networks and ICWA Tribal programs in California. Its primary purpose is to provide family support staff in Tribal and non-profit agencies with the capacity to use the assessment and analysis of family outcome measurement data to set goals with families, record agency interventions, track worker case management, and family participation activities that contribute to improving family outcomes.

The FDM has been implemented in Tribal organizations in three counties: Del Norte, Lake, and Mendocino counties. In Del Norte County, two Tribes were trained on the use of FDM: Smith River Rancheria and the Yurok Tribe's Social Services, TANF and ICWA departments. In Mendocino County, training was provided to the Hopland Band of Pomo Indians of the Hopland Rancheria. In Lake County, six tribes have been trained on the use of FDM: Robinson Rancheria of Pomo Indians of California, the Scotts Valley Band of Pomo Indians of California, the Habematolel Pomo of Upper Lake, Big Valley Band of Pomo Indians of the Big Valley Rancheria, the Elem Indian Colony of Pomo Indians of the Sulfur Bank Rancheria, and Middletown Rancheria of Pomo Indians of California.

While the Del Norte and Mendocino Tribal communities actively use the FDM, the Lake Tribes no longer do so because they lack the resources to conduct family assessments. A complete set of Tribal specific FDM indicators was developed with Tribal agencies and is in use with a number of Tribal and non-Tribal agencies. These measures include: Connection to Tribal Traditions and Practices, Participation in Tribal Activities, Knowledge of Family Lineage and Tribal History,

Extended Family Relationship, Participation in Tribal Government Activities, Knowledge of the Indian Child Welfare Act, Knowledge of Legal Rights, and Reunification Stages in Court Cases.

Active Tribal programs		Inactive Tribal programs	
<i>Tribe</i>	<i>Clients</i>	<i>Tribe</i>	<i>Clients</i>
<i>Yurok</i>	<i>50</i>	<i>Lake (five Rancherias)</i>	<i>38</i>
<i>Hopland Rancheria</i>	<i>23</i>	<i>Ukiah</i>	<i>0</i>
<i>Smith River Rancheria</i>	<i>20</i>		

## Future Plans

In addition to the future plans aforementioned in relation to efforts to improve specific elements in ICWA compliance, CDSS, generally, plans to continue partnerships and collaborations currently in place, improve accuracy and availability of ICWA-related data, and increase development and spread of ICWA tools for practice level use. Additionally, CDSS will continue efforts toward making the CWS/CMS changes previously mentioned in this report that increase ability to capture ICWA data. Due to conflicting Department priorities the scheduled modifications to the CWS/CMS were not completed during this reporting period. The CalSWEC system allowed CDSS to release an improved standardized ICWA curriculum for county social workers as well as tools for tribal workers/ICWA advocates. Along with the curriculum, an implementation toolkit was released to support county efforts for increasing ICWA compliance and cultural competence in practice with Native American youth and families. CDSS anticipates the future use of this curriculum and toolkit. CDSS also anticipates developing state legislation and regulations to implement federal requirements provided in P.L. 110-351, the Fostering Connections to Success and Increasing Adoptions Act that will provide direction to counties on case record documentation that should be transferred when jurisdiction for a case is transferred to a tribe. CDSS is also providing technical assistance to counties and tribes working on development of local memorandum of understanding that will encourage early and consistent engagement of tribal organizations in the case planning associated with Indian children and families.

## Supporting Information Regarding Coordination with Tribes

The CDSS utilizes the ICWA Workgroup as an essential means through which CDSS works with tribal representatives to improve ICWA compliance and Indian family social work practice. The representatives listed here may be a member of a Tribe, employed by a Tribe or Tribal organization, or otherwise work as an ICWA advocate. Many are Tribal social workers, ICWA workers, ICWA advocates, and some may also be Tribal council members. However, please be aware that these participants are not necessarily appointed by their Tribes to represent them. CDSS has not yet established formal consultation policies for work related to Indian Child Welfare. However, Governor Jerry Brown issued Executive Order B-10-11, on September 19, 2011, in which he issued a policy that every state agency and department subject to his executive control, shall encourage communication and consultation with California Indian Tribes. He also stated with the Executive Order that agencies and departments shall permit elected officials and other representative of Tribal governments to provide meaningful input into the development of legislation, regulations, rules, and policies on matters that may affect Tribal communities. More work is yet to come in the formalization of these work/processes.



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Hon. Christine Williams  
Tribal Court Judge

## **CHAFEE FOSTER CARE INDEPENDENCE PROGRAM AND EDUCATION AND TRAINING VOUCHER PROGRAM**

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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), the Transitional Housing Program-Plus (THP-Plus), and the Transitional Housing Program-Plus Foster Care (THP+FC) have been included in this framework. Within this framework, CDSS provides technical assistance to counties in the provision of core ILP services.

In January 2012, Assembly Bill 12, or the After 18 Program, enacted in 2010, in part provided the ability for California to adopt the federal option to extend foster care, kinship guardianship, and adoption assistance beyond age 18. During 2013, implementation of the After 18 program added 46 providers to serve youth that have extended in foster care, with new applications from providers arriving daily to serve these youth. For more detailed information on current services and program implementation please refer to the After 18 section located on page 76. Currently, the CDSS is developing and implementing methodology to capture data on the After 18 population. Some data were presented in the Permanency section of this report.

California's ILP program is funded through a combination of local and federal funds. For FY 2011-12, California received a federal Chafee grant of \$16,974,129 and the state share of \$14,373,818 was realigned to counties. It is important to note, this allocation is released to Counties based on the State fiscal year (July 1, 2013-June 30, 2014) not the FFY. Welfare and Institutions Code 10609.3(e)(1) also requires counties to establish a stipend (or trust fund) to supplement the Independent Living Program. The stipend can be used for bus passes, housing rental deposits, housing utility deposits, work-related equipment and supplies, and education related equipment and supplies to assist youth age 18-21 that are participating in the Independent Living program.

California currently collects two sets of data related to transitioning youth:

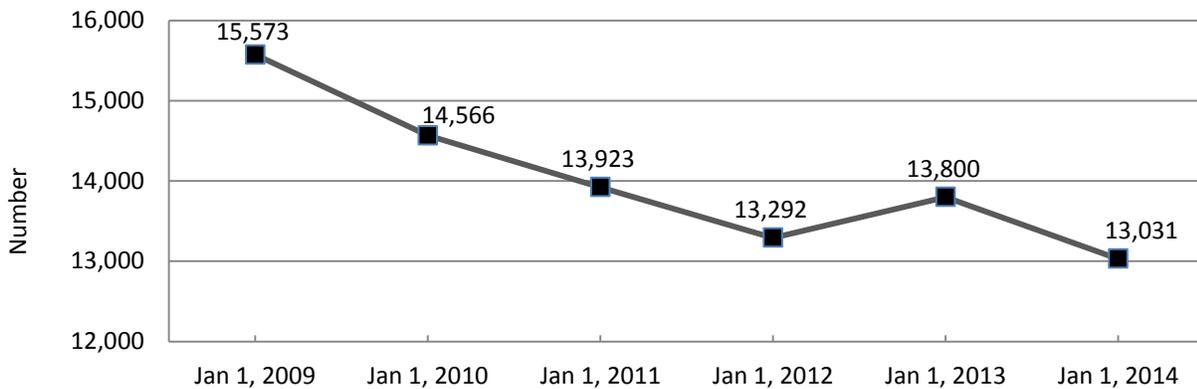
- Through the National Youth in Transition Database (NYTD), CDSS collects data on the ILP services delivered to youth and young adults. Data collection for NYTD continued in FFY 2013 beginning October 1, 2012 through September 30, 2013.
- CDSS also collects data on the status of youth at the time they emancipate from foster care, referred to as "Exit Outcomes." The Exit Outcomes for Youth Aging out of Foster Care Quarterly Statistical Report (SOC 405E) collects data on youth who aged-out of foster care during that quarter and includes information on outcomes, such as high school completion, enrollment in college, employment, housing, health care, permanent connections and financial information. This report is publically available on the CDSS website and is being revised to include data relevant to the extension of benefits beyond age 18. The revisions to this form have not been completed in FFY 2013; however, the projected release date for the new form and requirements is FFY 2015.

Based on data from CSSR on point-in-time placements for youth ages 16-18, 13,031 youth were eligible for ILP services on January 1, 2014.

Based on data extracted from CWS/CMS by CWDAB, for youth who were between the ages of 16-21 years old at the time the service was received for FFY 2013, of the 22,841 eligible youth in care, 36 percent received at least one of 63,153 independent living services listed in Table 8 below. The increase in the number of youth is due to the inclusion of probation youth data that was collected and included for FFY 2013. Child welfare served 16,208 youth who participated in at least one of the 52,015 ILP services child welfare offered. Probation served 6,633 youth who participated in at least one of the 11,138 services probation offered.

*Note: The numbers for this reporting period are larger because the Probation population is now included, last year only CW was represented in the figure.*

**Figure 70: Point-in-Time Placements for Youth Ages 16-18 Years, CWS/CMS CSSR Q4 Data, Agency: All**



The Exit Outcome data presented in Table 8 indicates the statewide percentages of youth who aged out of foster care in FFYs 2010 through 2013 with a particular status in key areas. The data does not represent all youth who aged out and the categories are not mutually exclusive. With the first full year of implementation of extended foster care in this fiscal year, it is difficult to compare this exit outcome data to last year's exit outcome data. 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. When you look at the exit outcomes for youth that are now leaving foster care you will see a decrease in the number of youth exiting foster care with a high school diploma. This can be explained by there being less youth exiting at age 18 and/or there are a number of youth exiting at age 18 prior to their graduation of high school (they might turn 18 in January and graduate in June). This would also explain the slight increase in the number of exited youth that leave high school. Without support these youth might find it easier to quit school and work instead. While many youth are extending in foster care and counties are working hard to have youth stay in foster care to receive the housing and supportive services, some youth are simply choosing to exit the system rather than choosing to extend their stay in foster care. CDSS has allowed for these youth to re-enter foster care at a later time should they choose to accept the housing and supportive services extended foster care has to offer. Further research and data is needed to

determine if the youth that are choosing to exit at age 18 rather than extend in foster care are youth that have been unable to develop a permanent connection, have mental health issues, or have substance abuse issues.

**Table 8: Exit Outcomes Data for Youth who Aged Out of Foster Care (SOC 405E)**

Outcomes	Percent of Youth			
	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Permanency				
Permanent connection with at least one adult they can go to for support, advice and guidance	98	91	89	85
Housing				
Arranged to live free of rent with someone	43	44	48	47
Arranged to rent alone or with others	25	27	18	20
Arranged to live in supportive transitional housing	16	17	17	13
Arranged to live in subsidized housing	2	3	2	2
No housing arranged	1	1	1	3
Education				
Received High School Diploma	47	57	56	44
Enrolled in a program to complete High School education	30	27	29	30
Dropped out of High School	14	18	12	15
Received GED	4	6	4	4
Enrolled in College	30	32	23	19
Plan to Enroll in College	25	24	22	12
Enrolled in Vocational Education	4	5	3	5
Employment				
Employed Part-Time	23	23	17	15
Employed Full-Time	6	6	4	5
Financial Assistance/Resources				
Applied for Food Stamps	23	22.5	24	22
Receiving or applied for additional government financial resources	27	36	36	65
No medical insurance	2	2	3	4
<b>Total Numbers</b>	<b>n=3,758</b>	<b>n=3,251</b>	<b>n=2,585</b>	<b>n=2,045</b>

Table 9 (below) illustrates number of unduplicated ILP services provided by category of service for current and former foster youth age 15-20 during each reporting period FFY 2010 to 2013. Approximately, 63,153 services were provided to eligible youth in FFY 2013, a marked increase from approximately 22,000 services provided in FFY 2010. Near tripling of the services provided to youth reflects improved data collection as a result of NYTD (see section 4) implementation rather than an actual change in service provision.

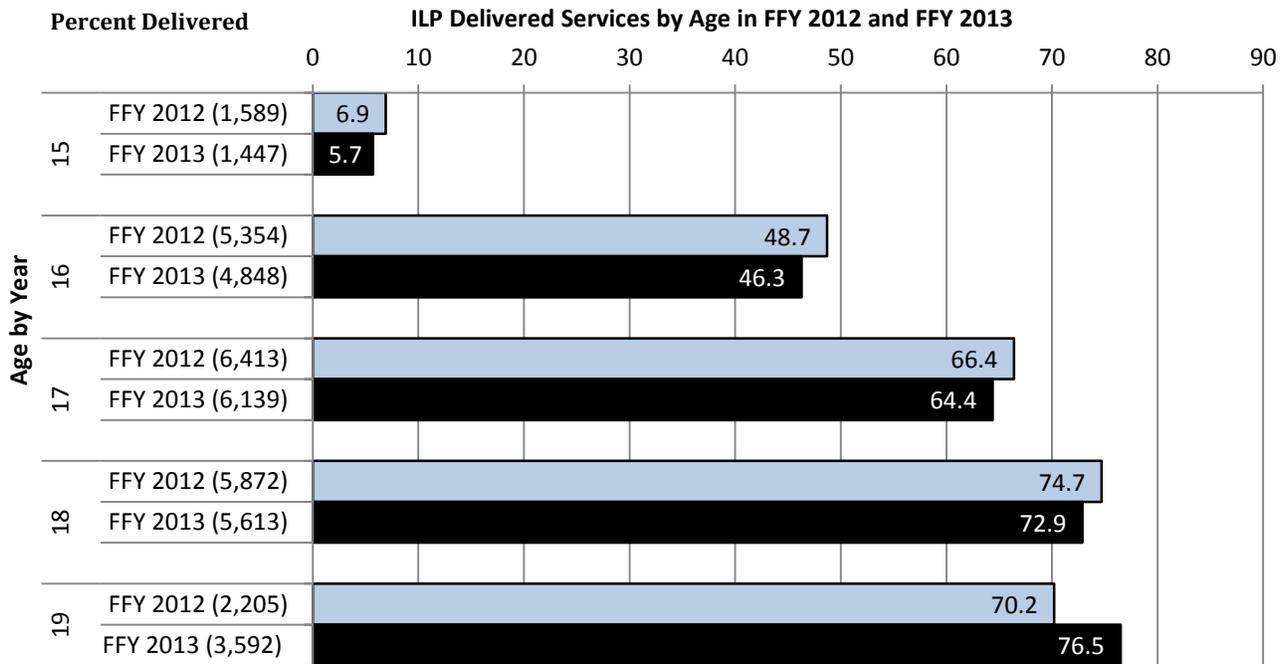
Table 9: Number of ILP Services by Categories Provided during FFY 2012 through 2013

<b>Data Reported in CWS/CMS for Foster Youth and Former Foster Youth Ages 15 – 20</b>				
<b>ILP Service Types</b>	<b>Number of Services Provided</b>			
	<b>FFY 2010</b>	<b>FFY 2011</b>	<b>FFY 2012</b>	<b>FFY 2013</b>
<b>Total Services Provided</b>	<b>21,957</b>	<b>53,363</b>	<b>61,484</b>	<b>63,153</b>
<i>Consumer Skills/Home Management</i>	3,224	7,913	9,719	10,050
<i>Education/Academic Support</i>	3,085	6,965	8,391	8527
<i>Needs Assessment</i>	2,497	5,889	5,944	5193
<i>Transportation/Other Financial Assistance</i>	1,812	4,822	5,815	6685
<i>Interpersonal/Social Skills/Parenting Skills</i>	1,438	4,350	5,034	4958
<i>Career/Job Guidance</i>	2,167	4,684	4,769	4906
<i>Post-Secondary Education</i>	1,773	3,781	4,208	4810
<i>Health care</i>	1,310	3,479	4,098	3998
<i>Employment/Vocational Training</i>	1,285	3,092	3,720	4182
<i>Money/Financial Management</i>	1,107	2,310	3,009	3232
<i>Education Financial Assistance</i>	1,078	2,351	2,488	2670
<i>Mentoring</i>	641	1,942	2,485	2702
<i>Supervised independent Living/Transitional Housing*</i>	495	1,589	1,500	1326
<i>Room &amp; Board Financial Assistance</i>	45	196	304	285

**\*Note: transitional housing does not refer to THP or THP-Plus**

ILP and Delivered Services by Age and Year in Figure 71 below, ILP services are broken out by age. The total number of youth in care by year and age are represented in the parentheses on the y-axis, while the proportion of youth who were delivered services by year and age are presented as bars on the figure. As illustrated below, the majority of youth in care within the 15-19 age category were between 16-18 years old; there was an average of 5,534 youth, ranging 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 2013 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 recommends 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.

**Figure71: ILP Delivered Services by Age in FFY 2012 and FFY2013**



## Part 2: Specific Accomplishments in Achieving the Purposes of the ILP Program

The information presented below describes the state’s accomplishments in achieving the purposes of the Chafee Independence Act:

### 1. Help youth make the transition to self-sufficiency:

In accordance with MPP Division 31-525.8, the ILP is designed to offer core services that will enable foster youth 16-years-of-age and older, to develop the core living skills which assist the youth in the successful transition to adult living. Core services (see Table 9) are provided based on identified individual needs and goals as documented in the Transitional Independent Living Plan (TILP) including, but not limited to:

- ✓ Education.
- ✓ Career development.
- ✓ Assistance and referral to promote health (including mental health) and safety.
- ✓ Referral to available mentors and mentoring programs.
- ✓ Daily living skills.
- ✓ Financial resources, such as CalWORKs, CalFRESH, and Medi-Cal.
- ✓ Housing information including: federal, state, and local housing programs.
- ✓ Developing permanent connections to a supportive adult.

ILP Services are available to youth in foster care between the ages of 16-18, to eligible extended foster youth (age 18-20), and former foster youth between the ages of 18-20. As of January 1, 2012, ILP services are also provided to young adults who have chosen to remain in foster care. In

additional to the extension of foster care to young adults up to age 21, some counties choose to provide ILP services to youth as young as 14, using county only funds.

The table above illustrates that the three most frequent services provided to youth in FFY 2013 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 Program**

THPP provides youth, aged 16-18, with the opportunity to experience semi-supervised apartment living while receiving supportive services. **Table 10** below outlines the number of counties that participated in the transitional housing program and the combined federal and state funds that were allocated per state fiscal year. The number of participating counties has varied throughout the FFY 13. The reason for this variation is due to the rural nature of some counties, the size of the counties, and the number of youth eligible to enroll in the program. Some counties that have offered THPP programs in the past were/are not able to do so currently due to a lack of youth age 16-18 in their county, a lack of providers in their county, and a lack of suitable housing. For example, Mono County has a distance of a two hour car ride from the main office to the child welfare office and averages one teenage youth age 16-18 every three to four years. As a result the county partners with a neighboring county to provide THPP services for a youth that may need housing. The county is not able to retain a provider when the need for transitional housing is periodic.

**Table 10: Transitional Housing Program**

State Fiscal Year	Participating Counties	Allocated Funds
2012-2013	29	\$583,000
2011-2012	29	\$583,000
2010-2011	29	\$583,000
2009-2010	31	\$583,000

**Implementation of Fostering Connections’ Requirement for a 90-day Transition Plan**

Public Law 110-351 requires the development of transition plans with youth 90 days prior to youth’s exit out of care at 18 years or older. In the transition plan, social workers and probation officers must: 1) address core life skills such as housing, education, health insurance, support services, and workforce and employment, 2) provide youth with information about health insurance options, a power of attorney for health care, and the opportunity to execute the option of designating a health care power of attorney, and 3) provide youth with the Advanced Health Directive form upon reaching the age of majority, as only adults in California are legally able to execute an Advanced Health Directive designating a power of attorney. A form was developed and counties were provided the form and instructions through ACL 09-87. The ACL clarified to counties that the

completion of this form applies to any youth who exits foster care at or after age 18. A mechanism has been included in CWS/CMS to track when the form is completed. For FFY 2012, 184 transition plans were completed for youth under age 18 and 1,236 were completed for youth age 18-21. Full implementation of the extended foster care program occurred in FFY 2013; as a result you see a significant decrease in the number of transition plans occurring in youth under age 18 and a significant increase in the number of youth over age 18 completing transition plans as they transition into adulthood.

### **Expansion of Medicaid**

The Federal Foster Care Independence Act of 1999 (December 1999) authorizes 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 18<sup>th</sup> birthday; eligibility continues 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. The CDSS has continued discussions with the Department of Health Care Services regarding the Affordable Care Act (ACA) and the extension of Medi-Cal and other health services for former foster youth to the age of 26.

### **Examples of County Efforts**

- San Diego County Television Network uses public service announcements as outreach to former foster youth to provide information on aftercare services. In FFY 2013, San Diego utilized this resource to inform foster youth and former foster youth about the extension of Medi-Cal to age 26.
- Santa Clara County, made a concerted effort through collaboration with Legal Advocates for Youth (LACY), Foster Care Eligibility, California Youth Connection (CYC) and Department of Family & Children's Services (DFCS) to get the word out to all the transitional housing programs, ILP, and the Hub in providing signage, flyers and information to youth regarding the Covered California program expansion to age 26. Social workers assisted youth in filing out the forms to obtain health care insurance.
- Monterey County social workers and probation officers speak directly with youth about their ongoing healthcare eligibility when exiting foster care. The youth is reminded in person and within their Court Report of their eligibility to receive Medi-Cal up to age 26. They are given a copy of their Medi-Cal card if needed. They are advised to notify eligibility of any change in address to ensure that their Medi-Cal remains current and in effect.
- Lake County has designated a health care services foster youth liaison to work with the ILP coordinator in identifying eligible youth for the Covered California program. In addition, this partnership also provides outreach to youth that have left foster care to ensure they are

informed they can now be covered until age 26. The liaison assists the youth with the application process.

- Solano County is focusing on promoting healthy living and physical activity by providing gym memberships and promoting activities such as trips to the trampoline gyms for foster youth. They assist youth with accessing health care benefits through workshops.
- Humboldt County social workers assist youth with an application for Medi-Cal or other health insurance, including information about the availability of extended Medi-Cal benefits until the age of 26.
- Riverside County has established a community resources region for all current and former foster youth to access any and all resources available to them within their communities. This is a 24-hour access line.
- Kern County utilizes the Dream Center where youth receive various services to conduct groups on Health and Wellness with the youth.
- Ventura County informs youth about their eligibility for Medi-Cal (Covered California) through various entities, including: transition conferences, ILP website, ILP brochures, and direct conversation during assessment of needs, class presentations, through education to the foster parents and group home providers, community service coordinators, and trainings. When youth exit, re-enter, or apply for the THP-Plus program they are referred to health care services to complete an application for medical coverage.
- Contra Costa County made improvements to their data base system to track services and information on the youth age 18-21. They began a Facebook page to connect with youth and advertise life skills classes in a way the youth would relate to.

For FFY 2014, Ventura County is updating their presentations and working with the public health office to ensure youth know they are eligible for medical benefits up to age 26. They plan on reaching out to youth that have exited to inform them they are eligible for medical coverage.

## **2. Help youth receive the education, training and services necessary to obtain employment:**

The ILP regulations state that all current and former foster youth participating in ILP are to be enrolled in the county's career center for employment assistance. The ILP data on delivered services by category (Table 9) shows: 4,684 for FFY 2011 and 4,755 for FFY 2013 were reported as having received job/career guidance, 3092 employment/vocational training in FFY 2011 and 4,177 in FFY 2013 were provided to foster youth. For more information on youth and employment please see section 5 of this chapter.

Exit Outcomes data (**Table 8** above) shows that between FFY 2012 to FFY 2013 there was:

- A 21 percent decrease in the proportion of youth who had received their high school diploma by the time they left care, while the number of youth receiving a GED remained the same (4%).
- A 17 percent decrease in those enrolled in college and a 45 percent decrease in those who plan to enroll in college.

- A slight increase (3 percent) in those who were enrolled in a program to earn their high school diploma and 33 percent decrease in those enrolled in a vocational education program.
- A 25 percent increase in those who dropped out of high school.

The percentages of youth who obtained employment was at 20 percent. Based on the data, it is difficult to draw conclusions since the categories are not mutually exclusive and interact with one another. For instance, when more youth drop out of high school or obtain a GED, the number of youth that will need to enroll in a program to complete high school will increase. Similarly, obtaining a GED is not mutually exclusive from enrolling in a vocational program. The decrease in the proportion of the youth receiving their diploma prior to leaving care could be explained by the changes to the law allowing youth to either extend in foster care at age 18 or exit at age 18. Some youth will be over 18 upon high school graduation, and will not have graduated at age 18, should youth choose not to extend in foster care. As a result it would show they exited foster care without a high school diploma in the data that was gathered when they exited at age 18 but that does not necessarily indicate they did not graduate from high school later that year. In FFY 2012, the youth were able to remain in care until the completion of high school, so last year's data would have included youth over age 18 still in care to complete high school. This change in law occurred with the extension of foster care up to age 21 to encourage youth to remain in extended foster care to assist them with transitioning into adulthood. As the preliminary data is indicating, with the implementation of the After 18 Program, it is anticipated that fewer youth will be exiting at 18. Thus, this data is likely to change significantly over the next few years as California adapts to this new development and is able to capture more data on the extended foster youth.

Additional research and data needs to be completed in order to know what factors cause a youth to exit from care at age 18 rather than extending on in foster care and receiving supportive services and housing while transitioning into adulthood. At this time we can only speculate (the NYTD data will not reflect these youth until age 21 surveys in three years) these youth are leaving care because they may have not made a permanent connection, simply choose to leave the system, are refusing mental health treatment, or have a substance abuse issue that is not being treated. We hope future data will help us determine where we can provide additional policy and guidance to encourage youth to extend in foster care and have better outcomes.

### **Examples of County Efforts**

- Butte County operates an ILP “store” through which youth can gain work experience and holds “ILP Gives Back” events that allow ILP-eligible youth to acquire volunteer experience.
- Humboldt County ILSP has partnered with the Employment Development Department (EDD) program, Job Market Program, and the local Workforce Investment Board (WIB). These programs assist youth with the job search, obtaining vocational skills, gaining entry level employment, and providing an opportunity to acquire skills that lead to higher salaried employment. ILSP refers to local job training programs including Humboldt Regional Occupational Program (HROP), Transitional Partnership Program (TPP), California Conservation Corps (CCC), and Youthability.

- Modoc County collaborates with the local business career network to get youth placed in various employment opportunities in the County to help them gain work experience firsthand.
- Contra Costa county provides assistance to youth in obtaining their Drivers training so a youth may obtain their driver’s license to overcome the obstacle of transportation issues interfering with their ability to gain employment.
- Tuolumne County uses Career Scope Assessments for all eligible youth seeking employment. Career Scope Assessments include, career suggestions, and based on the youth’s interests and aptitudes. These assessments are discussed with the youth and a plan is developed using these as a foundation for career and education planning.
- Monterey County conducted two employment workshops specifically for ILP youth. These workshops focused on job seeking skills, interviewing skills, and provided on-the-job training, job placement, and follow up with representatives from the Workforce Investment Board through the Workforce Investment Act.
- Yolo County has created the program “connect to college success” in collaboration with Woodland Community College to help youth learn about college and how obtaining a college degree can help them in their career.
- Los Angeles County offers a year-round connection to “worksource” centers throughout Los Angeles County and partner with seven regional workforce investment boards to ensure youth receive priority for workforce development opportunities. In addition, Los Angeles created the Bridge to Work program that included skills assessment, 20 hours of work readiness training, job retention support, and referral services to adult school/occupational training program.

For FFY 2014, Yolo County is planning to provide additional outreach services to youth that are struggling with mental health or substance abuse issues. They will provide additional services to assist them with obtaining employment.

### **3. Help youth prepare for and enter postsecondary training and educational institutions:**

The Chafee Education and Training Voucher Program provide financial support to foster youth seeking postsecondary education or training. Chafee grants are used for education-related purposes such as tuition, tutoring, books, supplies, transportation, rent and childcare. More detailed information is in Section 5.

Over the last several years, California has suffered significant budget cuts, and as a result, the postsecondary educational system has been severely affected. These budget cuts resulted in reductions in enrollments and transfers at universities and community colleges. As the financial situation for California improves, there are still policies in place at the higher education institutions that create barriers for foster youth. For example, classes are not available at the times the youth are able to take classes, the ability to get into classes is difficult, there are new requirements for transferring from a community college to a university, and the youth are struggling in how to

manage basic life skills while working and attending school. For that reason, the data illustrates a decrease in the number of foster youth planning to or those who are enrolled in college. California still has some of the highest unemployment rates in the Country, which is contributing to youth not wanting to pursue a college education. The changes in curriculum in the last year along with the diminishing financial resources are proving to be a challenge when trying to engage foster youth in pursuing college education. Youth are looking for alternatives to education and are utilizing the additional resources (such as extended foster care, employment assistance, and transportation assistance. The data shows the youth are enrolling in programs to help them obtain an education as well as job skills. California Foster Youth Services program, detailed in the Well Being Section of this report, is an important educational support for foster youth and will be utilized to continually engage foster youth in pursuing higher education.

Previously, foster youth were allowed to remain in care, until they turned 19, to complete their high school diploma. With the implementation of the After 18, foster youth will be provided with a longer period of time to complete their high school diploma. Extended foster care also provides additional services and supports that assist youth to pursue education. For example, youth are able to connect with a foster youth liaison at the local community college or university that will assist the youth with educational and career goals. Youth extending in foster care also have supportive foster families and a social worker that can help them with life issues that otherwise would have interfered with educational pursuits.

### **Examples of County Efforts**

- Los Angeles County has a program called “Foster Youth Education Project” that places a case carrying social worker in schools throughout the county with high concentrations of foster youth. These school based social workers assist youth with educational needs, support the youth’s educational goals, monitor attendance, grades, graduation plans, and provide tutoring and support programs for the youth.
- Glenn County’s ILP coordinator takes the youth on outings to help them learn how to navigate the public transportation system to local colleges and trade schools. Once at these locations, the ILP coordinator supports the youth in gathering information on the options available to the youth, including classes, financial aid, housing, and how to apply to these schools.
- In Mono County (a rural small county) all ILP youth are provided individual assistance and all have graduated high school. In addition each youth receives personal individual assistance in creating a budget binder and financial planning class to assist them in learning all the options and how to use them once received for post-secondary education.
- Monterey County has implemented a recent pilot program utilizing the iPad as a tool for learning as well as an incentive for youth participation in ILP classes. They utilize the technology to teach daily living skills and provide an interactive experience where youth are able to research educational funding, post-secondary education options as part of their living skills classes. At the end of their session the youth receives the iPad as their own.

- Shasta County has implemented the Shasta College Inspiring Foster Individuals (SCIFI) program to help youth in every aspect of their college experience from admissions to graduation. They have a kick off meeting in the fall with new foster youth, provide advocacy through assisting youth in speaking with professors when they need help, and have monthly meetings to coordinate services the foster youth may need while attending college.
- Orange County Department of Education and CWS co-lead a collaborative of diverse community partners representing public and private agencies invested in positive outcomes for transitional age youth. The group is named the Foster Youth Outcomes Committee (FYOC), meets monthly, and focuses on improving educational, housing and employment outcome through improved coordination/advocacy, information/resource sharing and joint ventures to leverage our resources and collective impact.

For FFY 2014, Alameda County plans to continue to assist youth in purchasing Books for College and Programs, to continue to support youth to graduate High School or receive GED support and to enhance employability by supporting them through job training activities and programs. This includes purchasing supplies, uniforms and materials needed to fulfill their learning requirements.

#### **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.

SOC 405 E Exit Outcomes data (Table 8) in FFY 2013 showed that 85 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 2012, with 89 percent of youth. It appears there may have been a data entry issue surrounding the SOC 405E during the implementation phase of the After 18 Program. The issue centered on how to capture youth in transition to extended foster care. In anticipation of implementation, some youth may have been captured as exiting when in fact they remained in care. In FFY 2013, 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 and presumably have permanent connections; however, they would not be captured here because they have not exited foster care (this data is for exited foster youth). The 4% change from FFY 2012 and FFY 2013 could be due to those youth no longer being counted in the exit data due to extending in foster care.

#### **Examples of County Efforts**

- Monterey County was selected for a planning grant through the Walter S. Johnson Foundation to be considered as the next V.O.I.C.E.S. County in California. The creation of a local V.O.I.C.E.S., a youth led drop in center for TAY ages 16 to 24, has been a goal of many TAY advocates in the community for years. Monterey County solicited and received support of many local partners

and is being sponsored through our Young Adult Resource Collaborative group who meets monthly specific to TAY issues.

- Santa Clara County (SCC), the development of a youth led Community Center, The Hub continues to be a work in progress with providing a safe and welcoming center for current and former foster youth, ages 15-24 to receive services and resources from their peers, caring community members and providers. SCC's ILP Contractor, Family and Children's Services of Silicon Valley (FCS) is the main co-located partner at the center along with a number of community partners.
- Glenn County adopted the Safety Organized Practice (SOP) model for case management. This model encourages increased engagement, client voice and choice, and social support networks. In addition, this program model includes supportive transition meetings that allow the youth to model self-advocacy and include those adult support people to be included in their transition to adulthood.
- Humboldt County has implemented the Transition to Independence Process Model (TIP). TIP is an Evidence Supported Practice that is proven effective with young people with the classification of Emotional Behavioral Disturbance (EBD). TIP is a youth driven model that focuses on teaching young people how to become self-sufficient in following transition domains: Employment and Career, Educational Opportunities, Living Situations, Personal Effectiveness and Wellbeing, and Community Life Functioning.
- Napa County introduced the SILP readiness at age 15 ½ as part of the TILP process to ensure that youth are familiar with the SILP competencies to being to prepare for independent living before their 18<sup>th</sup> birthday.
- Del Norte County provides a LGBTQ support group that is available to all foster youth within the county age 16-25 years old and provides support for this population of youth along with mentorship and guidance on how to address specific issues related to LGBTQ issues.
- Calaveras county provides interactive workshops for ILP youth that foster independence including; cooking classes, technology classes, foster youth rights, online ILP workshops, and financial literacy through partnerships with local banks and credit unions.
- Los Angeles County has a permanency partners program (P3) to assist youth between the ages of 12 and 18 in finding a meaningful connection with an adult either from their present or a past adult connection the youth identifies. These P3 social workers work with regional staff to collaborate with the youth and the connections the youth identifies to assist in setting up initial contacts, interviews, and visits and also provide ongoing support once a connection is made.

For FFY 2014, the planned activities include:

- San Joaquin County is adding a life skills class for young a parent that also includes free childcare and incentives for young parents to participate. They will be creating a six-week parenting class specifically for current and former foster youth through a local foster family agency.
  - Monterey County is developing a SILP academy and creating a VOICE model to assist youth in transitioning into adulthood and to support youth in care.
  - Santa Clara County is developing a five week housing educational series aimed at ILP youth. The youth will target youth age seventeen and will educate them on the various housing opportunities available to them. In addition, they will learn budgeting, how to choose a roommate, and the expectations of a landlord.
- 5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing and then making the transition into adulthood**

#### **Transitional Housing Program-Plus (THP-Plus)**

The THP-Plus is a transitional housing placement opportunity for emancipated foster youth, ages 18-24 years, who exit from the child welfare system. The goal of the program is to provide a safe living environment with supports while helping youth achieve self-sufficiency. This program assists the youth in practicing life skills necessary for a more successful transition to adulthood. Counties electing to participate in the program provide supervised independent living and support services. This program is available for 24 months and can be used once a youth exits from extended foster care.

According to data compiled by the John Burton Foundation, the number of youth served in THP-Plus dropped from 2,151 in state fiscal year (SFY) 2011-12 to 2,059 in SFY 2012-13, a decrease of approximately 4.3%. More significantly, the number of clients aged 18 and up to 21 have dropped from 77% of total participants to 52% over the same period. This data suggests that youth aged 18 up to 21 are opting for extended foster care over THP-Plus.

In FY 2013-14, a total of 54 counties are participating in THP-Plus, serving a total of 2,059 youth. The amount of funding allocated for the program totaled nearly \$36 million. In this program, youth live in an apartment-like setting and receive services. The program lasts for two years and at the end of the program youth can take over the apartment lease.

#### **Transitional Housing Program Plus Foster Care (THP+FC)**

In September 2012 and as a result of the After 18 Program, CDSS implemented the THP+FC housing program. This new licensed housing allows various transitional housing options and supportive services where youth learn how to live independently while receiving assistance. Youth have one of

three placement options; a host family where youth live with a caring adult that has been approved by the provider, a single site where they live in an apartment, or a single family home, or condominium rented or leased by the THP+FC provider. Youth's placement decisions are made in the same way as any other foster care placement decision--based on a needs assessment and identifying placement options available to meet those needs. Due to the recent implementation, data on this population are not available; however, it is being collected and will be reported in the next APSR.

Currently, CDSS has 46 licensed THP+FC providers serving After 18 youth and six additional applications are pending licensure. For FFY 2013, 273 youth were in THP+FC (point in time data June 2013 extraction) with steady growth in this population. THP+FC is only serving five percent of the non-minor dependents in the state, in spite of the significant need for this placement type. Providers are working on recruiting more housing and supportive foster parents in order to meet the demand for these placements. As of June 30, 2013, 1808 non- minor dependents were placed in a SILP, while only 280 youth were in a THP+FC placement. Due to the relative infancy of this program (implemented in 2012), it is to be expected for there to be a short lag in 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 NMD's into a THP+FC placement, the provider must first complete an application process at the county level and then complete the 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 providers through the licensing process. CDSS continues to review and approve new THP+FC applications to serve this population. Additionally, CDSS has provided guidance on how counties can streamline their county process to lessen the time between provider's applying for certification and the final approval or licensure.

Currently, more youth are opting to be placed in a SILP than transitional housing. It is anticipated the numbers 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. Counties have identified a barrier of getting housing approved due to the requirement that the headquarters' office of the provider is within 2- hours of the 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 the state and obtain licensures, there will be improvement in this area, an increase in THP+FC placements, and a shorter approval time period.

### **Foster Youth Credit Reports**

In September 2012, California passed legislation to amend current state law to comply with the foster youth credit report provisions in the Children and Family Services Improvement and Innovation Act of 2011. California currently requires county welfare and probation agencies to request credit reports on behalf of 16- and 17-year olds in foster care, assist foster youth ages 18 up to 21 with requesting their own credit reports, and ensure that all such foster youth receive assistance in interpreting and resolving any inaccuracies in their credit reports.

The California Department of Social Services obtains credit inquiry results on foster youth ages 16 and 17 and provides them to the appropriate county agencies, which then request any credit reports revealed in the inquiry results.

### **Assistance for chronically homeless youth**

In 2004, California voters passed Proposition 63 (Mental Health Services Act) which provides increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology, and training elements that will effectively support this system. In 2006, Executive Order S-07-06 created, in part, a new supportive housing program jointly administered by the former Department of Mental Health and the California Housing Finance Agency. In 2007, \$400 million in MHSA funds were made available to finance the capital costs associated with development, acquisition, construction, and/or rehabilitation of permanent supportive housing for homeless individuals with mental illness and their families.

As of April 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 groups. 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 to 18 age group. Statewide, at least 609 units have been designated for adults who can include TAY who are homeless and have serious mental illness.

In 2005, Governor Schwarzenegger launched an initiative with a ten-year plan to address chronic homelessness in California. In 2006, a conference attended by federal, state, and local government, nonprofit, and private representatives developed the following five goals that serve as the basis for the ten-year plan are:

1. Prioritize the prevention and significant reduction of chronic homelessness.
2. Increase availability of housing affordable chronically homeless or those at risk of being chronic homeless.
3. Identify those at risk of chronic homelessness early on and create policies for prevention.
4. Increase availability and accessibility of support services for chronically homeless and those at risk.
5. Promote financial stability of the chronically homeless population and those at risk.

In September 2011, Assembly Bill 483 was signed into law with provisions to end chronic homelessness for transition aged youth. Assembly Bill 483 removes barriers for individuals that may not have otherwise met the definition of “chronic” homelessness. Prior to Assembly Bill 483, homeless transition-age youth may not have met the definition of chronic homelessness because of their age but still faced barriers to housing stability and require supportive services. This new law allows homeless youth and homeless families (including youth with children and pregnant and

parenting teens) to meet the definition and receive supportive housing if they choose not to extend in foster care. A research report on homelessness released in April 2013 by the Homelessness Research Institute shows a decrease of 2% 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 extension of foster care or the After 18 Program in order 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 extension of foster care was created and passed through legislation allowing for youth to not only extend in foster care up to the age of 21, but also allowed youth that had exited foster care to re-enter into foster care. This assisted youth that were homeless after exiting from foster care. ILP providers throughout the state reached out to homeless shelters locally to ensure former foster youth were informed they could re-enter foster care to receive supportive services and housing assistance.

### **The Chafee Allocation for Room and Board**

In accordance with the federal John H. Chafee Foster Care Independence Act of 1999, a county may spend up to 30 percent of its ILP allocation for the room and board needs of eligible emancipated youth. The age of eligibility is from 18 years of age through the youth's 21st birthday. Allowable expenditures for the 30 percent housing allocation may include the following variety of costs emancipated youth incur:

- Food purchases
- Payment of rental deposits and/or utility deposits
- Payment of rent and/or utility bills
- Emergency assistance - the determination of which is a county's interpretation
- Moving expenses
- Furniture and/or household items
- Costs incurred through roommate network agencies

The most recent available data from the ILP Annual Narrative and Statistical Report shows counties provided \$5,843,580, in services to 1,133 former foster youth under the Room and Board allowance. These data are 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 FY 2009-10, the Emancipated Youth Stipend was suspended due to California's budget deficit. For FY 2010-11, funding was partially restored at \$1,581,000, approximately two million less than the funding provided to counties in FY 2008-09. Counties expressed serious concern when the EYS fund was suspended and described the extra funding as critical in assisting transitioning and emancipated youth in continuing their education and assisting them with other financial needs as described above.

Funding for this program has been realigned to the counties in FFY 2012 and will allow counties even more flexibility in using the funding. The WIC 10609.3 allows for flexibility in the use of the stipend to help youth with independent living needs. In July 2012, SB 1013 removed language that no longer limits the use of these funds solely for emancipated youth.

For FFY 2014, several counties have expanded the stipend program to include supporting non-minor dependents ability to transition into adulthood.

## Employment

Data from the California Employment Development Department (EDD), displayed in **Table 11** below, reflects the number of former and current foster youth who have entered and exited the Workforce Invest Act and One-Stop centers.

**Table 11: Number of former and current foster youth who have entered and exited the Workforce Invest Act and One-Stop centers.**

<i><b>Current and former foster youth</b></i>	<i><b>FFY 2010</b></i>	<i><b>FFY 2011</b></i>	<i><b>FFY 2012</b></i>	<i><b>FFY 2013</b></i>
<i>Enrolled in WIA and One Stop Centers</i>	1854	887	875	963
<i>Exited from WIA and One Stop Centers</i>	1881	1116	909	950

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. Despite the big drop in total overall enrollments for FFY 2010 and 2011, 47 percent of youth who are enrolled have not exited the programs.

Enrolled means youth between ages 14-21 served with WIA formula dollars that identified and demonstrated their eligibility as current or former low-income foster youth. These youth were enrolled into intensive training services. Exited means the youth have left the program (completed training program, found employment, or no longer actively involved). Some foster youth may be enrolled for more than one fiscal year and these exits may be reflected in the data of the following year.

Foster youth are served through the One-Stop Centers and receive universal or core services, which are mainly individual or group services in career development, job search, referral and other related services. It is also important to note that youth who enroll in the One Stop Centers are self-reporting as former or current foster youth.

The CDSS Exit Outcomes data reveals a rate of 20 percent for youth who were employed in 2013 both part and full time, when they aged out of care. According to data from the California Employment Development Department and the U.S. Bureau of Labor Statistics, unemployment in California has been consistently higher than the national average over the calendar years 2011 through 2013. This is evidence youth who receive employment assistance both through ILP services and through EDD, are more likely to obtain employment than those youth that do not engage in these services or receive assistance.

### **Examples of County Efforts**

- Glenn County youth opportunities to job shadow for careers of interest to learn what they need to do in order to obtain employment in their chosen field.
- Orange County plans to target youth/young adult employment readiness in collaboration with the local Workforce Investment Board (WIB)/Workforce Investment Act (WIA) providers through planned joint activities targeting youth, caregivers and caseworkers. To steer this effort, FYO - which includes WIB/WIA representatives - has convened an Employment Readiness Workgroup.
- Imperial County provides career related courses that include both academic skills and enhancement activities. Youth explore different careers, acquire work skills necessary to obtain those careers, and earn academic credit. Options include law enforcement, culinary arts, and technology.
- Alameda County has a Summer Youth Employment Program (SYEP) to assist youths year round; various provider agencies teach skills necessary to obtain and retain employment.
- Butte County's ILP store continues to provide youth supportive work experiences through partners that employ youth; Butte County also assists youth with resume development and completing employment applications.
- Contra Costa County provides youth opportunities for solar, energy, and construction trades apprenticeships through their CCC workforce development board.
- Fresno County has aftercare social workers to meet with youth in the ILP Resource Center for assessment and referrals for specific employment services.

## **6. Make vouchers available for education and training, including postsecondary education to youth who have aged out of foster care.**

As stated in section 3 above, California Chafee Education and Training Vouchers (ETV) Program provides resources specifically to meet the educational and training needs of youth who were in foster care between the ages of 16 and 18.

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

California youth who have left foster care after age 16 for adoption, guardianship or reunification are eligible for the same ILP services as youth who are currently in care between the ages of 16-18 or have aged out of care. Youth who are in California's Kin-GAP program are eligible for ILP services once the youth turns 16 regardless of the youth's age when exiting foster care for Kin-GAP. These services are funded through the state/federal ILP Allocation. In addition, youth who have attained guardianship after age eight are eligible for ILP services upon reaching age sixteen. Information about services for Kin-GAP youth is contained in Part Four of this Chapter. Further information regarding California's Kin-GAP program was previously described in the Guardianship section of this document, in the permanency chapter.

Based on FFY 2013 CWS/CMS exit data, approximately 6,336 exited child welfare, 2,354 reunified with their families, 1091 were adopted, 98 were in Kin-GAP, 206 were in guardianship while 1,120 youth exited to other after care services such as, mental health, out-of-state services, adoption or Indian Child Welfare. Data about youth who after attaining the age of 16 left foster care to guardianship or adoption is not available at this time. Every effort will be made to include this data next year in updates made to the 2015 -2019 CFSP.

### **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.
- Provide youth with academic advocacy and support services to increase persistence rates within the California community college system.
- Introduce and assist youth to access campus and community based services.
- Assist youth with priority enrollment in California community colleges (Assembly Bill 194).
- Facilitate youth focus groups and roundtables, integrating youth feedback into program improvement strategies.

- Provide training and materials to 112 community colleges to increase awareness and support of extended foster care benefit in California.
- Collaborate with community colleges' Chancellor's Office, Student Services Division, to increase service capacity throughout the community college system.
- Work in tandem with the California Colleges Pathways project to ensure that community college staff receives appropriate training, to support foster youth on their campuses.

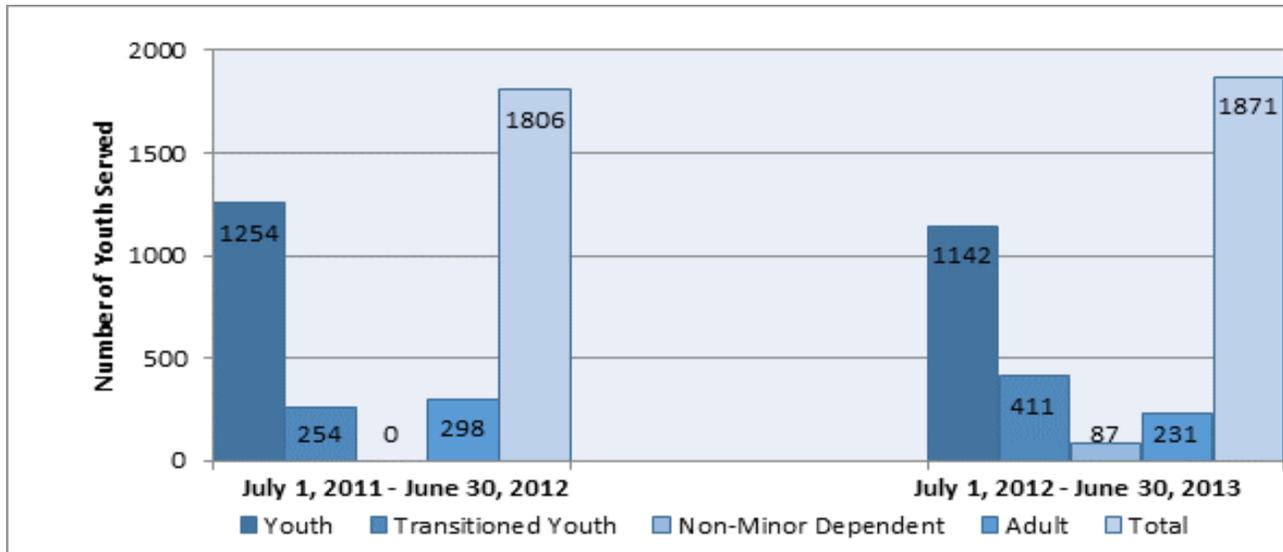
The Youth Empowerment Strategies for Success-Independent Living Program (YESS-ILP) is administered by the Youth and Adult Services division of the FCCC. The objective of YESS-ILP is to increase the number of foster youth, aged 16-21, that possess the life skills, self-esteem, and education needed to 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 2012-13 program periods, the YESS-ILP increased the total number of participants receiving services by 4 percent (see bar graph below). Statistical information regarding participants and services are listed below:

- Provided services to 1,871 participants
- Provided 1,794 training hours, of which 987 or 55% were experiential, hand-on learning activities
- Provided 2228 hours of one-on-one advisory services
- Began tracking Non-Minor Dependents (NMD) to identify YESS participants who are staying in care through AB12
- 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 7.5 times through the course of the program year

In addition to accessing specific ILP services, youth sought one-on-one personal and academic advisement services with their designated YESS-ILP liaison multiple times throughout the program period.

**Figure 72: Number of YESS-ILP Program Participants**



### Juvenile Justice and Delinquency Prevention Act of 1974

The CDSS continues to assist California Department of Corrections and Rehabilitation (CDCR) Division of Juvenile Justice (DJJ) Foster Youth Re-Entry Work Group (FYRE) to explore possibilities of identifying youth in both systems. The CDCR has several re-entry coordinators who assist youth in their transition from incarceration by connecting them to ILP services within counties. The coordinators continue to make progress in achieving the goals of the Act by completing deliverables, which include:

- Requested the Administrative Office of the Courts to modify and implement the court’s “California Department of Corrections and Rehabilitation, Division of Juvenile Facilities” form (JV-732) to include the identification of foster youth.
- Worked with CDSS to verify foster youth history and connecting youth with their former county of jurisdiction.

*Excludes NDLG’s, Non-FC, incoming ICPC; Includes pre-adoptive placements*

DJJ also has Re-Entry Coordinator staff that assist homeless youth with connecting to community resources in pre-release planning groups, and make individualized contact with probation youth and their families to ensure that the re-entry plans are supported and appropriate services delivered. Data regarding the number of children under the care of child welfare who transferred to probation is not available at this time. Every effort will be made to include this information next year in the annual update to the 2015-2019 CFSP.

### 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 capacity in helping foster youth participate in Departmental initiatives such as redesign of ILP, congregate care reform, conferences or trainings, the development of the ILP/THPP/THP-Plus Regulations and the Transition Plan. The CDSS provides funding and in-kind support to and regularly meets with the California Youth Connection (CYC) and The Foster Care Ombudsman's Office (FCO) to seek input and insight of former foster youth. The Department is currently working with the CYC and FCO on the implementation of the After 18 Program. Current and former foster, youth also participate in several After 18 Program focus group meetings held at CDSS.

The CDSS has engaged and solicited involvement from foster youth in the following ways:

- Youth were recruited as part of the Congregate Care Reform (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 Ombudsman's office regularly campaigns to encourage youth to be involved 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 California Youth Connection to provide transportation, stipends, and meals for youth that participate in these activities.
- CDSS, CWDA and the Co-Investment Partnership partnered with California Connected by 25 Initiative and CYC to create a State Youth Council, where youth ambassadors are trained in the process of policy implementation, public speaking and other leadership skills. Youth Council Ambassadors act as technical assistants, providing valuable insights about policies and practices that engage youth, build youth-adult partnerships and improve the foster care system. The State Youth Council has recruited former foster youth 14-24 years old from each of the following 13 counties: Fresno, Glenn, Humboldt, Monterey, Napa, Los Angeles, Orange, Sacramento, San Bernardino, San Francisco, Santa Clara, Solano and Ventura. Currently, the Ambassadors are reviewing current state policies, participating in a variety of state workgroups, and provide technical assistance in a wide range of topics covering the continuum of care. These youth ambassadors also participated on many of the After 18 workgroups.
- 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 California Youth Connection 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 or

initiative requiring youth input.

- Executive staff from the Department meets quarterly with CYC to hear concerns and solicit feedback on a variety of issues.
- In honor of National Foster Care Month, the State Capitol honored foster youth on May 10<sup>th</sup>, including their involvement and advocacy in state policy initiatives. 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.
- Foster youth advocacy and network groups such as the Youth Law Center, Foster Youth Alliance, and Alliance for Children’s Rights are closely involved in several CDSS initiatives, including the implementation of the After 18 Program.
- Twice yearly, CDSS distributes a newsletter to approximately 18,000 current and former foster youth outlining Chafee programs housing and other benefits. Youth of the Ombudsman office and the youth advocacy of California Youth Connection provide input on the content and appearance.
- Foster Club All Star: The CDSS, in partnership with FCCC, recently selected alumni of the state’s foster care system to serve as the California state representative in the nationally recognized Foster Club All Star project. The Foster Club organization, which is based in Oceanside, Oregon, selects approximately 20-25 former foster youth per year from across the country to participate in its intensive training and leadership development for the Foster Club All Star program. Several former foster youth participated in the selection of this year’s representative.

### **Examples of County Efforts**

- Solano County’s Youth Action Team presents training to adults who work with current and former foster youth.
- Trinity County engages youth in leadership development through the CYC Youth Summit.
- Shasta County generates monthly reports from CWS/CMS to identify eligible youth in Kin-GAP cases; reports are distributed to social workers and supervisors. Social workers contact eligible youth semi-annually to remind them of available services and encourage participation in ILP.
- Amador County established partnerships to engage foster youth in their communities, provide internships and volunteer opportunities, and receive mentorship from community leaders.
- Humboldt County Transition Age Youth Collaboration (HCTAYC) was created with the assistance from Youth Offering Unique Tangible Help (YOUTH) Training Project, California Youth

Connection (CYC), and Youth In Mind (YIM). HCTAYC, a youth-driven organization, allows young people who have experienced systems of care to express concerns with programs young people rely on for support and provide formal policy recommendations on programmatic changes. Youth involved with HCTAYC have experience with mental health services, juvenile justice system, foster care, and/or homelessness. Youth are provided leadership development and learn how to speak about how their personal experiences can provide input for program improvement.

Humboldt County hired two TAY partners to be peer educators and engage youth from the ages of 16-26. The TAY partners are matched with youth based on the youth's identified needs and the individual strengths of the TAY youth mentor and provide support.

For FFY 2014, Humboldt County will work with the State Youth Engagement Project that includes former and current foster youth that serve as Ambassadors from seven counties across California. The goal of this project is to promote youth engagement and youth-adult partnerships at the state and local level aimed at improving child welfare programs and practices.

- Napa County contracts with Voice Our Independent Choices for Emancipation Support to provide ILP services. Through this program youth lead an educational cohort of ten youth ages 16-21 for an academic semester and conduct activities including team building, self-esteem workshops, study skills, and a peer support. The cohort represents various high schools and two junior colleges.
- Monterey County redesigned their ILP services and program model with an ILP youth forum consisting of current and former ILP foster youth. They contracted with the local community college to facilitate this process and to help create a more successful and engaging (to the youth) program.
- Del Norte County has opened a youth center that provides collaborative workshops and activities for youth participating in ILP and transitional housing.
- Riverside County engages foster youth in a special two-day cooking class to learn food preparation. Youth prepare and serve Thanksgiving, Christmas, and Easter events dinner for themselves and the homeless population in the community. They also do this for Christmas and Easter events as well.  
Riverside County also employs former foster youth to serve as youth partners for the ILP program. The youth partners assist the ILP social workers to help current ILP participants identify important people who can serve as permanent connections, employment, education, and other assistance to help current ILP youth in their transition to adulthood. Other examples of youth engagement are: i

1. outreach and recruitment for ILP services informing ILP eligible youth, ILP active youth, and their families about the ILP program
2. internship opportunities with local newsletters and media outlets

3. creating their own internet TV Talk Show via YouTube
4. investigate and report events and issues that are important youth transitioning from out-of-home placement to adulthood and to report them to a broader youth in transition audience

### **Part 3: Coordinating Services with other Federal and State Programs and Indian Tribes**

#### **California Indian Tribes**

California has 109 federally recognized tribes and approximately 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. The CDSS requires each of the counties to submit an ILP Annual Report and Plan to report the methods used to ensure that all youth have equitable access to services. This report includes: how youth are made aware of ILP services/programs offered in their county; the number of tribal youth who are eligible for services; the number of tribal youth who are participating in ILP services; and the methods the counties are using to collaborate with tribal representatives to ensure that tribal youth receive culturally appropriate services.

#### **Consultation and Coordination**

As a state with the highest number of Indian tribes, the 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. With the implementation of AB 12 and related subsequent legislation, CDSS conducted regional meetings with tribes around the state to discuss the After 18 Program. The goal of these meetings was to hear from tribes the needs of tribal foster youth transitioning to adulthood and to better ensure tribal youth have access to the extended foster care benefits. Tribes also raised several issues related to extended foster care that are unique to tribal youth in foster care. In response to these issues, CDSS issued an ACL addressing the issues raised. Based on Point-in-Time data for January 1, 201 from CSSR, 83 American Indian-identified youth, between the ages of 18 to 20, were in a foster care placement, from this data we can surmise that roughly 83 American Indian youth extended into foster care.

Additionally, counties work with the tribes in their individual jurisdictions to consult and obtain input about their ILP programs, to coordinate the programs, and to ensure that youth are referred to culturally appropriate services and resources. Some counties with a large representation of tribes within their jurisdictions report having tribal round tables, alliances, or consortiums that are comprised of tribal representatives, county and tribal social workers, probation officers, and court personnel. 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.

The CDSS ILP Unit Manager began participating in CDSS tribal consultation meetings to provide technical assistance to five tribes engaged in implementing Title IV-E or Title IV-B plans. The tribes were provided training on Chafee ILP and ETV, and the NYTD and technical assistance on accessing ILP and ETV funding. The tribes were provided information on how tribal youth may access the local ILP in their geographic areas. The ILP Unit Manager will continue participation in the CDSS tribal meetings.

More recently, due to the work of the CAPP project, discussed in the Permanency Section, new strategies are being explored to improve better collaboration with local tribes.

### **Tribal Negotiation**

During this FFY, no tribes have requested either to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children or to receive an appropriate portion of the state's allotment for such administration or supervision. However, the CFCIP could be a beneficial way for the Title IV-E tribes to draw down IV-E funding. This will continue to be explored with the State agreement Title IV-E tribes in the future. In the next two years, additional efforts will be made on a state-level to engage tribal participation and input. Some of these efforts include: 1) re-inviting State ICWA Workgroup participants to the CWDA ILP Subcommittee Meetings, 2) contacting ILP Coordinator Regional Meeting members to invite Native American participants to regional meetings, and 3) increase CDSS presence at ICWA workgroup meetings.

### **County-specific examples of tribal coordination of programs include:**

- San Bernardino County's collaborates with the San Manuel Band of Mission Indians to ensure that ILP services are culturally appropriate for their Native youth.
- Some counties attend monthly meetings with ICWA workgroups to discuss case specific issues, including culturally appropriate services.
- Humboldt County has eight federally recognized tribes. The county ILP has developed strong connections with service providers on local reservations and utilizes these providers (e.g. tribal social services, tribal health services, and employment services) to ensure needed service delivery. These connections allow ILP to offer support and referrals to services already available in tribal communities. Some of the services utilized are: Two Feathers Native American Family Services, United Indian Health Services, and Step Up For Youth Jobs Program on the Hoopa Reservation, and California Indian Manpower.
- In San Diego County, ILP contractors work together to develop curriculum/workshops and are monitored by county staff to ensure that all youth receive similar services throughout the county's six regions. There are also Indian Specialty Unit social workers who provide culturally appropriate case management services including Independent Living Skills in conjunction with tribal services, to all children of American Indian heritage.
- In Los Angeles County, ICWA Social Workers train ILP staff on culturally sensitive information about youth in foster care.

- San Bernardino County has a contract with one transportation company to provide transportation services to youth in the outlying regions who cannot attend workshops due to lack of transportation.
- Shasta County has established mentors from various tribes who are willing to mentor tribal foster care youth. Riverside County collaborates with Tribal STAR, which matches youth with adult mentors.
- El Dorado County assures that youth are connected with tribal representatives, the local Indian Education Center in Placerville, and the local Tribal Health Clinic. The connections to these tribal service providers ensure youth are receiving ILP services and connecting to the tribes.
- In Fresno County, the tribal liaison trains the ILP staff on services available to eligible youth. The ILP planning meetings include a tribal representative that assists in connecting the youth with tribal services.
- Riverside County collaborates with Tribal STAR to ensure that youth connect with the tribes. Tribal STAR matches youth with adult mentors to provide appropriate cultural support and services that the youth need in order to maintain their identities and self-sufficiency. Staff is provided with Tribal STAR trainings to ensure ILP youth are connected to tribal services.
- Madera County has tribal representation at every Team Decision Making meeting involving the tribal foster youth. This representative ensures culturally appropriate services are provided to the foster youth.
- Kings County has an established relationship with the local tribes and the ILP coordinator works with the tribal liaisons and the youth to establish appropriate tribal services for a Native American ILP youth in their county. The tribal representative attends the Emancipation conferences, Team Decision Making meetings, and work to establish permanent connections that include the tribes.
- Sonoma County created an ICWA protocol, a collaborative effort between local tribes, the court system and Sonoma County Human Services. ILP staff maintains a point of contact with the tribes in the area encouraging youth to participate during monthly contact meetings, case plan meetings and describing the tribal services.
- Shasta County participates on an ICWA workgroup at the Redding Rancheria and Pitt River Tribe ICWA council. They focus on cultural events and services foster youth and former foster youth can participate in and promote foster youth engagement. In addition their ILP social worker connects the youth with the “Life Center” that connects foster youth to other Native American teens in the community.
- Imperial County participates in Tribal STAR gatherings, summits, and conferences to ensure collaboration with the tribes and provide culturally appropriate services are available to youth

who identify as being part of the Tribe. Imperial works closely with the Tribe to ensure they maintain connections with key Tribal leaders to help youth.

### **Equal Access to and Availability Benefits and Services for Indian Youth**

Tribal youth are made aware of ILP services/programs in the same ways as other youth are in the counties. Some of the ways include: social worker and probation officer discussions of ILP activities, notices, newsletters, and monthly calendars of workshops/activities, ILP pamphlets that provide an overview of services, website information, ILP orientations, annual events, and collaborations with community members. Counties work with local tribal communities to ensure that all tribal youth have been identified and inform tribal representatives of ILP activities and events. ILP benefits and services include: daily living skills, money management, decision making skills, safety skills, career development, building self-esteem, medical services, financial assistance with college or vocational schools, educational resources, housing, and employment.

In addition, the statewide standards for the ILP is a mechanism that provides guidance to the counties on fair and equitable provision of services to current and former foster youth, including tribal youth. Counties use a variety of methods to ensure that services are available to all youth, such as: providing transportation or bus passes, regionalizing activities, assessing local compliance with the Americans with Disabilities Act, mailing information on a monthly basis to all eligible youth and their caregivers, having direct contact with the youth, and providing bilingual interpreters for hearing impaired youth. Some smaller counties are able to provide one-on-one services to youth to ensure that all of their needs are being met. Some counties invite local tribal representatives to their monthly meetings. In turn, some tribes publicize ILP activities in their tribal newsletters.

All ILP eligible youth receive the same opportunity to participate in ILP activities/services to develop the skills needed to become self-sufficient. For example, in San Diego County, ILP contractors work together to develop curriculum/workshops and are monitored by county staff to ensure that all youth receive similar services throughout the county's six regions. There are also Indian Specialty Unit social workers who provide culturally appropriate case management services including Independent Living Skills, in conjunction with tribal services, to all children of American Indian heritage. In Los Angeles County, ICWA Social Workers train ILP staff on culturally sensitive information about youth in foster care.

Counties collaborate with local tribes as well as other organizations such as: AmeriCorps, Job Corps, Tribal STAR, Gathering Interdisciplinary Trainings, US Armed Forces, regional occupational programs, public transportation agencies, employment development, family service agencies, tribal social services and health services, local community colleges and universities, financial institutions, and California Youth Connection to meet the needs of tribal youth. San Bernardino County has a contract with one transportation company to provide transportation services to youth in the outlying regions who cannot attend workshops due to lack of transportation. Shasta County has established mentors from various tribes who are willing to mentor tribal foster care youth.

## **Part 4: Training**

The most significant training related to transition-age youth is associated with the implementation of the After 18 Program. Substantial efforts have gone into reaching out to potentially eligible youth and to ensure youth are aware of new benefits. Beyond outreach, significant efforts 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 are the result of collaboration across many sectors of the child welfare community – CDSS, counties (child welfare and probation), advocates, the Administrative Office of the Courts, the California Social Work Education Committee, the child welfare Regional Training Academies, youth organizations, philanthropy, etc. The training and informing materials are made available through in-person training and presentations, webinars, short videos, websites and a Facebook page. Additional information is available at: [www.after18ca.org](http://www.after18ca.org). CDSS also released an All County Letter on the vast array of training resources available for the After 18 program.

The CDSS will continue to collaborate with organizations and community partners mentioned above to provide training for social workers, caregivers and youth in FFY 2013 as the policy around extended foster care is still evolving. Community Care Licensing is providing trainings for providers for THP-Plus-FC; a webinar regarding access to food stamps for NMDs was also presented. There will be additional ACLs and webinars on some of the newer provisions of the After 18 Program that have emerged through the current legislative season. Additionally, CDSS attends County Welfare Director's ILP and transitional housing subcommittee meetings to provide additional clarification and technical assistance to counties.

CDSS has developed a Frequently Asked Questions webpage to provide additional guidance to counties. <http://www.childsworld.ca.gov/PG902.htm> This site also 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. Both the Break Through Series Collaborative (BSC) and the CALIFORNIA CONNECTED BY 25 INITIATIVE (CC25I) have officially ended. The following summarizes the final report of the CC25I, which incorporated lessons learned from the BSC.

### **The California Community Colleges Chancellor's Office**

For FFY 2013, 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 was 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 and continues daily with reports submitted to ACF every 6 months, in May and November of each calendar year. These reports to ACF contain ILP 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 monthly basis to oversee and advise on the ongoing tasks to be accomplished for NYTD compliance.

Beginning in FFY 2013, CDSS chose to conduct surveys in-house and solely online. The 17-year old baseline population in FFY 2011 was surveyed via a third party vendor. As state matching funds had been realigned, counties took over the responsibility beginning with the 19 year old follow up population in FFY 2013 and NYTD requirements were inserted into the California statute. An All County letter was issued to counties for direction and guidance on the surveying of the 19 year old follow up population. The follow up population consisted of 705 youth in the first review period and 1,114 youth in the second review period.

The CDSS received a penalty for the first review period (2013A) for noncompliance of participation rates in the in-care and out-of-care categories. The state paid the penalty fee in December 2013. The performance resulting in this penalty is attributed to county’s unfamiliarity with the NYTD process especially with the probation staff. Ongoing technical assistance is being provided to probation several times a month at the Probation Forum and Probation Advisory Committees held by CDSS’ Office of Systems Integration (OSI) and UC Davis.

The CDSS received a penalty notice from ACF for the second review period (2013B) for noncompliance of the participation rate in the out-of-care category; however, since that notice CDSS submitted a corrected file that met the required percentage participation rate to avoid the penalty. Best practices for locating youth not in care have been identified and disseminated to the counties. Preparations for data collection of the next cohort of 17 year olds in FFY 2014 are ongoing. Figure 73a below includes data for the first and second review periods for the NYTD survey and Federal determinations or categories given for youth participating or not participating in the survey. The second review period saw an increase 14% in youth participating in the survey.

**Figure 73a: NYTD County Compliance Report for FFY 2013: Survey Outcome Status FFY 2013**

Survey Outcome Status	FFY 2013			
	1 <sup>st</sup> Report Period		2 <sup>nd</sup> Report Period	
	Number	%	Number	%
Youth Participated	334	56	781	70
Valid non-participation reasons:				
Youth Declined	107	15	69	6
Youth Incapacitated	2	0	8	1
Youth Incarcerated	9	1	23	2
Runaway	0	0	0	0

Deceased	1	0	1	0
Unable to Locate	192	27	232	21
Not reported, late birthdates	0	0	0	0
All	705	100	1114	100

Figure 73b 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.

Figure 73b: NYTD County Compliance Report for FFY 2013: Number of youth who received an independent living service by responsible agency type in FFY 2013

Case Responsible Agency	1st Report Period		2nd Report Period	
	Number	Percent	Number	Percent
In care: Child welfare department	10,181	69	10,920	72
In care: Probation	2161	15	2202	15
In care: Other (Kin-GAP, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare)	180	1	191	1
Aftercare: Child welfare department	1628	11	1213	8
Aftercare: Probation	413	3	447	3
Aftercare: Other (Kin-GAP, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare)	107	1	111	1
Either current/prior case was not found, or case responsible agency was missing	0	0	0	0
<b>All</b>	<b>14670</b>	<b>100</b>	<b>1</b>	<b>100</b>

## PART 6: Education and Training Voucher Program

California administers the ETV program through an interagency agreement with the California Student Aid Commission (Commission), 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 and the grant does not need to be repaid. The awards are intended to supplement, not supplant, any grant funds that the student may otherwise be entitled to receive. The total grant funding may not exceed the student's cost of attendance. 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 between the ages of 16 and 18 and have not reached their 21st birthday as of July 1 of the award year. The student must be enrolled in an eligible career, technical school, or college course of study, attend school at least half-time, and must maintain satisfactory academic progress to continue receiving the grants.

During the following Academic Years (AY) (July 1 through June 30), the Commission reports the total Chafee ETV awards as follows:

**Table 12: Chafee ETV Awards (Commission)**

	AY 2012-13		AY 2011-12		AY 2010-11	
Active award average	Number of Awards	Average Award Amount	Number of Awards	Average Award Amount	Number of Awards	Average Award Amount
New	1200	4,095	831	4,918	932	4,423
Renewal	1505	4,311	1,540	4,896	1,573	4,511
<b>Total Average</b>	<b>2705</b>	<b>4,215</b>	<b>2,371</b>	<b>4,904</b>	<b>2,505</b>	<b>4,478</b>

AY 2009-10	
Number of Awards	Average Award Amount
1,079	4,330
1,564	4,468
<b>2,643</b>	<b>4,412</b>

The Commission reports there was an initial over-awarding for the AY 2012-13 prior to notification due to a federal sequestration of \$233,000 in late spring 2013. After the sequestration ended, a review of the awards was completed and the error found and corrected. As a result, the data reflects a decrease of initial renewal awards.

The decrease in ETV awards between 2010 and 2011 (2,643 and 2,371 respectively) may be a reflection of a number of issues in our economic and state budget difficulties resulting in increased tuition costs, and decreased availability of core curriculum classes for students. The decrease in ETV allocation by \$600,000 overall between 2010 and 2012 reflects the loss of grants for 272 students.

The Chafee Grant ETV Program stakeholders convened to discuss the reduction of federal funding in the Chafee Grant Program and to determine priorities for the upcoming year. Stakeholders determined a more in depth analysis of the current data and a comparative analysis of the options beginning with looking at the current data regarding the process of priority registration, awarding criteria, and amount of the awards to determine the most effective way to ensure the most youth are served with the reduced funding. The goal is to continue to support as many youth as possible

toward their educational goals.

After the August 7, 2013 stakeholder meeting, a data workgroup was convened to review the Chafee ETV award disbursement process. The Data workgroup had several monthly meetings to discuss various types of identifying information that would be useful in possible changes to the Chafee ETV grant award disbursement process system. As of this date, the data workgroup has some recommendations, but will need further guidance from the stakeholder group to continue identifying specific Chafee ETV programmatic enhancements.

Declining federal allocation and state budget challenges have and will likely continue to affect progress in this area. The After 18 Program will provide additional supports to young adults remaining in foster care. Youth enrolled in the After 18 program remain in foster care and are offered case management services, social work assistance, and in some cases remain in a foster family home. These additional supports allow the youth resources to assist them in obtaining as much educational funding that is available to them. In addition, the youth receive assistance with living expenses through the After 18 program that allows them to maximize their educational funding for tuition and books rather than needing to find funding for housing as well as tuition and books. Some youth who do not receive a Chafee grant whether eligible or ineligible are encouraged to seek additional financial aid resources such as 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 (BOG).

### **Examples of County Efforts**

- Santa Clara County offers a scholarship program through the Silicon Valley Children's Fund called Youth Education Scholars (YES). YES Program participants are full time students at a community college, university, or accredited vocational program or trade school. Applicants first apply for federal and state aid through FAFSA. YES scholarships are determined based on their unmet financial need. YES College Scholars may reapply for up to 5 years of support if they meet specific standards of progress toward graduation. The YES Program of the Silicon Valley Children's Fund has successfully increased the number of foster youth in Santa Clara County who attends and completes college.
- San Diego County offers a variety of classes in assisting foster youth in their pursuit of postsecondary education. ILP coordinators work with foster youth in connecting them with college financial aid counselors, assisting the youth with completing the FAFSA and as well as a host of other ILP services.
- Contra Costa County provides a workshop and one-on-one assistance with applying for and understanding the benefits of applying for and receiving the Chafee grant and other financial aid programs available.
- Tuolumne County ensures a youth has submitted a Free Application for Federal Student Aid application and Chafee Grant Application when financial assistance for postsecondary cost is requested. In addition, Tuolumne County utilizes the Foster Youth Liaison to assist the youth in

obtaining guidance on developing educational goals, obtaining all available financial aid, and providing them individual attention to ask questions and receive guidance.

- Shasta County has implemented priority registration specifically for foster youth with the local community college that includes review of all financial aid options and a description of the Chafee grant and provides application assistance to the foster youth.

## **TITLE IV-E CHILD WELFARE WAIVER DEMONSTRATION CAPPED ALLOCATION PROJECT**

California is continuing to operate the five-year Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP) under an extension, as the original project period ended on June 30, 2012. Alameda and Los Angeles counties are the two participating counties. Under the CAP, the waiver counties are able to reinvest their foster care savings to create a more responsive array of services and supports for families typically funded using Title IV-B funds. The specific goals of the CAP are to:

- Improve the array of services for children and families and engage families through a more individualized approach that emphasizes family involvement;
- Increase child safety without an over-reliance on out-of-home care;
- Improve permanency outcomes and timelines; and
- Improve child and family well being.

The five-year project began on July 1, 2007 and ended on June 30, 2012. The project has continued under two short-term bridge extensions through June 30, 2014. On March 28, 2013 the CDSS submitted a five-year extension proposal that detailed modifications to the existing project, a proposed fiscal model, the programmatic focus for the participating counties and third-party evaluation, as well as the inclusion of up to 18 new counties beyond the two current counties. In December of 2013, CDSS and ACF began negotiations of California's proposed fiscal model, evaluation and program model. The proposed five-year project period for the extension is October 1, 2014 through September 30, 2019. The project, newly titled the Title IV-E California Well-Being Project, will focus on three components: Prevention, Family Engagement/Family Centered Practice and Aftercare Services. CDSS is currently awaiting approval from ACF for a three month bridge extension covering the period July 1, 2014 through September 30, 2014.

### **Highlighted implementation activities for the two participating counties are provided below:**

Over the project, the Alameda County Department of Children and Family Services (Alameda DCFS) funded and enhanced their Alternative Road to Safety Prevention Program, an alternative response program providing intensive home-based family support services targeting enhanced safety and a reduction in first entries.

Bridge year activities that were added by the county included modifications to the Subsidized Child Care program to allow more families to access child care services and a new contract executed for paternity testing that has been increasing the number of children who are reunified safely, permanently, and timely.

The Alameda County Probation Department (Alameda Probation) focused on preventing unnecessary out-of-home placements, increased utilization of alternative dispositions, community probation, and enhanced community-based programs for probation youth and families under the

waiver. Investment included staffing for the Family Preservation Unit (FPU) program, which is a 90-120 day intensive supervision program to prevent out-of-home placement and help reunite families of youth successfully completing a placement program.

Under the bridge year, Alameda Probation identified that fewer recommendations are being made for youth to be placed in out-of-home care and the Court continues to make fewer orders for out-of-home care when compared to the probation officers' original recommendation.

Over the project, Los Angeles County Department of Children and Family Services (LA DCFS) continued to fund upfront assessments for high risk families to reduce entries and reentries into foster care and to increase services supporting timely reunification; however, after an internal program assessment, the county no longer funds their upfront assessments through their waiver project. The LA DCFS continued focus has been to utilize the funding for implementation and expansion of a wide array of programs and services to provide individualized services and strategies that are strength-based, family centered, child focused and community-based.

During the bridge year, LA DCFS underwent a Training and Policy Manual Redesign, which focuses more on experimental learning and less on theory. LA DCFS worked with local law enforcement to provide five simulation labs, which are situation specific and are linked to cases that were identified as "lessons learned," for new and existing staff. The Los Angeles Probation Department (LA Probation) focused on reducing the number of youth and length of stay in congregate care under the waiver. The CAP supported increased staffing and expanding the use of evidence-based practices to treat youth and families with Functional Family Therapy, Functional Family Probation and Multi-Systemic Therapy. LA Probation also established a prospective authorization and utilization unit that processes referrals, performs systematic review, and ensures services for youth at-risk for entering out-of-home care and youth that are transitioning from placement back into the community.

Under the bridge year, Los Angeles Probation worked on a plan to implement several continuous quality improvement strategies in order to adequately track each Waiver Initiative, including improving data management efforts and increasing monitoring of community-based agencies to ensure optimal program performance. Probation hopes to further its efforts in the improved evaluation of its strategies. In addition, Probation also continued the Foster Youth Education Program to serve youth in the community who are at risk of entering out-of-home placement as well as used Project funds to increase the allocation for Independent Living Plan (ILP) Services.

# 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. In 2011, as a result of realignment, CWS programs were shifted from the state to the counties where administrators can better determine how to meet local needs and priorities. The CWDA determines which training and training funds are to be handled by the counties and which will be handled by the state.

California's Statewide Training System (STS) for child welfare is comprised of four Regional Training Academies (RTAs) in the bay area, central, northern, and southern regions, the University Consortium for Children and Families/Los Angeles County Department of Children and Family Services (UCCF/LA DCFS), and the Resource Center for Family Focused Practice (RCFFP) as providers of training to the counties and the California Social Work Education Center (CalSWEC) which provides coordination of training resources and conducts the statewide evaluation.

The Statewide Training and Education Committee (STEC), co-chaired by CDSS and CalSWEC, develops, recommends, and coordinates implementation of standards for statewide child welfare training. STEC is comprised of representatives from CDSS, CWDA, CalSWEC, RTAs, RCFFP, UCCF/LA DCFS Training Unit, county staff development, Title IV-E Stipend Program, and representatives from tribes/tribal organizations. The STEC has continued to be utilized as a key communication venue in achieving the state's strategies and goals. This group meets quarterly.

The following section includes updated details of activities that occurred over FFY 2013 and FFY 2014 for training programs, services and activities identified in the five-year staff development and training plan.

## Cost Allocation Methodology

Unless otherwise noted, allocation of costs to benefitting programs for each training described herein is based on an analysis of training topics and target audience. The training vendor receives a Title IV-E determination checklist (see Attachment C) that is then submitted to the State Contract Manager. This form identifies Title IV-E eligible training activities at the enhanced rate and the administrative rate based on analyses of the target audience. The non-Title IV-E activities are also described and the vendor provides the percentage of time for each activity at each rate.

The "Fostering Connections to Success and Increasing Adoptions Act of 2008" (PL 110-351) provided for additional categories of trainees eligible to receive Title IV-E short-term training. Training can be provided to relative guardians, state-licensed or state-approved child welfare agencies providing services, members of staff of abuse and neglect courts, agency attorneys, attorneys representing children or parents, guardians ad litem, and court-appointed special advocates representing children in proceedings of such courts.

The Federal Financial Participation rate for the expanded audience was phased in over five FFYs, with increased FFP rates allowed each year. The tiered FFP rates have now reached maturity, and training for the expanded audience is now at the full 75% FFP rate. All training contracts reflect the appropriate allocation of Title IV-E dollars for the application of the 75 percent enhanced training rate and the 50 percent administrative rate.

## 1 Regional Training Academies

Each RTA has continued to deliver a comprehensive, competency-based program that addresses the training needs of new and experienced social workers, supervisors, and management staff. New social workers and new supervisors receive statewide standardized training (Core). With some improvement in the economy, some counties have been able to hire new staff resulting in a slight increase in Core training. The RTAs have also provided advanced and specialized classes to the counties to meet the required ongoing training requirements for the other staff within the counties. Due to the counties' diminished travel funds, counties are asking the RTAs to train locally. In some regions, slightly more than half of the training has been (and will continue to be) delivered in the counties where the staff work.

As a result of the Katie A. lawsuit settlement, additional Title IV-E funds will be leveraged to provide integrated training for mental health and child welfare social workers, as well as, the development and implementation of a new Common Core (CC 3.0) for Social Workers. The Core was initially created in FY 2004/2005, after several years of intensive work by the STS. The Core has been systematically evaluated and revised, with the overarching structure remaining essentially the same. The STS has begun large scale revision in an effort to ensure that CC 3.0 provides new social workers with key information in a format that streamlines knowledge acquisition and facilitates skill building. Although evaluation of the current Core shows that trainees gain knowledge, we receive feedback from trainees and supervisors that trainees struggle to transfer training to practice because the curriculum offers few opportunities for trainees to carry classroom activities into a field setting and receive the feedback necessary for skill development. In addition, since the initial development of Core, training has evolved to include technology and more innovative ways to support transfer of learning and skill development.

The counties in partnership with the state are moving toward (but have not yet settled on) a statewide core practice model. This model will be developed on the theoretical framework and best practices seen in other practice models such as Wraparound, Katie A, Children's System of Care and others. As we complete the Core revision process concurrently with the development of the practice model, CC 3.0 will be better situated to support the transition to a statewide model.

The concept for CC 3.0 involves three key components:

1. Practice Areas - Training content is divided into six practice area blocks (Foundation, Engagement, Assessment, Service Planning, Monitoring and Adapting, and Transition). These practice blocks mirror the Katie A. Core Practice Model, are congruent with the California Partners for Permanency Project (CAPP) Practice Model, and allow for a focused exploration of knowledge and skills in key practice areas providing a natural framework for field activities and skill development.

2. **Sequence** - In order to improve trainee retention of training material, CC 3.0 will follow a training process that introduces knowledge, allows for skill practice and then reinforces knowledge and skills through additional classroom reflection and refinement. Within each practice block there is 100 level content (basic knowledge and skills), which is followed by Field Activities, and then 200 level content. In addition, some content areas have online modules that are prerequisites for the classroom training.
3. **Modality** - In an effort to maximize the limited training time available, we identified knowledge based content that can be provided via online training. This will allow for classroom time to focus on interactional skill building activities between trainees and trainers. In addition, there are specific skills identified for further development through field activities and field based training and coaching with field advisors.

### **Allowable Title IV-E Administrative Functions**

This training activity falls under the following categories necessary for the administration of the foster care program: referral to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; case management and supervision; and training in the use of CWS/CMS.

### **Setting/Venue**

The RTAs and UCCF/LA DCFS 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/LA DCFS.

### **Approximate Number of Days/Hours of Training Activity**

The number of days and hours of training provided varies according to the regionalized need.

### **Training Audience**

The RTAs and UCCF/LA DCFS provide training to new and experienced child welfare line staff, supervisors, managers, and others working with children and families receiving child welfare services.

### **Transitional or Regular FFP Rate**

The federal Title IV-E rate funding is matched by SGF and university contributions. Title IV-E is drawn down at variable levels dependent upon the activity; 75 percent may be drawn down for training and 50 percent for administration.

### **Total Cost Estimate**

Contracts for RTAs total \$10,238,612 and for UCCF/LA DCFS \$7,308,000.

## 2 CalSWEC Coordination Project

As the coordinating entity in our STS, CalSWEC plays a major role in the development of the CC 3.0 as outlined above. The CC 3.0 project will be a large focus of CalSWEC and the STS through FY 2017, when full implementation is expected. Concurrent with the development of CC 3.0, CalSWEC will update and revise the framework and tools used to evaluate its effectiveness. CalSWEC will draft the framework and preliminary tools for evaluation in FY 2015, and the tools will be piloted as CC 3.0 is implemented in subsequent fiscal years. Curricula for existing supervisors will also be developed to support skill development of new hires as part of CC 3.0. Supervisor Common Core will be revised to reflect and support CC 3.0, beginning in FY 2016.

### **Description of Training Activity**

The CalSWEC coordinates with the RTAs and UCCF/DCFS as noted in the CFSP and is involved with the development, enhancement, revision process, and hosting (on their website) of the common core curriculum.

### **Allowable Title IV-E Administrative Functions**

This training activity falls under the following categories necessary for the administration of the foster care program: referral to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; and case management and supervision.

### **Setting/Venue**

Various locations throughout the state.

### **Training Duration**

Training activities are short-term.

### **Training Activity Provider**

CalSWEC

### **Approximate Number of Days/Hours of Training Activity**

The number of days and hours of training provided varies according to the regionalized need.

### **Training Audience**

New and experienced child welfare line staff, supervisors, managers, and others working with children and families receiving child welfare services.

### **Transitional or Regular FFP Rate**

The federal Title IV-E rate funding is matched by SGF and university contributions. Title IV-E is drawn down at variable levels dependent upon the activity; 75 percent may be drawn down for training and 50 percent for administration.

**Total Cost Estimate**

\$1,203,557

### 3 CalSWEC Title IV-E Bachelor of Social Work & Master of Social Work Stipend Program

*There are no substantive changes to the Stipend Program.*

**Description of Training Activity**

This training emphasizes that case plans are developed jointly with parents and children/youth. The training also focuses on such topics as family engagement, case planning, concurrent planning, visitation requirements, and the termination of the parental rights process.

**Allowable Title IV-E Administrative Functions**

This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; and case management and supervision.

**Setting/Venue**

Twenty-one university Departments of Social Work/Welfare throughout the state.

**Training Duration**

Duration of training varies according to the type of training offered. For example, a full-time student would take two academic years, and a part-time student would take three academic years to complete stipend program.

**Training Activity Provider**

The CalSWEC, a coalition of the twenty-one graduate deans of social work, the 58 county welfare directors; representatives of Mental Health, the National Association of Social Workers, and private foundations manage this project.

**Approximate number of Days/Hours of Training Activity**

The number of days and hours vary depending upon the duration of the program.

**Target Audience**

Current CWS employees and members of underrepresented ethnic minority groups.

**Transitional or Regular FFP Rate**

This training is allocated to Title IV-E at the enhanced regular FFP rate **of 75 percent**, and local match is contributed by participating public institutions of higher learning.

**Total Cost Estimate**

\$32,664,474

## 4 Resource Center for Family-Focused Practice

The RCFFP is providing training support for the implementation of the Katie A. Settlement Agreement. The social worker activities would be included in the development of the case plan and include but are not limited to participation in the components of the Core Practice Model.

### **Description of Training Activity**

In support of the CFSP goals and objectives, training emphasizes that case plans are developed jointly with parents and children/youth and as needed under the Katie A Settlement Agreement with the county mental health partners. . The trainings focus on topics of family engagement, case planning, concurrent planning, visitation requirements, and the termination of parental rights process.

### **Allowable Title IV-E Administrative Functions**

This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; placement of the child; development of the case plan; case reviews; case management and supervision; and recruitment and licensing of foster homes and institutions.

### **Setting/Venue**

Training is provided at the RCFFP, which is operated out of the Center for Human Services Training and Development at University California, Davis, and various locations throughout the state.

### **Training Duration**

This training activity is short-term. The duration of specific training programs varies according to type of training offered and the audience to be served.

### **Training Activity Provider**

University California, Davis.

### **Approximate Number of Days/Hours of Training Activity**

Length of training varies according to training topic and audience needs.

### **Training Audience**

The RCFFP provides training to county child welfare workers, probation officers, and private and public providers that are licensed by the state and serve Title IV-E eligible children.

### **Regular Basic FFP Rate**

Costs are allocated to Title IV-E at the enhanced rate of 75 percent, or the administrative rate of 50 percent.

### **Total Cost Estimate**

\$2,557,000.00

## 5 County Staff Development and Training

### **Description of Training Activity**

Counties are reporting to the state through the Annual County Training Plan any additional training needs they are interested in having the RTAs provide to their staff.

This training supports CDSS's vision that every child in California lives in a safe, stable, permanent home, nurtured by healthy families and strong communities. Child welfare training provided directly by county agencies enhances the ability of social workers to receive comprehensive training.

### **Allowable Title IV-E Administrative Functions**

This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; placement of the child; development of the case plan; case reviews; case management and supervision; and recruitment and licensing of foster homes and institutions.

### **Setting/Venue**

County settings statewide.

### **Training Duration**

This training is ongoing and short-term.

### **Training Activity Provider**

County staff development organizations and/or contract providers.

### **Approximate Number of Days/Hours of Training Activity**

Length of training varies according to training topic and audience needs.

### **Training Audience**

County child welfare workers.

### **FFP Rate**

Costs are allocated to Title IV-E at the enhanced rate of 75 percent, or the administrative rate of 50 percent.

### **Total Cost Estimate**

\$42,000,000

## 6 National Council on Crime and Delinquency (NCCD/CRC)

The National Council on Crime and Delinquency (NCCD) is a non-profit social research organization that provides assistance to California and its counties in the day- to- day management of child welfare cases. NCCD operates and maintains SafeMeasures<sup>®</sup>, a web-based service capable of importing, storing, updating and transforming provided data into user-friendly readable formats and reports using its own end-user interface. SafeMeasures<sup>®</sup> is a proprietary analytic service that takes data from the Child Welfare System/Case Management System (CWS/CMS) and provides the data in usable readable formats for the state and county child welfare workers to quickly and easily assess a child's needs, and deliver and monitor the care to be provided.

The CDSS uses SafeMeasures<sup>®</sup> to support the federal CFSR and the state C-CFSR's continuous quality improvement programs. SafeMeasures<sup>®</sup> enables the state and counties to measure and assess the delivery and outcomes of child welfare services, assess and develop policies to improve services, and ensure compliance with federal and state requirements and reporting responsibilities. With SafeMeasures<sup>®</sup>, the state and counties can more accurately evaluate care in terms of safety, well-being, stability and permanency of the child welfare environment and act accordingly.

### **Description of Contract and Training Activities**

The NCCD contract focal point is on data collection, analysis, and reporting techniques aimed at ensuring compliance with both state and federal mandates. Services provided as part of the contract assist in the monitoring of progress towards federal and state target attainment. It also includes design and development of software to assist in the extraction, review, and analysis of quantitative data and aggregate reporting techniques.

NCCD trainings ensure that state and county staff is presented with the necessary skills to successfully analyze progress towards meeting statewide objectives, strength gauging, issue identification, and progress assessment. Training for CDSS and county staff includes, but is not limited to: the use of existing and new features, understanding and using data dashboards, and mapping tools allowing for the monitoring of performance by county on both federal and state outcome measures.

NCCD provides technical assistance and intervention to counties for improvements in quality and increased utilization of the SafeMeasures<sup>®</sup> database. These provisions assist counties in addressing areas of concerns related to outcomes. Training is delivered both on-site and via web/phone based methods. Examples of training include report development at the case/caseload level, use of SafeMeasures<sup>®</sup> as a management tool, orientation/training refresher in system capabilities, use of SafeMeasures<sup>®</sup> to achieve outcome goals, and use of SafeMeasures<sup>®</sup> in disaster planning (described in the Emergency and Disaster Preparedness Plan chapter) and response, and in locating children in foster care whose placements are in disaster areas.

This training activity supports the objectives and goals of the CFSP through ensuring safety, promoting permanency and improving the statewide quality assurance system. As a result, counties and CDSS staff is better able to track county and statewide data to monitor outcomes.

**Allowable Title IV-E Administrative Functions**

This activity falls under the following categories necessary for administration of the foster care program: placement of the child; development of the case plan; case management and supervision; costs related to data collection, reporting, and monitoring; and conducting periodic evaluations.

**Setting/Venue**

Statewide

**Training Duration:**

Short-term (0.5 to 16.0 hours)

**Training Activity Provider**

National Council on Crime and Delinquency

**Approximate Number of Days/Hours of Training Activity**

The number of days and hours vary according to the topic/technical assistance offered and the location of training.

**Training Audience**

County Child Welfare Workers and State Staff

**Transitional or Regular FFP Rate**

This training is allocated to Title IV-E regular FFP rate. The state funding for the contract is 67 percent and the federal portion is 33 percent.

**Total Cost Estimate**

\$75,000/FY

## 7 Kinship Support Services Program

The KSSP is one of the child welfare services programs that have been rolled into Realignment. To date, all 20 counties are continuing to offer a KSSP in support of relative and nonrelative caregivers and the children they care for. The KSSP continues to function with ongoing collaboration among county, community-based organizations, and private non-profit organizations in the provision of program services to. Since the inception of the KSSP, participating counties received technical assistance and training through a contract between CDSS and Edgewood Center for Children and Families (Edgewood). Contracted Training and technical assistance (T/TA) services ended December 31, 2013, as a result of program realignment to the participating counties.

**Description of Training Activity**

Trainings and technical assistance were provided to individual counties per their request and at an annual KSSP Conference. The annual conference was held April 4-5, 2013, in San Jose. Workshops included information on grief and loss; motivational interviewing; enhancing youth engagement; public benefits for youth; public benefits for families; and self-care and

desensitization for caregivers. Other topics that were addressed at individual on-site county T/TA sessions included: how to assist caregivers in obtaining legal guardianship; how to write grants to generate additional funds; how to establish support groups for care providers; how to work effectively with diverse populations; how to enhance youth engagement; how to better understand the child support system; educating caregivers on public benefits for youth and families, and presentation of newly passed legislation affecting relative caregivers and/or foster children. As the KSSP contractor, Edgewood also provided county-specific trainings tailored to the needs of a particular KSSP site based on a work plan developed by the county. These trainings focus on various subjects ranging from program database instruction to strategies for outreach to caregivers and community partners to provision of services.

The county kinship support services programs provide community-based family support services to relative caregivers and the court-dependent or non-dependent children placed in their homes, and to children who are at risk of dependency or delinquency. The training provided by Edgewood supported the goals and objectives of the CFSP by promoting the well-being of children and families. T/TA was provided to county and non-profit personnel operating local KSSP sites for the provision of the most effective and efficient services to children and their relative caregivers. Support services provided to this program contribute to improved outcomes related to safety, stability, permanency, and the well-being of both dependent and non-dependent, at-risk children. The program also improves the potential for a child to experience additional connections with other family members through supportive services to the relative caregiver, which strengthen stability of the placement.

Training and technical assistance to the counties contributed to local KSSPs' ability to provide services to over 9,732 clients in FY 2012-13.

**Allowable Title IV-B**

\$225,000

**Setting/Venue**

Twenty counties currently operate a KSSP. Prior to realignment and termination of contracted training services, Edgewood conducted T/TA at the KSSP sites within each of the 20 counties on an as-needed basis throughout the term of the training period. In FY 2012-13, the training provider conducted a statewide conference, as well as three regional trainings for county program staff exclusively as an opportunity to establish a network of support going forward post realignment and contract support.

**Training Duration**

Duration was both short- and long-term through July 1 through December 31, 2013.

**Training Activity Provider**

Edgewood Center for Children and Families.

**Approximate Number of Days/Hours of Training Activity**

Each county with an existing KSSP was able to have county and site personnel attend a two-day statewide conference. The statewide conference was held on April 4-5, 2013 at the Holiday Inn in San Jose, California. There were 65 participants in attendance this year. In addition to the training

provided at the statewide conference, training and technical assistance was provided by telephone, e-mail, and other written means; through open chat forums on a kinship internet site; and, via onsite visits on an ongoing, as-needed basis throughout the term of the training period. T/TA was also provided related to data collection and reporting activities. The number of days/hours varied per county and per site as T/TA was specific to county's program and needs.

**Target Audience**

County child welfare and private nonprofit personnel who administer and/or operate a local KSSP and relative caregivers/volunteers who help staff the program.

**Transitional or Regular FFP Rate**

Not applicable. Allocated to Title IV-B

**Total Cost Estimate**

\$225,000 per year (100 percent PSSF funds)

## 8 Judicial Review & Technical Assistance (JRTA)

CDSS contracts with the Judicial Council of California, the Administrative Office of the Courts, to provide specialized training through the JRTA project.

**Description of Training Activity**

During the 2013 FY, Title IV-E site visits were made to the juvenile courts in 34 counties and included 39 court locations. These site visits comprised approximately 195 training days. During each site visit, the assigned attorney conducted a comprehensive review of a random sample of juvenile court foster care placement files, observed courtroom proceedings, and met with judicial officers, court staff, attorneys, juvenile probation staff, and child welfare staff to discuss the data collected and observations made during the site visit. The assigned attorney also provided educational material and information related to a variety of topics including Title IV-E findings and orders requirements, as well as well-being and permanency related issues such as meeting the child's educational needs, finding life-long connections for the child, engaging the child in permanency planning, and using the TILP to help the child plan for the future.

Following each site visit, each jurisdiction's judicial officers, child welfare, and probation agencies receive a detailed report outlining site visit findings and needed areas of improvement with respect to Title IV-E findings and orders.

The JRTA attorneys also conducted supplemental trainings in the form of in person, follow-up technical assistance as requested by courts and stakeholders and tailored to meet the individual needs of judicial officers, clerks, attorneys, social workers, and probation officers. Supplemental trainings were conducted in Marin, Mariposa, Sacramento, San Mateo, San Francisco, Santa Clara, Sutter, Tehama, and Yolo counties\*.

The JRTA attorneys also responded to telephone and e-mail enquiries regarding Title IV-E and related issues such as the extension of foster care to non-minors, timeline compliance, case planning, and report requirements from judicial officers, court staff, attorneys, juvenile probation staff, and child welfare staff on a regular basis.

The JRTA project continues to train throughout the state in response to new legislation, California's Fostering Connections to Success Act (AB 12/212/1712/787). Approximately 5 county-specific trainings have been conducted to address the needs of youth continuing to receive foster care services up to 21 years of age. Additionally, 3 two-day, regional, multi-disciplinary trainings on non-minor dependents, concurrent planning, and permanency were also held. The JRTA project continues to consult on Extended Foster Care related All County Letters and All County Information Notices released by CDSS. The JRTA attorneys also participate in the on-going development of rules of court, Judicial Council forms, and educational materials related to Extended Foster Care. A JRTA attorney also co-taught 2 regional and 1 statewide training on case planning and permanency for probation foster youth.

The JRTA project supports CDSS' goals of ensuring the safety, permanency and well being of children. The JRTA staff train on several of the key Title IV-E court findings and orders that are federally required. Training also enhances the ability of judges to ensure that the county is taking appropriate steps toward finalizing a permanency plan for each child in foster care, and that children and their families are involved in case planning.

#### **Allowable Title IV-E Administrative Functions**

This project is funded at the 50/50 percent enhanced federal financial participation rate for CWS Title IV-E Training.

#### **Setting/Venue**

Training is provided in close proximity to courthouse facilities to facilitate judicial staff participation statewide.

#### **Training Duration**

Duration of trainings is dependent on the initial review of court files to determine the level of current compliance with Title IV-E. The training is ongoing and long-term and will continue throughout the period covered in this five-year plan.

#### **Training Activity Provider**

The Judicial Council of California, Administrative Office of the Courts

#### **Approximate Number of Days/Hours of Training Activity**

275 days per year

#### **Training Audience**

The Judicial Council (the contractor) provides technical assistance to judges, court staff, county welfare and probation department staff, attorneys involved in dependency and delinquency proceedings, and CASAs. Numbers of staff vary from county to county.

### **Transitional or Regular FFP Rate**

This training is allocated to Title IV-E at the enhanced regular FFP rate of **75 percent**, transitional rate, and SGF.

### **Total Cost Estimate**

\$2,755,623.00

\*As of April 8, 2014. Additional supplemental trainings will be requested in the final quarter of the year.

## **9 Fiscal Academy**

### **Description of Training Activity**

The purpose of the UCD Fiscal Academy contract is to deliver program and fiscal training for county agencies that serve and/or support children and families by providing participants with the fundamentals of child welfare services funding, allocations, claiming, and budgeting. The training also introduces new changes in federal and/or state law that impact both program and fiscal management policymaking at the state and local level. Fiscal trainings are generally offered four times a year with an additional one-day Fiscal Forum offered annually.

During FY 2013-14, 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 can be found in the course evaluations that are completed by the Fiscal Academy participants at the close of each training. Participants are asked to rate the training, the materials, topics covered, and the instructors on a five-point scale. At the Yolo County training in February 2014, 55 percent of the participants ranked the training at the highest level and 35 percent ranked the training at the second highest level. All participants rated the training as being the appropriate length and most participants gave the instructor very high marks. Ninety percent of participants agreed that the instructor was effective in presentation and stimulated discussion among participants, with one participant commenting, "The instructor made a course that was too advanced for me easy to understand and also interesting." Others commented that the instructor was well informed on the topics and that her interactive teaching style of helpful. Other comments indicated how participants thought the course might help them in their everyday work. "This will help me in my job supervising CECV time studies; the course will be very important to me in terms of career advancement; material presented was significantly important and valuable to have learned."

The Fiscal Forum was held on November 7, 2013 and focused on Financing Strategies for Behavioral Health Services for Children in the Child Welfare System. The one-day gathering featured nationally recognized speakers as well as county administrators and there were over 175 attendees. Evaluations from the event confirmed the importance of the information imparted

through the Fiscal Forum/Fiscal Academy. 84% of the participants rated the Forum as Very good or Good, and they were especially appreciative of the information offered by their colleagues from other counties. The County Mental Health and Child Welfare panel was rated Very Good or Good by 96% of the attendees.

The detailed reviews demonstrate the continued importance of the UCD Fiscal Academy to provide training, guidance and clarification to county agencies.

The training meets the goals and objectives of the Child and Family Services Plan through an acquisition of knowledge and skills to better use their combined resources to achieve better outcomes for children and to provide ongoing funding to evidence-based programs that support these outcomes. Participants in the academies leave with a solid foundation as to how the child welfare and foster care funding stream works, its limitations and opportunities.

### **Allowable Title IV-E Administrative Functions**

Some of the Title IV-E Administrative training addresses items related to the Deficit Reduction Act of 2005 such as:

- Administrative cost for a child placed with a relative for the lesser of 12 months or the average length of time it takes for a state to license or approve a foster home,
- Administrative cost when a child moves from an unallowable facility to a licensed or approved foster family home, and/or
- Title IV-E administrative cost for children who meet the foster care candidacy.

The training focuses on federal Fostering Connections to Success and Increasing Adoptions Act of 2008 and California's implementation of Federal law under Assembly Bill 12.

This project is funded at the 50/50 percent enhanced federal financial participation rate for CWS Title IV-E Training.

### **Setting/Venue**

The training occurs at the UCD campus and in other locations throughout the state.

### **Training Duration**

The trainings are conducted over the course of the State Fiscal Year.

### **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.

### **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 plus one-day Fiscal Forum of 8 hours. Total number of training days is nine days and 64 hours for this contract. There are approximately 120 participants for all four sessions (60 participants per two-day session) and 150-275 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.

**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**

\$240,772

## 10 Structured Decision Making

Over the past five years, CDSS has continued to contract with the Children’s Research Center (CRC), a non-profit branch of National Council on Crime and Delinquency (NCCD) to implement a structured decision making system. The NCCD Structured Decision Making® (SDM) model is a suite of assessment tools for child protection that assists Child Welfare (CWS) agencies and workers in meeting their goals to promote the ongoing safety and well-being of children. SDM systems provide social workers with simple, objective, and reliable tools with which to make the best possible decisions for individual cases, and to provide managers with information for improved planning, evaluation, and resource allocation.

**Description of Training Activity**

The SDM tool includes six research-based assessments that assist CWS workers in assessing risk, aids in targeting services to children who are at greatest risk of maltreatment, and improves outcomes for children and families, such as reducing the recurrence of child maltreatment. The services provided by CRC include training CWS workers in the use of the SDM tools. Individual tools are designed for hotline, safety assessment, risk assessment, family strengths and needs assessment, in-home risk reassessment, and reunification reassessment. CRC collaborated with CDSS and eight counties to develop a structured tool to assess support needs of substitute care providers. CRC provides training for trainers, web-training sessions on topics specified by the counties and CDSS, and in person Core Team and trainer meetings. SDM tools are currently in use in 54 of California’s 58 counties.

CRC provides additional services including: monitoring and evaluating the SDM model in participating counties, ongoing technical assistance, and processing data and management reports. The reports assist counties in proper implementation and in continued use of SDM tools by assessing operations through review of safety assessment results, response priority results, risk levels, and an assessment of the utility of the instruments in California.

In FY 2012-2013, CDSS requested CRC complete a validation study of the Structured Decision Making Statewide Risk Assessment Tool (SDM-RT), which is utilized by 54 counties. CRC conducted the validation study of the SDM-RT and reported their findings to CDSS in the report “Risk Assessment Validation: A Prospective Study” dated October 2013. The primary objective of the validation study was to assess how well current risk assessment tool estimates future

maltreatment, particularly across subgroups. The second objective, if deemed necessary, was to propose revisions to improve the SDM-RT classification abilities. After review of the study results, it was determined that although the current risk assessment tool classified families reasonably accurate overall, results suggested that performance could be improved. In the report's summary, it is stated adopting the proposed assessment should help to improve workers' estimates of a family's risk of future maltreatment. This in turn would permit the agency to reduce subsequent maltreatment by effectively targeting service interventions to high-risk families. It is also stated agency monitoring and quality improvements efforts may improve accuracy of worker risk assessment estimates and management of service delivery. As revisions are made to the SDM-RT, CRC will be modifying training curriculum materials and providing web-based training for trainers. This training activity supports the objectives of ensuring safety and promoting permanency and well-being. Training assists CWS workers in improving assessment and decision making skills by providing tools to assess risk, safety, and needs, as well as training on the use of those tools. This includes training for CWS supervisors to support the use of the assessment tools throughout the life of a child welfare case. CRC will continue to expand training in SDM for CWS workers and supervisors as tools are updated and improved.

#### **Allowable Title IV-E Administrative Functions**

This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; development of the case plan; case reviews; costs related to data collection; and reporting and monitoring.

#### **Setting/Venue**

Training offered statewide.

#### **Training Duration**

Training length may vary depending on type of training, audience, and location. Training is short-term, ongoing and will continue throughout the period covered in this five-year plan.

#### **Training Activity Provider**

Children's Research Center/National Council on Crime and Delinquency.

#### **Approximate Number of Days/Hours of Training Activity**

Up to 100 offsite training days per fiscal year; up to six onsite visits of up to three days each per fiscal year.

#### **Training Audience**

CWS workers and CWS supervisors statewide.

#### **Transitional or Regular FFP Rate**

This training is allocated to the IV-E enhanced regular FFP rate of **75 percent** and administrative rates and SGF. For those costs that are not allocable to Title IV-E (such as hotline), the costs are allocated to SGF.

**Total Cost Estimate**

\$150,674 at 75 percent reimbursement (Title IV-E) rate for training activities

\$6,740 at 75 percent reimbursement (Title IV-E) rate for Management reports

\$38,195 at 50 percent reimbursement (Title IV-E) rate for Management reports

\$295,760 in SGF

Total cost: \$491, 369.00

## 11 Safe and Thriving Futures

The Safe and Thriving Futures contract continues to support California counties on best practices and policies that support the permanency and well-being of children who are in and transitioning from foster care. The Safe and Thriving Futures contract is comprised of a partnership between CDSS and the Stuart Foundation.

**Description of Training Activity**

The purpose of this contract continues to support California counties in their efforts to promote child and youth safety, permanency and well-being by providing expanded training and technical assistance (T/TA) through a variety of evidence informed promising practices. T/TA is provided statewide and/or regionally to support integration, expansion and sustainability of system improvement practices and strategies. The practices and strategies supported in this contract include: Early Learning/Safe Starts, Quality Foster Parenting, and California Permanency for Youth Project, ILP Transformation, California Disproportionality Project, F2F, CC25I, Katie A. Integrated Practice Model, and CAPP.

Continuation of this T/TA to county staff ensures that the Safe and Thriving Futures practices, strategies, and principles are applied to provide optimal opportunity for achieving safety, permanence and stability for foster children. T/TA is provided to increase reunification (when possible), sibling visitation, and placement in the child's own community. T/TA is provided to increase recruitment of resource families when out-of-home placement is necessary, to increase supports to resource families, and to decrease foster youth in congregate care. T/TA increases well-being for foster youth transitioning from foster care.

**Allowable Title IV-E Administrative Functions**

This training falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services, placement of the child, development of the case plan, case reviews, and case management and supervision.

**Setting/Venue**

T/TA is provided via onsite, in-person training sessions or meetings; by telephone, email or video conferencing; and, webinars, peer-to-peer learning in person or via e-mail.

**Training Duration**

Training and technical assistance is provided on a regular basis throughout the State of California to all of the participating counties through the duration of the contract, October 1, 2012 to June 30, 2014.

**Training Activity Provider**

Training and technical assistance is provided by Child and Family Policy Institute of California (CFPIC), which is contracted to coordinate services. The contract's Scope of Work focuses on the facilitation of the training and technical assistance services to county social workers, relative guardians, State-licensed or State-approved child welfare agencies providing services, staff of abuse and neglect courts, agency attorneys, children's attorneys, guardians ad litem, court-appointed special advocates, and other identified staff.

**Approximate Number of Days/Hours of Training Activity**

Various. Training Audience

The training audience is composed of county welfare workers and other county staff who are identified with the continued implementation and support of the Safe and Thriving Futures practices.

**Transitional or Regular FFP Rate**

Training is allocated to Title IV-E enhanced regular FFP rate of 75 percent (direct training and activities) and administrative rate at the 50 percent rate. The contract is funded with philanthropic, State and local realignment funds.

**Total Cost Estimate**

\$ 1,379,996

## 12 Family Resource and Support Training and Technical Assistance ("Strategies")

**Description of Training Activity**

Strategies, a network of three regional non-profit agencies, was developed to help build capacity and to enhance the quality of programs and services provided for families and children by family support programs and family resource centers (FRCs) throughout California. Please refer to the CAPTA section for additional information.

Training and technical assistance built capacity to strengthen the field of family support practice, enhanced knowledge and skills of service providers, parents and other community stakeholders, increased parent engagement, promoted accurate assessment of child and family needs, supported the participation of the child and family in case planning, and improved the quality and availability of relevant services. These services also promoted sustainability and social capital.

**Allowable Title IV-E Administrative Functions**

Not Applicable.

**Setting/Venue**

Training is conducted in various settings statewide including in community based organizations, churches, public agencies, private venues, and educational centers.

**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.

**Training Activity Provider**

Strategies: a network of three regional non-profit agencies.

**Approximate Number of Days/Hours of Training Activity**

Length of training varies depending on training topic.

**Training Audience**

The target audience includes staff from family resource centers/family support programs, community organizations, and public/private agencies. Many of these agencies provide services to families as part of counties' Differential Response systems.

**Total Cost Estimate**

\$3,372,120 for this reporting period

**Transitional or Regular FFP Rate**

Not applicable. Activities are supported by CBCAP, SCTF, and CAPTA.

## 13 CWS/CMS Training

**Description of Training Activity**

There have been no substantive changes to CWS/CMS training. Allowable Title IV-E Administrative Functions.

CWS/CMS training falls under the following categories necessary for the administration of the foster care program: development of case plan; monitor and conduct evaluations; and, case reviews.

**Setting/Venue**

All county and state staff requiring CWS/CMS training attends classes at various sites and/or utilizes the web-based tools. The training venues are strategically located throughout the state to allow easy access to as many staff as possible. Training can be delivered at an individual staff's desk as necessitated by business needs.

**Training Duration**

Each training session can vary according to the venue, subjects, skill set, and type of training provided. The county has the ability to provide in-house training whenever it is deemed necessary.

**Training Audience**

The training audience includes all county and state staff using the CWS/CMS system. The number of students trained to use the system varies frequently because it is based on fluctuating state and county needs.

**Transitional or Regular FFP Rate**

This training is allocated to the Title IV-E enhanced regular FFP rate of 75 percent and SGF

## 14 Indian Child Welfare Act Initiative

**Description of Training Activity**

The AOC continues to support CDSS' commitment to full implementation of ICWA by providing educational offerings; curriculum development; technical assistance; statewide resources; and tribal engagement on domestic violence, sexual assault, stalking, and teen dating violence through the ICWA Initiative. Details regarding these other activities are further explained in the general ICWA section of this document.

**Allowable Title IV-E Administrative Functions**

Eligibility determination, referral to services, preparation for and participation in judicial determinations, placement of the child, development of the case plan, case reviews, and case management and supervision.

**Setting/Venues**

Various.

**Training Duration**

This training is ongoing over a three-year period.

**Training Activities Provider**

Administrative Office of the Courts

**Approximate Number of Days/Hours of Training Activity**

At least fourteen six-hour regional training sessions will be provided.

**Target Audience**

County child welfare and probation staff, family and juvenile court representatives, and tribal representatives.

**Transitional or Regular FFP Rate**

This training is allocated to Title IV-E at the enhanced regular FFP rate of 75 percent, transitional rate, and SGF.

**Total Cost Estimate**

\$414,402

## 15 Interstate Compact on the Placement of Children (ICPC) Training

### **Description of Training Activity**

On May 2, 2013, the Association of Administrators of the Interstate Compact on the Placement of Children provided ICPC training for those state liaisons in attendance at the Annual Business meeting. California's Deputy Compact Administrator as well as several county ICPC administrators attended the training. The training was geared towards child welfare staff and ICPC professionals who work in the interstate placement process and was designed for the purposes of increasing knowledge and use of the ICPC, as well as reducing misunderstandings in the application of the provisions of the ICPC. The training proved to be invaluable to both new and experienced liaisons, and also allowed them to establish positive working relationships with other ICPC contacts to enable them to become more efficient and knowledgeable in their day-to-day responsibilities of the ICPC placement process. The training also allowed the more experienced county liaisons in attendance to compare their current policies and procedures to see if there were more efficient processes that they wanted to adopt for their counties.

On July 18, 2013, CDSS ICPC staff presented a training webinar for county ICPC liaisons on new ICPC Regulations 4 and 12, which became effective October 1, 2012, and Regulation 5, which became effective July 1, 2012. The training webinar provided an overview of the new regulatory requirements and a forum for county liaisons to ask questions regarding application of the new requirements in California.

CDSS continued to conduct quarterly meetings for California ICPC liaisons throughout CY 2013. These meetings provided an ongoing opportunity for CDSS to consult with county ICPC liaison staff, clarify existing ICPC requirements, and review proposed program changes in the ICPC program. In addition, they provided an opportunity to discuss county practices for processing and tracking of ICPC information. CDSS continued to provide on-going TA to county child welfare, mental health and probation staff, and the public on ICPC program rules, practices, etc.

Given the on-going efforts of the AAICPC over the past few years to refine and/or modify existing ICPC processes, regulations and forms, CDSS will continue to assess whether more formalized training may be needed by counties in the future to address these changes, including the type of training needed, as well as the timing/methods of such training. Any such training(s) are likely to meet the specification outlined below.

This training addresses the goals and objectives of the CFSP by promoting appropriate placement, placement stability, and understanding about the protection of children who are placed out of state while remaining under court jurisdiction. Without this training, there is potential for statewide inconsistencies in ICPC compliance especially with respect to new regulation requirements, including placements that have not been approved through the ICPC process. Noncompliance with ICPC process could jeopardize a child's placement, as well as benefits and services.

### **Allowable Title IV-E Administrative Functions**

The ICPC training would cover new ICPC requirements, procedures, and regulations including by whom and when the compact must be used, who is and is not authorized to determine approvals

on placements, types of placements covered, case planning and financial and medical support responsibility by the sending entity until closure with concurrence of both agencies, referrals to services, supervisory reports and visitation, and case reviews. Additionally, training would include information on federal ICPC home study time line requirements and applicable data reporting requirements.

**Setting/Venue**

Regional training sites, webinars and/or on-line format.

**Training Duration**

Short-term: The training will consist of two to three, one- to two-day, regional (northern and southern) training sessions, webinars or a self-paced on-line training format.

**Training Activity Provider**

Training provider has not yet been determined. This will be a new training contract with an organization knowledgeable of ICPC and experience in organizing statewide training sessions and/or providing on-line training.

**Approximate Number of Days/Hours of Training Activity**

Approximately two to three, one- to two-day regional training sessions, that would consist of approximately eight to 16 hours per session or comparable hours of on-line training.

**Target Audience**

The state's ICPC liaisons in each county, placement supervisors (child welfare services, probation, and tribes) that place out of state, and CDSS Adoption District Office staff (75-125).

**Transitional or Regular FFP Rate**

This training is allocated to the Title IV-E enhanced regular FFP rate of 75 percent rate, and SGF.

**Total Cost Estimate**

\$25,000

**16 Web-Based Training for County Eligibility Workers**

The UC Davis is developing a suite of online trainings that will help train staff of the 58 County Welfare Departments (CWDs) and Probation Departments. To date (April 2014) two trainings have been developed: Kinship Guardianship Assistance Payment Program (Kin-GAP) and the Foster Care Eligibility Online Training.

**Description of Training Activity**

Both 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 completion of applicable forms related to Title IV-E determinations. Trainings have been created in an online computer-based format including text, audio components and interactive contents with visual case scenarios.

The trainings address 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 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 most participants would like to take future e-learning classes. Since July 2013, 93 people accessed the Foster Care Eligibility Online Training and 42 accessed the Kinship Guardianship Assistance Payment Program (Kin-GAP). Enrollment data shows participants are from counties and cities across the state. Feedback on new course indicated strong agreement course objectives were met, e-learning is preferred over classroom training and future e-learning is valued. Participants liked it was easy to access and did not take time away from regular tasks. One participant in the KinGAP program commented, "This was very informative. I liked this was something that could be done without having to leave the office and could work around my regular duties."

### **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

This project is funded at the 50/50 percent enhanced federal financial participation rate for CWS Title IV-E Training.

### **Setting/Venues**

Online

### **Training Duration**

On-going through Fiscal Year 2013-14

### **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**

\$113,000

## **Evaluation and Technical Assistance**

### **Training Evaluation for RTAs**

California's Statewide Child Welfare Training System will continue with the three year strategic plan developed for FY 2012-2015. The Strategic Plan aims to: develop and implement a new, multi-level evaluation plan for the CC 3.0; automate data collection as much as possible; and move toward evaluation of skills in field/transfer of learning. Specific activities in the next year include:

- Continuation of the data collection infrastructure that allows for systematic evaluation of the effectiveness of the Common Core Curricula;
- Implementation of new technologies to automate data collection and analysis, to save resources and improve timeliness of results;
- Systematic review of curriculum content, and of processes to revise content over time, to assure that Common Core is delivered in the optimal modality and with appropriate content for beginning child welfare social workers and supervisors;
- Development and implementation of methods to support evaluation of transfer of skill acquisition in the field, with supportive roles for supervisors and field trainers;
- Development and implementation of methods to evaluate distance learning modalities, and collect statewide data electronically.

Within the next year, based upon availability of funding and staffing, planned activities include:

- Continuation of multi-level data collection and analysis for Common Core Curricula;
- Completion pilot in up to 3 regions to examine automation of common core content and data collection;
- Extensive work with stakeholders and counties to examine current common core content and delivery modalities to assure content is updated and optimal for newly hired/promoted child welfare social workers and supervisors;
- Testing and implementation of evaluation tools to support assessment of skill acquisition and transfer of learning in the field.

### **All County Information Notices**

Policy Guidance and Information Provided to Counties can be found on the following website:  
<http://www.dss.cahwnet.gov/lettersnotices/PG1011.htm>

### **All County Letters**

<http://www.dss.cahwnet.gov/lettersnotices/PG931.htm>

### **County Fiscal Letters**

<http://www.dss.cahwnet.gov/lettersnotices/PG959.htm>

### **Request for Training and Technical Assistance**

## Technical Assistance Needs

Training and technical assistance (T/TA) offered through ACF has benefited California counties and CDSS and continues to be a resource. The T/TA for California is offered by the ACF staff, through the NRC, or through the Western and Pacific Child Welfare Implementation Center (WPIC). The Training/Technical Assistance Plan for FFY 2015 is displayed below.

The CDSS continues to monitor counties' progress on their SIPs related to a number of areas, such as permanency, safety, and well being. Counties in the process of updating their SIPs or that undergo a peer quality case review may identify issues where T/TA would be of benefit to the children and families in these communities. In the coming year, some counties will request T/TA from the NRC through CDSS on a variety of issues. The CDSS issued an ACIN outlining the process by which counties should request T/TA, and CDSS continues to encourage counties to use the services offered by the NRCs and the WPIC. California's plan for FFY 2015 is below.

### California's National Resource Center and Western and Pacific Implementation Center Training/Technical Assistance Plan FFY2015

T/TA Description	Branch	Estimated Timeframe	Requested T/TA Need	Additional Information	NRC/Regional Office Contact
CDSS is seeking assistance in developing a child welfare practice model for use in all counties	CYP Karen Gunderson	TBD	Data Issues (SACWIS/AFCARS) Other needs Federal Requirements		TBD
CDSS has sought assistance in developing a case review system consistent with the guidelines provided in IM 12-08	CSOE Dave McDowell	Request made Oct. 2012; revised July 2013	Data Issues (SACWIS/AFCARS ) Other needs Federal Requirements		NRCOI
CDSS has sought assistance in re-structuring the State Indian Child Welfare Act (ICWA) Workgroup	CPFS Kevin Gaines	Request made March 2013	Data Issues (SACWIS/AFCARS ) Other needs Federal Requirements		NRC for Tribes
Tribal Caucus has sought assistance with formalizing CA ICWA workgroup Tribal Caucus relationship with CDSS	Tribal Caucus	Request made Sept. 2012	Data Issues (SACWIS/AFCARS ) Other needs Federal Requirements		NRC for Tribes

A summary of training and technical assistance activities for this reporting period is as follows:

- Developing a child welfare practice model for use in all counties
- The CDSS, in collaboration with a statewide workgroup, is in process of developing standardized case review tools for online and onsite reviews including interview tools,

methodology for developing and stratifying the sample, and methodology for developing a schedule. NRCOI has provided facilitation and ongoing consultation for the case review development efforts and continue to offer T/TA.

- Two T/TA request related to assistance in re-structuring the State ICWA Workgroup and strengthen government-to-government relations. The Tribal Caucus has requested additional time to evaluate how to proceed with the T/TA request. The T/TA remains a resource.

## EMERGENCY AND DISASTER PREPAREDNESS PLAN

### **Background**

The Children's Services Operations and Evaluation Branch Annex is to be used in conjunction with CDSS Mass Care and Shelter (MCS) Plan in large-scale, multi-county, interregional emergencies and disasters. The basic MCS Plan and the CSOE Annex will provide the structure, policies, procedures, and forms for CDSS Disaster Operation Center (DOC) activation.

The CSOE serves a population that includes dependent and probationary children under the care or supervision of the state. Since many of these children reside in multiple jurisdictional areas, which are supervised by local child welfare agencies and CDSS, specific planning for this population is necessary. The CSOE Annex details necessary response information for declared national disasters and national security emergencies.

In September 2006, Congress passed the Child and Family Services Improvement Act of 2006, PL 109-288. PL 109-288 amended Part B of Title IV-B of the Social Security Act to reauthorize the Promoting Safe and Stable Families Program. Among other changes, PL 109-288 established requirements for states on disaster planning in child welfare under Section 6 (a) (16).

*Under the federal guidelines:*

*“(16) provide that, not later than one year after the date of the enactment of this paragraph, the State shall have in place procedures providing for how the State programs assisted under this subpart, subpart two of this part, or Part E would respond to a disaster, in accordance with criteria established by the Secretary which should include how a State would;*

- A. Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster;
- B. Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas;
- C. 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.”

This past year, the California Department of Social Services (CDSS), Adoption Services Bureau, targeted gaps in unaccompanied minors, who, in the case of disasters or emergency situations, are at risk of becoming a ward of the state. The CDSS revised the Child Welfare Services Disaster Response Plan Template to include a statewide childcare disaster plan for unaccompanied minors.

### **Population Statistics**

The Center for Social Services Research Child Welfare Dynamic Report System, a CDSS/University of California, Berkeley, collaboration, compiled statistics on the number of dependent and probationary children under the care or supervision of the state. They include the following:

Total California Population in Foster Care based on CWS/CMS 2013 Quarter 4 Extract (California Child Welfare Indicators Project (CCWIP), University of California at Berkeley) - Children in Foster Care:

- Ages Under 1 – 10 years: 34,156.
- Ages 11 – 20: 26,864.

### **Plan Maintenance**

The CSOEB Emergency and Disaster Preparedness Plan will be maintained by CDSS CSOEB designated employee. The overall plan will be reviewed and revised as necessary, but no less than every 5 years. The plan may also be revised after new learning occurs during actual events, table top exercises, etc. Selected elements of the plan will be updated as needed. Plan updates and revisions will include:

- Request and review annual updates from all 58 county child welfare services agencies and the seven Adoption Services Bureau’s District Offices.

- Update of names, phone numbers, pager numbers, addresses, and other contact information.
- Changes in operating procedures and organizational structures.
- Policy changes.
- Legislative changes.

**Planning Assumptions**

- County child welfare agencies have emergency plans and procedures for identifying and locating children under state care or supervision that have been adversely affected by a disaster.
- County child welfare agencies have agreements with adjacent jurisdictions that allow for cooperative assistance consistent with the Emergency Services Act and the Master Mutual Aid Agreement.
- County child welfare agencies have responded to the needs of dependent and probationary children by activating its emergency response plan.
- County child welfare agencies have taken actions to locate and identify dependent and probationary children prior to requesting assistance through the normal Standardized Emergency Management System Structure.
- County child welfare agencies will respond to new child welfare cases in areas adversely affected by a disaster, and provide services.
- County child welfare agencies will address and provide care for unaccompanied minors.
- County child welfare agencies will remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- County child welfare agencies will preserve essential program records.
- County child welfare agencies will coordinate services for their respective county and share information with other counties, state, and federal entities.

**CSOEB Emergency Management Objectives and Goals**

- Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas.
- 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.

**Annex**

This plan is composed of the following sections:

## **Basic Annex**

Primary information relating to plan assumptions, plan goals, training and exercises, maintenance of the plan, elements for preparedness, response, recovery and mitigation phases of emergency management for dependent and probationary children under the care or supervision of the state.

### *Introduction*

#### **Purpose**

The purpose of this Annex is to establish an effective process for activating and operating an emergency and disaster preparedness plan, in cooperation with state and local government for dependent and probationary children under the care or supervision of the state. It describes the responsibilities and actions required for the effective operation of locating and monitoring dependent and probationary children under the care or supervision of CDSS.

#### **Authorities and References**

The elements for preparedness, response, recovery and mitigation phases of emergency management for dependent and probationary children will be conducted as outlined in this document and in accordance with state law, the State Emergency Plan, the California Services Act, CDSS Administrative Order, and the State Mass Care and Shelter Plan.

#### **Preparedness Elements**

Emphasis on preparedness for dependent and probationary children:

- Define dependent and probationary children.
- Establish local emergency preparedness guidelines.
- Ensure local emergency preparedness guidelines are followed.
- Define the state agencies and their role in providing support to local agencies for dependent and probationary children.

#### **Emergency Management Phases**

Emergency management activities during peacetime and national security emergencies are often associated with the four emergency management phases as indicated; however, not every disaster necessarily includes all indicated phases.

This section describes the appropriate emergency management phase response for identifying and locating dependent and probationary children under the care or supervision of the state.

- Preparedness Phase (including increased readiness)
- Response (including Pre-emergency, Emergency Response, and Sustained Emergency)
- Recovery
- Mitigation

#### **Phase 1 – Preparedness**

The preparedness phase involves activities taken in advance of an emergency. These activities develop operational capabilities and effective response to a disaster. These actions include mitigation, emergency/disaster planning, training, exercises, and public education. Those entities identified in this plan as having either a primary or support mission relative to response and recovery should prepare operating procedures and checklists detailing personal assignments, policies, notification rosters, and resource lists.

During this phase, the CSOEB of CDSS will:

- Request and review Child Welfare Disaster Response Plans from all 58 county child welfare services agencies and the seven Adoption Services Bureau's District Offices; updating as necessary, the name, telephone numbers, pager numbers, addresses, and other contact information.
- CDSS will place all Child Welfare Disaster Response Plans from all 58 county child welfare services agencies on the Department website ([www.childsworld.ca.gov](http://www.childsworld.ca.gov)).
- Encourage local county agencies responsible for the care or supervision of dependent and probationary children to continue development of plans and exercise readiness procedures for identifying and locating dependent children under their supervision.
- Develop resource lists and contacts with supporting agencies and organizations in other jurisdictions.
- Develop, implement, and participate in readiness training programs and exercises with affected agencies and organizations.

### **Increased Readiness**

The warning or observation that an emergency is likely or has the potential to require activation of the CSOEB Annex will initiate increased readiness actions. Appropriate actions include, but are not limited to the following:

- Review and update procedures for the activation, operation, and deactivation of the CSOEB Annex.
- Review the current status of all resource lists.
- Request information from local Child Welfare Agencies regarding the number of people trained in emergency management functions necessary for the care or supervision of dependent and probationary children under the care or supervision of the state.
- Request information from local Child Welfare Agencies regarding the number of trained people available for deployment to assist in identifying and locating dependent and probationary children under the care or supervision of the state.
- Develop preliminary staffing plans for deploying trained personnel to assist in the identifying and locating of dependent and probationary children under the care or supervision of the state.
- Initiate contact, coordinate services, and share information with supporting agencies, organizations, and other states involved with assisting in identifying and locating dependent

and probationary children (County Child Welfare Agencies, CWDA, and Adoptions Services Bureau's District Offices).

- Contact International Business Machines (IBM), the controller and preservationist of the essential program records for a mock report of dependent and probationary children.

## **Phase 2 – Response**

### **Pre-Emergency**

When a large-scale disaster is inevitable, actions are precautionary and emphasize protection of life.

Typical response actions may include:

- Alert and notify CSOEB staff for possible deployment.
- Notify other personnel regarding possible deployment.
- Retrieve essential program records from IBM.
- Send essential program records/report which contains the identifying information of dependent and probationary children to the county disaster representative of affected county. In the event the receiving county is not able to receive the report, it will be sent to the disaster representative of the adjoining county.
- Remain in communication with caseworkers, and other essential child welfare personnel potentially affected by the disaster.
- Coordinate services and share information with local government agencies, District Offices, and other states.

### **Emergency Response**

During this phase, emphasis is placed on saving lives and property, control of the situation, and minimizing effects of the disaster. Immediate response is accomplished within the affected area by local government agencies and segments of the public and private non-governmental sector. The CDSS will coordinate with supporting agencies the activation of personnel for availability to respond to the needs of dependent and probationary children under the care or supervision of the state.

Response may include:

- Alert and notify CSOEB staff for deployment.
- Notify other personnel regarding deployment.
- Coordinate services and share information with local government and other states.
- Maintain a log of trained personnel assignments, personal information (i.e. name, organization, personal emergency information, site location, shift hours, future schedules, staffing changes that may have occurred, etc).
- Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster (i.e. telephone, cellular, e-mail, etc).

### Phase 3 – Recovery

During the recovery phase, procedures for the CSOEB will include:

- Continue to communicate with caseworkers and other essential child welfare personnel who have been displaced because of the disaster and provide services in those areas.
- Continue to respond to new child welfare cases in areas adversely affected by the disaster, and provide services in those areas.
- Review and update the county Child Welfare Disaster Response Plans.
- Compilation and summarization of information from supporting agencies.

### Phase 4 – Mitigation

Mitigation efforts occur both before and following disaster events. Post-disaster mitigation is part of the recovery process. Eliminating or reducing the impact of hazards, which exist with the state and are a threat to life and property are part of the mitigation efforts. Mitigating these hazards, both before and after a disaster is particularly important when evaluating the impact on dependent and probationary children under the care or supervision of the state. Mitigation tools include:

- Maintain cooperative community relations between state, local, public, and private organizations.
- Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.

### Response Organization/Structure in a Catastrophic Event

Level	Source	Agency/Title
Local	County Coordinator	Local Government, public & private Organizations
Operational Level	County Coordinator	County Government
Regional Operations	CDSS District Office	CDSS
State Operations	CDSS Agency Liaison	CDSS

### Operational Area (OA) Level

As the onset of a disaster is at the local level, it is imperative that the locating and identifying plan at the local level include procedures and protocols for meeting the needs of dependent and

probationary children before, during, and after a disaster. This is assumed to be an OA responsibility.

## **Regional Level**

Because of its size and geography, the state has been divided into six mutual aid regions. The purpose of a mutual aid region is to provide for the more effective application and coordination of mutual aid and other emergency related activities.

Three Regional Emergency Operation Centers (REOC) have been established; one is Southern California (Los Alamitos), one in Coastal California (Oakland), and the third in Northern California (Sacramento). Once the REOC is activated, CalEMA may request that CDSS activate coordination efforts to identify and locate dependent and probationary children.

## **State Agency Level**

California State Departments will coordinate with other state agencies, county, and non-governmental agencies to provide assistance in identifying and locating dependent and probationary children under the care or supervision of the state for CSOEB. The DOC manager will designate an Agency representative to be assigned to the State Operations Center (SOC).

### **California Department of Social Services (CDSS)**

CDSS serves as the coordinator and communication link between state and federal disaster care and shelter response system for CSOEB. During an emergency CDSS will:

- Activate CDSS DOC for response operations.
- The DOC manager will be responsible for appointing staff necessary to activate this CSOEB Annex.
- The DOC manager will appoint a CDSS Liaison to respond to requests for CSOE resources from the Office of Emergency Services.

### **Emergency Medical Services Authority**

The Department of Homeland Security/Federal Emergency Management Agency (DHS/FEMA) serves as the main Federal government contact during emergencies, major disasters and national-security emergencies. When the state has exhausted all resources in a catastrophic event, California Emergency Management Agency (CalEMA) will request assistance from DHA/FEMA.

## **Federal Level**

### **Department of Homeland Security/Federal Emergency Management Agency**

The DHS/FEMA serves as the main Federal government contact during emergencies, major disasters and national-security emergencies. When the state has exhausted all resources needed for care and shelter in a catastrophic event, CALEMA will request assistance from Department of Homeland Security/Federal Emergency Management Agency (DHA/FEMA).

### **American Red Cross (ARC)**

The ARC provides emergency mass care in coordination with government, public and private agencies. It receives its authority from a congressional charter. In a catastrophic event, the ARC may coordinate disaster relief activities with:

- Private organizations, such as The Salvation Army (TSA)
- National and local Voluntary Organizations Active in Disaster and CBOs
- Members of the Faith-Based Organizations (FBOs)

#### **Attachments**

- All County Letter Number 09-81
- All County Letter Number 08-52
- All County Letter Number 07-30
- All County Letter Number 12-07
- All County Letter Number 13-21
- All County Letter Number 14-24
- Child Welfare Services Disaster Response Plan Template AD 525  
<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2010/10-63.pdf>  
<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2009/09-81.pdf>  
<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl08/08-52.pdf>  
<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl07/pdf/07-30.pdf>  
<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2012/12-07.pdf>  
<http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2013/13-21.pdf>  
<http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2014/14-24.pdf>  
<http://www.childsworld.ca.gov/PG1854>.

# 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 2012, match reported was \$465,845,020 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 2012.

### 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 2012, while the Maintenance of Effort (MOE) baseline in 1992 was \$13,200,000. Below are the funding calculations for this program:

Total Grant	\$	32,294,792
Total Non-Federal Funds	\$	<b>35,280,471</b>
(MOE baseline per 1992)	\$	<u>-13,200,000.00</u>
Non-Federal Match after MOE	\$	<b>22,080,471</b>
25 percent Match	\$	(10,794,930)
Unused Non-Federal Match	\$	<b>11,315,541</b>

The CFS 101 is outlined in the following section. The proportions for subpart 2 were previously described on page 31 of this report.

## ANNUAL BUDGET REQUEST AND SUMMARY (CFS-101)

The CFS 101, Parts I, II, and III are included with this report as Attachment B

## **APPENDIX A: GLOSSARY**

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The following descriptions are for illustration purposes only and not necessarily official or vetted terminology.

### **Active Efforts**

Prior to the Court making a dispositional finding removing a child from a parent (or terminating parental rights), CDSS has the burden to demonstrate that “active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have been unsuccessful.” (25 U.S.C. §1912(d).) Actions to provide “active effort” shall include attempts to utilize resources of extended family members, the tribe, Indian social service agencies, traditional Indian services, and individual Indian care givers. (Cal. Rules of Court, Rule 1439(i)(4)(B).)

### **California’s Safety, Risk and Needs Assessment System**

The California Statewide Safety, Risk and Needs Assessment System includes standardized assessment tools to ensure that these elements are assessed for each child for whom child welfare services are to be provided, including gathering and evaluating information relevant to the case situation and appraising case service needs. Each of the 58 California counties have implemented the use of a standardized assessment tool; either SDM or CAT to collect written documentation as well as to assist social workers and their supervisors in determining the appropriate level of response, assessing safety and risk factors in the home, and gauging the family’s strengths and needs. The tools are designed to assist in the decision making process when used throughout the life of a child welfare case.

### **Differential Response (DR)**

Differential Response is a strategy that creates a new intake and service delivery structure that allows a CWS agency to respond in a more flexible manner to reports of child abuse or neglect. The CWS response is a customized approach based on an assessment of safety, risk, and protective capacity as well as the ascertainment of facts to determine the strengths and needs of the child and his or her family. This approach includes innovative partnerships with community based organizations and other county agencies which can help support families in need before further crises develop. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.

### **Fairness and Equity in the Child Welfare Services System**

Policies, procedures, and practices, as well as the availability of community resources and supports to ensure that all children and families, including those of diverse backgrounds and those with special needs, will obtain similar benefits from child welfare interventions and equally positive outcomes regardless of the community that they live in.

## **Manual of Policies and Procedures (MPP) Division 31**

The MPP are the regulations that govern the operation of county child welfare services.

### **Peer Quality Case Reviews (PQCR)**

The PQCR is an extension of the county's self-assessment process and is guided by questions raised by the analysis of outcome data and systemic factors. The goal of the PQCR is to analyze specific practice areas and to identify key patterns of agency strengths and concerns for the host county. The PQCR process uses peers from other counties to promote the exchange of best practice ideas within the host county and to peer reviewers. The peer reviewers provide objectivity to the process and serve as an immediate onsite training resource to the host county.

### **Pilot Counties**

The 11 pilot counties are counties that volunteered to implement the child welfare system improvements (Standardized Safety Assessment System, Differential Response and Permanency and Youth Transitions). These counties are Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama and Trinity.

### **Quarterly Reports**

Each quarter, the state provides county child welfare agencies with county-specific data on outcome measures related to safety, permanency and well-being. These quarterly reports provide counties with quantitative data and serve as a management tool to track performance over time. The quarters are defined as:

1st Quarter: January – March

2nd Quarter: April - June

3rd Quarter: July - September

4th Quarter: October - December

### **Team Decision-Making (TDM)**

A meeting of key stakeholders in the child's case specifically used to determine placement decisions. The meetings are always conducted by a trained facilitator.

## APPENDIX B: ACRONYM INDEX

Acronym	Definition
AAICAMA	The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance
AAICPC	The Association of Administrators of the Interstate Compact on the Placement of Children
AAP	Adoption Assistance Program
AB	Assembly Bill
ACA	Affordable Care Act
ACF	Administration for Children and Families
ACIN	All County Information Notice
ACL	All County Letter
ACYF	Administration for Children, Youth, and Families
AFCARS	Adoption Foster Care Analysis and Reporting System
AFDC-FC	Aid to Families with Dependent Children – Foster Care
AOC	Administrative Office of the Courts
AOD	Alcohol and Other Drugs
APS	Adoption Promotion Services
APSR	Annual Progress and Services Report
APSS	Adoption Promotion Support Services
ARC	American Red Cross
ASB	Adoption Services Bureau
ASFA	Adoption and Safe Families Act
AY	Academic Year
BASW	Bachelor of Arts in Social Work
BOS	Board of Supervisors
BRC	Blue Ribbon Commission
BSC	Breakthrough Series Collaborative
BSW	Bachelor of Social Work
CalDOG	California Dependency Online Guide
CalEMA	California Emergency Management Agency
CalSWEC	California Social Work Education Center
CAN	Caregiver Advocacy Network
CAP	Capped Allocation Project
CAPC	Child Abuse Prevention Councils
CAPIT	Child Abuse Prevention Intervention and Treatment
CAPP	California Partners for Permanency Project
CAPTA	Child Abuse Prevention and Treatment Act
CARs	child abuse reporting system
CASA	Court Appointed Special Advocates
CAT	Comprehensive Assessment Tool
CBCAP	Community Based Child Abuse Prevention
CBO	Community Based Organizations

<b>Acronym</b>	<b>Definition</b>
CC25I	California Connected by 25 Initiative
CCAP	County Cost Allocation Plan
C-CFSR	California Child and Family Services Review
CCR	Continuum of Care Reform
CCR&R	Child Care Resource and Referral
CDCR	California Department of Corrections and Rehabilitation
CDE	California Department of Education
CDP	California Disproportionality Project
CDPH	California Department of Public Health
CDSS	California Department of Social Services
CDSS	California Department of Social Services
CEBC	California Evidence-Based Clearinghouse
CFCIP	Chafee Foster Care Independence Program
CFPIC	Child and Family Policy Institute of California
CFR	Code of Federal Regulations
CFS	Child and Family Services
CFSD	Children and Family Services Division
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CHDP	Child Health and Disability Program
CHHS	California Health and Human Services
CHVP	California Home Visiting Program
CKC	California Kids Connection
CLN	Community of Learning Network
CLT	Coordinating Leadership Team
CMS	Case Management System
CNFSN	California Network of Family Strengthening Networks
COPS	Career Occupation Preference System
CPFS	Child Protection and Family Support
CPM	Core Practice Model
CPOC	Chief Probation Officers of California
CPS	Child Protective Services
CQI	continuous quality improvement
CRC	Children's Research Center
CRIBB	California Rural Indian Health Board
CRP	Citizen Review Panel
CSA	County Self-Assessment
CSAC	California Student Aid Commission
CSAT	Coordinated Services Action Team
CSNA	Child Strengths and Needs Assessment
CSOAB	Children's Services Outcomes and Accountability Bureau
CSOE	Children Services Operations and Evaluation

<b>Acronym</b>	<b>Definition</b>
CSOEB	Children Services Operations and Evaluation Branch
CSSP	Center for the Study of Social Policy
CSSR	Center for Social Services Research
CSU	California State University
CW	Child Welfare
CWC	Child Welfare Council
CWDA	County Welfare Directors Association of California
CWDAB	Child Welfare Data Analysis Bureau
CWDs	County Welfare Departments
CWS	Child Welfare System
CWS/CMS	Child Welfare Services/Case Management System
CY	Calendar Year
CYC	California Youth Connection
CYP	Child and Youth Permanency
D&D	Disproportionality and Disparity
DCFS	Department of Children and Family Services
DCS	Data Collection System
DDS	Department of Developmental Services
DHCS	Department of Health Care Services
DJJ	Division of Juvenile Justice
DMH	Department of Mental Health
DO	District Offices
DOC	Disaster Operation Center
DOJ	Department of Justice
DPH	Department of Public Health
DR	Differential Response
DRA	Deficit Reduction Act
DV	Domestic Violence
EBHV	Evidence Based Home Visiting
EBP	Evidence Based Practices
EDD	Employment Development Department
EI	Early Intervention
EIFDC	Early Intervention Family Drug Court
EMQ	Eastfield Ming Quong
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
ER	Emergency Response
ETV	Education Training Vouchers
EYS	Emancipated Youth Stipend
F2F	Family-to-Family
FASD	Fetal Alcohol Spectrum Disorders
FBO	Faith Based Organizations
FC	Foster Care

<b>Acronym</b>	<b>Definition</b>
FCARB	Foster Care Audits and Rates Rates Branch
FCCC	Foundation for California Community Colleges
FCDA	Foster Care Data Archive
FCO	Foster Care Ombudsman
FDM	Family Development Matrix
FES	Family Economic Success and Stability
FFA	Foster Family Agency
FFE	Family Finding and Engagement
FFP	Federal Financial Participation
FFY	Federal Fiscal Year
FGDM	Family Group Decision Making
FIRST	Family Infant Relationship Support Training
FKCE	Foster Care and Kinship Care Education
FM	Family Maintenance
FMAP	Federal Medical Assistance Percentages
FMCV	Federal Monthly Caseworker Visits
FPU	Family Preservation Unit
FR	Family Reunification
FRC	Family Resource Center
FSNA	Family Strengths and Needs Assessments
FSP	Family Support Programs
FWC	Family Wellness Court
FY	Fiscal Year
FYRE	Foster Youth Re-Entry Work Group
FYS	Foster Youth Services
GED	General Education Degree
HCPCFC	Health Care Program for Children in Foster Care
HEARTS	Health Exams, Assessments, Referrals and Treatment Services
HEP	Health and Education Passport
HHSA	Health and Human Services Agency
HIE	Health Information Exchange
HIV	Human Immunodeficiency Virus
IBM	International Business Machines
ICAMA	Interstate Compact on Adoption and Medical Assistance
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IDEA	Individuals with Disabilities Education Act
IEOCC	Educational Outcomes for Children in Care
IEP	Individualized Education Program
ILP	Independent Living Program
ILSP	Independent Living Skills Program
ISU	Integrated Services Unit

<b>Acronym</b>	<b>Definition</b>
ITFC	Intensive Treatment Foster Care/Multi-Dimensional
IUC	Inter University Council
IUC/LA	Inter University Council Los Angeles
JD	Juris Doctor
JRTA	Judicial Review and Technical Assistance
KCNC	Kern County Network for Children
KEEP	Keeping Foster and Kin Parents Supported and Trained
Kin-GAP	Kinship Guardianship Assistance Payment Program
KSSP	Kinship Support Services Program
LA	Los Angeles
LCSW	Licensed Clinical Social Worker
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
MCS	Mass Care and Shelter
MEPA	Multiethnic Placement Act
MFCDC	Multistate Foster Care Data
MHD	Mental Health Drug
MHSA	Mental Health Services Act
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
MPP	Manual of Policies and Procedures
MST	Multi-Systemic Therapy
MSW	Master of Social Work
MTFC	Multi-Dimensional Treatment Foster Care
NCANDS	National Child Abuse and Neglect Data System
NCCAN	National Conference on Child Abuse & Neglect
NCCD	National Council on Crime and Delinquency
NHA	Neighborhood House Association
NICU	Neonatal Intensive Care Unit
NIDCAP	Newborn Individualized Development Care and Assessment Project
NMD	Non Minor Dependent
NRC	National Resource Center
NREFM	Non-Relative Extended Family Members
NRTA	Northern Regional Training Academy
NSTRC	National SafeCare Training and Research Center
NYTD	National Youth in Transition Database
OCAP	Office of Child Abuse Prevention
OES	Office of Emergency Services
OPPLA	Other Planned Permanent Living Arrangement
OSA	Organizational Self-Assessment
OSI	Office of Systems Integration
OYA	Older Youth Adoptions
PAARP	Private Adoptions Agency Reinvestment Program

<b>Acronym</b>	<b>Definition</b>
PAAS	Public Agency Adoption Managers
PEDS	Parents' Evaluation of Developmental Status
PHN	Public Health Nurses
PII	Permanency Innovations Initiative
PIP	Program Improvement Plan
PIT	Point in Time
PL	Public Law
Post-FM	Post Placement Family Maintenance
PP	Permanent Placement
PQCR	Peer Quality Case Review
PSA	Public Service Announcements
PSP	Parent Services Project
PSSF	Promoting Safe and Stable Families
PTSD	Post-Traumatic Stress Disorder
QI	Quality Improvement
QPI	Quality Parenting Initiative
RAU	Relative Assessment Unit
RBS	Residentially Based Services
RCAPC	Regional Child Abuse Coalition
RCFFP	Resource Center for Family-Focused Practice
RCL	Rate Classification Level
REOC	Regional Emergency Operation Centers
RFA	Resource Family Approval
RFP	Request for Proposal
RIS	Racial Impact Statement
RLA	Regional Lead Agency
RRT	Recruitment Response Team
RTA	Regional Training Academies
SA/HIV	Substance Abuse/Human Immunodeficiency Virus
SACWIS	Statewide Automated Child Welfare Information System
SAFE	Structured Applicant Family Evaluation
SB	Senate Bill
SCAM	Southern County Adoption Managers
SCM	Social Condition Matrix
SCP	Substitute Care Provider
SDM	Structured Decision Making
SDSU	San Diego State University
SFI	Strengthening Families Initiative
SFY	State Fiscal Year
SGF	State General Fund
SILP	Supervised Independent Living Placement
SILS	Supervised Independent Living Setting

<b>Acronym</b>	<b>Definition</b>
SIP	System Improvement Plan
SIT	State Interagency Team
SKCP	Safe Kids California Project
SOFT	Supporting Our Families Transition
SOP	Safety Organized Practice
SPHERE	Social Policy Health Economics Research and Evaluation
SSB	Safely Surrendered Babies
SSTP	Special Start Training Program
STAP	Specialized Training for Adoptive Parents
STAR	Successful Transitions to Adult Readiness
STEC	Statewide Training and Education Committee
STEP	Systematic Training for Effective Parenting
SW	Social Worker
T/TA	Training and Technical Assistance
TA	Technical Assistance
TANF	Temporary Assistance for Needy Families
TAY	Transitional Age Youth
TB	Tuberculosis
TCA	Tribal Customary Adoptions
TDM	Team Decision Making
THP	Transitional Housing Program
THPP	Transitional Housing Program-Plus
TILP	Transitional Independent Living Plan
TLFR	Time Limited Family Reunification
TOL	Transfer of Learning
TPR	Termination of Parental Rights
TSA	The Salvation Army
UC	University of California
UCB	University of California, Berkeley
UCD	University of California, Davis
UCLA	University of California, Los Angeles
US	United States
USC	University of Southern California
VFM	Voluntary Family Maintenance
WGED	Workgroup to Eliminate Disparities
WIA	Workforce Invest Act
WIC	Welfare and Institutions Code
WPIC	Western and Pacific Implementation Center
WRMA	Walter R. McDonald and Associates
YES	Youth Empowerment Strategies
YLC	Youth Law Center

## **ATTACHMENTS**

**A: Fourteenth Report of the California Citizen Review Panel**

**B: CFS 101, Parts I, II, III**

**CALIFORNIA CITIZEN REVIEW PANELS**  
**ANNUAL REPORT**  
**October 1, 2013 – September 30, 2014**

**BACKGROUND AND PURPOSE**

The Child Abuse Prevention and Treatment Act (CAPTA) was originally enacted in 1974 to provide annual grants to states. The purpose of the grant was to improve the state's child protective services system. Since 1974, there have been additional amendments to CAPTA. In 1996, an amendment added a new eligibility requirement for states to establish Citizen Review Panels (CRPs) as oversight to the states' child protective services system. Under the legislation, each state is required to establish no less than three CRPs, with the exception of states that receive the minimum allotment under the statute. The panel members are volunteers broadly representative of the community at large including concerned citizens, experts in child protection and prevention, advocacy, foster care, education, mental health, the court system, law enforcement, and children services. The mandate of the CRPs is to "evaluate the extent to which the agencies (state and local) are effectively discharging their child protection responsibilities." The panels are required to examine policies, procedures, and where appropriate, specific cases handled by the state and local agencies providing child protective services.

The federal statute broadly defines the function of CRPs. The panel must meet not less than once every three months and must produce an annual public report containing a summary of their activities. In June 2003, CAPTA was amended when the "Keeping Children and Families Safe Act" was signed by the President. This revised the CRP duties to include: 1) requiring panels to examine the practices (in addition to policies and procedures) of the state and local child welfare agencies, 2) providing for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community, and 3) requiring panels to make recommendations to the state and public on improving the child protective services system. In addition, the appropriate state agency is required to respond in writing no later than six months after the panel recommendations are submitted. The state agency's response must include a description of whether or how the state will incorporate the recommendation of the panel (where appropriate) to make measurable progress in improving the state child protective services system.

**PROGRM STRUCTURE**

The California Department of Social Services' (CDSS) Office of Child Abuse Prevention (OCAP) administers California's CRPs. Currently there are panels in San Mateo and Ventura counties and a statewide panel through an existing group, the Prevention and Early Intervention (PEI) subcommittee of the Child Welfare Council. There was an additional panel in Calaveras County that operated up to December 2013. It disbanded, however, due to staffing issues. Technical assistance, guidance and coordination are available through OCAP.

## OVERVIEW OF CURRENT ACTIVITIES AT THE STATE OVERSIGHT LEVEL

The OCAP staff, in conjunction with the CRPs, is focusing on building strong panels that are reflective of their communities and are able to partner with local and statewide child protective service systems to enhance the safety and well-being of children.

The following are OCAP's activities/goals:

- Support the CRP to consider and make recommendations that are feasible, and work internally to overcome internal and external barriers to consider whether and how to respond.
- Ensure the full utilization of the CRPs to promote the active involvement of Californians in policy development.
- Support ongoing networking within the three California panels and with panels in other states. The objective will be to contribute to the national dialogue and transfer learning to help spread and sustain successful, evidence-based practices. Panels are encouraged to visit and use the resources available at the national CRP website [www.uky.edu/SocialWork/crp](http://www.uky.edu/SocialWork/crp).
- Continue to provide support and technical assistance to all California CRPs to develop a reliable system of evaluation to measure impact of the CRPs and resulting recommendations. Outcomes will be shared as they become available.

## PANEL INFORMATION



**Calaveras County** is located in the foothills of the Sierra Nevada Mountains – 133 miles east of San Francisco and 135 miles west of Lake Tahoe, midway along state Highway 49, which links the towns of the Gold Country.

The overall population of Calaveras County is approximately 44,515 residents of which 18.6 percent are children 18 years and younger. The breakdown of the county racially is as follows: 83.0 percent Caucasian, 10.8 percent Latino/Hispanic, 1.8 percent Native American Indian, 1.4 percent Asian, 1.0 percent Black, with 3.4 percent of persons reporting two or more races.

The county child protection agency received 626 child abuse allegations of which 191 were substantiated cases. Of that number, 122 entered care. †



**San Mateo County** is located in the western portion of the San Francisco Bay Area, directly below the city and county of San Francisco. It is one of California's most affluent counties and part of the "Silicon Valley," home of many high-tech firms.

The overall population of San Mateo County is approximately 747,373 residents of which 21.8 percent are children 18 years and younger. The breakdown of the county racially is as follows: 41.6 percent Caucasian, 25.4 percent Latino/Hispanic, 26.4 percent Asian, 3.1 percent Black, 1.6 percent Native Hawaiian and other Pacific Islanders, less than 1 percent Native American Indians, with 4.3 percent of persons reporting two or more races.

The county child protection agency received 5,001 child abuse allegations of which 420 were substantiated cases. Of that number, 181 entered care. †



The **County of Ventura** is located approximately 50 miles northwest of Los Angeles. Ventura has a diverse economic base from tourism to technology. The overall population for Ventura County is approximately 839,620 residents of which 25.0 percent are children 18 years and younger. The breakdown of the county racial demographics is as follows: 47.7 percent Caucasian, 41.2 percent Latino/Hispanic, 7.3 percent Asian, 2.2 percent Black, 1.8 percent Native American Indians, with 3.2 percent of persons reporting two or more races.

The county child protection agency received 10,767 child abuse allegations of which 1,521 were substantiated cases. Of that number, 10,767 entered care. †

## California Citizen Review Panel Reporting Requirements

### **Quarterly:**

Each panel shall submit to OCAP prior to or on the assigned date meeting minutes and a budget report.

Quarter	Date due to OCAP
1 <sup>st</sup> January - March	April 30
2 <sup>nd</sup> April - June	July 31
3 <sup>rd</sup> July- September	October 31
4 <sup>th</sup> October- December	January 31

### **Annual Report:**

All completed annual reports, updated work plans and budget revisions for the upcoming year shall be submitted to OCAP prior to or on the assigned date.

Annual Report Time Periods Covered	Date due to OCAP	Recommendation Response Time
July 1 – June 30 CRP Activity report with recommendations, annual budget report, next year’s work plan (scope of work)	November 15  (Unless other agreed upon arrangements are made.)	Once the annual report has been submitted to OCAP, the local counties and state representatives have 6 months to respond to any or all recommendations.

<sup>‡</sup> Information provided by the Census Bureau and the Center for Social Research, University of California at Berkeley Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Sandoval, A., Yee, H., Mason, F., Benton, C., Lou, C., Peng, C., King, B., & Lawson, J. (2014).

**Citizen Review Panel  
Annual & Recommendations Report  
(2012/2013 Program Year)**

**County: Calaveras**

**Contact Person for this Report:**

Name: Robin Davis

Email: rdavis@co.calaveras.ca.us

**Date Submitted to OCAP:** Nov. 12, 2013

**Date & Person Submitted to at the local County Agency:** Nov. 12, 2013, Mikey Habbestad, Calaveras Health and Human Services Agency (CHHSA)

**1. County Profile** (OCAP reported current data)

**2. Panel Activities**

I. Membership (Work plan Goal #1)

The Calaveras CRP members consist of community volunteers with schools, parents, a foster parent, an adoptive parent, a youth who is in foster care and leads the Calaveras Youth Connection, and representatives from mental health, education, and child protection. The CRP Member Roster is attached.

The CRP Coordinator spoke to groups and submitted press releases to local newspapers, on-line community media, and foster family agencies about the purpose of the panel to engage new members, especially foster and adoptive parents.

II. Panel Training (Work plan goal #2)

All members signed a statement of confidentiality regarding the privacy of information obtained. Group goals and timeline were defined. Members were provided with information about the purpose of a Citizen Review Panel, local child abuse statistics, placement stability statistics, and outcomes from the previous year's work of the Calaveras CRP. They frequently received information about local workshops and webinars.

Panel member, Marina Koorkoff attended the National CRP Conference held in Jackson Hole, Wyoming. She returned to share with the panel the varied characteristics of CRPs, other panel's projects, ingredients for a successful panel, and federal updates on supports for those in the child protection system.

III. Panel self- evaluation activities (Work plan Goal #6)

Seven out of the 8 panel members completed a self- assessment questionnaire. The Panel Member Perspectives is attached.

### **3. CRP objectives (Work plan Goals #3 & 5)**

This year the Calaveras Citizen Review Panel assessed transitional age youth's awareness and understanding of their rights, as outlined in the Foster Youth Bill of Rights (Assembly Bill 899, passed in California in 2001). The bill recognizes foster youth as a socially disadvantaged minority in need of state protection. It requires social workers to inform youth of their rights at least every six months and mandates that the list of foster youth rights be posted in facilities that care for six or more foster children.

#### **PROCESS**

Members met in June, August, September, and October. The panel chose to assess how the needs of transitional age youth in foster care are addressed, particularly how much they know and understand their rights. Steps included:

- A review of the 2009-10 CRP recommendations based on focus groups of youth in the Independent Living Program (ILP).
- A review of actions taken by CHHS based on the 2009-10 recommendations.
- Two interviews with the Coordinator of the ILP.
- An interactive meeting with 15 youth in the ILP to survey their knowledge and understanding of their rights based on the "Foster Youth Rights" poster. It resulted in interesting, open discussions with many questions answered by the ILP Coordinator.

#### Results of "Foster Youth Rights" Survey and Discussion with Youth

The eleven rights with several bullet points each were displayed on large posters around the room. Youth were given different colored stickers so they could anonymously indicate their awareness of each foster youth right. The sticker choices were:

1. Yes, I know that.
2. No, I don't know that. I need more information.
3. I'm not sure. I kind of know. I need more information.

#### All of the youth indicated awareness of the following rights:

- No one can scare you, hurt you, or get you in trouble for telling us that your rights are not being followed
- You have the right to live in a safe, comfortable home with enough clothes and healthy food
- You have the right to live in a safe, comfortable home with your own place to store your things
- You have the right to be treated with respect
- No one can abuse you physically, sexually or emotionally for any reason
- You have the right to see and get a copy of your court report and see your case plan
- You have health rights. You can see a doctor, dentist, eye doctor, or talk to a counselor if you need to
- You have the right to do some things on your own. You can learn job skills right for your age
- You can work, unless the law says you are too young

- You can manage money you earn (if right for your age, developmental level and it's in your case plan)
- You can go to Independent Living Program classes and activities if you are old enough
- You can have your own lawyer
- You can call the Foster Care Ombudsman Office and Community Care Licensing at any time

At least 40% of the youth indicated they were not sure about the following rights:

\* at least one youth did not know about this right

- You have the right to live in a safe, comfortable home with a phone that you can use to make confidential calls (unless a judge says you cannot)
- You have the right to live in a safe, comfortable home with an allowance (if you are in a group home)
- You have the right to go to religious services and activities of your choice. (Youth asked for confirmation that a foster parent cannot force them to attend a religious function)
- You have the right to contact people who are not in the foster care system (like friends, church members, teachers, and others)
- No one can punish you by physically hurting you for any reason
- No one can look through your things unless they have a good and legal reason
- You have rights at court. You can be told by your social worker or probation officer and your attorney about any changes in your case plan or placement.
- You have school rights. You can go to after-school activities right for your age and developmental level \*
- You can have your own emancipation bank account (unless your case plan says you cannot) \*
- You have family rights. You can visit and contact your brothers and sisters (unless a judge says you cannot)
- You can contact parents and other family members, too (unless a judge says you cannot)

The Calaveras ILP has gone through transition since the 2009-10 recommendations. After a period of contracting out services, they are delivering the program internally and have regained strong leadership in the program. There seems to be a priority on the collaboration of youth and adult-directed decision making; giving youth a voice to express their needs and address important issues. Based on responses and discussions, the majority of ILP youth understand most of their rights.

Youth in the Calaveras ILP have the greatest awareness of rights related to:

- Telling their social worker if their rights are violated
- Court (talking to the judge, having a lawyer, access to records, privacy)
- Obtaining and managing their money

And the least awareness of rights related to:

- Home (privacy, phone calls, mail, fairness, punishment)
- Family (visits, contact)
- School (attendance at/participation in after school activities)

♦ Formal Recommendations based on findings (for County and State)

## RECOMMENDATIONS TO COUNTY

### Intended outcomes for recommendations are:

- To improve placement stability
- To give youth a voice and leadership opportunities
- To create awareness of foster youth rights for foster youth of all ages and adults working in child protection and advocacy

## RECOMMENDATIONS

1. Continue to collaborate and support the newly formed Calaveras Youth Connection (CYC), which has goals to inform child welfare policy at a local level and educate the community about foster care issues.
2. Ensure CHHSA and probation staff, contracted foster family agencies, and schools are aware of Foster Youth Rights
3. Ensure Foster Youth Rights posters are posted in all homes with six or more foster children, as established in the Foster Youth Bill of Rights (AB 899).
4. Include the Foster Youth Rights materials such as posters, pamphlets, or fliers in information shared with foster youth, foster parents, foster family agencies, and CHHSA staff.
5. Train youth of their rights so they can be effective self-advocates. Develop the leadership skills of CYC members so they are equipped to teach younger youth (pre-ILP age) about their rights and introduce them to the opportunities available in the ILP and after emancipation. CYC could be developed as a “safety net” offering peer mentoring and resources specific to youth in care.
6. Continue to explore options to support a transitional age youth mentoring program which will extend mentoring in the county beyond age 18.
7. *CHHSA has stated a long term goal to have ILP youth develop a video that gives youth a voice about the ILP or a topic of importance to youth in transitioning from foster care to adulthood and independence. Consider enrolling interested youth in the Public Access TV of Calaveras County “Video Production Classes”. Students learn various aspects of hands-on video production and editing. It is offered for 10 weeks (Tuesdays 6:00-8:00 pm) twice a year to Calaveras County residents for \$25 per person.*
8. There is currently no method of ILP class evaluation or pre and post assessments. Create a method to receive feedback and assess value. (i.e.: surveys, round table discussion after each class).
9. *We know that young people do better when they are connected to supportive adults who will help them realize their goals. Analyze the impact of facilitating a TDM formatted emancipation conference or transitional planning meetings to involve community and familial adults who voice committed support of the youth and can help them achieve their goals.*

Follow-up on the prior year's annual report recommendations, including any County and State responses to the recommendations

Listed below is the recommendation followed by the County response.

1. Provide evidence-based training by a qualified trainer.

*CWHSAs will be offering PRIDE (Parent Resources for Information, Development, and Education) training to adoptive parents. Consider offering the curriculum as part of pre-licensing of foster parents and continuing education to foster parents and kinship caregivers.*

*Additional training topics could include:*

- *Child development*
- *Understanding the impact of trauma on child development, behavior, and school readiness*
- *Recognizing and addressing developmental delays and special needs of children*
- *Addressing the emotional burnout of caregivers*
- *How to access resources to promote stability for the child*

1. RESPONSE: We have recently completed our first round of PRIDE training to prospective adoptive parents. We agree that the PRIDE training could easily accommodate prospective foster parents, as well as those interested in become both foster and adoptive parents. We have had initial conversations with the two foster family agencies with offices within Calaveras County about aligning our training programs. The hesitation on their part appears to be from our PRIDE training not being offered continuously, and the agencies not wanting to lose potential foster homes due to the delay in waiting for training to begin (and end). Unfortunately, budgetary issues have prevented us from offering PRIDE training more than twice per year; however, we have also engaged in conversation with neighboring Tuolumne County about combining PRIDE training efforts so that the courses are available four times per year. The other suggested training topics listed are interesting and will certainly be valuable to training recipients. While time and budgetary constraints may prevent the CWHSA from directly providing such training, we will converse with the Columbia College's Foster Kin Care Education (FKCE) program to strategize implementing these specialized topic trainings here in Calaveras County.

2. Strengthen and utilize relationships with community partners.

CWHSAs has established practices for case reviews and meetings of a team of service providers and child welfare staff to review a family's progress. While this is crucial in preventing children and parents from "falling through the cracks", over half of the foster parents surveyed indicated they were not aware of several community services for children. Of the most known services identified (County Behavioral Health, First 5 Calaveras, and The Resource Connection), only 27% had utilized them. Consider providing one-on-one training at a caregiver orientation on the use of Calaveras Network of Care to access related community services and register foster youth with a personal health card that can be accessed from anywhere. Consider inviting community partners, such as schools, treatment providers, public and mental health agencies, early care, and home visiting programs, to a caregiver orientation or training to communicate services, expectations, and partnership with caregivers. After meeting a representative, caregivers may have a greater confidence in utilizing resources.

Collaboration is a community responsibility involving all partners, and it is only through the efforts of all involved parties that families can be fully supported. Community partners could be informed or offered training on more than reporting laws. Share what supporting information would help meet the needs of caregivers and improve outcomes for children and families.

2. RESPONSE: The suggestion to carve out some time during the PRIDE training on the Calaveras Network of Care as well as other community resources is excellent and can easily be incorporated.

3. Provide opportunities for peer caregiver education and support.

In addition to evidence-based training, caregivers (particularly new or interested caregivers) could gain knowledge from a panel of seasoned caregivers. Through a question and answer discussion, they could share the expectations, experiences, and successes in issues specific to foster parenting.

3 and 6. RESPONSE: These recommendations are similar to others made during the previous year's recommendations report. Initial discussion with the FKCE program staff was positive; however, these suggestions regretfully have not yet come to fruition.

4. Provide opportunities for foster youth to be advocates.

Consider giving current and former foster youth a voice to share their stories and needs with caregivers. Teens in the Independent Living Program who receive training in leadership, advocacy, and public speaking could work to improve the foster care system. One model is the statewide California Youth Connection (CYC) which was founded on the principle that policy makers and administrators can benefit from the input of youth who have experienced first-hand the impact of foster care policies and social work practice.

3. RESPONSE: The CWHSA's Independent Living Plan (ILP) Coordinator assisted with completing and submitting an application to start a CYC chapter here in Calaveras County, and recently hosted a meeting with CYC personnel, ILP youth and other community members. Additionally, we have engaged in conversation with the Calaveras Youth Mentoring Program to begin a peer-mentoring program for foster youth. The CYMP plans to apply for Calaveras County Community Foundation funding for this project.

5. Include strength-based incident reporting.

Consider encouraging foster family agencies to give incident reports about the positive achievements of youth in care. This recommendation was offered after a young man in foster care shared his story with the panel. He has spent much of his life in foster care and expressed how frustrating negative reports can be without acknowledgement of positive experiences.

4. RESPONSE: This suggestion is important and has been shared with the two local foster family agencies.

6. Offer on-going peer support.

Consider offering on-going support in the form of a social or support group, such as The Grandparent Project, offered in different regions of Calaveras County. When surveyed,

48% of foster parents stated an interest in support group meetings for caregivers; and 71% would like parent education combined with social events with other caregivers.

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

The annual report will be shared via web sites and presentation with county agencies, community partners, and the Board of Supervisors.

♦Future Directions –Briefly discuss the activities that the panel expects to undertake during the 2013/2014 program year.

Due to the coordinator's decreased work hours, First 5 Calaveras will be unable to continue the work of the CRP grant. It has been a beneficial opportunity for community and government agencies to engage passionate, dedicated community members. The panel members have expressed appreciation for the opportunity to collaborate with CHSA and utilize state funds to improve systems that protect children and support families.

#### **5. Public in-put (Work plan Goal # 4)**

The annual report will be provided by the CRP Coordinator at a regular meeting of the Prevent Child Abuse Council Calaveras, which is advertised to the public. It will be given to Children's Services before it is more widely distributed to community agencies and the public.

#### **6. Attachments**

Please attach the following documents to this report:

- ❖ Updated roster of Citizen Review Panel Members, including their affiliations
- ❖ Minutes of the panel's meetings for the July 1, 2013 to September 30, 2013.

All of the above documents are attached.

**Report submitted to OCAP: November 12, 2013 at 9:02 a.m.**



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

May 12, 2014

Mary Sawicki, Director  
Calaveras Works and Human Services Agency  
509 St. Charles Street  
San Andreas, CA 95249-9709

Dear Ms. Sawicki:

The Calaveras County Citizen Review Panel (CRP) report for the Federal Fiscal Year 2012-13 has been received and accepted by the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP).

The OCAP appreciates the Calaveras CRP's consideration this reporting year of the implementation of the Foster Youth Bill of Rights and how the needs of transitional age youth in foster care are addressed. DSS leadership values the input of the local panels and the implications their recommendations may have for child welfare services systems throughout California.

Although we understand the decision of the panel to no longer serve as a CRP, we are sorry to lose you. The Calaveras panel has very successfully embodied the spirit of the federal mandate and has made thoughtful contributions since 2006.

We would like to take this opportunity to thank the Calaveras Panel for their dedication and commitment on behalf of children and families.

Sincerely,

Sarah Rock  
Bureau Chief  
Office of Child Abuse Prevention

**Calaveras County  
CITIZEN REVIEW PANEL  
Member Roster 2012-13**

**Amy Hasselwander**  
Toyon Middle School

**Ed Iturralde**  
Community Volunteer/Foster/Adoptive Parent

**Marina Koorkoff**  
Calaveras County Behavioral Health

**Jason Lowe**  
Community Volunteer/Foster Youth/Calaveras Youth Connection

**Lynn McFarland**  
California Foster Families

**Jim McFarland**  
Community Volunteer

**Maggie Rollings**  
Community Volunteer/Foster/Adoptive Parent

**Cal Works Liaison: Mikey Habbestad**

**Coordinator: Robin Davis**  
First 5 Calaveras, Prevent Child Abuse Council Calaveras

**Calaveras County CITIZEN REVIEW PANEL**  
**Meeting Minutes: Wed, June 26, 2013 5:00-7:00pm**  
**Location: 373 St. Charles St., San Andreas, CA**  
Dinner is provided.

Item 1	Welcome & Introductions; <b>Present:</b> Mikey Habbestad, Amy Hasselwander, Ed Iturralde, Florida Iturralde, Marina Koorkoff, Sheila Kruse, Jason Lowe, Jim McFarland, Lynn McFarland, Joyce Peek, Maggie Rollings
Item 2	<b>Review Meeting Minutes</b> Members reviewed minutes and had no changes.
Item 3	<b>Progress/ Response to Recommendations</b> Mikey provided copies and a verbal report of the response of her agency. Most of the recommendations can be incorporated.  Ed and Jason shared information about the California Youth Connection. They will hold meetings on July 9- 11 for youth and adult support. The youth in foster care feel transportation is the priority.
Item 4	<b>Marina Koorkoff's report on her attendance at the National CRP Conference</b> Marina shared that the conference held in Grand Tetons, WY was very beneficial. Nearly 100 people, mostly administrators, from around the US attended. She was the only person from California. She shared ideas for improved CRPs, projects, and legislation. Some of the issues other panels have addressed include improved child abuse reporting, distribution of shaken baby dolls, appreciation of front line workers, timely child abuse reporting in schools, and connecting with the death review team. She was impressed with the Wyoming Advocates for Youth. They have developed a Foster Child Bill of Rights and have a foster youth peer advocate program.
Item 5	<b>Possibilities/Issues to Consider at Next Meeting</b> Mikey and Marina let members know the importance of a clear focus with measurable objectives. The group will need to make recommendations by November. Some useful topics to explore (from Marina's report): <ul style="list-style-type: none"> <li>- Finding the talents and skills of members (i.e.: skills in computers, art, marketing, etc.)</li> <li>- A project: appreciation of front line workers w/ donuts, improve visitation rooms, art projects for at-risk youth</li> <li>- The overuse of psychotropic medications by foster children (big in Texas)</li> <li>- Foster Child Bill of Rights- the rights and responsibilities of youth in foster care</li> <li>- How to help teens get drivers licenses so they can look for work (consider DMV, insurance)</li> <li>- Foster re-entry- ability of youth to return home without losing eligibility for benefits until age 21</li> <li>- The relationship between school systems and child welfare</li> <li>- Track and review previous recommendations.</li> </ul>
Item 6	<b>Next Steps</b> Members scheduled the next meeting for Aug. 21, 2013 from 5:00-7:00pm at First 5 Annex.

**Calaveras County CITIZEN REVIEW PANEL**  
**Meeting Minutes: Wed, August 21, 2013 5:00-7:00pm**  
**Location: 373 St. Charles St., San Andreas, CA**  
Dinner is provided.

Item 1	Welcome & Introductions; <b>Present:</b> Amy Hasselwander, Ed Iturralde, Jason Lowe, Maggie Rollings, Robin Davis
Item 2	<b>Review Meeting Minutes of June 26, 2013</b> Members reviewed minutes and had no changes. Confidentiality forms were obtained.
Item 3	<b>Calaveras CRP Future and Timelines</b> Robin thanked members for attending the June meeting on late notice and shared the short time frame to complete an assessment and recommendations this year. She also shared that this would be the last year for the panel. The partnership with Calaveras Works and Human Services has been very positive, but the coordinator's weekly work hours have decreased, leaving too little time for the CRP work. Members expressed concern in fulfilling the purpose of a citizen review of child welfare and inquired about other ways it could be accomplished.  Robin shared flyers for parent education. Jason Lowe shared brochures for the Calaveras CYC - California Youth Connection.
Item 4	<b>Review Ideas</b> Members discussed possible ways to assess if foster youth needs are being met – in all systems. A discussion was held about assessing how adults in top down service systems treat youth in foster care. Holding a community forum for foster families and youth was considered. After much discussion, the group agreed to focus on ensuring that the needs of transitional age youth in foster care are adequately addressed by starting with the FY Bill of Rights. Robin will see if the panel can attend an ILP (Independent Living Program) meeting to obtain information from youth.
Item 5	<b>Next Steps</b> <ul style="list-style-type: none"> <li>- The panel will review the past focus group questions with ILP youth, the results, and previous recommendations.</li> <li>- The panel will develop a schedule and plan of activities/questions/discussion for ILP class.</li> <li>- Jason will bring large posters of the Foster Child Bill of Rights.</li> <li>- Discuss obtaining Bill Of Rights posters to be distributed at schools &amp; appropriate places.</li> </ul>
Item 6	<b>Next Meetings</b> Members rescheduled the next meetings. <u>All will be from 5:00-7:00pm at First 5 Annex.</u> SEPT 4 OCT 2 Tentative ILP meeting (assessment) : SEPT 19 - 6:00pm

**Calaveras County CITIZEN REVIEW PANEL**  
**Meeting Minutes: Wed, September 4, 2013 5:00-7:00pm**  
**Location: 373 St. Charles St., San Andreas, CA**  
Dinner is provided.

Item 1	Welcome & Introductions; <b>Present:</b> Amy Hasselwander, Ed Iturralde, Jason Lowe, Maggie Rollings, Lynn McFarland, Jimmy McFarland, Robin Davis
Item 2	<b>Review Meeting Minutes of Aug 21, 2013</b> Members reviewed minutes and had no changes.
Item 3	<b>Review Agenda</b> Members reviewed the agenda and had no additions.
Item 4	<p><b>Planning</b></p> <p>Robin shared information she received from the ILP Coordinator regarding the time allotted for the assessment. She confirmed that the ILP class would be held on 9/19. Amy and Robin would be available to facilitate. Lynn and Jimmy will check their availability. Robin provided handouts and a review of the CRP 2009-10 assessment of the ILP- Independent Living Program. Members reviewed previous focus group questions, recommendations, and the CWHSA response.</p> <p>Jason shared the Foster Youth Rights posters and a brief overview of the ‘Sticker Me’ activity. The group discussed how the ten different rights headings would be outlined on flip charts and youth would identify their awareness with colored stickers. Maggie offered to type and enlarge the ten rights to be placed on flipcharts.</p> <p>The group discussed an outline of the ILP meeting to include:</p> <ul style="list-style-type: none"> <li>- a brief overview of the purpose of the CRP, why we are requesting their feedback, and how they can receive the recommendations report if they like.</li> <li>- Sticker Me activity with youth identifying the rights they know about, know somewhat about, or need more information.</li> <li>- We will keep notes of issues on a flipchart/notepad</li> </ul>
Item 5	<p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>- Maggie will make enlarged portions of the poster to be affixed to flipchart paper.</li> <li>- Robin will check with CWHSA to see if specific objectives from the previous assessment were accomplished. She will meet with the ILP Coordinator to confirm times and how the “need more information” or any questions that arise will be handled.</li> <li>- Jason will order more posters of the Foster Youth Rights for distribution.</li> <li>- Group or individuals will finalize the location, time, and plan for ILP meeting, including any additional questions we may ask youth related to the previous assessment.</li> </ul>
Item 6	<p><b>Next Meetings</b></p> <p>SEPT 19, 2013 - ILP meeting (5:30-7:30pm)  OCT 2, 2013, 5:00-7:00pm at First 5 Annex.</p>

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

San Mateo County



## Annual Report & Recommendations (2012-2013 Program Year)

**County:** San Mateo County

**Contact Person for this Report:**

Name: Patricia Brown  
Email: brownpcrc@gmail.com

**Date Submitted to Office of Child Abuse Prevention:** November 12, 2013

**Date & Person Submitted to at the local County Agency:** November 12, 2013  
Beverly Beasley Johnson, Director, Human Services Agency

Dr. Loc Nguyen, Director, Children and Family Services (Child Welfare Services), a division of the Human Services Agency

### 1. County Profile (OCAP reported current data)

### 2. Panel Activities

#### I. Membership (Work plan Goal #1)

Two San Mateo Citizen Review Panel (SMCFP) members resigned during this past year. In January 2013, Anna Pimental resigned her membership due to a change in job responsibilities. At the October SMCRP meeting, Ruth Laya, Probation Supervisor, resigned her position at the end of her first term, due to a change in her job responsibilities.

During the same period, SMCRP added four new members:

- Toni DeMarco – Therapist, San Mateo County Behavioral Health and Recovery Services
- Cori Manthorne – Program Director, Community Overcoming Relationship Abuse (CORA)
- Ryan Monaghan – Sergeant, San Mateo Police Department
- Lauren Szyper – Differential Response Supervisor, Daly City Prevention Partnership

As this report is being finalized, another potential new member, a representative of the Peninsula Clergy Network, has been approached and he will be submitting his membership application early in 2014.

During this past year, SMCRP was very proactive in reaching out to expand the perspectives represented on the Panel, with the goal of enriching its work by adding diverse perspectives regarding the Child Welfare System in the County.

All prospective members receive a copy of the SMCRP Operational Guidelines and are referred to the CRP website ([www.smcrp.org](http://www.smcrp.org)) for more background information. Before they are asked to submit an application for membership, potential Panel members are invited to attend a regular CRP meeting to observe the work of the Panel and meet current members. Visitors sign a Confidentiality Agreement at the beginning of the meeting. Following the visit, if there is continuing interest, the potential member completes an application form and submits it, along with a relevant resume. New members are elected by majority vote of the existing membership.

<b>SMCRP Membership as of October 2013</b>	<b>Affiliation</b>
Jan Baumel	Licensed Education Psychologist, Retired Educator
Paul Chang	Executive Director, Pyramid Alternatives
David Cherniss	SM County Superior Court – Juvenile Mediation Program
Toni DeMarco	SM County Behavioral Health and Recovery Services
Ben Loewy	Administrator, San Mateo County Office of Education
Cori Manthorne	Community Overcoming Relationship Abuse (CORA)
Bonnie Miller	Private Defender’s Panel
Ryan Monaghan	San Mateo Police Department
Bernie Plotnikoff	Retired Child Abuse Prevention Professional
Jamila McCallum	Edgewood Kinship Center
John Ragosta	Advocates Supervisor, CASA of San Mateo County
Ginny Stewart	Licensed Clinical Social Worker
Lauren Szyper	Daly City Peninsula Partnership
<b>Total Members: 13</b>	

## II. Panel Training

Interested parties are provided with basic information about the role of the Citizen Review Panel and referred to the Panel’s website: [www.SMCRP.org](http://www.SMCRP.org). Once potential members indicate interest in moving ahead with the process, they are invited to attend one or more SMCRP meetings as a guest, to meet the Panel members and observe the discussion. Visiting potential members and new members are encouraged to ask for clarification or additional information if they do not understand a specific point during the Panel’s meeting. Incoming members of the San Mateo Citizen Review Panel talk with the Chair of the Panel in an orientation session at the beginning of their term. One key responsibility of the facilitator is to ensure an inclusive process in CRP meetings so that all members of the Panel and guests are able to participate effectively.

SMCRP members receive information and updates about the child welfare system from the Children and Family Services (CFS) Director at each regular meeting. In addition, Panelists share information with other members about the related work they are doing. Articles and reports are provided to members regularly and, when appropriate, the articles are discussed as part of the meeting agenda.

On a monthly basis, CRP receives and discusses the Children and Family Services Dashboard. This is an internal CFS document that provides a quick overview of data in key interest areas related to children and family services. These monthly reviews of data have provided the Panel with an understanding of the indicators used by CFS to monitor its own programs and services. Panel members are encouraged to direct questions about the Dashboard data to the CFS Director, who attends CRP meetings.

This year, SMCRP also received a summary of the goals defined by Children and Family Services and Probation in their System Improvement Process.

SMCRP continues to explore ways to work more closely with the San Mateo County Probation Department. A probation employee has been a member of the Panel, but she does not serve the *organizational liaison* function filled by the CFS Director. Since she has just announced her resignation from the Panel, the Panel has invited the Deputy Chief of Probation, Christine Villanis, to join SMCRP to strengthen ties with this key child welfare system agency.

### **3. Report on SMCRP WORKPLAN**

**Work plan Goal #1: Please discuss any activities the Panel has engaged in specific to the recruitment of panel members to reflect community demographics and support creating or maintaining a diverse panel.**

On an annual basis, SMCRP reviews its membership and the national criteria for CRP representation. The goal is for CRP members to represent a broad array of backgrounds and perspectives. 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.

Last year, SMCRP reviewed and modified its Operational Guidelines to allow the Panel more discretion in situations in which long-term members are interested in continuing their service, if they are re-elected by the Panel.

#### **Work plan Goal #2**

**Develop a work plan that will guide the panel's review activities of the state and local Child Welfare System.** Grantees shall determine the area of focus within the child welfare system, based upon supporting data, and outline specific activities/evaluation methods to be utilized in order to obtain all information needed to make 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 CRP members. During the past year, it was more difficult to monitor the specific Annual Report recommendations due to many changes in CFS staffing and a delay in selecting programs to be more rigorously evaluated.

SMCRP has not received technical assistance from sources outside of San Mateo County during the past year.

### Findings regarding 2012-13 SMCRP Recommendations

Recommendation	Finding
<p>1. CRP recommends that CWS use qualitative and quantitative measures to evaluate the effectiveness of the Team Decision Making (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.</p>	<p>During the past year, CFS has not developed nor implemented an evaluation process for Team Decision Making meetings and CRP has received no specific data regarding the effectiveness of the Team Decision Making model that is being used in San Mateo County. CRP acknowledges the challenges associated with the administration of TDMs in the context of the caseloads of social workers.</p>
<p>2. CRP recommends that CWS select two to three additional programs/ services being offered to reunifying families and implement efforts to assess how effective they are in helping families successfully reunify.</p>	<p>In regard to mental health services, no specific mental health program has been evaluated by CFS. CFS is looking into an approach to validate a mental health screening tool.</p> <p>In regard to visitation programs, no evaluation data was provided to CRP during the past year. There appears to be a shift in CFS's approach to visitation, but the rationale for these specific new directions has not been provided. The changes are related to the recommendations of the Blue Ribbon Commission's Sub-Committee on Visitation.</p>

### Follow up on other areas of CRP interest noted in 2011-12 Annual Report:

- 1) SMCRP has continued to seek information in regard to cases in which delinquent youth are being declared incompetent to stand trial because of concerns that this declaration deprives these young people of the support and services they need (and would be provided) if they remained in the child welfare system. SMCRP has looked at the number of youth in this category and the approaches that are used in other counties to ensure that

supports and services are made available to youth declared legally incompetent. This remains an area of concern.

- 2) SMCRP has monitored the implementation of AB 12 that extends federal matching funds for youth to remain in foster care until their 20<sup>th</sup> birthday. CRP receives AB 12 information from Children and Family Services in monthly Director Updates.

In addition, SMCRP has sought information about a number of child welfare issues in the past year:

1. CRP has gathered information about the processes used by child welfare system providers to screen professional consultants who serve children and families. This issue has been a significant concern due to two local cases. In the first situation, a highly-regarded mental health professional used by child welfare was found to have molested a number of patients over a lengthy period of time. In the second case, a high-ranking San Mateo County Probation officer was arrested on child pornography charges during the past year. CRP is requesting and receiving information about screening processes for contractors from the Juvenile Courts, Probation and Children and Family Services at the moment.
2. The Panel has begun to increase its understanding of the causes and local impact of the problem of sexually exploited youth and steps being taken to address this issue by various parts of the child welfare system. At the August 2013 meeting, the Panel received a report from Juvenile Probation about the internal protocols that have been developed to support sexually exploited youth who are in the Probation system.
3. CRP continued to request information from Children and Family Services regarding the use of Team Decision Making and other inclusive group decision-making processes (Family Decision Making and Transition Team Decision Making) used at key points in the child welfare process (removal, replacement, reunification, transition).
4. CRP continued to promote and support collaboration among all segments of the child welfare system to ensure child and family centered approaches, best use of resources and accountability for the system. A number of CRP members serve on collaborative committees that address specific child welfare issues. This past year there were some informal reports from these members, but in the future the Panel will attempt to track collaborative efforts more effectively.

**Follow-up on prior years' annual report recommendations, including any County and State responses to the recommendations**

1. Institute Team Decision Making: *accepted and implemented.*

CRP continues to be interested in this program and has developed subsequent recommendations over the years designed to ensure program quality and accountability. CRP continues to ask for data about TDMs to assess whether the program is effective in providing support for children, youth and families as they are served by the child welfare system. CFS has conducted an evaluation of TDM's in the past few months and SMCRP will receive a report on the evaluation when it is completed.

2. Address factors that contribute to re-entry rates: *accepted and in process of implementation.*

This is an area of ongoing interest for CRP. Since 2010, the focus has moved from re-entry to family reunification, though the concern relating to re-entry rates following unsuccessful reunification remains a priority.

3. Implement an effective parent education program: *accepted and being implemented.*

CWS implemented an evidence-based parent education program and CRP monitored its implementation for at least two years. The Panel continues to believe that parents who are involved with the child welfare system benefit from training and coaching in the best parenting practices.

4. Improve strategies to help families understand the child welfare system: *accepted and implemented.*

CRP recognizes this is a complex undertaking because of the multiple factors that impact a family's ability to understand and participate effectively in the child welfare system. CRP has undertaken a significant effort in reviewing written materials used to educate parents. In 2010-11, CFS worked with CRP to conduct a thorough review of all material being used with families and to put in place systems to ensure consistency with material being used throughout the county. A CFS staff member was made the "point person" to follow up each year to ensure the most up to date materials are consistently in use. Though this approach seemed to systematize the use of current and accessible materials to help families understand the child welfare system, it is not clear that the approach is consistently being implemented.

\*\*\*\*\*

### **SMCRP's Formal Recommendations for 2013-14 for County and State**

1. **CRP recommends that Children and Family Services use qualitative and quantitative measures to evaluate the effectiveness of the current Team Decision Making model, in relation to the primary objectives of the program. CFS should assess whether Team Decision Making is the most appropriate process for the variety of situations in which it is being used.**
2. **CRP recommends that CFS and Juvenile Probation work together to establish a protocol to ensure that dependents and wards of the Juvenile Court who may be eligible for AB 12 when they turn 18, and those youth who are non-minor dependents under 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.**

3. **CRP recommends that CFS assess the effectiveness of current mental health and visitation programs in helping families to reunify successfully.**

\*\*\*\*\*

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

SMCRP will provide the Director of the San Mateo County Human Services Agency (HSA) and the Director of Children and Family Services (CFS), a division within HSA, with a complete copy of the Annual Report and Recommendations at the time the report is submitted to the State Office of Child Abuse Prevention (OCAP) in November. The report will also be posted on the SMCRP website ([www.smcrp.org](http://www.smcrp.org)) and presented to the local Child Abuse Prevention Committee known as the Children’s Collaborative Action Team (CCAT). In addition, excerpts from the report will be used in outreach presentations to staff of Child Welfare System 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 Directions**

SMCRP will continue to meet monthly to monitor its recommendations and the delivery of child welfare services in San Mateo County. Time in each meeting will be allocated to reports and presentations relevant to the Panel’s stated interests and an opportunity for new issues/ concerns to be identified and explored. While local funding for child welfare services has improved, SMCRP recognizes the continuing fiscal constraints that child welfare organizations are experiencing, the Panel will continue to look for ways to promote and support productive collaboration that leverages resources to achieve shared goals.

SMCRP, in partnership with CFS, will continue to monitor the impact of the Katie A. Settlement.

In addition to tracking progress in the three formal recommendation areas identified above, during the upcoming year SMCRP will monitor the following issues:

- A. Progress toward strengthening the screening process for contractors and those working directly with children and youth in the child welfare system.
- B. Progress toward achieving stated Child Welfare and Probation SIP priority outcomes:
  - Reunification within 12 months
  - Placement stability
- 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.

**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 Children and Family Services for follow-up.

The Panel plans 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 2014.
- Provide interested groups within the child welfare system and in the community with presentations about CRP’s work.

**5. Attachments**

- ❖ Updated roster of Citizen Review Panel Members, including their affiliations (Attachment A)
- ❖ San Mateo County Children and Family Services Response to CRP Recommendations 2012-13 (Attachment B)
- ❖ Notes from SMCRP meetings: August, September, October 2013 (Attachment C)

**Report submitted to OCAP: November 11, 2013 at 11:54 a.m.**

**Attachment A**

**SMCRP Roster and Terms as of October 2013**

The following table lists current SMCRP members, their affiliation and their status in relation to the two-term limit contained in the group’s operational guidelines.

Name	Affiliation	Term
Baumel, Jan	Licensed Educational Psychologist and Retired Special Educator	First term – 9/06-9/09 Second term – 9/09-9/12 Third term – 9/12-9/15
Chang, Paul	Executive Director, Pyramid Alternatives	First term 9/10-9/13 Second term 9/13-9/16
Cherniss, David	Juvenile Mediation Program, Superior Court  Member of San Mateo County Blue Ribbon Commission and its Subcommittee on Sharing of Information	First term – 9/08-9/11 Second term – 9/11-9/14
DeMarco, Toni	Behavioral Health and Recovery Services	First term – 9/13-9/16
Loewy, Ben	Administrator, San Mateo County Office of Education	First term – 9/06-9/09 Second term – 9/09-9/12 Third term – 9/12-9/15
Manthorne, Cori	Community Overcoming Relationship Abuse (CORA)  CCAT, San Mateo County Continuum of Care steering committee, Coordinate Response Committee for the DV Council, Kaiser Domestic	First term – 9/13-9/16

Name	Affiliation	Term
	Violence Task Force-Daly City, Human Services Advisory Board for Canada College	
McCallum, Jamila	Manager, Edgewood Center Ed Support Work Group	First term – 9/06-9/09 Second term – 9/09-9/12 Third term – 9/12-9/15
Miller, Bonnie	Public Defenders Office	First term – 9/07-9/10 Second term – 9/10-9/13 Third term – 9/13-9/16
Monaghan, Ryan	Sergeant, San Mateo Police Department	First term – 9/13-9/16
Plotnikoff, Bernie	Community member Children’s Collaborative Action Team (CCAT), CCAT Oversight Committee, San Mateo County Domestic Violence Council	First term – 9/06-9/09 Second term – 9/09-9/12 Third term – 9/12-9/15
Ragosta, John	Court Appointed Special Advocates (CASA) of San Mateo County Ed Support Working Group, Blue Ribbon Commission on Foster Care Education Subcommittee	First term – 8/09-9/12 Second term – 9/12-9/15
Stewart, Ginny	Licensed Clinical Social Worker	First term – 9/08-9/11 Second term – 9/11-9/14
Szyper, Lauren	Daly City Peninsula Partnership San Mateo County Pride Initiative, Mental Health Advisor to Community College District Health Advisory Committee, North County Outreach Collaborative (Impact of domestic violence on adult survivors and children), CCAT	First term – 6/13-9/16

Children and Family Services Director, Dr. Loc Nguyen, serves as the liaison to SMCRP. He has confirmed that he will continue to participate regularly with CRP for the upcoming year.

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

Response of Children and Family Services to SMCRP Recommendations 2012-13

<p><b>Recommendation</b> November 2012</p>	<p><b>CFS Response</b> July 2013</p>
<p>1) CRP recommends that CFS use qualitative and quantitative measures to evaluate the effectiveness of the Team Decision Making model currently in use in relation to the primary objectives of the program. In addition, CWS should assess whether TDM is the most appropriate process for the variety of situations in which it is being used.</p>	<p>Team Decision Making (TDM) Meetings have been in place as a strategy for San Mateo County Children &amp; Family Services since 2005. Currently a TDM is required for every placement move, from the entry into foster care, during placement changes, and through transition to permanency. However, as noted in the recent County Self- Assessment, a number of barriers have arisen in recent years:</p> <ul style="list-style-type: none"> <li>• TDM remains to be an underutilized strategy for all case closures.</li> <li>• Due to increased workloads on social workers as a result of vacant positions, staff reductions, and temporary leaves of absences, there is a lack of usage of TDM.</li> <li>• Due to the staffing and caseload challenges, TDM facilitators are often the first recruited to assist with ongoing case management services, referrals, or to assist in carrying a caseload.</li> </ul> <p>In an effort to address the aforementioned challenges, a consultant will be hired to conduct an assessment of the Team Decision Making model. Understanding that utilization of a teaming process is the best practice for engaging families in making decisions for their children and families in order to prevent out of home care, encourage timely reunification and/or find early permanency; the formal program evaluation will review and consider if TDMs or another teaming model or combination of models would be the most beneficial for CFS clients in San Mateo County. Additional action steps include:</p> <ol style="list-style-type: none"> <li>1. Identify barriers to fully utilizing TDM meetings and develop strategies for overcoming barriers.</li> <li>2. Re-train staff to use of TDM meetings. Train and strengthen the use of community partners and stakeholders in the TDM process.</li> <li>3. Develop a tracking and accountability process to ensure use of TDMs and the new codes that have been developed in CWS/CMS.</li> <li>4. Compile semi-annual reports regarding compliance with utilization of TDMs and report to management team.</li> <li>5. Simultaneously, research and pilot other teaming models to ensure the most appropriate engagement strategies for the unique culture of San Mateo's clients.</li> </ol> <p>This plan will allow the Agency to address the current challenges with TDMs, re-engage community stakeholders, and make data informed decisions for any changes that are recommended from the evaluation.</p>

<p>2) CRP recommends that CFS select two to three additional programs / services being offered to reunifying families and implement efforts to assess how effective they are in helping families successfully reunify.</p>	<p><b>Mental Health Services:</b> Per recommendation of the CRP, an area that will be assessed is mental health services with both children and teenagers. The Katie A law requires that full initial, as well as periodic, mental health screenings are conducted on every referred child. CFS is working in partnership with Behavior Health and Recovery Services on this service area.</p> <p>In addition, the Director of Children and Family Services is looking into partnering with a university to validate a mental health screening tool; creation of in-house Katie A staff (supervising mental health clinicians) to help facilitate the assessment process and make appropriate referrals for treatment, and provide a refresher training for staff on the use of our mental health screening tools. A leadership workgroup has been meeting since March 2013 to prepare for the implementation of this practice.</p> <p><b>Visitation:</b> In order to increase the quality and quantity of visits between parents and children, another program that will be evaluated is visitation. According to our most recent County Self-Assessment, some of our Agency strengths related to visitation included frequent contacts and visits, consistency with the youth’s progress, and transportation assistance. However, some challenges included a lack of consistent visits when a child is placed out-of-county or is absent without leave.</p> <p>A strategy in response to this evaluation is to develop visitation centers and implement them throughout San Mateo County in order 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 addition, we hope to engage and train staff at the visitation centers to also provide parenting coaching, as appropriate, during the visits. Once the coaching has been piloted, we will evaluate the effectiveness of this strategy through consumer and partner surveys.</p> <p>Furthermore, as a part of the Blue Ribbon Commission Sub-Committee on visitation, a guide on the categories of visitation was developed. This guide will support the reunification process by clearly defining each type of visit and its level of supervision. The following are the visitation categories:</p> <ol style="list-style-type: none"> <li>1. <u>Secure Visits</u>: Highly structured, conducted in a prison/jail; law enforcement office or fire station, usually law enforcement, therapist, or another agency personnel is around to immediately intervene. Involves parent’s incarceration; paranoid ideation involving killing or harming a child; child abduction; serious family violence that involved child/children, etc.</li> <li>2. <u>Therapeutic/TVS Visits</u>: Time-limited clinical assistance to address identified relationship-based issues impacting the parent-child relationship.</li> </ol>
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	<p>Involves parents with mental health issues; parent-child conflict, or unresolved trauma. Should be stepping down to a lower level after 12 to 14 weeks (with increased TVS as needed throughout the case). TVS is contraindicated for children with sexual perpetrator but may be appropriate for the non-offending parent.</p> <p>3. <u>Coaching Visits</u>: A trained staff is in the visitation room with the parent and provides hand-on tips about safe and appropriate child rearing practices. May carry out actual roleplaying with the parent. Ideally these visits should occur in the parent’s home (mimic the home environment). Involves young, single mothers with substance abuse history and did not receive pre-natal care and has limited social/family support. Mothers initially contemplated giving the baby up for adoption but later on changed their mind, etc.</p> <p>4. <u>Supervised Visits</u>: The entire visit is observed by a Social Worker/FCW or trained visitation staff. The observer is focused on child safety and can be altered to fit a range of family interaction based on the particular situation.</p> <p>5. <u>Monitored Visits</u>: Families required “drop-in” supervision throughout the visit. Visits may occur in a community setting</p> <p>6. <u>Facilitated Visits</u>: Staff checks-in with family before and after the visit. Involves cases with low risk (no safety issues). May cook, play, read, do school home-work, etc. –interactive process. May occur at a congregation-based site, park, library, etc. These visits could be delegated to the caregiver, relatives, etc.</p> <p>7. <u>Unsupervised Visits</u>:</p> <ul style="list-style-type: none"> <li>- Extended day visit – up to six or eight-hour visit as long as no negative impact on the child’s daily schedule (school, ILSP, therapy, tutoring, etc.)</li> <li>- Overnight visit – Up to 12 to 14-hours in the home of a parent.</li> <li>- Weekend visit – The caregiver and parents can work the schedule out.</li> </ul>
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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

May 12, 2014

Dr. Loc Nguyen, Director, Children and Family Services  
San Mateo County Human Services Agency  
1 Davis Drive  
Belmont, CA 94002

Dear Dr. Nguyen:

The San Mateo County Citizen Review Panel (SMCRP) report for the Federal Fiscal Year 2012-13 has been received and accepted by the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP).

The OCAP would like to take this opportunity to express our gratitude to the SMCRP for the time and energy dedicated toward improving programs and services for children and families. The annual report demonstrates a thoughtful effort to meet the challenges of reviewing policy and practice through multiple lenses to ensure the well-being, safety, and permanence of children and families in San Mateo County with the possibility of statewide implications. The OCAP acknowledges the following SMCRP recommendations made to the San Mateo County Human Services Agency:

- SMCRP recommends that CWS use qualitative and quantitative measures to evaluate the effectiveness of the Team Decision Making (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.
- SMCRP recommends that CWS select two to three additional programs/ services being offered to reunifying families and implement efforts to assess how effective they are in helping families successfully reunify.

Keeping with the state's responsibility pursuant to the Federal Child Abuse Prevention and Treatment Act (CAPTA) (section 106(c) (6)), CDSS/OCAP thanks you for the copy of the San Mateo Human Services Agency's written response to the CRP recommendations for our records.

We look forward to continuing to work in partnership with you on behalf of the children and families of California. Should you have any questions or comments, please contact Tracy Urban, OCAP CRP Coordinator, at (916)651-6796 or [Tracy.Urban@dss.ca.gov](mailto:Tracy.Urban@dss.ca.gov).

Sincerely,

Sarah Rock  
Bureau Chief  
Office of Child Abuse



**Notes from Meeting  
August 19, 2013**

**Human Services Agency Offices, 1 Davis Drive, Belmont CA 94002 – Montara Room**

*All current panel members (Chang by phone) participated in a closed session to discuss the following issues:*

- *Scope of work for CRP*
- *Compiled results of Panel's self-evaluation*

*The closed session ended at 12:15 PM.*

**Panel members present:** Baumel, Cherniss, Laya, Loewy, McCallum, Miller, Plotnikoff, Ragosta, Stewart, Szyper

**Potential members:** Ryan Monaghan, SMPD, Toni DeMarco, BHRS, Cori Manthorne, CORA

**Others:** Loc Nguyen, CFS, Kimberly Calderaro, Deputy Probation Officer – guest presenter Pat Brown – facilitator

**The regular meeting opened with introductions at 12:20.**

**Follow-up from last meeting**

- a) Review notes from last meeting – changes/corrections  
Panel members identified several typos/mistakes in the notes from the last meeting.
- b) Updates on member recruiting efforts:
  - Ryan, Cori and Toni were present to meet the Panel as potential new members.
  - Peninsula Clergy Network – John reported that Rabbi Jay Miller is working on a representative.
  - Probation: Dep. Chief Christine Villanis will attend in September.

**Update from CFS re. HSA procedures for screening professionals providing services to foster youth**

The update was postponed until September since Loc is still waiting for information on current practices.

**Report from CFS Liaison**

- a) Updates on relevant issues  
Loc started by noting that CRPs were established by federal legislation in 1996. There are three CRPs in CA, with San Mateo CRP having the distinction of being the first CRP to be established and the longest ongoing CRP.

He reported that the number of cases in SM Co. is still going up. In 2011 there were 152 new cases; in 2012, 209 new cases; and, in 2013, 191 cases to date. Of all the petitions filed by CFS, 95% are supported.

The Board of Supervisors has approved the CFS request for additional staffing to meet these increased needs and 10 new (non-Measure A) positions will be included in the SM Co. 2 year budget request which goes to the Board on September 18. For the second year of the two-year budget, 5 additional positions will be requested.

Measure A funds, based on the voter approved ballot measure, will also be used to support CFS efforts by expanding the number of family resource centers in the county in 5 locations (in connection with core service centers: at Samaritan House (San Mateo), Puente (Pescadero), East Palo Alto, Pacifica Resource Center and South San Francisco. Each of the FRCs will serve about 22 schools located in their geographic area.

b) CFS Dashboard - July

Loc reported that CFS is aware that partner agencies are also being impacted by the increase in child welfare cases. Discussions are underway about how to provide sufficient resources to these partner agencies.

There was a question about the number of cases that are directly linked with domestic violence. Loc said that this information is not currently tracked at the local level, but that in most cases there are multiple factors at work influencing child neglect or abuse as well as domestic violence.

**Report on Probation Policy/Procedures for Sexually Exploited Youth – Kimberly Calderaro**

Ruth introduced Deputy Probation Officer Kimberly Calderaro who provided an overview of Probation's efforts to develop a protocol to serve youth who have been sexually exploited (or are at risk of sexual exploitation). Kimberly provided background information about this issue (human trafficking is a \$32 Billion industry) fully half of which is the sex trade. The Bay Area is a hot spot for this problem. 50% of sexually exploited youth have been in the child welfare system.

In 2011, Kimberly and her colleagues were assigned to develop a protocol to serve children in the Probation System. One aspect of this work has been the development of a screening tool (22 questions) designed to help Probation staff start the conversation about this issue with youth they suspect may have some involvement. Kimberly noted that a number of local experts have been part of the development of this tool. The goal of this protocol is to identify youth and then provide services that will help them to be safe and have their basic needs met. The implementation of the protocol requires development and maintenance of collaborative partnerships. In San Mateo County, there is no one provider that specializes in this work.

At this point, Probation is focusing on providing internal training, consultation and support to staff members who might be able to identify exploited youth, or those at risk of exploitation.

In 2011, 12 youth were identified as sexually exploited. By March of this year, 23 youth have been identified. The Probation response involved increased levels of case management and service delivery.

Panel member were very interested in this information and had a number of questions, many of which pointed to the need for cross agency collaboration in the areas of identification, staff training and coordination of services.

Loc noted that about 40% of children in foster care have been sexually exploited before they leave the system. AB 12 is bringing some additional complexity to the issue, since exploited youth are frequently bonded to their exploiters and not anxious to separate themselves.

Senator Leland Yee has authored legislation (SB 738) that would allow sexually exploited youth to become part of the dependency system. This legislation would impact CFS and there would need to be additional resources available for CFS to develop an adequate response.

Ryan noted that he has been involved with Operation Cross Country with the FBI. The focus of this work was on adult exploiters, but Ryan is very interested in this issue. He told CRP that Deputy Chief Mike Callagy of SMPD may be an excellent resource for further discussions on exploitation.

David asked about a protocol for those who are solicited after they come into the child welfare system.

Ginny asked about the demographics of exploited children and youth – that information is currently not available. She suggested that therapists are one group that needs more training and information.

Ben asked that education be included in this discussion, since the schools offer the opportunity for prevention and early intervention in exploitation situations.

There was agreement by the Panel that this topic deserves further discussion at the next CRP meeting.

### **Review of SIP priorities as they relate to CRP's work for the coming year**

This discussion was postponed until September due to lack of time.

Pat asked Panel members to review the "Findings Worksheet" she has developed in preparation for development of findings related to the current CRP recommendations:

#### **Items for next agenda**

- Finalize "findings" and begin to develop recommendations for Annual Report
- Vote on new members and extending terms of current members

- Continue discussion of child sexual exploitation – efforts to address this issue in SM Co.
- Update from Loc on Screening Procedures for Contract Providers of child services



**Notes from Meeting  
September 16, 2013**

**Human Services Agency Offices, 1 Davis Drive, Belmont CA 94002 – Montara Room**

**Panel members present:** Cherniss, Loewy, McCallum, Miller, Szyper

**Others:** Cori Manthorne, Toni DeMarco, Alan Gates, Anjanette Pellitier, Christine Villanis, Loc Nguyen, Pat Brown

The meeting started with introductions and welcome to several guests: Deputy Chief of Probation, Christine Villanis. Anjanette Pellitier, SELPA Director, San Mateo County Office of Education and Rev. Alan Gates, prospective CRP member.

**Follow-up from last meeting**

- Review notes from last meeting – two errors were noted and corrected.
- Present proposed new CRP meeting structure – Starting with this meeting, CRP will begin to utilize a closed session format during the last portion of each meeting. The purpose of this new structure is to allow members to discuss issues and information relevant to CRP’s mission in a confidential setting. CRP will try this approach as a pilot and after a few months, assess whether it is achieving its purpose.
- Due to the lack of a quorum of CRP members, the re-election of current members and election of new members was deferred to the next agenda.
- Rev. Alan Gates, Minister of the Church of the Epiphany in San Carlos (one of the new congregational visitation sites) attended as a guest and potential CRP representative from the Peninsula Clergy Network.

**CFS Director’s Report – Loc Nguyen**

- Update from CFS re. HSA procedures for screening professionals providing services to foster youth

Loc provided information about the current countywide protocol for individuals and organizations contracting to provide services for the County. The contract language addresses the contractors requirements to report child abuse or neglect, establishes procedures for reporting by individuals who are not mandated reporters, requires fingerprinting to determine a criminal history for those individuals who might have supervisory or disciplinary power over a minor, requires that the fingerprinting take place before employees/volunteers are permitted to work in the program, and requests certification by individuals covered by the contract that the fingerprinting has been completed.

There is no provision for subsequent fingerprinting or follow up reports. Loc is continuing discussions with County Counsel about approaches to making requirements more rigorous and he will update CRP when/if there is progress.

Toni noted that Medi-Cal regulations require periodic follow-up to screening for clinicians. Initial and follow-up screening fingerprints are subjected to a Department of Justice and FBI review.

- Updates on relevant issues

Loc spoke again about his concerns related to a proposal for a change in the Welfare and Institutions Code (WIC450) that would require youth in the delinquency system (600s) to be transferred to the child welfare system (300s) to ensure they receive needed support services. He strongly supports the idea of all youth receiving needed services, but feels reclassifying delinquent youth could lead to increased risk for children and youth already in the child welfare system.

CFS Dashboard – August 2013

No dashboard was available this month.

#### **Questions/ Comments – Christine Villanis**

As the open session was ending, Christine asked CRP members for feedback about the role of Probation. Members pointed to the need for services for youth involved with probation, housing and mental health services for detained youth as reasons why CRP is interested in building a stronger ongoing connection with Juvenile Probation. Christine told the group she would think about how to build a more consistent relationship with CRP.

Guests were excused and the CRP moved into its closed session. The following topics were discussed:

- Findings for the Annual Report
- Review SIP priorities as they relate to CRP's work for the coming year
- Initial discussion of recommendations for the 12-13 Annual Report

The following items will be on the next agenda:

- Dashboard for August and proceeding year
- Election of returning and new CRP members
- Finalize findings and developing recommendations for the Annual Report

The meeting was adjourned at 1:30 PM.



**Notes from Meeting**

**October 21, 2013**

**Human Services Agency Offices, 1 Davis Drive, Belmont CA 94002 – Montara Room**

**Panel Members present:** Baumel, Cherniss, Laya, Loewy, McCallum, Miller, Monaghan, Plotnikoff, Ragosta

**Others:** Loc Nguyen, Director, Children and Family Services and Pat Brown, Facilitator

**Follow-up from last meeting**

- a) Review notes from last meeting – changes/corrections  
There was one correction
- b) Re-elect current CRP members to a 3-year term: (Chang, Laya, Miller)
  - a. Ruth told her Panel colleagues that she has a new assignment at Probation that will require her to discontinue her work with CRP. The Panel expressed regret and thanked her for her contributions over the past years.
  - b. Pat turned the meeting over to John Ragosta, CRP Chair, to conduct the election process.
  - c. **Paul Chang and Bonnie Miller were unanimously re-elected to 3-year terms (10/13-10/16).**
  - d. *Motion by David Cherniss, second by Ben Loewy*
- c) **In three separate motions, the following new Panel members were unanimously elected to three-year terms (10/13-10/16)**
  - **Cori Manthorne, CORA**  
*Motion by Jan Baumel, second by Ruth Laya*
  - **Sgt. Ryan Monaghan, SMPD**  
*Motion by David Cherniss, second by Jamila McCallum*
  - **Toni DeMarco, Behavioral Health and Recovery Services, SM Co.**  
*Motion by Bernadette Plotnikoff, second by David Cherniss*
- d) Update on representative from Peninsula Clergy Network  
Pat and John reported that Alan Gates decided that he is not able to take on additional responsibilities at this time, but he recommended the Rev. Davidson Bidwell-Waite,

Deacon at Transfiguration Episcopal Church in San Mateo. Rev. Bidwell-Waite, as a deacon, has a unique passion for ministry to the world at large, and has been working recently on partnerships to bring awareness to and serve the needs of those who have become victims of human trafficking, hoping to especially serve and advocate for minors.

Pat followed up with Rev. Bidwell-Waite. He is very interested in CRP, but is traveling until the end of this year. He will submit his application early in 2014.

**CFS Director's Report – Loc Nguyen**

Loc provided the following updates:

1. CFS has been approved for 22 new positions in FY 13-14 and 5 additional positions in FY 14-15. Some of these are regular budget staff, social work supervisors and workers and others are associated with the Measure A initiative to expand family support services to 22 additional schools throughout the County. This model uses a regional approach rather than school based services. Benefit analysts will be available to families to help them connect with food, housing, and other needed services. In addition, there will be regional leads (North, Central and South County) that will be responsible for connecting with education and law enforcement partners to address core issues such as safety and food insecurity. There will be a standardized approach across regions, with room for customizing to meet local needs.
2. Loc noted that CFS plays a pivotal role in responding to local emergencies such as the large apartment fire in Redwood City. CFS is a primary partner with the Red Cross and works to help victims access emergency and mid-term supports such as housing, personal identification/information, etc.
3. Loc continues to work with County Counsel on contract language related to background checks for contractors /contractor's employees who have unsupervised contact with minors. Currently, the only requirement is self-certification. There is a plan to notify all contractors that those working with children will require background checks and documentation of those checks must be available for the County to sample. A protocol is going to be developed and consequences of non-compliance determined. Loc invited CRP's input to this protocol and he will continue to keep CRP updated on next steps. Members noted that some cities have background check requirements and these might be helpful as the County protocol is being developed.
4. There was discussion of the Dashboard information provided to CRP. Loc noted that internally they are carefully monitoring the number of open cases. There were questions about the definition of "general neglect" versus "severe neglect". Loc responded that usually severe neglect means that an injury has occurred. This issue of defining neglect is pertinent as CFS is implementing its community-based visitation program. The concerns of local organizations about potential for violence are lessened as people understand that over 80% of cases are general neglect, with little potential for violence.

Items for next agenda

- Report on TDM evaluation – John Fong
- Schedule John Ragosta - Report on Educational Support Working Group
- Schedule Bonnie Miller – Report on Blue Ribbon Commission Visitation Recommendations
- Discussion of approaches to tracking Annual Report recommendations and scheduling monitoring of “other issues of interest”.

The Panel adjourned to closed session at 12:40 PM. During the closed session the Panel:

- Confirmed “findings re. 12-13 annual report recommendation” for inclusion in this year’s Annual Report
  - Developed recommendations for 2013-2014
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**San Mateo County Human Services Agency**

**CHILDREN & FAMILY SERVICES (CFS)**

*Response to*

**Citizens Review Panel (CRP)**

**Recommendations for 2012-2013**

Recommendation #1- CRP recommends that CWS use qualitative and quantitative measures to evaluate the effectiveness of the Team Decision Making model currently in use in relation to the primary objectives of the program. In addition, CWS should assess whether TDM is the most appropriate process for the variety of situations in which it is being used.

<b>Team Decision Making</b>	<p>Team Decision Making (TDM) Meetings have been in place as a strategy for San Mateo County Children &amp; Family Services since 2005. Currently a TDM is required for every placement move, from the entry into foster care, during placement changes, and through transition to permanency. However, as noted in the recent County Self-Assessment, a number of barriers have arisen in recent years:</p> <ul style="list-style-type: none"><li>• TDM remains to be an underutilized strategy for all case closures.</li><li>• Due to increased workloads on social workers as a result of vacant positions, staff reductions, and temporary leaves of absences, there is a lack of usage of TDM.</li><li>• Due to the staffing and caseload challenges, TDM facilitators are often the first recruited to assist with ongoing case management services, referrals, or to assist in carrying a caseload.</li></ul> <p>In an effort to address the aforementioned challenges, a consultant will be hired to conduct an assessment of the Team Decision Making model. Understanding that utilization of a teaming process is the best practice for engaging families in making decisions for their children and families in order</p>
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	<p>to prevent out of home care, encourage timely reunification and/or find early permanency; the formal program evaluation will review and consider if TDMs or another teaming model or combination of models would be the most beneficial for CFS clients in San Mateo County. Additional action steps include:</p> <ol style="list-style-type: none"> <li>1. Identify barriers to fully utilizing TDM meetings and develop strategies for overcoming barriers.</li> <li>2. Re-train staff to use of TDM meetings. Train and strengthen the use of community partners and stakeholders in the TDM process.</li> <li>3. Develop a tracking and accountability process to ensure use of TDMs and the new codes that have been developed in CWS/CMS.</li> <li>4. Compile semi-annual reports regarding compliance with utilization of TDMs and report to management team.</li> <li>5. Simultaneously research and pilot other teaming models to ensure the most appropriate engagement strategies for the unique culture of San Mateo's clients.</li> </ol> <p>This plan will allow the Agency to address the current challenges with TDMs, re-engage community stakeholders, and make data informed decisions for any changes that are recommended from the evaluation.</p>
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Recommendation #2- CRP recommends that CWS select two to three additional programs/services being offered to reunifying families and implement efforts to assess how effective they are in helping families successfully reunify.

<p><b>Mental Health Services</b></p>	<p>Per recommendation of the CRP, an area that will be assessed is mental health services with both children and teenagers. The Katie A law requires that full initial, as well as periodic, mental health screenings are conducted on every referred child. CFS is working in partnership with Behavior Health and Recovery Services on this service area.</p> <p>In addition, the Director of Children and Family Services is looking into partnering with a university to validate a mental health screening tool; creation of in-house Katie A staff (supervising mental health clinicians) to help facilitate the assessment process and make appropriate referrals for treatment, and provide a refresher training for staff on the use of our mental health screening tools. A leadership workgroup has been meeting since March 213 to prepare for the implementation of this practice.</p>
<p><b>Visitation</b></p>	<p>In order to increase the quality and quantity of visits between parents and children, another program that will be evaluated is visitation. According to our most recent County Self-Assessment, some of our Agency strengths related to visitation included frequent contacts and visits, consistency with the youth's progress, and transportation assistance. However, some challenges included a lack of consistent visits when a child is placed out-of-county or is absent without leave.</p>

A strategy in response to this evaluation is to develop visitation centers and implement them throughout San Mateo County in order 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 addition, we hope to engage and train staff at the visitation centers to also provide parenting coaching, as appropriate, during the visits. Once the coaching has been piloted, we will evaluate the effectiveness of this strategy through consumer and partner surveys.

Furthermore, as a part of the Blue Ribbon Commission Sub-Committee on visitation, a guide on the categories of visitation was developed. This guide will support the reunification process by clearly defining each type of visit and its level of supervision. The following are the visitation categories:

1. Secure Visits: Highly structured, conducted in a prison/jail; law enforcement office or fire station, usually law enforcement, therapist, or another agency personnel is around to immediately intervene. Involves parent's incarceration; paranoid ideation involving killing or harming a child; child abduction; serious family violence that involved child/ren, etc.

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5. Monitored Visits: Families required "drop-in" supervision throughout the visit. Visits may occur in a community setting

6. Facilitated Visits: Staff checks-in with family before and after the visit.

	<p>Involves cases with low risk (no safety issues). May cook, play, read, do school home-work, etc. –interactive process. May occur at a congregation-based site, park, library, etc. These visits could be delegated to the caregiver, relatives, etc.</p>
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7. Unsupervised Visits:

- Extended day visit – up to six or eight-hour visit as long as no negative impact on the child’s daily schedule (school, ILSP, therapy, tutoring, etc.)
- Overnight visit – Up to 12 to 14-hours in the home of a parent.
- Weekend visit – The caregiver and parents can work the schedule out.

**Citizen Review Panel  
Annual & Recommendations Report  
2012-2013 Program Year**

**County:** Ventura

**Contact Person for this Report:**

Name: Louanne Shahandeh  
Email: l.shahandeh@att.net

**Date Submitted to OCAP:** December 3, 2013

Date & Person Submitted to at the local County Agency:  
December 3, 2013- Judy Webber

**1. County Profile** (OCAP will provide current data from current annual report)

**2. Panel Activities**

I. Membership (Work plan Goal #1)

The current panel is comprised of both public and private partners who bring a variety of expertise in the child welfare system, either in service provision, monitoring or design. Members include representatives from the Ventura County SELPA, Ventura County Behavioral Health, Ventura County Probation Agency, Ventura County Human Services Agency, Ventura County Child Abuse Prevention Council and local service providers.

On-going recruitment needs include representation from the Faith Based Community, Caregiver Community including Foster and Relative Care as well as additional Parent Partners.

II. Panel Training (Work plan goal #2)

As a means of on-going training and informational updates, the CRP continues to utilize presentations from Community Based Organizations providing services to youth placed out of home in Ventura County. These presentations continue to update the committee as to services and resources being offered to the children and families in Ventura County. Routine quarterly reports include updates from the Court Appointed Special Advocates, California Youth Connection, Ventura County SELPA, The Ventura County Partnership for Safe Families and Communities and the Ventura County Big Brothers-Big Sisters Organization, along with routine updates from Probation, Behavioral Health and the Department of Children and Family Services.

Several members of the CRP once again participated in the Agency 101 daylong conference in the spring of 2013. This conference focuses on providing information on resources available to families of at risk children and youth and is sponsored by the Department of Children and Family Services, Behavioral Health and the local SELPA. This forum provides presentations from agencies that focus on prevention, employment, education, mental health, health, child care, etc.

A special presentation was made to the CRP highlighting the current AB 12 implementation strategies for Ventura County. The presentation was facilitated by the AB 12 Workgroup representatives from the Department of Children and Family Services and Probation Agency. The presentation highlighted the various implementation strategies including a comprehensive overview of the variety of housing and support resources available to this population.

In addition, at the request of the CRP, a presentation was made by Ventura County Behavioral Health on the various Drug and Alcohol Programs provided by VCBH.

### III. Panel self-evaluation activities – (Work plan Goal #6)

The Committee completed a Self-Evaluation Survey in the spring of 2012, reporting on those findings in the 2011-2012 Annual Report. The Self-Evaluation Survey will be completed again, in the spring of 2014.

### **3. CRP objectives (Work plan Goals #3)**

The focus of the CRP workgroup activities continued to be targeted toward the length of stay aspect and the in-county placement system for children who are at risk of, or have been victimized by abuse or neglect, or have other special needs that require out of home care in a residential or group home placement.

The Interagency Planning Expansion Review Committee (IPERC) was responsible for carrying out the CRP review activities outlined in the work plan. The Interagency Placement Expansion Review Committee is comprised of representatives from the Human Services Agency/Department of Children and Family Services, Behavioral Health, Probation Agency and Ventura County Schools. The IPERC team provides ongoing oversight of Ventura County's out of home group care programs and THPP providers that provide services to Ventura County youth by developing communication strategies between placing agencies and providers, and assuring quality of placement programs by providing ongoing assessment and feedback.

This committee routinely reports findings to the CRP/CSOC committee for review and recommendations.

Following are the findings and recommendations of the review activities outlined in the 2012-2103 CRP work plan.

#### **1. Review current Group Home programming components specific to substance abuse Issues:**

As previously mentioned, Ventura County Behavioral Health presented the current drug and alcohol programs available within the department. As a step further, IPERC developed and distributed a Mental Health Services Survey to the local Group Home Providers. The intent of this survey was to gain knowledge not only of drug and alcohol treatment provision to the children and youth placed in out of home care, but gain a bigger and better understanding of the provision of mental health services in general, as part of the Katie A. implementation strategy adopted by

Ventura County Children and Family Services and Ventura County Behavioral Health. (see attached Group Home Mental Health Survey Summary).

The survey was completed by ten of the eleven Ventura County Group Home Providers, accounting for 16 homes ranging from RCL 8-14. The ages of clients varies.

With regard to Alcohol and Drug Treatment, 90% of the participating homes reported providing Drug and Alcohol Services on a regular basis, while 10% occasionally provide these services. These services include individual and group therapy provided within the Group Home service structure as well as utilization of local Twelve Step, Palmer Drug and Alcohol Services (PDAP) and Coalition for Family Harmony programs, as well as Alcohol and Drug Education.

On an average, clients received 3.05 hours of drug and alcohol treatment services per week.

While it was reported that local Twelve Step, PDAP and Family Harmony programs for drug and alcohol service provision are utilized, the survey indicates that over 66% of clinical services are provided by employee program staff.

In looking at this further, and reviewing the Group Home Program Statements, it became clear to IPERC that those Group Homes that identified themselves as “specializing” in the provision of drug and alcohol program services did not utilize a consistent program model or evidence based model within their daily group home program.

### **Recommendations:**

The Interagency Placement Review Committee has continued to work on the refinement of an MOU with each Group Home Provider. It is recommended that outcomes regarding drug and alcohol use and specific service models utilized be added to the existing MOU, in order to capture data on relapse, as well as continue to monitor programming design specific to drug and alcohol treatment services.

It is further recommended that IPERC review the Quarterly Report Template for incorporation of drug and alcohol service provision and goals of each client.

In addition, it is recommended that the Ventura County Katie A. implementation team utilize this Mental Health Survey to assist in developing an extensive service plan that includes expansion of drug and alcohol services to both children/youth and their parents.

### **2. Impact of elimination of AB26.5 funding as it relates to crisis intervention needs and CFS Caseloads.**

Ventura County SELPA continues to provide the CRP/CSOC with routine updates on both the **COEDS** and **ISES** programs. Both programs were developed as a response to the elimination of AB26.5 funding and focus on behaviors of the child/youth that impact their ability to participate in school.

ISES (Intensive Social and Emotional Services) are provided to Special Education students via the IEP process, and are provided in the school setting by Intensive School Based Therapists.

COEDS is an In-home Intensive Social/Emotional Services Program for ISES eligible Special Education Students at risk of requiring residential treatment services.

The success of these programs has consistently been reflected in the participation numbers reported.

The issue of crisis intervention and response to Hotline referrals made that do not fall under the jurisdiction of Children and Family Services, but need mental health supports continue to be discussed. It is the understanding of the CRP that this issue is being discussed as part of the Katie A. implementation process. No recommendations at this time.

### **3. Review AB 12 Implementation Strategies:**

The committee was provided with a very informative presentation on AB 12 components and implementation strategies. The committee gained a better understanding of this population, their needs and current support structures in place via implementation strategies.

At this time there is no recommendation to Children and Family Services regarding this program.

### **4. Review current Foster Parent Recruitment and Adoption Programs as targeted recruitment activities for teen and special needs populations as they relate to a “step down” system for children/youth needing a lower level of care.**

The CRP was unable to focus on this review activity during the course of its meetings this year. This review activity will roll over to the 2013-1014 work plan.

### **Previous Recommendation Monitoring:**

#### **Outcome Measures Survey;**

The CRP continues to review these outcome measures quarterly.

It is recommended that IPERC continue to facilitate these surveys, and utilize information gleaned in the refinement of the Group Home MOU.

#### **Family Inclusion Survey:**

The Committee recommended in 2011-2012 that IPERC gather more specific information from the local Group Home Providers, to assist in a more in-depth assessment of family support components being utilized in the programs. Topic areas to be considered include:

- Issues/attitudes and challenges that may inhibit consistent inclusion of birth parents/family members, adult supports in the Group Home program.

- Specific strategies being used or that could be used to assist in getting parents, adult supporters involved in the child/youth's life.

IPERC has reported it continues to work with the Group Home Providers in refinement of their programs via the MOU and quarterly meetings.

In light of the Katie A. implementation strategy, it is recommended that trainings including Trauma Informed Care and Engagement be provided to the Group Home Providers and Staff through this effort.

#### **4. Public in-put (Work plan Goal # 4)**

The Ventura County CRP-CSOC Annual report will be disseminated to Parent Consumers including both Biological and Foster Parents, coordinated by United Parents. The local chapter of the California Youth Connection will be provided the report for review and comment. In addition, the report will be posted on the Ventura County Partnership for Safe Families and Communities, which also serves as the regional CAPC website, as well as the Ventura County Human Services Agency website. An email address has been set up to collect all comments issued regarding the report. All comments will be reviewed by the CRP and will be taken into consideration when determining future activities and recommendations.

#### **5. Attachments**

Please attach the following documents to this report:

- ❖ Updated roster of Citizen Review Panel Members, including their affiliations
- ❖ Minutes of the panel's meetings for the July 1, 2013 to September 30, 2012 quarter.

**Report submitted to OCAP: December 3, 2013 at 6:42 p.m.**

**Ventura CRP Membership Roster  
2012/2013**

<b>MEMBER NAME &amp; AGENCY</b>	<b>AGENCY ADDRESS</b>	<b>E-MAIL ADDRESS</b>
AGUAYO-SALDANA, DIANA HSA	855 Partridge Drive Ventura, CA 93003	Diana.Aguayo-Saldana@ventura.org
ARNER-COSTELLO , FRAN SELPA	5100 Adolfo Road Camarillo, CA 93012	farnerco@vcoe.org
MILES, MARTIE Aspira Foster Family Agency	1838 Eastman Ave #100 Ventura, CA 93003	kbennett@aspiranet.org
CARDENAS, BERNADETTE C.A.S.A.	POB 1135 Camarillo, CA 93011	bernadette@casaofventuracounty.org
DEAN, STEVE Probation	1911 Williams Dr #175 Oxnard, CA 93036	Steve.Dean@ventura.org
ESPINOZA, MARISSA Casa Pacifica	975 Flynn Road Camarillo, CA 93021	mespinoza@casapacifica.org
FRIEDLANDER, DAVID Kids & Families Together	856 E. Thompson Blvd. Ventura, CA 93001	TheDavid@aol.com
GONZALEZ-SEITZ, NICHOLLE Interface Children Family Services	1305 Del Norte Road #130 Camarillo, CA 93010	ngonzalez@icfs.org
HART, TERRY Probation	800 S. Victoria Avenue Ventura, CA 93009	Theresa.Hart@ventura.org

<b>MEMBER NAME &amp; AGENCY</b>	<b>AGENCY ADDRESS</b>	<b>E-MAIL ADDRESS</b>
JOHNSON, DONNA Parents with Purpose/ United Parents	391 S. Dawson Dr. 1A Camarillo, CA 93012	Djohnson.pwp@gmail.com
KUSSIN, JODY Casa Pacifica	975 Flynn Road Camarillo, CA 93012	jkussin@casapacifica.org
LACHBERG, LETICIA CFS	855 Partridge Drive Ventura, CA 93003	Leticia.Lachberg@ventura.org
LINDER, ELLEN United Parents	391 South Dawson Dr Ste 1A, Camarillo CA 93012	elinde@unitedparents.org
MACK, MIRIAM C.A.S.A.		miriam@casaofventuracounty.org
MARTINEZ CURRY, ELAINE The Partnership / Child Abuse Prevention Council (CAPC)	1838 Eastman Avenue, Suite 100 Ventura, CA 93003	emcurry@aspiranet.org
Montes, Raquel California Youth Connection	Casa Pacifica 1722 S. Lewis Road Camarillo, CA 93012	cmiranda@casapacifica.org
OLIVAS, DINA Behavioral Health	72 Moody Court Thousand Oaks, CA 91360	Dina.Olivas@ventura.org
SALTOUN, MYRA Casa Pacifica	1722 S. Lewis Road Camarillo, CA 93012	msaltoun@casapacifica.org

<b>MEMBER NAME &amp; AGENCY</b>	<b>AGENCY ADDRESS</b>	<b>E-MAIL ADDRESS</b>
SHAHANDEH, LOUANNE CFS Consultant	2928 Woodflower Street Thousand Oaks, CA 91362	l.shahandeh@att.net
SHERRY, STEVEN VCBH	1911 Williams Drive # 200 Oxnard, Ca 93036	Steven.Sherry@ventura.org
SINGER, LESLIE Casa Pacifica	1722 S. Lewis Road Camarillo, CA	lsinger@casapacifica.org
TALLEY, ANITTA CANEC/United Parents	391 S. Lewis Road Camarillo, CA 93010	atalley@unitedparents.org
WELBOURN, LAURA Ventura County Schools	VCOE 5189 Verdugo Way Camarillo, CA 93012	Lwelbourn@vcoe.org
WEBBER, JUDY – Chair Children and Family Services	855 Partridge Drive Ventura, CA 93003	Judy.Webber@ventura.org
WEINREICH, DAVID Children and Family Services	4245 Market Street, Suite 206 Ventura, CA 93003	David.Weinreich@ventura.org
WEST, LYNNE Big Brothers, Big Sisters	445 Rosewood Ste Q Camarillo, CA 93010- 5931	lwest@bbsvc.org



**Ventura County Human Services Agency  
Department of Children and Family Services  
Response to the Citizen's Review Panel's  
Annual & Recommendations Report  
(2012/2013 Program Year)**

The Ventura County Department of Children and Family Services staff sincerely appreciates the members of the Ventura County Citizen's Review Panel (CRP) for their willingness to assist us in improving our Child Welfare Services. We are pleased that you have chosen to continue to focus your efforts on program and service components that may affect the length of time in care for children who are at risk of, or have been victimized by abuse or neglect, or have other special needs that require out of home care in a residential or group home placement.

These activities continue to support the focus of the Interagency Placement Expansion Review Committee (IPERC). IPERC has committed to the development of strategies that will meet the following goals:

1. Reduce the length of stay a child/youth remains in congregate treatment care.
2. Develop a seamless continuum of services that will support the child/youth in "stepping down" or transitioning to a lower level of care successfully.
3. Increase the qualitative aspects of the local group home providers behavioral and intervention programs to better meet the individual needs of the child/youth and families they serve.

I. Responses to the findings and/or recommendations from the Annual & Recommendations Report (2012/2013 Program Year):

**1. Review current Group Home programming components specific to substance abuse issues:**

It is recommended that outcomes regarding drug and alcohol use and specific service models utilized be added to the existing MOU, in order to capture data on relapse, as well as continue to monitor programming design specific to drug and alcohol treatment services.

It is further recommended that IPERC review the Quarterly Report Template for incorporation of drug and alcohol service provision and goals of each client.

In addition, it is recommended that the Ventura County Katie A. implementation team utilize this Mental Health Survey to assist in developing an extensive service plan that includes expansion of drug and alcohol services to both children/youth and their parents.

**Ventura County CFS Response:**

There is a direct link between the Katie A. Core Practice Model and the outcomes and recommendations made by the Ventura County CRP, as it relates to the need for Drug and Alcohol Services, as well as other mental health service coordination for our youth placed in Group Home facilities.

During the past several months, the Katie A. Implementation Program Committee has been working closely with the Interagency Placement Expansion Review Committee in refining the current newly instituted MOU, to include the identification of program service components within each Group Home Program that are targeted specifically at substance abuse issues of youth placed in their care, as well as other identified mental health supports. While the Mental Health Services Survey provided IPERC and Katie A. Implementation Committees with some important base line information regarding generic types of Mental

Health and Substance Abuse treatment, it also highlighted the need for a more “hands on” approach in understanding program component designs with in a Group Home, which would include not only Mental Health and Substance Abuse supports, but also day to day engagement and behavior management systems.

With regards to the design of Group Home Program components specific to substance abuse supports, the Youth Services Division Supervisor and IPERC consultant initiated a site visit with a Level 12 Group Home Provider within the county to discuss and review firsthand the issues of substance abuse that our youth face, current program designs being used as well as program design based upon engagement of the youth and their families in the treatment modality. A small “pilot” implementation began in January 2014 with this group home, in hopes of expanding a program design model into other Group Home facilities that focus on engagement of families and youth and mental health treatment modalities including substance abuse treatment.

In addition, Ventura County CFS recently redesigned and has begun to pilot a Services Staffing Process. The goals of the Group Home Services Staffing case review process are to:

- Assess continued need for GH and the Level of Service
- o Review Group Home program modality and components and ensure they are meeting the needs of the youth as outlined in the case plan.
- Review current Mental Health and Substance Abuse treatment services as outlined in case plan
- Ensure transition plan is in place
- Ensure that Intensive Care Coordination regarding the continuation of Mental Health and /or Substance Abuse treatment services at the time of discharge.

In addition, IPERC is working closely with the Katie A. Implementation Data workgroup in addressing the issue of our systems ability to capture data on relapses, length of stay in specific drug and alcohol programs and the effectiveness of these programs on the youth’s progress in treatment. The current Quarterly Report template will be reviewed and adjustments will be made as needed to capture this important data, if recommended by the work group.

Lastly, the Katie A. Implementation Committee has identified the gaps in both Mental Health and Substance Abuse Services for both families and youth, and is currently working on a plan to possibly expand services in these areas in partnership with the Health Care Agency.

## **2. Outcome Measures Survey;**

The CRP continues to review these outcome measures quarterly.

It is recommended that IPERC continue to facilitate these surveys, and utilize information gleaned in the refinement of the Group Home MOU.

### **Ventura County CFS Response:**

The Interagency Placement Expansion Review Committee continues to be responsible for the administration of the monthly Outcome Measures Survey to all local Ventura County Group Home Providers.

In addition, IPERC continues to reviews quarterly summaries of the Outcome Measures Surveys and presents those findings to the CSOC/CRP Committee.

CFS continues to chair and provide administrative support services to IPERC.

In lieu of the Katie A. Implementation Committee progress, IPERC will be presenting and discussing the continued use of this outcome survey with them, in order to ensure that the current survey will also meet the needs of the Katie A. Implementation work process. Changes will be made accordingly.

3. In light of the Katie A. Implementation strategy, it is recommended that trainings for all Group Home Providers include Trauma Informed Care and Engagement

**Ventura County CFS Response:**

The Katie A. Implementation Committee is currently working on developing on going trainings for our Group Home Providers in the area of Engagement and Trauma Informed

II. Previous Recommendations and Responses: (2011/2012) update

**Increase Family Support Components within the Group Home Program Structure**

Ventura County CFS Response:

An important component of the Katie A. Implementation strategy is to ensure a culture change of engagement and inclusion in all areas of a family/case plan.

The Department of Children and Family Services continues to support activities that will foster and sustain the engagement of birth parents, family members and/or adult supporters for children/youth placed in out of home care. The utilization of the Child Family Team meeting is an important and core component in increasing team work with public and private agencies, families and youth/children. The training plan for Katie A. Implementation will include the following Group Home Trainings:

- Reaffirming/changing the culture of group home staff to be more in line with the Five Protective Factor and Strengthening Families focus of the agency.
- Core Practice Model of Katie A.
- Participation in a Child Family Team meeting

In addition, CFS is currently expanding the role of the Parent Partner in assisting families and youth. The utilization of a Parent Partner within a Group Home setting in a Child Family Team meeting is currently under exploration.

In closing, once again thank you for your time and efforts into making these recommendations. We look forward to another year of working together.

Judy Webber  
Ventura County Human Services Agency  
Department of Children and Family Services  
Deputy Director

Submitted to OCAP: May 16, 2014

Submitted to Ventura County CRP Membership- May 28, 2014



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

May 12, 2014

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 2012-13 has been received and accepted by the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP).

The OCAP would like to take this opportunity to express our gratitude to the Ventura CRP/CSOC Panel for the time and energy dedicated toward improving programs and services for children and families. The annual report demonstrates a thoughtful effort to meet the challenges of reviewing policy and practice through multiple lenses to ensure the well-being, safety, and permanence of children and families in Ventura County with the possibility of statewide implications.

The OCAP acknowledges the following Ventura County CRP/CSOC recommendations related to reviewing current Group Home programming components specific to substance abuse issues to:

- Add outcomes regarding drug and alcohol use and specific service models utilized to the existing Memorandum of Understanding (MOU) with each Group Home Provider, in order to capture data on relapse, as well as continue to monitor programming design specific to drug and alcohol treatment services.
- Have the Interagency Placement Review Committee review the Quarterly Report Template for incorporation of drug and alcohol service provision and goals of each client.
- Have the Ventura County Katie A. implementation team utilize the Mental Health Survey to assist in developing an extensive service plan that includes expansion of drug and alcohol services to both children/youth and their parents.

Keeping with the state's responsibility pursuant to the Federal Child Abuse Prevention and Treatment Act (CAPTA) (section 106(c) (6)), CDSS/OCAP hereby requests a copy of the Ventura County written response to the CRP recommendations for our records. Please submit the county response to CDSS no later than June 1, 2014.

We look forward to continuing to work in partnership with you on behalf of the children and families of California. Should you have any questions or comments, please contact Tracy Urban, OCAP CRP Coordinator, at (916)651-6796 or [Tracy.Urban@dss.ca.gov](mailto:Tracy.Urban@dss.ca.gov).

Sincerely,

Sarah Rock  
Bureau Chief  
Office of Child Abuse Prevention

**VENTURA COUNTY CITIZEN'S REVIEW PANEL / CHILDREN'S SERVICES  
OVERSIGHT COMMITTEE MEETING  
July 24, 2013 – Minutes**

**Members Present**

David Weinreich, Children and Family Services  
Marissa Espinoza, Wraparound Casa Pacifica  
Jody Kussin, Casa Pacifica  
Diana Aguayo-Saldana, Human Services Agency  
Lynne West, Big Brothers/Big Sisters  
Myra Saltoun – Casa Pacifica  
Laura Welbourn Ventura County Schools  
Fran Arner-Costello – SELPA  
Martie Miles – AspiraNet  
Miriam Mack – C.A.S.A.  
Elaine Martinez-Curry- The Partnership / Chile Abuse Prevention Council  
Teresa Cole – Behavioral Health  
David Swanson-Hollinger – Children and Family Services

**Guests**

Marisela Cabral-Centeno – Children and Family Services  
Donna Kuonen – Children and Family Services  
Jeannene Roberts – Children and Family Services

**Meeting Facilitator:** Louanne Shahandeh, CFS Consultant

1. Meeting Called to Order at 9:10 a.m. Introductions take place around the table.
2. Approval of the July 24, 2013 minutes reviewed and approved as amended.

Added Fran Arner-Costello to members present.

3. AB 12 Presentation – Marisela Cabral-Centeno, Donna Kuonen, Jeannene Roberts

Everyone received a copy of a PowerPoint presentation on AB 12 - After 18 California Fostering Connections to Success Act. Marisela gave a brief overview on the basics of AB 12.

The handout included information on: Co-Sponsors, Benefits, Guiding Principles, and Eligibility Requirements for Extended Foster Care, Youth Responsibility, Foster Placement Options, and New Eligibility Requirements for KIN GAP, Important Changes to KIN GAP, Parenting Youth or Youth who participate in Regional Center Services.

An After 18 Fact Sheet was distributed as well.

**4. Youth Drug and Alcohol Resources – Teresa Cole**

Teresa provided copies of a brochure that contained information on Ventura County Alcohol & Drug Programs – Youth Services.

Teresa went through and highlighted the programs such as Prevention, Outpatient Treatment and Youth Services.

School based programs are currently found at Pacific, Frontier, and Gateway recovery and most recently added was Ventura High School.

Action Item: Teresa to send Ilene electronic version of the brochure and one on Adult Alcohol and Drug Services so she can distribute to group.

Action Item: Teresa to follow up with Fran regarding adding some additional schools to the brochure.

**5. Review CFS Response Letter – Louanne Shahandeh**

Everyone received a copy of the Ventura County Human Services Agency Department of Children and Family Services Response to the Citizen’s Review Panel’s Annual & Recommendation Report (2011/2012 Program Year).

Louanne encouraged members to review the document and provide her with any feedback/questions they may have.

Action Item: Follow up with Judy regarding IPC Meeting.

**6. Report Outs:**

IPERC – Group Homes

Louanne stated that the MOU’s has been completed and have been signed by the group home providers.

A monitoring tool is in progress and the goal is for it to be completed and utilized by group homes within a year.

Action Item: Louanne to email copy of the MOU to Ilene for distribution to the group.

Outcomes Measures Survey

This item tabled to the next meeting in September.

Placement Prevention Services:

**Wraparound** – Marissa provided the quarterly report for Casa Pacifica’s Intensive Family Services for the report period of 4/1/13 – 6/30/13.

**COEDS** - Wendy passed around ASPIRAnet’s Collaborative Educational Supports Quarterly Report for Quarter Ending June 10, 2013.

Wendy went through and highlighted the important points of interest such as Referral Source, Discharges, Average Length of Stay, etc.

**ISES** - Fran provided a written update on ISES for the month of July 2013. Information included a brief explanation of services and current statistics for ISES.

Jody asked if there is a difference in the individual counseling versus that of group and if anyone was tracking that information.

*Next Meeting – September 25, 2013 at Casa Pacifica Community Based Services, 975 Flynn Road, Camarillo, CA 93012, Training Room 2*

**VENTURA COUNTY CITIZEN’S REVIEW PANEL / CHILDREN’S SERVICES  
OVERSIGHT COMMITTEE MEETING  
September 25 – Minutes**

**Members Present:** Judy Webber, Children and Family Services  
David Weinreich, Children and Family Services  
Jody Kussin, Casa Pacifica  
Diana Aguayo-Saldana, Human Services Agency  
Lynne West, Big Brothers/Big Sisters  
Myra Saltoun, Casa Pacifica  
Raquel Montes, CYC  
David Friedlander, Kids and Families Together  
Laura Welbourn, Ventura County Schools  
Fran Arner-Costello – SELPA  
Martie Miles – AspiraNet  
Teresa Cole – Behavioral Health

**Guests:** Jennina Berg, CYC  
Kimberly Ramos, CYC  
Theresa Plante, CYC

**Meeting Facilitator:** Louanne Shahandeh, CFS Consultant

Meeting Called to Order at 9:10 a.m. Introductions take place around the table.

1. Approval of the July 24, 2013 minutes reviewed and a few corrections were made.

- Per Teresa Cole, no electronic brochures are available.

2. ILP Report – David Weinrech

Continue to have ILP Classes. Three in Oxnard and one in Simi Valley. It is an eleven week session with El Concilio. Next session will be in Simi Valley. Classes cover the five domains. Youth receive an incentive, \$10 per class and an extra \$20 completing the full course.

Extended Foster Care Youth are attending Transition Conferences (group conference through TAY Tunnel (Pacific Clinics). These occur 2 times a week, covers the 4 domains to help transition youth to self- sufficiency.

Federal Database: Documents the continuing services for youth and foster care. Surveys for youth are completed every 2 years. The 17 year old will complete survey and in 2 years the same youth will complete a different survey. All counties in California need to complete. 80% State Compliance, Ventura County 85% (1 person did no complete). October list will include 32 17yr. olds to participate in survey. Social worker will encourage youth to complete survey as they would receive a \$75 incentive for those that are 19 years old and \$50 for those that are 17 years old. The 19 year old group will redo a survey when they turn 21. The new cohort occurs every 3 years. Currently there are 70 children in the Extended Foster Care program; the majority are under SILP (Supervised Independent Living Program).

THP+ FC: The Transit Housing Program for Foster Care Youth. This program helps with providing guidance, helping youth reach independence or SILP.

Currently there are more probation youth than CFS youth in the wraparound program. 15 Kids in wraparound do not have medical.

THP+: Youth 18-24 years of age. Those who are not eligible for THP+FC funds. Currently 11 youth in program.

Action Item: David to provide Mayra with a matrix to distribute to group.

Action Item: David to follow-up on communication regarding referrals and placements

ILP Participation at 92%. ILP Classes fairly full, most youth attend. El Concilio does not provide case management. El Concilio provided additional classes; youth need to only attend 8 core classes.

Action Item: David to send the list of classes to Mayra for distribution

Action Item: IPERC Agenda – Issues with kids on probation

### 3. CYC – Raquel Montes

Raquel introduced CYC members, Jennina Berg and Kimberly Ramos. Jennina is 19 years old and has been with CYC Leadership for 2 years. Kimberly is 16 years old and is the youngest member, she has attended 3 conferences, as well as the Advisory Board Meeting in San Francisco.

CYC needs fundraising ideas to attend the day at the capital summer conference. Contact Raquel or Jennina.

CYC would like to recruit younger members, would like to send information to foster homes and group homes.

Facebook page is up, but issues come up when internet access is limited due to placement.

Invitation for CYC Youth to participate at IPERC in October, to discuss issues with Facebook access and transportation

Judy Webber commits to continue in sponsoring 3 youth to attend summer conference.

Action: CYC Youth to send Judy Webber contact information for other CYC Chapters who are sending youth under 18 years of age to Day at the Capital. Judy to connect with Chapters to gather information.

CYC is currently working on a survey to define local county issues. The target audience is LGBTQ, Mental Health and Foster Children in placement. Idea to use Survey Monkey. If Survey Monkey is used, Louanne can provide to Ventura County Group Homes providers. IPERC can monitor for CYC.

For foster homes: 56 out of 62 new homes have internet – Louanne and Raquel can make contact if email addresses are needed for survey.

Would like to include CYC in the Quality Parenting Initiation – Youth Law Center. Elizabeth Thasiah is contact.

CYC meets on the 1<sup>st</sup> and 3<sup>rd</sup> Tuesday of the month from 5 p.m. – 7:30 p.m. at Casa Pacifica. Looking at having a meeting where they can target more attendees, Oxnard College a possibility.

### 4. Group Home Mental Health Survey Results – Louanne Shahandeh

A couple of group homes have not completed survey. The plan is to send analysis to all group homes. Will take to IPERC and Katie A Committee for review. This survey will help target services needed.

5. Group Home MOU – David Weinreich

MOU has been completed and are assuring there is a match with kids in treatment needed. Part of MOU is to provide preference in placement to a Ventura County child vs. an out of county child.

Action: Katie A Implementations to be discussed at next CSOC Meeting

Action: IPERC item: who captures school of origin – Judy to bring to Manager’s OPS Meeting

Action: Future agenda Item for CSOC: Changes Uninterrupted Scholars Program, Fran

6. OCAP Annual Report – Louanne Shahandeh

Annual report in draft will be sent via email to all members. Louanne to bring up during November CSOC Meeting.

7. Report Outs:

Laura: Major changes is funding in Equalized School Funding Base Rate per child. The foster care population will be categorized under “special population” this will receive an increased rate.

Lynn: Fundraiser at CPK on October 3<sup>rd</sup>. Bags, Bling and Bubbly Party on November 8<sup>th</sup>.

Fran: Agency 101 Fair 1/29/13 from 12:30 p.m. – 4:30 p.m.  
3/7/14 Carpe Diem

Jody: Casa Pacifica will be hosting a state wide conference on Intensive Behavioral Services. To be held on November 12<sup>th</sup> and 13<sup>th</sup>. More information log on to [www.casapacifica.org/training](http://www.casapacifica.org/training)

**VENTURA COUNTY CITIZEN'S REVIEW PANEL / CHILDREN'S SERVICES  
OVERSIGHT COMMITTEE MEETING  
March 26 – Minutes**

**Members Present:** Judy Webber, Children and Family Services  
John Franklin, CYC  
Joelle Vessels, ICFS  
Martie Miles, Aspiranet  
Fran Arner-Costello, SELPA  
Jody Kussin, Casa Pacifica  
Dina Olivas, VCBH  
Diana Aguayo-Saldana, Human Services Agency  
Marcie Kullback, Casa Pacifica

**Meeting Facilitator:** Louanne Shahandeh, CFS Consultant

**1. Introductions & Approval of Minutes**

- Meeting Called to Order at 9:12 a.m. Introductions take place around the table.
- ILP Updates agenda item will be tabled to the May 28<sup>th</sup> meeting, the presenter was unable to attend due to illness
- No discussion regarding approval of September 25, 2013 minutes

**2. Agency Reports**

Dina Olivas (VCBH):

- Meloney Roy and Barry Zimmerman went to the Board of Supervisors meeting yesterday, March 25<sup>th</sup>. Katie A. was presented and approved. They will be going back in April to discuss money and implementation.
- STAR team is working with BEACON for children in need of lower level mental health (individuals who have Medi-Cal). Robert from the STAR team is heading it up and sending referrals to BEACON.
- There is a Triple P event coming up on April 24<sup>th</sup> and Matt Sanders is coming from Australia (an email from Fran went out). The Summit will be held in the morning and the Triple P event will be in the afternoon. The morning session is open to the public however the afternoon session is by invitation only for people who have been trained and certified.

Fran Arner-Costello (SELPA):

- Fran is retiring in July
- Agency 101 event was really successful, over 60 agencies attended
- The Carpe Diem conference was also successful. Over 400 people attended. The conference surrounded different aspects of brain research.
- Both Agency 101 and Carpe Diem will be planned for next year
- Laura Wellburn will be replacing Fran as the chair position

- The Heart of the Matter presentation is coming up on June 4<sup>th</sup> at 1:30 p.m. Sandra Lee will be the presenter.

Action Item: Fran will send Judy some information regarding Agency 101

Action Item: Fran wanted to know if someone from HSA can be a part of the Carpe Diem Committee

Judy Webber (CFS):

- Judy has a meeting tomorrow, March 27<sup>th</sup> with Jerry Endres regarding Family Development Matrix. They will discuss how you can link a family level outcome to the Berkeley standards.
- Parent Partner RFP was released; a contract for \$200,000 is requested. This is a program for parent support services which has been lacking for some time.
- A pilot for a therapeutic center was kicked off in January. This is in development however the center will provide more opportunity to pursue various therapeutic efforts.

Louanne Shahandeh (CFS Consultant):

- Louanne mentioned that Probation was not represented today; Juanita Holdrun is taking over for Steve and she had training today
- There was a discussion about the fact that Probation must work closely with CFS because some of the kids that CFS has to place have committed serious crimes and this causes difficulty placing these kids. CFS also has to work with Probation to better be able to identify these kids so that appropriate recommendations can be made to the judge.
- Louanne mentioned that CFS staffing has been realigned (court detention, ITFC, group home)

**3. Partner Updates**

Marcie Kullback (Casa Pacifica):

- Marcie is the new program coordinator for Casa Pacifica
- Marcie is working with CFS – Foster Care Recruitment & Retention to get more foster parents involved with training; Marcie is hoping to have training for foster parents every 2 months.
- Casa Pacifica is hoping to open 4 more ITFC homes by June; there is 1 active ITFC home that is doing really well. CFS staffs the kids at ITFC every 3 months.

Jody Kussin (Casa Pacifica):

- Celebrated 10 year anniversary for Wraparound
- 7<sup>th</sup> Annual Casa Pacifica Seder is coming up on April 16<sup>th</sup> at 5:30 p.m. and it will focus on Moses being the first foster child
- Family finding referrals are off the chart; referrals are coming as a result of staffing services which is a good problem to have

Action Item: Jody will send Judy some information regarding the bottom line for family finding referrals

Joelle Vessels (Interface):

- Interface is offering child and sexual abuse treatment programs as well as runaway homeless youth programs

**4. CYC**

- John Franklin passed out a handout outlining some key points regarding CYC
  - CYC Leadership Team is Jennina Berg, Olivia Hernandez and Dominique Martinez; CYC has 10-15 active members and 6-10 supporters.
  - 5 members and 3 supporters of CYC attended Day at the Capitol Conference (sibling

Home	RCL	Capacity	# of homes
Casa de Esperanza	8	6	1
Pro Youth Centers	10	6	1
Children’s Learning Centers	10	18	3
C.A.R.E. Inc Rosewood Home	10	18	3
Kids to Kids	10	18	3
Guiding Our Youth	12	18	3
For the Future	12	6	1
Casa Pacifica	14	28	1
Agape Homes	10	6	1
New Way Group Home	12	12	2

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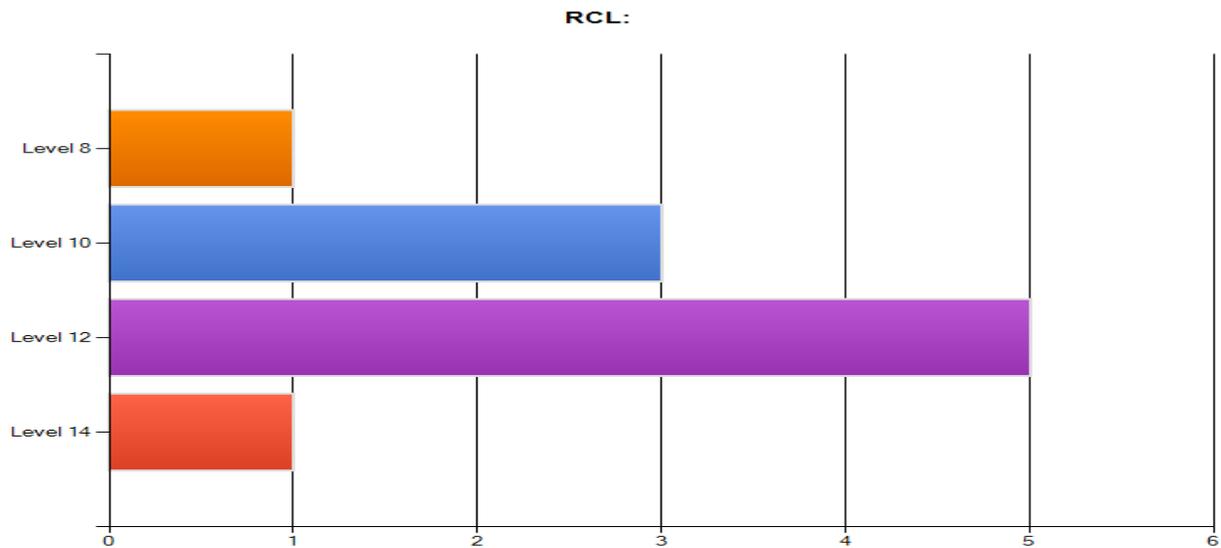
; John read an email from a 15 year-old member of CYC who described their experience at the Capitol Conference in February.

**Group Home Mental Health Survey Analysis**

Demographics:

\*Trinity Group Home did not respond to the survey despite multiple attempts to get their participation

RCL Overview:



- Level 8= 1 home
- Level 10= 3 homes
- Level 12= 5 homes
- Level 14= 1 home

Group home capacity range: 6-28 beds, mode: 6 beds/home

Age range: 11-19

Gender: 60%- Male, 40%- Female

List of participating group home specialty focuses:

- Anger Management
- Drug and Alcohol Education and Counseling
- Independent Living
- Individual and Family Therapy
- Gang Prevention
- Living Skills
- Prep for employment and college
- Parenting classes
- Tutoring
- Emotionally Disturbed
- Creative Arts

Average length of stay for a child in the participating group home's facility:

- Total= 11.4 months
- Level 8= 3.5 months
- Level 10= 10 months
- Level 12= 14 months
- Level 14= 10.5 months

Regulation of mental health treatment services:

-100% of the participating homes answered that they regularly provide mental health services at their facility

-options to select for answer: “regularly, occasionally, crisis intervention only, not applicable (no mental health treatment required)”

Percent of children receiving on-going mental health treatment services each week:

-All homes answered 100% except for Agape Homes (answered 50%)

Total average number of treatment hours provided to each child receiving mental health services each week:

- Total= 7.65 hours
- Level 8= 1.5 hours
- Level 10= 3.33 hours
- Level 12= 12 hours
- Level 14= 17 hours

Average ratio of licensed mental health professional staff to children (1: )::

- Four homes answered 1:6
- Four homes answered 1:3
- Two homes answered 1:1

Mental health treatment services are offered by:

	Program Employee	Contract	Medi-Cal Provider	VCBH	Rating Count
Psychiatrist	14.3% (1)	0.0%(0)	28.6%(2)	57.1%(4)	7
Psychologist	33.3%(2)	0.0%(0)	33.3%(2)	33.3%(2)	6
LCSW	66.7%(2)	0.0%(0)	0.0%(0)	33.3%(1)	3
MFCC/LMFT	66.7%(6)	33.3%(3)	0.0%(0)	0.0%(0)	9
RN/Master's Degree	66.7%(2)	0.0%(0)	33.3%(1)	0.0%(0)	3
Ph. D Intern	66.7%(2)	0.0%(0)	33.3%(1)	0.0%(0)	3
Other Specified (2 responses):					
-“Licensed therapist/employee on site roughly 30 hours a week”					
-“Certified addiction treatment specialists”					

List of service providers:

Psychiatrists-

- Dr. Ryang, Dr. Hubbert, Dr. Santat (New Way Group Homes)
- VCBH Clinics (Casa de Esperanza, Pro Youth Centers, Children’s Learning Centers and Agape Homes)
- Dr. Huffer (C.A.R.E and New Way Group Homes)
- Dr. Thurber (Kids to Kids)
- Dr. Pollack (Casa Pacifica)

Psychologists-

- VCBH Clinics (Casa de Esperanza and Pro Youth Centers)
- Dr. Kent Coleman (Children’s Learning Centers)
- Dr. Neal (C.A.R.E.)
- Pam Coleman (Kids to Kids)
- Dr. Michael Marquez (Casa Pacifica)

LCSW-

- VCBH Clinic (Casa de Esperanza)
- Inters vary (C.A.R.E.)
- Jessika Mata (Kids to Kids)
- Carolyn Snyder (Casa Pacifica)

MFCC/LMFT-

- Elise Blumanthal (LMFT), Maricela Ramos (MFT Intern) (New Way Group Home)
- Alex Edwards MFCC (Casa de Esperanza)
- Patricia Stepler, Miki McRee (Pro Youth Centers)
- Elise Blumenthol (Contract) (Children’s Learning Centers and Agape Homes)
- Jessica Melgoza, Barry Boatman (C.A.R.E.)
- VBH, Sharon Regan, Jewish Family Services (Kids to Kids)
- Salpy Boyajian (Guiding Our Youth and For the Future)
- Jackie Hardie (Guiding Our Youth)
- Maral P. Sultanian (For the Future)

RN/Master’s Degree:

- Program nurse-Laura Boatman, LVN (C.A.R.E.)
- MaryEllen Dyer (Casa Pacifica)

Contracted services utilized within the past 12 months:

	Response %	Response Count
Wraparound	30%	3
TBS	80%	8
DBT	10%	1
Other	10%	1
Other Specified: -“CASA Big brothers Big sisters School On Wheels I.L.P”		

Mental health treatment funded by:

	Response %	Response Count
MediCal (Gold Coast)	90%	9
Other	30%	3
Other Specified: -“Contracted therapist for individual, group and/or family therapy on site at the group home” -“In-House” -“In-House”		

Mental health treatment services provided to children in the group home program:

	Response %	Response Count
Psychiatric Evaluation	90%	9
Psychological Testing	90%	9
Individual Therapy	100%	10
Family Therapy	90%	9
Group Therapy	100%	10
Crisis Intervention	90%	9
Licensed day treatment on grounds	0%	0
Licensed day treatment off grounds	10%	1
Psychotropic medication management	90%	9
Staff consultation with licensed mental health professional(s)	70%	7
Other therapeutic services	30%	3
Other Specified: -“Drug & Alcohol dealing with substance abuse” -“PDAP/ 12-step meetings” -“Art Therapy- Creative Arts”		

Percent of homes that feel they have the necessary resources to support mental health issues for the children in their facility: 100%

Regulation of provided alcohol/drug services:

-90% of the participating homes provide regular services

-10% of the participating homes provide occasional services

-options to select for answer: “regularly, occasionally, not applicable (no mental health treatment required)”

Percent of the children in the participating homes receive on-going alcohol/drug treatment services each week:

-Total average= 55.5%

-Level 8 average= 100%

-Level 10 average= 80%

-Level 12 average= 39% (2/5 are at 20% and the other 3/5 are at 50%)

-Level 14 average= 20%

Hours of treatment provided to the children receiving alcohol/drug treatment services each week:

-Total average= 3.05 hours

-Level 8 average= 1 hour

-Level 10 average= 4 hours

-Level 12 average= 2.4 hours

-Level 14 average= 3 hours

Alcohol/drug treatment services are provided by:

	Response %	Response Count
Program employee	40%	4
Contract staff	40%	4
Other	50%	5
Other Specified: -“Probation (ADP)” -“Palmer Drug and Alcohol Services” -“12 step programs (NA and AA) and PDAP” -“PDAP 12-step meetings” -“Coalition For Family Harmony”		

Program certified by the department of alcohol and drug programs:

- 60% yes
- 40% no

Alcohol/drug treatment or rehabilitative services provided by

	Response %	Response Count
Substance abuse counseling	90%	9
12 step program	60%	6
Alcohol/drug education	100%	10
Other	0%	0

Percentage of homes that feel they have the necessary resources to support alcohol/drug issues for the children in their facility: 100%

-Conclusion of The Ventura County Group Home Mental Health Survey Analysis-

**Ventura County Human Services Agency  
Department of Children and Family Services  
Response to the Citizen’s Review Panel’s  
Annual & Recommendations Report  
(2012/2013 Program Year)**

The Ventura County Department of Children and Family Services staff sincerely appreciates the members of the Ventura County Citizen’s Review Panel (CRP) for their willingness to assist us in improving our Child Welfare Services. We are pleased that you have chosen to continue to focus your efforts on program and service components that may affect the length of time in care for children who are at risk of, or have been victimized by abuse or neglect, or have other special needs that require out of home care in a residential or group home placement.

These activities continue to support the focus of the Interagency Placement Expansion Review Committee (IPERC). IPERC has committed to the development of strategies that will meet the following goals:

1. Reduce the length of stay a child/youth remains in congregate treatment care.

2. Develop a seamless continuum of services that will support the child/youth in “stepping down” or transitioning to a lower level of care successfully.
3. Increase the qualitative aspects of the local group home providers behavioral and intervention programs to better meet the individual needs of the child/youth and families they serve.

Responses to the findings and/or recommendations from the Annual & Recommendations Report (2012/2013 Program Year):

**1. Review current Group Home programming components specific to substance abuse issues:**

It is recommended that outcomes regarding drug and alcohol use and specific service models utilized be added to the existing MOU, in order to capture data on relapse, as well as continue to monitor programming design specific to drug and alcohol treatment services.

It is further recommended that IPERC review the Quarterly Report Template for incorporation of drug and alcohol service provision and goals of each client.

In addition, it is recommended that the Ventura County Katie A. implementation team utilize this Mental Health Survey to assist in developing an extensive service plan that includes expansion of drug and alcohol services to both children/youth and their parents.

**Ventura County CFS Response:**

There is a direct link between the Katie A. Core Practice Model and the outcomes and recommendations made by the Ventura County CRP, as it relates to the need for Drug and Alcohol Services, as well as other mental health service coordination for our youth placed in Group Home facilities.

During the past several months, the Katie A. Implementation Program Committee has been working closely with the Interagency Placement Expansion Review Committee in refining the current newly instituted MOU, to include the identification of program service components within each Group Home Program that are targeted specifically at substance abuse issues of youth placed in their care, as well as other identified mental health supports. While the Mental Health Services Survey provided IPERC and Katie A. Implementation Committees with some important base line information regarding generic types of Mental Health and Substance Abuse treatment, it also highlighted the need for a more “hands on” approach in understanding program component designs within a Group Home, which would include not only Mental Health and Substance Abuse supports, but also day to day engagement and behavior management systems.

With regards to the design of Group Home Program components specific to substance abuse supports, the Youth Services Division Supervisor and IPERC consultant initiated a site visit with a Level 12 Group Home Provider within the county to discuss and review firsthand the issues of substance abuse that our youth face, current program designs being used as well as program design based upon engagement of the youth and their families in the treatment modality. A small “pilot” implementation began in January 2014 with this group home, in hopes of

expanding a program design model into other Group Home facilities that focus on engagement of families and youth and mental health treatment modalities including substance abuse treatment.

In addition, Ventura County CFS recently redesigned and has begun to pilot a Services Staffing Process. The goals of the Group Home Services Staffing case review process are to:

- Assess continued need for GH and the Level of Service
  - Review Group Home program modality and components and ensure they are meeting the needs of the youth as outlined in the case plan.
- Review current Mental Health and Substance Abuse treatment services as outlined in case plan
- Ensure transition plan is in place
- Ensure that Intensive Care Coordination regarding the continuation of Mental Health and /or Substance Abuse treatment services at the time of discharge.

In addition, IPERC is working closely with the Katie A. Implementation Data workgroup in addressing the issue of our systems ability to capture data on relapses, length of stay in specific drug and alcohol programs and the effectiveness of these programs on the youth's progress in treatment. The current Quarterly Report template will be reviewed and adjustments will be made as needed to capture this important data, if recommended by the work group.

Lastly, the Katie A. Implementation Committee has identified the gaps in both Mental Health and Substance Abuse Services for both families and youth, and is currently working on a plan to possibly expand services in these areas in partnership with the Health Care Agency.

## **2. Outcome Measures Survey;**

The CRP continues to review these outcome measures quarterly.

It is recommended that IPERC continue to facilitate these surveys, and utilize information gleaned in the refinement of the Group Home MOU.

### **Ventura County CFS Response:**

The Interagency Placement Expansion Review Committee continues to be responsible for the administration of the monthly Outcome Measures Survey to all local Ventura County Group Home Providers.

In addition, IPERC continues to reviews quarterly summaries of the Outcome Measures Surveys and presents those findings to the CSOC/CRP Committee.

CFS continues to chair and provide administrative support services to IPERC.

In lieu of the Katie A. Implementation Committee progress, IPERC will be presenting and discussing the continued use of this outcome survey with them, in order to ensure that the

current survey will also meet the needs of the Katie A. Implementation work process. Changes will be made accordingly.

3. In light of the Katie A. Implementation strategy, it is recommended that trainings for all Group Home Providers include Trauma Informed Care and Engagement

**Ventura County CFS Response:**

The Katie A. Implementation Committee is currently working on developing on going trainings for our Group Home Providers in the area of Engagement and Trauma Informed

Previous Recommendations and Responses: (2011/2012) update

**A. Increase Family Support Components within the Group Home Program Structure**

Ventura County CFS Response:

An important component of the Katie A. Implementation strategy is to ensure a culture change of engagement and inclusion in all areas of a family/case plan.

The Department of Children and Family Services continues to support activities that will foster and sustain the engagement of birth parents, family members and/or adult supporters for children/youth placed in out of home care. The utilization of the Child Family Team meeting is an important and core component in increasing team work with public and private agencies, families and youth/children. The training plan for Katie A. Implementation will include the following Group Home Trainings:

- Reaffirming/changing the culture of group home staff to be more in line with the Five Protective Factor and Strengthening Families focus of the agency.
- Core Practice Model of Katie A.
- Participation in a Child Family Team meeting

In addition, CFS is currently expanding the role of the Parent Partner in assisting families and youth. The utilization of a Parent Partner within a Group Home setting in a Child Family Team meeting is currently under exploration.

In closing, once again, thank you for your time and efforts into making these recommendations. We look forward to another year of working together.

Judy Webber  
Ventura County Human Services Agency  
Department of Children and Family Services  
Deputy Director

Submitted to OCAP: May 16, 2014

## **Statewide Citizen Review Panel**

The Statewide CRP was established in December 2013 as the Prevention and Early Intervention Subcommittee of the California Child Welfare Council. In July 2013, the state completed an analysis of four options outlined in the 2011-12 APSR and made the determination that the existing Prevention and Early Intervention Committee (PEI) of the California Child Welfare Council (CWC) is well suited to meet the needs of California.

In October 2013 the CDSS engaged the Council to explore their willingness and ability of the Prevention and Early Intervention Committee to assume the statewide CRP role. The Prevention and Early Intervention Committee already had a broad range of membership as required by CAPTA and the Office of Child Abuse Prevention, and was already reviewing child welfare practices and was subsequently making recommendations for improvement to the CWC, and thus to the Department of Social Services, a key member. Becoming a statewide Citizen's Review Panel was a natural fit and brought the added value of focusing recommendations through the lens of prevention.

The timeline below reflects the 2012-13 dates for the development of a state level CRP, estimated and actual.

### **Estimated/Actual Timeframes**

**June/August 2013** The CDSS completed its analysis of the proposed options and determined the Prevention and Early Intervention Committee of the CWC will best serve the needs of California.

**October/Sept 2013** The CDSS engaged the CWC; obtained support of existing chair and membership, and approval from CWC. Existing grant agreement in place was modified to support facilitator and function as CRP.

**February/Dec 2014** The CDSS has an agreement in place and began facilitation and providing technical assistance to the CWC PEI CRP. First meeting of statewide CRP was December 12, 2013.

**May/Dec 2014** The CWC or other existing stakeholder group with statewide function will be in place and ready to begin implementation of their role as the statewide CRP.

The Statewide Citizen's Review Panel understands and has agreed to complete all federal requirements for CRPs. As with all federally required CRPs, the Statewide CRP will: meet no less

than quarterly; maintain a roster of membership and record of participation; strictly enforce confidentiality measures; review issues of consequence to the state child welfare system; and make actionable recommendations to the CDSS at least annually.

The *California Child Welfare Council Operations Manual, June 2012* will be revised to reflect the Statewide CRP as an integral part of its structure, and will operationalize plans to comply with all federal CAPTA requirements. The revised Operational Manual will be in place by June 2014. Meanwhile, a separate *Prevention and Early Intervention Orientation Handbook* is being developed to assist new members to become familiar with federal CAPTA requirements, how the Statewide Citizen's Review Panel operates, and what their specific role and responsibility is as a member. Taken together, these foundational steps will assure timely completion of all federal CAPTA requirements.

Supported by ongoing technical assistance from the Office of Child Abuse Prevention, the Statewide Citizen's Review Panel is well-positioned to make substantive recommendations to the CDSS/OCAP that pertain to critical statewide issues. As a key member of the California Child Welfare Council, California's Director of Social Services regularly briefs the Council on priority issues and initiatives in service of child welfare program improvement for enhanced outcomes for children and families.

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

Dr. Kathryn Icenhower*	Executive Director, SHIELDS for Families, Inc.	Community-based Organization
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**MEMBERSHIP FOR PREVENTION/EARLY INTERVENTION COMMITTEE**

Ms. Sheila Boxley*	President/CEO Prevent Child Abuse California	Community-based Organization & Sacramento Child Death Review Team
Mr. Rosalio Chavoya	Dependency Advocacy Center, Santa Clara	Parent Partner
Ms. Barbara DeGraaf	<b>Prevention Director,</b> Strategies Training and Technical Assistance Centers, Youth for Change	California Family Strengthening Steering Committee & Roundtable
Dr. Jacquelyn McCroske	USC School of Social Work	University of Southern California
Ms. Heather Nemour	Coordinator, San Diego Family Strengthening Network	Family Strengthening Networks
Mr. Don Pickens*	CA Parent Leadership Team	Foster & Adoptive Parent
Ms. Audrey Tousant	Child Welfare Administrator	Community-based Organization
Dr. Stephen Wirtz	Chief, Injury Surveillance and Epidemiology Section	California Department of Public Health
Mr. Jason Lowe	Calaveras County California Youth Connection (CYC) Chapter Chair	Former Foster Youth
Vacant		Probation
Vacant		County Child Welfare Director

\*Denotes member of the California Child Welfare Council

**CALIFORNIA CHILD WELFARE COUNCIL  
 PREVENTION and EARLY INTERVENTION COMMITTEE/ STATEWIDE CITIZEN REVIEW PANEL  
 AGENDA  
 March 12, 2014**

<u>ITEM</u>	<u>PRESENTER(S)</u>	<u>TIME</u>
1. Welcome & Agenda Review Name, Agency/County, Role	Dr. Kathryn Icenhower, <i>PEI Chair</i>	1:00 pm
2. Review Discussion Highlights & March Agenda	Lori Clarke, <i>PEI/CRP Facilitator</i>	
<u>Discussion:</u>		
3. <ul style="list-style-type: none"> <li>▪ Dissemination Plan for Federal Child Welfare Financing Reform Toolkit (Educational Materials)</li> <li>▪ Debrief PEI-CRP presentation to the Council</li> </ul>	Kathy/Lori	
<u>Continue Statewide Citizen Review</u>		
4. <u>Panel Orientation</u> <ul style="list-style-type: none"> <li>▪ Update from NCCAN</li> <li>▪ Draft Orientation Manual</li> <li>▪ Policy Review Criteria</li> </ul>	Sarah Rock & Lori Clarke	
5. <u>Next Steps/Adjourn</u>		3:45 pm

**CALIFORNIA CHILD WELFARE COUNCIL**

**PREVENTION and EARLY INTERVENTION COMMITTEE/  
STATEWIDE CITIZEN REVIEW PANEL**

**AGENDA**

**June 11, 2014  
1:00PM – 4:00PM**

<b><u>ITEM</u></b>	<b><u>PRESENTER(S)</u></b>	<b><u>TIME</u></b>
1. <u>Welcome &amp; Agenda Review</u> <ul style="list-style-type: none"><li>▪ Name, Agency/County, Role</li></ul>	Dr. Kathryn Icenhower, <i>PEI Chair</i>	1:00 pm
2. <u>Review Discussion Highlights &amp; June Agenda</u>	Lori Clarke, <i>PEI/CRP Facilitator</i>	
<u>Discussion:</u>		
3. <ul style="list-style-type: none"><li>▪ Dissemination Plan for Federal Child Welfare Financing Reform Toolkit (Educational Materials)</li><li>▪ Debrief PEI-CRP presentation to the Council</li></ul>	Kathy/Lori	
<u>Continue Statewide Citizen Review</u>		
4. <u>Panel Orientation</u> <ul style="list-style-type: none"><li>▪ Update from NCCAN</li><li>▪ Draft Orientation Manual</li><li>▪ Policy Review Criteria</li></ul>	Sarah Rock & Lori Clarke	
5. <u>Next Steps/Adjourn</u>		3:45 pm

**Attachment B: CFS-101**

CFS-101 will become an attachment to this document when it is signed by both the state and federal government.

## C: Cost Allocation Methodology

### 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:

<b>Contract Number:</b>		<b>Vendor Name:</b>	
<b>Contract Purpose</b>			
<b>Target Audience</b>			

**Objective/Purpose of Training:** Enter the percentage of training time devoted to each area below.

	<u>Enhanced</u>
<b>TITLE IV-E ACTIVITIES – Training Rate (both enhanced and transitional)</b>	<b>Percent*</b>
Eligibility determination and re-determination	_____
Fair Hearings and appeals	_____
Rate Setting	_____
Referral to services	_____
Preparation for and participation in judicial determinations	_____
Placement of the child	_____
Development of the case plan	_____
Case reviews	_____
Case management and supervision	_____
Recruitment and licensing of foster homes and institutions	_____
Closely related to an activity above (specify how it is related)	_____
<b>TOTAL TITLE IV-E PERCENTAGE</b>	_____
<b>ADMINISTRATIVE ACTIVITIES – Administrative Rate</b>	<b>Percent*</b>
State agency personnel policies and procedures	_____
Job performance enhancement skills (e.g., writing, basic computer skills, time management)	_____
First aid, CPR, or facility security training	_____
General supervisory skills or other generic skills needed to perform specific jobs	_____
Ethics unrelated to the title IV-E State plan	_____
Team building and stress management training	_____
Safe driving	_____
Worker retention and worker safety	_____
<b>TOTAL TITLE IV-E PERCENTAGE (50% FFP)</b>	_____
<b>NON TITLE IV-E ACTIVITIES</b>	<b>Percent*</b>
Direct provision and documentation of social services (counseling, teaching parenting skills, etc.)	_____
Performing a child abuse/neglect investigation and document	_____
Other (specify):	_____
<b>TOTAL NON-TITLE IV-E PERCENTAGE</b>	_____

**TOTAL TITLE IV-E AND NON IV-E (Must equal 100%)**

**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.*

<b>Approved By (Bureau Chief or Above):</b>	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.		
	Signature	Title	Date

Title IV-E Training Determination Checklist (REV. 3/2007)

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