California Department of Social Services

2015-2019 Child and Family Services Plan

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INTRODUCTION

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 that are seeking federal recognition, California undoubtedly has a complicated 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. 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 counties, which differ widely by population and economic base, are a wide mixture of urban, rural and suburban settings, thus driving the need to make their own decisions on how to coordinate local service delivery to children and families.

The California Department of Social Services (CDSS), through its Children and Family Services Division (CFSD), is authorized by statute to promulgate regulations, policies, and procedures necessary to implement the state's child welfare system and to ensure safety, permanency, and well-being for California's children. The CDSS is responsible for the supervision and coordination of programs in California funded under federal Titles IV-B, IV-E, and XX of the Social Security Act. Furthermore, CDSS is responsible for developing the state's Child and Family Services Plan (CFSP). These efforts are achieved within a framework of collaboration with child welfare stakeholders. Due to its complexity and this high degree of collaboration, California's child welfare system is ever-changing as it seeks to improve its ability to meet the needs of the state's children and families.

The CFSD has oversight of the state's child welfare services (CWS) system and plays a vital role in the development of policies and programs that implement the goals of CDSS' mission. In developing policies and programs, CFSD collaborates with other state and local agencies, tribal representatives, foster/kinship caregivers, foster youth, foster care service providers, community-based organizations, the Judicial Council, researchers, child advocates, the Legislature, and private foundations to maximize families' opportunities for success.

Oversight of California's CWS system is provided by the various branches of the CDSS/CFSD:

- The Child Protection and Family Support Branch (CPFSB) has primary responsibility for the emergency response, pre-placement and in-home services policy components, including child abuse prevention and the Title IV-E Child Welfare Waiver Demonstration projects, as well as statewide training and staff development activities of public child welfare service workers. In addition, a wide range of community-based services, including child abuse prevention, and intervention and treatment services that are designed to increase family strengths and capacity to provide children with a stable and supportive family environment, are funded under the Child Abuse Prevention and Treatment Act (CAPTA), Community Based Child Abuse Prevention (CBCAP), Child Abuse Prevention, Intervention and Treatment (CAPIT) and the Promoting Safe and Stable Families (PSSF) Act, which are administered in the branch.

- The Children's Services Operations and Evaluation Branch (CSOEB) is responsible for maintaining the integrity of child and family services provided by the 58 California counties. This branch has primary responsibility for the implementation of the CWS System Improvements; the California – Children and Family Services Review (C-CFSR); adoption assistance and independent adoptions

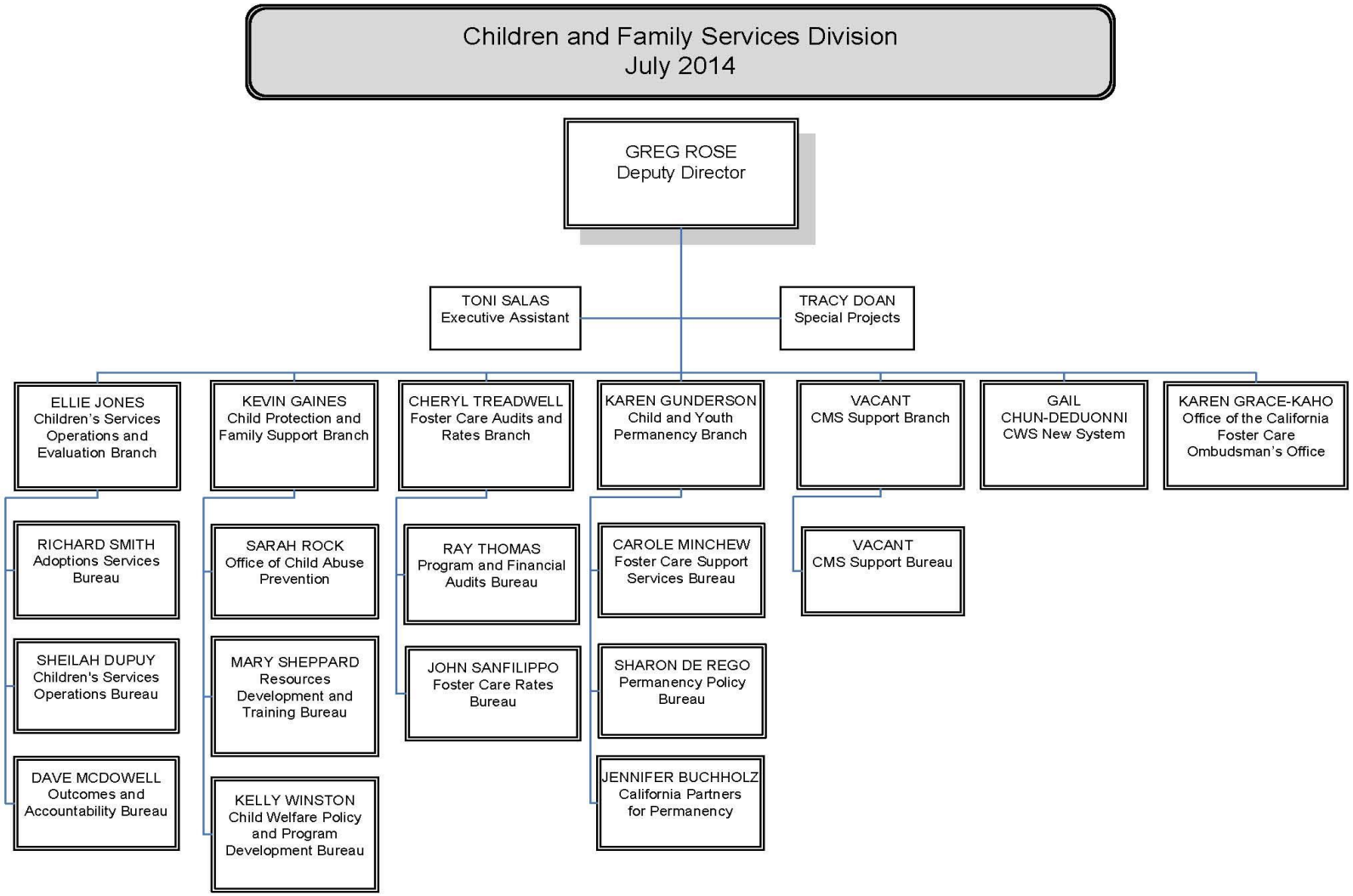
program policy; coordinating child welfare and probation disaster plans; ensuring interstate placements are in compliance with the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact on Adoption and Medical Assistance (ICAMA); the review of child fatality/near fatality statements of findings and information submitted by counties; operating State Adoption's Regional and Field Offices; providing post-adoption services; and reviewing, maintaining, managing, and ensuring the confidentiality of all California adoption records.

- The Child and Youth Permanency Branch (CYPB) supervises the delivery of services to children removed from their homes and placed into foster, kinship, adoptive, or guardian families and the delivery of services to non-minor dependents participating in the extended Foster Care Program. The Branch responsibilities include program management through regulation development and policy directives related to family reunification; out-of-home care and permanency for dependent children and non-minor dependents; Independent Living Program; and foster parent training and recruitment.

- The Case Management System (CMS) Support Branch is responsible for providing support and oversight of the Child Welfare Services/Case Management System (CWS/CMS). The CWS/CMS is a Personal Computer (PC)-based Windows™ application that supports the case management business needs of California's child welfare social workers. As the CDSS' primary point of contact for CWS/CMS, this Branch is responsible for facilitating the development of CWS programmatic changes and improvements to the system, pursuant to state and federal policy and regulation. The Branch also works closely with the counties to assure programmatic consistency and clarity, and to respond to collective county questions regarding system issues as they relate to state policy. The Branch works closely with various entities including counties, the County Welfare Directors Association (CWDA), the Office of Systems Integration (OSI), and the Administration for Children and Families (ACF) in order to ensure the creation of an efficient and effective user friendly system that meets all the needs and requirements for end users as well as state, federal, and county stakeholders.

- The Foster Care Audits and Rates Branch (FCARB) is responsible for ensuring that children placed into foster care in group homes and by foster family agencies are receiving the services for which providers are being paid; that provider payment levels are established appropriately; that overpayments are minimized; and that federal, state, and county payment and funding systems are appropriately administered. In addition, this branch provides policy direction with regards to foster care eligibility, administration of the Title IV-E Plan, and conducts a variety of audits for the purpose of determining whether foster care funds are being used appropriately.

- The Office of the Foster Care Ombudsman (FCO) provides foster children and youth or concerned adults with a forum for voicing concerns regarding the Foster Care system's services, treatment, and placement. This office provides a central statewide clearinghouse and technical assistance for county child welfare Ombudsman offices, coordinates with them to address concerns related to foster youth in their county, and provides direct outreach to foster youth who may be experiencing problems with their care providers or county workers.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VISION

The vision of California's CWS system is every child in California will live in a safe, stable, permanent home, nurtured by healthy families and strong communities. As such, CDSS and its county partners strive to ensure that services and supports are tailored to meet the needs of the individual child and family in all settings.

Key Goals include:

1. Engaging children, youth, families and young adults by teaming with them in assessing their strengths and needs and in-service planning and delivery.
2. Assessing each child and family to identify strengths and needs, including:
    - Which mental and behavioral health treatments would be most appropriate.
    - What community based services and supports would be most beneficial.
    - What living situation would best promote a permanency outcome.
3. Providing culturally-sensitive care and services in all settings.
4. Developing a trauma-informed system.
5. Providing a continuum of safe placement resources that support children's well-being and needs for timely permanency.
6. Using a multi-agency collaborative approach to provide services and supports where there is full collaboration and shared accountability across all service providers.
7. Achieving positive outcomes for safety, permanency, and well-being for all children in the state through data drives that support continuous quality improvement (CQI).

COLLABORATION

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

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

Significant to the development of policies and programs to ensure the safety, permanency, and well-being of every child involved in CWS, is system-wide collaboration and stakeholder involvement with additional state and local agencies, community-based and philanthropic organizations, the courts, community service providers, tribal representatives, interagency teams, workgroups, commissions, and other advocacy groups. For example, stakeholders and partners were involved in the implementation of the Fostering Connections After 18 (After 18) 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 (CCR); the development of the CFSP, and the Annual Progress and Services Report (APSR). For the CFSP, counties, tribal nations, and stakeholders were

provided with draft copies of the report for review and comment. Several of these collaborations for creating the CFSP are detailed below. Further details regarding California's collaboration with Native American tribes and tribal representatives are discussed in detail in the section, *Collaboration between State and Tribes.*

The ***CALIFORNIA CHILD WELFARE COUNCIL (CWC)*** was established through the Child Welfare Leadership and Performance Accountability Act of 2006, signed by former Governor Schwarzenegger. Starting in 2011, the council is co-chaired by the current Secretary of Health and Human Services Agency (HHSA), Diana Dooley, and State Supreme Court Justice Vance Raye. The CWC consists of a 46-member advisory body from the legislative, judicial, and executive branches as well as stakeholders, youths, and non-profit agencies. The CWC has 4 operating subcommittees, each tasked by the council to address specific issues facing California's child welfare system. In the period covered by this plan, the committees are expected to continue to focus in the areas of Prevention and Early Intervention, Permanency, Child Development and Successful Youth Transitions, and Data Linkage and Information Sharing, and present recommendations to the full CWC for consideration in improving child and youth outcomes. In Fiscal year (FY) 2012, the CWC also formed two Task Forces to study cross-systems issues: Service Prioritization and Out-of-County Mental Health.

The Prevention and Early Intervention committee has focused on three areas: 1). creating a plan for a statewide prevention and early intervention platform through identification of evidence-based and promising practices; 2) bringing Differential Response to scale on a statewide basis; and 3) identifying potential federal finance reforms that could promote prevention and early intervention. This committee is committed to broadening the dissemination of the Differential Response Framework, furthering education and advocacy for federal finance reform, and exploring alternative means of financing and leveraging resources to meet the state's prevention goals.

The Permanency committee has focused on efforts made towards Family Reunification, a program component of California's CWS system. Focusing on reunification efforts reflects the understanding that, whenever safely possible, children should be raised by their birth parents. With that in mind, the committee explored and made recommendations on how to improve Family Reunification efforts. Utilizing the five theories of change related to reunification, the following areas were identified:

1. To ensure that parents receive the best opportunity to reunify with children and youth in foster care, services designed to safely return the children and youth to their parents need to be evidence-informed.
2. Reunification and re-entry outcomes are improved when representatives of the courts, child welfare, and probation systems engage families in a meaningful way.
3. Reunification services are most effective when they meet the specific needs of families and build upon each family's strengths.
4. Services and support provided to the reunified family increase the likelihood that children do not re-enter the foster care system.
5. Resources to support permanency are enhanced by strategic investment and reinvestment in programs that reduce costs by achieving permanency for youth in foster care and shortening time to permanency for children entering foster care.

Next steps include the committee taking action steps related to each of the five recommendations on how to improve Family Reunification efforts, including promoting current and further research in the area of family reunification; coordinating trainings; providing case plan tools; emphasizing the importance of family and child engagement practices on family reunification for juvenile court

stakeholders; disseminating and implementing family reunification services to social service agencies; educating, identifying, engaging, and convening researchers to discuss current and further research in the area of family reunification; promoting expansion of Dependency Drug Treatment Courts; and providing technical assistance to counties to reinvest savings achieved by moving children timely into safe reunification.

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

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

The Data Linkage and Information Sharing committee 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 FY 2011-12, the committee updated its policy statement from December 2009 to add data standardization and interoperability language. The committee also continued efforts of maintaining and expanding its best practices website, including adding new resources and reorganizing the site for more efficient usability. The committee also continued efforts of expanding the Health Information Exchange (HIE) for Children in Foster Care Use Case for Immunizations to include all aspects of health information, and renewed its efforts towards advancing the California HIE federal goal of Personal Health Records for Children in Foster Care. The committee engages in collaborative activities with the Stewards of Change, the State Interagency Team, local Blue Ribbon Commissions (BRCs) and various state departments including the Administrative Office of the Courts (AOC), the staff agency of the Judicial Council, which has policy-making authority over the state court system, Department of Health Care Services (DHCS), Department of Developmental Services (DDS), and the California Department of Education (CDE).

CALIFORNIA'S COLLABORATION WITH THE COURTS is vital to achieving desired outcomes for CWS. The CDSS maintains many collaborative efforts with the AOC. 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 such as:

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.

Local Training: CDSS 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 provides training at the state and local level to child welfare professionals on implementing Fostering Connections and other topics. AOC attorneys and faculty provide training 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 include: 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 regional trainings on trial skills.

The Court Improvement Program - Collaboration supported by the federal Court Improvement Program has continued and is being strengthened over the course of this plan (see *Quality Assurance* on page 21). 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 2 committees: Permanency and Data Linkage. The Court Improvement Program also partially funded the activities of the Council's Prioritization Workgroup.

The AOC provides custom reports from the University of California (UC) Berkeley Center for Social Services Research on safety and permanency outcomes for children specifically for judicial officers to further their involvement in the state's Outcomes and Accountability system. The reports have been made available to all local Blue Ribbon Commissions and are available on the California Dependency Online Guide (CalDOG) website.

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

In an effort to improve child well-being, many local BRCs focus on the role of the courts in improving educational outcomes for children. Local BRCs are assisting a joint effort between the courts, CDSS, and the CDE to convene local teams on the topic of school truancy and discipline policies and their relationship to the foster care and juvenile justice systems.

Data and information exchange efforts are also key to implementing the BRC recommendations. Justice Huffman gave one of the plenary addresses at California's recent information sharing symposium, the California Systems Integration and Interoperability Symposium. Justice Raye also gave a plenary address. In addition, the BRC members presented a resolution to the Judicial Council supporting the interoperability efforts of CDSS.

In an effort to improve ICWA-related dependency appeals the CDSS will continue its contract with the AOC ICWA Initiative. The AOC provides 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.

Chaired by CDSS, the ***STATE INTERAGENCY TEAM (SIT)*** for Children, Youth and Families brings together representatives from various departments with California's HHSA with representatives from Education, Public Health, Health Care Services which includes Mental Health and Alcohol and Drug Programs, Corrections and Rehabilitation, Developmental Services, and Employment Development, as well as the Emergency Management Agency, Community Services and Development, Housing and Community Development, the Workforce Investment Board and the AOC. The SIT's purpose is to provide leadership and guidance to facilitate full county implementation of improved systems for the benefit of communities and the common population of children, youth and families. The SIT promotes shared responsibility and accountability for the welfare of children, youth and families by ensuring that planning, funding and policy are aligned across state departments to accomplish its goals of:
1) building community capacity to promote positive outcomes for vulnerable families and children;
2) maximizing funds for our shared populations, programs and services;
3) removing systemic and regulatory barriers;
4) ensuring policies, accountability systems and planning are outcome-based;
5) promoting evidence-based practice that engages and builds on the strengths of families, youth and children; and
6) sharing information and data.

The SIT workgroups are described below:

Led by CDSS, the Workgroup to Eliminate Disparities and Disproportionality (WGEDD) continues to meet on a monthly basis to develop recommendations to the SIT for policy, practice and cross system changes to reduce the disproportionate representation of children of color in the CWS, as well as other service systems and to improve outcomes for children and families of color across the State of California. In 2012, the WGEDD adopted a Racial Impact Assessment (RIA) tool that makes race explicit, and by doing so, increases the awareness of decision-makers and their staff regarding the impact of potential bias in both policy and practice. The CDSS is exploring options to pilot the RIA within the CFSD and is collaborating with the WGEDD on training and technical assistance that is envisaged to develop expertise on the RIA within the Division.

Led by the AOC, the Domestic Violence (DV) Workgroup aims to strengthen services for non-offending family members. The workgroup is currently presenting and disseminating the DV Leadership Report of findings and recommendations for policy and practice improvements based on an analysis of the survey and interviews of local public and private prevention DV providers and recommendations to key stakeholders. 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 child welfare system's attention.

Led by the CDE and the National Center for Youth Law, the Improving Educational Outcomes for Children in Care (IEOCC) workgroup developing training and technical support to assist California counties in carefully investigating how to draw down Title IV-E funds in support of case management related to education and well-being by leveraging Foster Youth Services funds at the state, rather than the county level.

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

Led by the CDE, the Chronic Absenteeism Workgroup was created in 2013 and is developing recommendations for collaborative action to address the issue of chronic absenteeism. The focus of the workgroup is on raising awareness of the concerns and possible corrective actions regarding chronic absence for all students with a clear understanding that students of color, low socioeconomic status, and foster youth are particularly negatively impacted by chronic absenteeism.

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

ASSESSMENT OF PERFORMANCE

The Child and Family Services Review (CFSR) is the federal assessment of a state's performance related to child welfare. The CFSR was created in response to the 1997 Adoption and Safe Families Act (ASFA). A considerable amount of the CFSR looks at outcomes data and other sources to assess the state's ability to achieve Safety, Permanency, and Well-being for children and families. Within these three broad areas, 14 aspects of the state program are examined. There are 7 outcome areas relating to safety, permanency and well-being, and seven systemic factors relating to the overall capacity of the state program to serve children and families. The review process includes a statewide assessment, analysis of state outcomes data, on-site review of cases, and interviews with stakeholders.

During the onsite review, selected state and community stakeholders are interviewed to determine how well each of the systemic factors functions in the state. This process helps assess the quality of services delivered to children and families and the outcomes they experience. The systemic factors are:

1) Statewide Information System
2) Service Array
3) Case Review System
4) Staff Training
5) Quality Assurance System
6) Agency Responsiveness to the Community
7) Foster & Adoptive Parent Licensing, Recruitment, and Retention

Analysis of state outcomes data during the review period and throughout is utilized to gauge where the state is performing in relationship to the national standard, to identify areas of strengths, and discern what service areas may need improvement. The seven outcomes are:

1) Children are, first and foremost, protected from abuse and neglect.
2) Children are safely maintained in their homes whenever possible and appropriate.
3) Children have permanency and stability in their living arrangements.
4) The continuity of family relationships and connections is preserved for children.
5) Families have enhanced capacity to provide for their children's needs.
6) Children receive appropriate services to meet their educational needs.
7) Children receive adequate services to meet their physical and mental health needs.

The state underwent its last CFSR in 2008 and the final report from the Children's Bureau (CB) indicated that California was in substantial conformity with three of the seven systemic factors and none of the seven outcomes. The state also received notice that it surpassed the National Standards for Absence of Maltreatment in Foster care. However, the state did not achieve the standard for the remaining five national standards. As a result, the state implemented a Program Improvement Plan (PIP) for the two-year period beginning July 1, 2009 through June 30, 2011. On March 15, 2013, the state received a letter from the CB acknowledging California's' successful completion of it PIP.

Outcome Measures

The 2013ab CFSR statewide data profile was utilized to show how the state has been performing over time in meeting some fundamental federal indicators.

Figure 1: **Absence of Maltreatment Recurrence, CFSR Statewide Data Profile March 5, 2014**

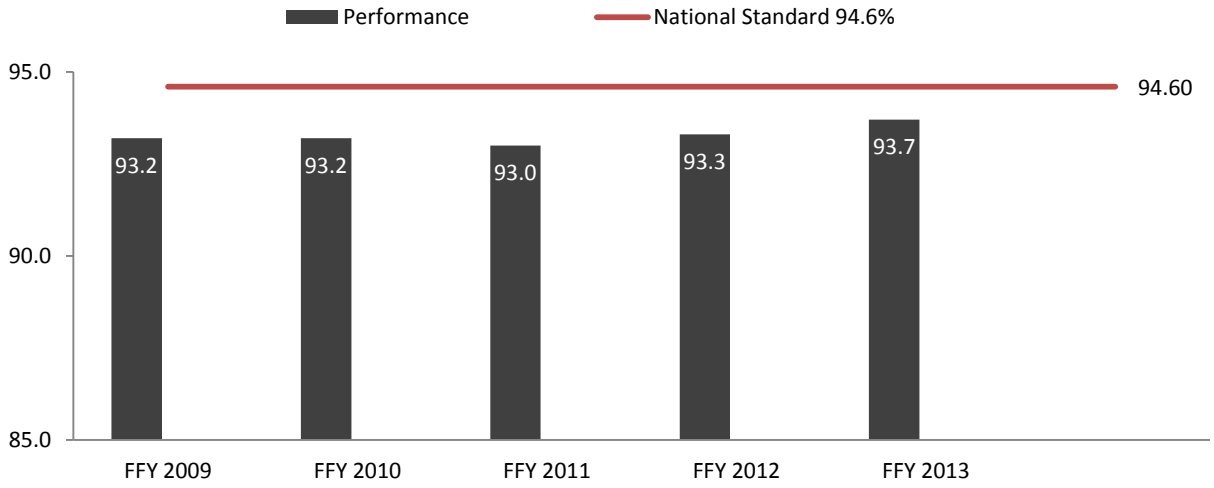
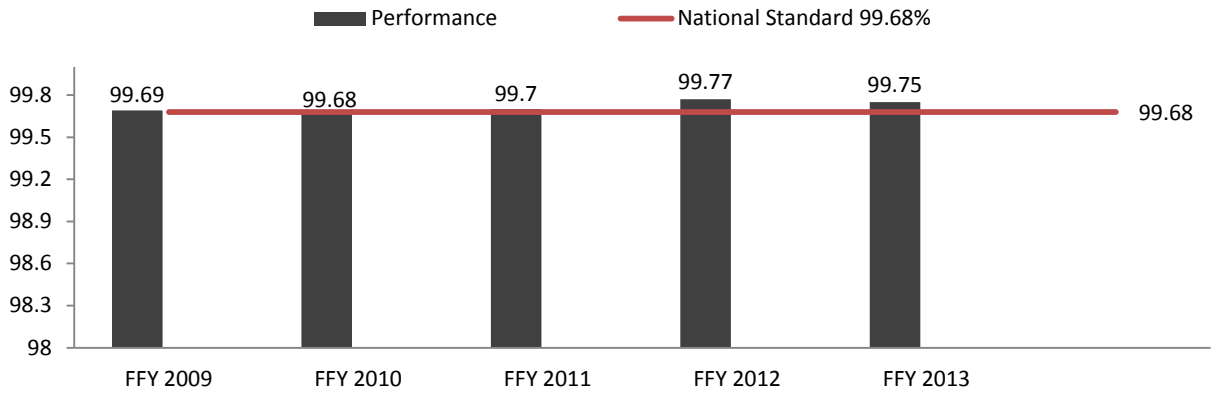


Figure 2: Absence of Child Abuse and/or Neglect in Foster Care, CFSR Statewide Data Profile March 5, 2014



In the 2008 CFSR on-site evaluation, Managing Risk and Safety was rated as an area needing improvement in 14 of 65 (22 percent) applicable cases reviewed. In order to monitor improvement in this area, the state's 2010-2014 CFSP noted that its PIP would measure improvement in the utilization of statewide safety assessment tools.

The data provided in figure 1, Absence of Maltreatment Recurrence, shows the state has maintained a consistent percentage between 93.2 to 93.7 over the last five years. 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. The data provided in figure 2, Absence of Child Abuse and/or Neglect in Foster Care, indicates that in Federal Fiscal Years (FFY) 2009 through 2013, approximately 99.71 percent of children placed in out-of-home foster care were not victims of such maltreatment. California first surpassed the national standard in FFY 2007 and has continued to remain above the national standard in each consecutive year.

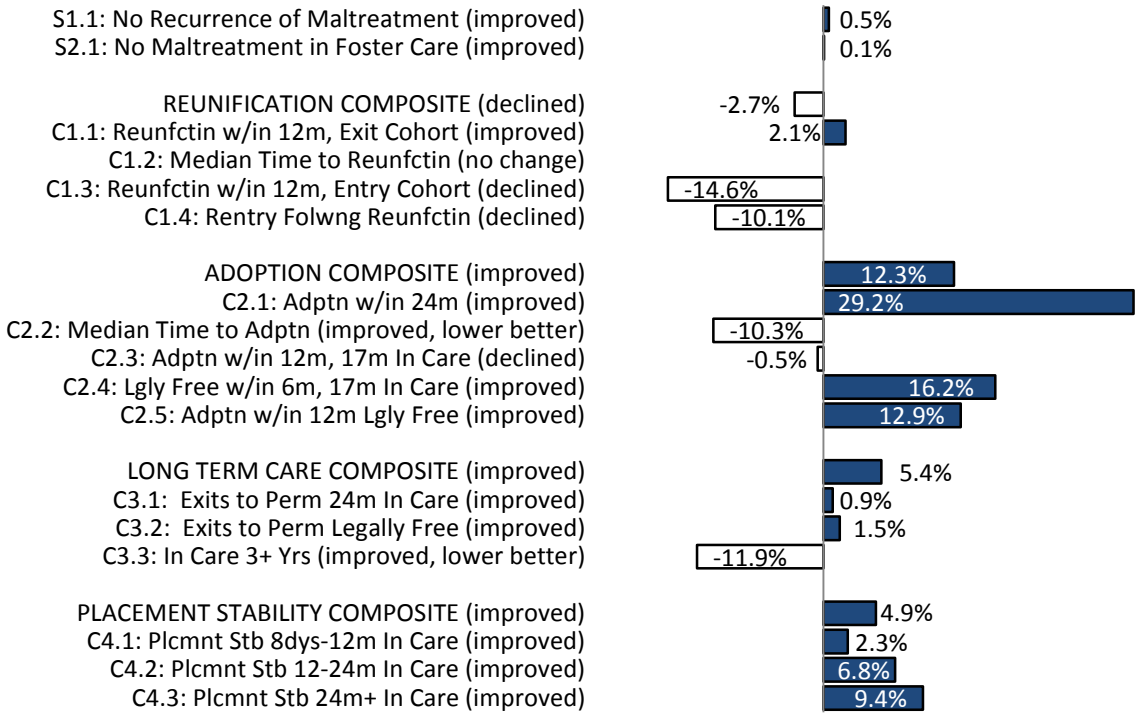
The state's effort as identified in the CFSP and the PIP were focused statewide safety assessment tools, including utilization of Safety Organized Practice models, differential response and means for improvement based on regional training and incorporation of data from critical incidents. During the last five years, California continued to implement numerous efforts to assist in managing risk and safety.

Figure 2: Permanency Composites 1-4, Statewide Data Profile 2013ab

1. Timeliness and Permanency of Reunification (122.6 or higher)	**107.8**
C1.1 Exits to Reunification in Less than 12 months (75.2% or higher)	63.80%
C1.2 Exits to Reunification, Median Stay (5.4 months or *less*)	Median 8.6 mos.
C1.3 Entry Cohort Reunification <12 months (48.4% or higher)	34.50%
C1.4 Re-entries to Foster Care in Less than 12 months (9.9 or *lower*)	13.80%
2. Timeliness of Adoptions (106.4 or higher)	**113.4**
C2.1 Exits to Adoption in Less than 24 months (36.6% or higher)	37.20%
C2.2 Exits to Adoption, Median Length of Stay (27.3 months or *less*)	Median 27.8 mos.
C2.3 Children in Care 17+ Months, Adopted by End of Year (22.7% or higher)	19.10%
C2. 4 Children in Care 17+ Months, Achieving Legal Freedom w/in 6 Months (10.9% or higher)	7.90%
C2.5 Legally Free Children Adopted in Less than 12 months (53.7% or higher)	62.90%
3. Permanency for Children in Foster Care for Extended Time Periods (121.7 or higher)	**120**
C3.1 Exits to Permanency Prior to 18th Birthday for Children in Care for 24+ Months (29.1% or higher)	23.00%
C3.2 Exits to Permanency for Children w/TPR (98% or higher)	98.70%
C3.3 Children Emancipated Who Were in Care 3 Years or More (37.5% or *lower*)	43.00%
4. Placement Stability (101.5 or higher)	**97.6**
C4.1 8 days to 12 months in Care (86.0% or higher)	84.20%
C4.2 12 months but less than 24 months in Care (65.4% or higher)	64.70%
C4.3 24 months in Care or Longer (41.8% or higher)	36.20%

Figure 3 compares California's statewide data performance on key CFSR measures between FFY 2009, when the last CFSP started, through the most current data available, FFY 2013. Figure 3 is a calculation of percent change between the FFYs and demonstrates which direction, positive or negative, each measure is moving. The status of each measure is noted as improved, declined or no change to the right of the measure name.

Figure 3: Statewide Data Profile, March 05, 2014, Percent Change 2009ab-2013ab



Performance has steadily improved in the safety, placement stability and long-term care composites. Conversely, California has decreased slightly in the reunification composite measure. A discussion of these measures is included in the Safety and Permanency Chapters of the 2014 APSR. Over the last 2 years, there have been steady improvements in the adoption and placement stability composite measures. Specifically, 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.

The slight decreasing performance in the reunification composite (2.7 percent change) may be attributed to the decrease in performance for reentry and reunification entry cohort within 12 months.

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

With respect 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.

With respect 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.

A full discussion the state's progress over the past five years is detailed in the Safety, Permanency and Well Being Chapters of the 2014 APSR.

Systemic Factors

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

Information System

The CWS/CMS is a personal computer (PC)-based, Windows application that links all 58 counties and the state to a common database. The CWS/CMS is an automated, online client management database that tracks each case from initial contact through termination of services.

The CWS/CMS is one of the largest Windows-based systems. The CWS/CMS is designed so caseworkers can move through the application, performing work in the sequence that is most appropriate. The application allows caseworkers to open and track cases through the components of the CWS/CMS Program. The system assists caseworkers in recording client demographics, contacts, services delivered, and placement information. The system also enables caseworkers to record and update assessments, create and maintain case plans, and manage the placement of children in the appropriate foster homes or facilities. The system will generate and manage many forms associated with a client or case. The application also collects data for the purposes of state, county and federal reporting.

Functionality

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

- Intake -- referral screening, investigation and cross reporting;
- Client Information -- recording and accessing information on clients;
- Service Delivery -- recording of services delivered to clients;

- Case Management -- development of case plans, monitoring service delivery, progress assessment;
- Placement -- placement management and matching of children to placement alternatives;
- Court Processing -- hearing preparation, filing of petitions, generating subpoenas, citations, notices, recording court actions;
- Caseload -- assignment and transfer of cases;
- Resource Management -- information on resources available for CWS (services providers, county staff resources, etc.);
- Program Management -- caseload, county, program-level information for program management purposes;
- Adoptions -- recording of information for reporting purposes; and
- Licensing -- information on licensees used in placement decisions.

Each functional component captures information and provides automated tools for case management, service provision, program management or documenting case history.

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

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

The Child Welfare Services New System (CWS-NS) Project, currently in development, will greatly improve the ability to serve at-risk children. It will provide an automated child welfare system with the capabilities that include mobile and web-based technology to support the current and future business practice needs of the counties and the state in a more effective, efficient and economical manner. The new system will support evolving child welfare programs, business processes and legislated improvements focused on protecting the safety of children and families. The project received approval of the Feasibility Study Report (FSR) by the California Technology Agency (now renamed Department of Technology) on January 10, 2013 and with the release of the State Budget Act of 2013, the project officially launched on July 1, 2013. On April 1, 2014, the Department of Technology approved a Special Project Report (#1) that provides updates to the project schedule, costs and resources.

The CWS-NS project is focused on meeting the following business and technical objectives that will:

- Improve service delivery and outcomes;

- Allow more timely system enhancements to support changes in CWS practice; Achieve SACWIS compliance required to maintain FFP funding and avoid federal non-compliance penalties;
- Reduce ongoing maintenance and operations costs;
- Replace the highly-distributed legacy CWS/CMS with a centralized, web-based Service Oriented Architecture (SOA) computing infrastructure;
- Replace the proprietary CWS/CMS software with Commercial-Off-The-Shelf (COTS) software or transfer system that meets the majority of the business practice needs; and

- Develop custom software services to close any operational gaps in the COTS software or transfer system capabilities.

The CWS-NS is expected to be implemented in September 2019.

Data Linking

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.

California Department of Education

A Memorandum of Understanding (MOU) entered into by the CDE, CDSS, and WestEd, allows for the probabilistic match and exchange of data between the CDE and WestEd, between the CDSS and WestEd, and the transmission of de-identified data from WestEd to the CDE and CDSS.

Using the matched dataset, WestEd will conduct the primary analysis of the data and then prepare a draft report on the educational achievement of students in foster care in California for a specific time period. The report will be similar in scope, content and organization to the 2008 Annual Report on Students in Foster Care produced by the state of Washington. The report based on WestEd's data analysis will be published by the Center for the Future of Teaching and Learning (CFTL).

Additionally, CDSS and CDE have entered into an MOU allowing for the sharing of student and foster care data as required by Assembly Bill 97. The Local Control Funding Formula (LCFF) provides supplemental funding to local educational agencies with students who are English Learners, eligible for free and reduced price meals, or in foster care, to support the special needs of these students.

California Department of Developmental Services (DDS)

This MOU allows sharing of data between agencies for children/youth who are receiving services from both CDSS and DDS. These foster care children/youth are concurrently receiving services from a California Regional Center, and have special needs that require care and supervision that is beyond what is typically provided in foster care. The CDSS will receive information regarding types of services authorized and provided, service dates and rates. The DDS will receive information regarding the types and number of services received by children/youth receiving child welfare services.

California Department of Public Health (CDPH)

This MOU is to support and maintain a mandated statewide child abuse and neglect fatality monitoring system. Under existing statute, the CDPH is required to collect and maintain child fatality information from a number of sources including local county child death reviews teams, the child abuse central index, vital statistics, Department of Justice and CDSS. Under the agreement, CDSS shares data with the CDPH from CDSS' CWS/CMS regarding children who have died as the result of abuse and/or neglect so that it can be compared with these other data sources. The data is to be shared so that CDPH and CDSS can examine administratively useful information relating to child abuse and neglect, including abuse and neglect that lead to death. In addition, this information can be helpful to inform both future National Child Abuse and Neglect Data System (NCANDS) and APSR submissions.

In addition, the CDSS plans to conduct further analysis on child fatality and near fatality data involving families with a history of prior child welfare services agency involvement. In the child fatality analysis prepared by the Department for calendar year (CY) 2011, it was identified that over half of child fatality and near fatality victims and/or their families, which had CWS history within five years of the incident, had a referral generated within a year prior to the incident that caused each fatality or near fatality. In order to better understand whether this data illustrates areas for improved state policy, the CDSS plans to conduct a more in-depth analysis of incidents with this type of CWS history in the future to determine what additional trends may be evident.

Case Review

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

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

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

California currently does not have accurate data for this systemic factor. Implementation of the case record review over the next year will collect this information in a detailed fashion allowing the state to regularly assess the timeliness and quality of individual case review including notices to parents, periodic review of case plan goals, etc.

Quality Assurance

For states' 2013 APSRs, the CB required a complete description of the quality assurance process present. In response to these program descriptions, CB provided feedback regarding the relative strengths and suggested enhancements to the system. Below is a summary of that feedback as well as the plan for strengthening the state's quality assurance process using a philosophy of CQI.

Foundational Administrative Structure

Identified areas of progress include:

- The presence of a lead agency (the CDSS) is responsible for some CQI activities statewide; California's Welfare and Institution Code (W&IC) 10601.2 authorizes CDSS to implement and oversee a process to improve outcomes, while holding county and state agencies accountable. If the Director believes the county has failed to comply, this section provides a process for intervention and/or corrective action;
- The CSOAB in coordination with OCAP regularly updates and provides counties the C-CFSR instruction manual which provides an overview of the counties' responsibilities for a quality assurance system;
- The CDSS supports a culture of internal and external stakeholder consultation and feedback for current and emerging initiatives that embraces improved service delivery and child/family outcomes.

In order to strengthen this area, California is committed to fully developing the administrative structure for supporting CQI. Activities during this plan period to achieve this goal are listed below:

- Update and enhance written policies, procedures and practices for all levels of administrative functionality of CQI and ensure the CQI guidance and directives are readily available to staff at all levels;
- Develop and implement training process for CQI staff, including contractors and/or stakeholder conducting CQI activities; create and implement training opportunities about CQI for staff at all levels of the organization; and
- Assess and enhance the Department's capacity to continue supporting CQI with dedicated staff to sustain an ongoing CQI statewide operation.

Quality Data Collection

Areas of demonstrated progress for this component include:

- The state collects data sufficient to document and capture process and outcome measurements related to reports of child maltreatment and investigation and/or assessment (see above for SACWIS description);
- The state has created some quality assurance reports that are distributed quarterly to the counties to identify data that needs input, correction or updating; and
- The CWS/CMS data is provided quarterly and publically posted in aggregate form on the website; CWS/CMS data is provided for analytics at the child-level on two secure web-based systems--daily extracts from Safe Measures and bi-annual extracts from the Multistate Foster Care Data Archive through Chapin Hall.

Quality data collection and dissemination is vital for a fully functioning CQI process. CQI relies heavily on the belief in data-driven decision making, which can only occur when data is accurate, timely, and readily available. To this end, the state plans to:

- Continue developing and refining written policies regarding continuous and consistent assessment of data quality, including a clear process for collection and extraction of accurate qualitative data
- Expand on data collection regarding children served in their homes, in particular, data to monitor process and outcomes measurement for these cases; clarify if current data collected is sufficient to fully assess statewide practice trends and outcomes for children and families served in their own homes;
- Incorporate a variety of sources of data, including input from Stakeholders, to provide a complete picture and a full understanding of trends and practices in the state's child welfare system;
- Enhance the collection of statewide data on the Systemic Factors of Case Review, Training and Service Array; and
- Sustain the sharing of information through interagency agreements to increase understanding of the impact of services from multiple entities (see above in *Information System* for more detail regarding data sharing agreements).

Case Record Review Data and Process

In 2004, California introduced Peer Quality Case Reviews in response to the federal CFSR. Since that time, California has modified these reviews to better serve the counties and the state in identifying areas needing improvement to support positive outcomes in children and families. Although not performed regularly, the CDSS does complete case record reviews when circumstances warrant. For example, if complaints are made regarding a county, or at county request as part of enhanced technical assistance. As a result of recent technical assistance and guidance, California is in the process of implementing case record reviews independent of the peer review process.

By using established processes and instruments developed by the CB, California will:

- Implement a case review component based on a statistically significant sampling universe of children statewide who are/were recently in foster care and children served in their homes and that collects specific case-level data that provides context, addresses agency performance and includes the completion of key case-level interviews;
- Develop a statewide case review process that is able to detect the quality of services for the children and families served and focus on the assessment and monitoring child and family functioning in relation to the services provided; and enhance the capacity of case record review teams by providing uniform and consistent training, ensuring sufficient representation of agency staff and management in the reviewer pool, and developing a process to ensure that reviewers are qualified to conduct reviews.

Analysis and Dissemination of Quality Data

Dissemination of data is critical to meaningful engagement of stakeholders in evaluating and developing child welfare systems. Partner agencies, service providers, advocates, and decision makers at all levels are expected to use data in order to assist in program planning. California has long enjoyed a number of processes for sharing data and increasing transparency of the effectiveness of child welfare programs. The CDSS promotes sharing of research findings as a way of providing feedback to policy makers through the use of a Quarterly Research Series. This series invites researchers to present their findings and implications for policy and program decisions. These processes include:

- Monitoring quantitative trends over time, through various management reports, dashboard reports, and the ongoing CFSP/APSR process. The state is able to analyze and integrate the qualitative and quantitative data that are collected to better

understand practice trends and patterns in a particular office, region, or statewide level for program improvement purposes;

- Qualitative data is collected and analyzed statewide to better understand practice trends and patterns for program improvement purposes;
- California's administrative child welfare data is aggregated into customizable tables that are refreshed quarterly and made openly available on the state's website; this data source allows examination of performance indicators and outcome measures over time;
- Utilization of several methodologies to share data externally, including standard reports accessible via the CDSS' website; data is provided to community partners, including the courts, foster parents, youth, and tribal partners; many of these reports provide performance data;
- Contributing to the Multistate Foster Care Data Archive (MFCD) housed at Chapin Hall, which conforms data within a national context; and
- The state has a process utilizing internal subcommittees to solicit and gather feedback for use at different levels of the agency.

While California views its data dissemination process as one of the strengths of the CQI process, additional enhancements over the course of this plan will be undertaken. Specifically, the state will:

- Ensure the communication methods are accessible, clear, and audience-specific; enhancing the ability to provide standard data reports for internal and external stakeholders and customizing some reports upon request;
- Enhance the ability to analyze statewide data on the Systemic Factors and information collected to understand statewide performance. For example, development and implementation of a survey for foster youth to provide information about the quality of care received while placed in group care; and
- Develop a policy to ensure the involvement of agency decision makers, courts, tribes, and other stakeholders in understanding and analyzing the data, providing feedback and developing conclusions.

Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

The goals for improving California's feedback to stakeholders and decision-makers will be accomplished by strengthening both the state's CQI process and the identified steps to enhance collaboration with external entities (see page 7). California will build on a number of recent improvements to our CQI system. These initial steps included recent training for state and local staff on using SafeMeasures as a management tool, Advanced Analytics (a joint partnership between the Northern Regional Training Academy/Chapin Hall/CSSR), and internal data workshops.

In line with the state's vision to ensure full collaboration and shared accountability supporting CQI, the state will:

- Increase the use of data and CQI information to inform planning, monitoring, and adjustment needed within the organization and to inform goals and improve field practice and outcomes for children and families;
- Use data and CQI results to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems;
- Strengthen the capacity of managers, supervisors, and field staff to understand how results link to daily casework practices to further support results being used by supervisors and field staff to assess and improve practice; and

- Develop a process to use feedback gathered from all stakeholders in state's planning and adjustment of the child welfare system.

Staff Training

During the 2008 CFSR PIP, California included the mandate for standardized training in child welfare. The CDSS, in cooperation with the Statewide Training Education Committee (STEC), has developed standardized curricula in the Core Training Program to be used statewide for the mandatory training of child welfare social workers and supervisors. Instructors are experts in the field of child welfare who use a variety of teaching methods based on adult learning theory and best practices.
The current evaluation method of the State's standardized training has been inefficient in providing data and information that shows the Departments ability to ensure that the necessary training is being provided. To address this concern a committee has been put together to create a more functional overall evaluation method to ensure that the necessary training is being provided and also to ensure that the State's standardized training is able to properly transfer the knowledge learned in the classroom to the practice in the field. The committee consists of participants from CDSS, CWDA, CalSWEC, the Regional Training Academies, as well as county representatives. The committee plans to increase the capacity and expand the information gathered by CDSS on the annual training plan. It will also expand the modalities of the State's standardized training to include field activities that social workers will use to learn skills while they are concurrently working in practice.

Support for increasing the knowledge and skills of social work staff is also accomplished through the Title IV-E Stipend Program. The Title IV-E Stipend Program is the nation's largest consortium of schools of social work and public service agencies providing support for the delivery of a specialized public child welfare curriculum and support for students committed to service in in public child welfare. In addition, the Title IV-E Stipend Program also offers the Pathway Program, a part-time-only distributed learning program that provides support for students at the BA and MSW level who live in rural and remote regions of California and who are employees of county agencies.

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

A more detailed assessment of current and planned training activities for child welfare is provided in the Training Plan section of this document (see page 139).

Service Array

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

Agency Responsiveness to the Community

Descriptions of the agency responsiveness to the community can be found in the *Collaboration* section above. Additionally, each of the program descriptions includes the ongoing engagement of community members as critical components.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

A comprehensive discussion of licensing, recruitment and retention is found in the separate *Foster and Adoptive Parent Diligent Recruitment Plan* found on page 116. Additionally, several of the programs included in the plan for improvement address licensing, recruitment and retention as key areas.

PLAN FOR IMPROVEMENT

In the following section, California's plan for improvement of outcomes for children and families is provided. In line with our vision for an integrated, multi-agency collaborative system, our plan for improvement is described in terms of a number of larger efforts that are designed to promote the safety, permanence and well-being of California's children. Although not a formal "program," this section includes a plan for enhancing prevention and early intervention strategies over the course of the CFSP.

In the chart on the following pages, performance on the Federal measures associated with each of the outcomes is provided along with goals for improvement in those areas by the end of this plan period in 2019. In areas where quantifiable data are not readily available, the target goal will be established at a later date and the immediate goal will be to determine how best to capture the information as California develops a comprehensive CQI process including standardized case reviews.

Child and Family Outcome	Strengths	Concerns	Data Analysis	2011	2012	2013	Target Goal by 2019
Safety Outcome 1: *Children are, first and foremost, protected from abuse and neglect.*	Use of Differential Response and Standardized Safety Assessment systems		1. Absence of Maltreatment Recurrence of Children in Foster Care (94.6% or higher)	93.00%	93.30%	93.70%	94.60%
			2. Absence of Child Abuse and/or Neglect in Foster Care (99.68 or higher)	99.70%	99.77%	99.75%	Maintain performance above the national standard
			Timely Investigations (Immediate/10-day)	98.2%/95.0%	98%/94.9%	98%/94.8%	Maintain performance above the 90% threshold state standard
Safety Outcome 2: *Children are safely maintained in their own homes whenever possible and appropriate.*	Increased use of Risk and Safety Assessments	Inability to effectively measure progress in this outcome	No administrative data available				Effectively measure progress through case record reviews

Child and Family Outcome	Strengths	Concerns	Data Analysis	2011	2012	2013	Target Goal by 2019
Permanency Outcome 1: Children have permanency and stability in their living situations.	Family engagement in a variety of forms practiced by counties	Increase in youth choosing to remain in care in order to receive Extended Foster Care benefits	1. Timeliness and Permanency of Reunification (122.6 or higher)	111.9	109.2	107.8	111.9
	Adoption Assistance Program		2. Timeliness of Adoptions (106.4 or higher)	107.7	112.4	113.4	Maintain performance above the national standard
	Use of Family to Family and additional funding for adoptions programs		3. Permanency for Children in Foster Care for Extended Time Periods (121.7 or higher)	114.4	119.3	120	122
	Focusing Efforts to Increase Placement with Relatives		4. Placement Stability (101.5 or higher)	95	95.4	97.6	101.5

Permanency Outcome 2: The continuity of family relationships is preserved for children.	Emphasis on family finding and effectiveness of laws regarding preferential placement		Children and Youth Placed with Relative at Entry to Foster Care	21.70%	24.50%	25.80%	29.00%

Child and Family Outcome	Strengths	Concerns	Data Analysis	2011	2012	2013	Target Goal by 2019
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.	Enhanced monitoring of data leading to gains in monthly compliance visits		Monthly Caseworker Visits with Children	92	93.7	94.2	97.0
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.		Inability to effectively measure progress in this outcome	No Administrative Data Available				Effectively measure progress through case record reviews
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.	Increased attention to trauma informed practice and inclusion in county System Improvement Plans	Inability to effectively measure progress in this outcome	Timely Medical Exams	91.0%	89.6%	84.3%	91.0%

For each of the program and initiatives in this plan for improvement, the following information is included:

1. A description of the program and what it is designed to accomplish.
2. Stakeholder Collaboration including stakeholders that have been engaged as part of the development process as well as ongoing input solicited/provided.
3. Outcome and Systemic factors to be impacted by successful implementation and maintenance of the program described.
4. Specific objectives of the program described.
5. Measure of progress indicating the specific action steps that allow for assessment of whether a program is functioning and progressing as planned. These, along with the quantitative data represented in our outcome measures will ensure that the program is meeting the goals and objectives of the overall plan. Additionally, these incremental steps allows for a more robust CQI process to unfold through formative assessment.

Prevention Strategies

The OCAP's *Grow Strong Families Initiative* addresses and pursues multiple goals. Although prevention is a part of each of the CDSS initiatives outlined in this document, it has never been specifically called out in the CFSP. The fact that prevention is being addressed as a separate part of the CFSP rather than absorbed in each of the initiatives demonstrates the commitment of the Department to ensuring prevention is recognized as being critical to all child welfare efforts.

The initiative ties together work that OCAP has begun planning, and will continue to plan and then implement over the next five years. The purpose of *Grow Strong Families* is to prevent children from ever coming into the CWS in the first place, by focusing on some of the same federal outcomes and systemic factors that apply to child welfare children.

The data gathered from the OCAP's new county annual reporting system, from partners who voluntarily or through contracts share data, and through research, will be the foundation upon which the *Grow Strong Families* will be built in Years two to five. The OCAP will redesign its internal structure to allow for integrated use of research and data in all its practices.

The OCAP will also focus on effective practices and consider how its funding is utilized, whether the services and activities purchased make a difference for families, whether they are implemented with fidelity and how counties and community providers can tell the difference and respond when changes are necessary. The OCAP will work with counties through a program of prevention coaching, so that child welfare agencies and their community partners can provide an effective service array.
Finally, the OCAP will utilize information gathered by targeting outcomes, sharing and collecting data and developing a common agenda to tell the story of prevention to both the professional and private audiences to raise awareness and reduce abuse and neglect throughout California.

The following are planned specific strategies, goals and objectives for the next five years.

STRATEGY 1: For children who are not part of child welfare, develop a comprehensive system that achieves child safety and wellbeing for the state of California by connecting state organizations, county child welfare agencies and community based organizations.

The OCAP will work to connect with the following existing systems and networks to build this comprehensive safety and support net.

1. First 5 Association
2. California First 5 Commission
3. CFRA
4. CAP Center
5. OCAP prevention coaching for county child welfare agencies and partners
6. MCAH Home Visitation Program
7. Hospitals
8. Affordable Care Act
9. Alternative response
10. Policy and education institutes

Objective: By Year five, the OCAP will have established a network of prevention beyond child welfare agencies that connect with prevention resources in the community, including:

- Shared indicators with First 5 Association and First 5 California; and
- Three common outcomes shared with at least three prevention networks.

As a result of this objective:

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

STRATEGY 2: The OCAP will redesign its performance measure system, internally and through the resulting system for prevention described above, so that there are targeted and shared outcomes. Partners to be included in that effort include:

1. First 5 Association
2. California First 5 Commission
3. California Family Resource Association
4. Child Abuse Prevention Center
5. CSFR process: annual report
6. CDPH's Home Visitation Program

Objective: To publish shared prevention targeted outcomes with First 5 California and the CDPH.
As a result of focusing on a few prevention outcomes, the OCAP will contribute to building a common agenda for action, public awareness will be raised, and we will have a greater impact than if not coordinating the work.

STRATEGY 3: The OCAP will collect common data to measure prevention. For the next five years, the OCAP will focus on developing a statewide data system that will allow for the collection of data that can describe the extent of prevention and measure its impact, including that which occurs outside of child welfare services. Activities that will be considered include:

1. Tying in to the overall CDSS CQI system;
2. Purchasing a stopgap system pending the completion of the New System;
3. Designing the data program, working with Dr. Emily Putnam-Hornstein;

4. Coordinating data collection with First 5 California, First 5 Association, Children's Data network and possibly Maternal Child and Adolescent Health's Home Visiting Programs so that common indicators are measured; and
5. Obtaining data from entities that are not governmental entities and may not have ties to a child welfare agency.

Objective: The OCAP will have in place some kind of data system that measures the impact of prevention efforts in the state.
As a result of these efforts,

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

STRATEGY 4: The OCAP will use the data to tell the story of abuse and neglected children, and continuously monitor progress and effectiveness of services. Effectiveness includes in its definition intensive enough and of sufficient duration. Activities are to include:

1. Partnering with Dr. Emily Putnam-Hornstein and the Children's Data Network to identify at- risk children;
2. The OCAP will build in a training program to ensure expertise in effectiveness of services and interventions, best practices and implementation with fidelity;
3. The OCAP will work with counties on their prevention services arrays to identify and monitor best evidence programs and practices and monitor their effectiveness; and
4. The OCAP will redesign its public awareness program to address issues identified through data collection.

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

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

STRATEGY 5: With other prevention initiatives, build a collective impact effort, with a common agenda, language and outcomes to promote child wellbeing and prevent child maltreatment. The OCAP will contribute its own strategic objectives to this process and work with entities such as CDPH, the Office of Emergency Services (OES) and others in an effort to coordinate activities and promote common objectives. Others partnerships include:

1. Safe, Stable, Nurturing Relationships and Environments
2. Early Childhood Coordinating Services
3. State Interagency Team home visiting workgroup
4. Office of Emergency Services
5. OCAP-funded projects

6. Citizen Review Panels, including Prevention and Early Intervention committee of Child Welfare Council
7. Family support standards
8. Other state systems: Mental health, AOD, and DV especially

Objective: The OCAP will partner through the following to build a common agenda and to integrate services so that they are more effective for families.
As a result of the OCAP's participation in a common agenda to prevent child abuse and neglect, resources should be more effectively utilized, services will be better coordinated, and there will be increased public awareness.

Stakeholder Collaboration
Almost every activity the OCAP does is collaborative, because prevention requires it. The majority of resources to prevent child abuse and neglect and support families are in the private sector. We are dependent on relationships, contracts and agreements to access these resources for pre-child welfare families.

During 2013-2014, the OCAP has been engaged in a strategic planning process so that activities conducted over the next five years will be in line with what is not only needed, but what is indicated by the data, and deliberate. As a part of this process, including conducting an assessment of current practices, resources and building relationships, the OCAP engaged in the following stakeholder engagement. In addition, these groups are part of OCAP's business practice of participating in partnership meetings that allow the OCAP to directly share and receive information that shapes policy and practice.

- Leaders in the field of family support, through convening, conversation and surveys;
- Public and private funders such as Sleep Train and the S.H. Cowell Foundation;
- Family support networks, including Strategies, California Family Resource Center Association, and the Child Abuse Prevention Center of California;
- Strengthening Families Roundtable;
- Safe, stable, nurturing relationships and environments; and
- The Prevention and Early Intervention Subcommittee of the Child Welfare Council, and the Citizen Review Panel.

Planned for 2015-2020:

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

Input from stakeholders was generalized and qualitative but stakeholders made comments about how appreciative they were to have an opportunity to provide input on prevention, and they felt listened to. The OCAP is building a statewide data collection system to measure the impact of prevention and family support activities as a part of this initiative. As a result of that initiative, we will have data to consider as part of our stakeholder work by year two.

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

As a result of these activities, stakeholders will feel connected to policies and decisions that affect their children and their practices/services, and OCAP's implementation of its strategic plan will be informed and help drive the prevention agenda in the state.

Outcomes and Systemic Factors Impacted

Although the federal outcomes were written to address children within the purview of child welfare, the *Grow Strong Families Initiative* will accomplish many of the same outcomes, but for a pre-child welfare population.

Outcomes

The OCAP Plan addresses most of the federal outcomes indirectly through systems change. The federal outcomes as written do not necessarily apply to children outside of child welfare, but can be considered in a relative way. The following are outcomes that the OCAP strategies outlined above will address in the long run through the systems changes proposed. Outcomes most directly impacted by focusing on more effective services include Outcomes Safety 1 and 2, Permanency 1, Well Being 1, 2 and 3. The objective of all prevention work is to support families to raise their own children to be safe, healthy and well, experiencing as little trauma as possible. All of the strategies proposed will contribute to those outcomes.

Systemic Factors

Each of the systemic factors is considered as it would apply to a pre-child welfare setting and child.

1. **Statewide Information System**: At the end of five years, there will be a system for capturing data not currently being collected on children who are not part of the child welfare system but who are at risk of abuse and neglect and receive services.
2. **Quality Assurance System:** The OCAP is working to develop standards to evaluate the quality of prevention and early intervention services, and to establish the needs of counties and their service providers to be able to implement best practices, with fidelity, and to utilize information learned as a result to improve outcomes for families.
3. **Staff and Provider Training:** The OCAP is designing a training program for internal staff on evidence based trends and practices. Training on prevention practice is especially important, and will be accomplished by combining approaches, including conducting site visits to providers.
4. **Array of Services:** The OCAP already works closely with counties in the CSFR process, and will be developing this role to include a holistic, prevention-coaching role that considers best practices, the selection of services, a consideration of which service is the best for the demonstrated need and whether those services are effective for families. This outcome will be addressed by most of the strategies described above, and is a centerpiece of OCAP plans for the next five years.
5. **Agency Responsiveness to the Community:** The OCAP as the prevention office for CDSS is responsible for being responsive to county child welfare agencies. To produce the best outcomes for families, however, the OCAP must also be responsive to the army of community prevention workers that are found in tribes, the judicial system, within the healthcare system, and so on. The OCAP strategies described above will be implemented with the underlying assumption that our job is to be responsive as a state entity, that family outcomes are better if we are, and that the solutions lie with the extensive field of folks working in family support.

Conclusion

Over the next five years, OCAP will work to implement these strategies so that systems changes occur that will result in, at a minimum, knowing which families are better off as a result of statewide

prevention efforts and the expenditure of state and federal funding. More optimistically, CDSS will be able to know which services and activities that families received made a difference and where gaps exist. Finally, we will function as a catalyst for change with partners willing to engage in building and following a common agenda to prevent child maltreatment.

In order to fulfill the CDSS' vision of providing every child in California with a safe, stable, permanent home, nurtured by healthy families and strong communities, a number of initiatives have been developed that address multiple outcome and systemic factors.

Underlying all of these initiatives is the belief that continuous quality improvement is essential to the implementation and ultimate success of the programs as they are being developed and delivered. While a number of projects have formal evaluative functions built-in to the plans, California's commitment to CQI will be evidenced by utilizing the lessons learned through regular monitoring and reviewing of programs and outcomes (see above in the Quality Assurance systemic factor, page 20).

On the following page, a guide to the state's planned initiatives is provided along with the federal outcome and systemic factors that will be largely impacted by each. It is expected that the combined efforts of these programs will have a positive impact on all children and families served by child welfare agencies. Additionally, while only certain outcomes/systemic factors may be specifically associated with any given program, it is likely that many of these programs will, in fact, impact additional outcomes of interest.

Impact of State Initiatives on Federal Outcome and Systemic Factors

	CCR	CAPP	Mental Health	RFA	Waiver	TCP	Prevention
Safety 1: Children are first and foremost, protected from abuse and neglect		X	X		X	X	X
Safety 2: Children are safely maintained in their own homes whenever possible and appropriate			X		X	X	X
Perm 1: Children have permanency and stability in their living situations	X	X	X	X		X	
Perm 2: The continuity of family relationships is preserved for children			X			X	
WB 1: Families have enhanced capacity to provide for their child's needs	X		X			X	
WB 2: Children receive appropriate services to meet their educational needs	X					X	
WB 3: Children receive adequate services to meet their physical and mental health needs	X		X			X	
Sys 1: Info System			X			X	
Sys 2: Case Review			X				
Sys 3: Quality Assurance	X	X	X		X		X
Sys 4: Staff Training	X	X	X	X	X	X	
Sys 5: Service Array			X		X		
Sys 6: Agency responsiveness	X	X			X	X	X
Sys 7: Licensing/Recruit/Retention				X		X	

Continuum of Care Reform
The CCR is an initiative headed by the CDSS designed to make sweeping changes to the entire continuum of foster care in California. These proposed changes are aimed at creating a system that better promotes permanency, which will impact various areas of the current foster care system, including: assessment, payment rates, supports and services, team decision making, performance measures and outcomes, as well as mental and behavioral health services.

By more accurately matching services and placement types to the needs of families and children/youth in foster care, permanency outcomes can be more quickly met. Each child and family at risk of out-of-home placement will be assessed with a standardized set of domains to identify the strengths and needs of children/youth/family to determine what mental and behavioral health treatments are most appropriate, what community-based services and supports would be most beneficial, and what living situation would best promote a permanency outcome. Resource families and group homes will also be assessed to determine which group home or family-based setting would most match the needs of the child/youth and family's quest for permanency.

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

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

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

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

Stakeholder Collaboration
The initial meeting of the CCR workgroups included representatives from a variety of stakeholders including youth and parent partners, tribal representatives, service providers, state agencies, and legislative staff among others. At this meeting, stakeholders chose which of the workgroups they would be contributing to. The CCR Steering committee is also comprised of representatives of these same stakeholder groups. Meetings have been held regularly since September 2012. Although the workgroup

objectives are coming to a close, the ongoing implementation of the program will continue to be guided by the Steering committee.

Outcomes and Systemic Factors Impacted
CCR is anticipated to have a large impact on Permanency Outcome 1. The heart of this program is to rely less on congregate care and speed the process toward family stabilization and achieve permanency. Moreover, the way in which this is achieved is through enhancing service delivery through substitute care providers having a direct impact on Well-being Outcomes 1 and 3.

Objectives
Full rollout is expected to take five years. The main components of implementation include a number of supports and actions on the part of CDSS. The implementation of CCR will require:

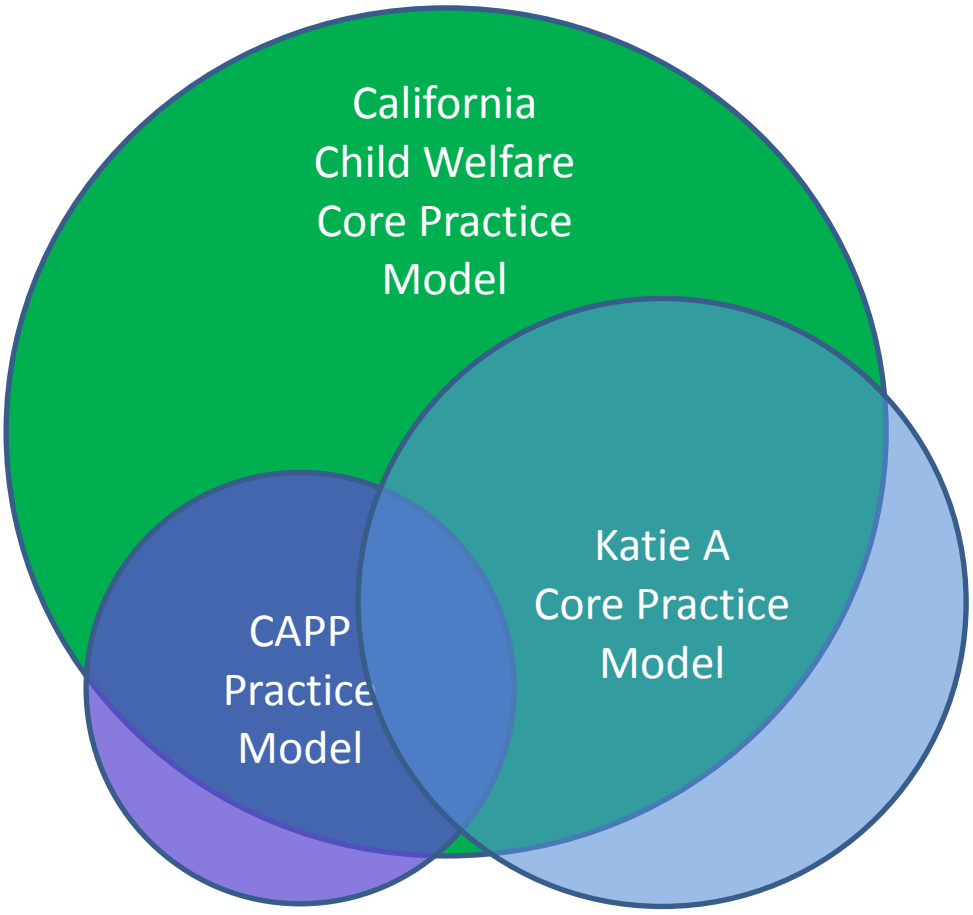
- *Communication*: Information to the field about the changes, timeframes, process, and the resources available to support the transition.
- *Policy Framework*: The statute, regulations, all county letters that establish the requirements for the new framework.
- *Supporting Agency Transition*: Support to providers through technical assistance, training and toolkits in understanding and meeting the new requirements for Residentially-Based Services and Foster Family Agencies.
- *Oversight Structure*: State-level oversight related to fidelity to the framework, program performance, licensing requirement and fiscal accountability.
- *Performance Measure Testing and Implementation*: A process for testing the provider performance measures with a few providers, making refinements, building county and provider capacity to use data in placement decisions, managing and improving based on testing, develop and implementation plan for including all providers.
- *Ongoing Training*: A training infrastructure for providers.

Measure of Progress
Near-term measures of progress will include the completion of rate structures for Group Homes and FFAs. In addition, a legislative report is due to the State Legislation describing the recommendations and implementation plan during the first year of the CFSP.
In following years, CCR implementation will include:

1. Establish an ongoing implementation governance structure (linked to Katie A.) that includes:
    a. Executive committee (similar membership to CCR, possibly include CMHDA)
    b. Steering committee (similar to membership in CCR)
    c. Public Agency Leadership Team (State, Counties [CWS/Probation/MH]
    d. Implementation teams;
2. Determine provider licensing/approval process;
3. Revise licensing regulations consistent with new provider requirements;
4. Train providers/counties in approval process; and
5. Train providers in use of performance data consistent with CQI.

Child Welfare Core Practice Model

California Child Welfare Core Practice Model is intended to be a guiding framework for California's child welfare community. The goal of this work is to develop a practice model that builds on the existing work by integrating key elements of existing initiatives and proven practices including the Katie A. Shared Core Practice Model, CAPP Practice Model and other key practices employed in counties across California. This work has been initiated by the CWDA and counties in collaboration with the CDSS and California Social Work Education Center (CalSWEC). It is still in an initial, developmental process.



The Child Welfare Core Practice Model for California is intended as a framework to:

- Outline how services should be developed and delivered.
- Support consistent implementation of child welfare practice statewide.
- Allow child welfare professionals to be more effective in their roles.
- Improve accountability and outcomes for children and families.

The following statements reflect the draft values that are guiding the development of the California Child Welfare Core Practice Model and are an expression of the ideal.

- We believe in keeping children and youth safe.
- We believe honoring the families' experiences and building partnerships based on mutual respect and trust is the best way to support families.
- We believe lifelong, loving permanent families and connections to family members, communities and tribes are best for children and youth.
- We believe children, youth and young adults should be supported to achieve their full potential through effective services that support well-being.
- We believe that honestly sharing strengths and concerns in our interactions is essential to engage families and communities and build connections.
- We believe in listening and learning about culture and community from families themselves.
- We believe that families can grow and change, especially when we build upon their strengths and listen to their needs.
- We believe in creating a competent and professional workforce through quality recruitment, training and support.
- We believe in individual development, critical thinking, self-reflection and humility.
- We believe in creating a culture and climate that supports learning, development and accountability.

Stakeholder Collaboration

Since this effort is in the early developmental stage, stakeholder collaboration has just begun at the state-and local- level. Further planning is underway to develop a more comprehensive outreach strategy.

Outcomes and Systemic Factors Impacted

Because the practice model is an overarching framework, it will likely impact, to some extent all of the outcomes and all of the systemic factors. Existing systems will likely require some modification to accommodate and to align with the practice model. As the model is operationalized in more detail, these impacts will be identified and addressed in future reports.

Objectives

- Describe the practice model so that it can be operationalized, including:
    - Theoretical Framework
    - Core Values and Principles
    - Casework Components
    - Practice Elements and Behaviors
    - Organization and System Standards
- Develop and implement communication and engagement strategy for system partners and local community partners, tribes, consumers and courts.

- Identify policy and administrative barriers to implementing the practice model at the state and local organizational and system level.
- Revise the Common Core Curriculum for social worker training to align with the practice model.

California Partners for Permanency

In its fourth year, the CAPP is one of six projects nationwide funded through the Presidential Permanency Innovations Initiative (PII), a five-year multi-site federal project designed to improve permanency outcomes among children in foster care who face the most serious barriers to permanency. The PII approach integrates implementation science and rigorous evaluation into a coordinated framework that is intended to enhance the capacity of child welfare agencies by building evidence in child welfare and improving outcomes for children and families. CDSS leads CAPP in partnership with four counties (Fresno, Humboldt, Los Angeles[1] and Santa Clara), parents, youth, caregivers, communities and tribes. Although CAPP's focus is on all children in foster care, CAPP's targeted effort is to address disproportionality and disparity within California's child welfare system as statewide data reveals that African American and American Indian children are in care the longest and experience the worst outcomes.

The CAPP's theory of change envisions a rigorous multi-pronged approach to systems change that:

- Centers on community engagement and partnership at all levels, building relationships with Community and Tribal Partners;
- Uses qualitative and quantitative methods to understand and address organizational and structural contributors to poor outcomes for children and families involved in the child welfare system;
- Brings together community/tribal perspectives and formal system reviews for local analysis and action planning;
- Creates a Child and Family Practice Model (Practice Model) with partners and is based on the fundamental belief that broad social, racial, cultural and historical factors have contributed to the disparate outcomes for African American and American Indian children and families; and
- Employs implementation science, maintaining that outcomes improve when proven interventions are consistently and systemically implemented.

The CAPP is implementing a Practice Model with the participation of Community and Tribal Partners that serves as a guide for public agencies and their partners to follow in reducing long-term foster care and improving the lives of children, youth, and families in the child welfare system. The Practice Model includes 4 elements that must come together to be effective:

- A theoretical framework that provides the foundation for the model;
- A set of guiding values and principles for all actions;
- A front line practice approach that informs and guides all interaction with children and families that encompasses exploration and engagement; power of family; circle of support; and healing trauma; and
- The development of organizational and system capacity to support the changes that are sought through the model.

[1] To date, Los Angeles is implementing CAPP in a number of regions rather than county-wide.

The four front line practices (exploration and engagement; power of family; circle of support; and healing trauma) have been translated into 23 specific practice behaviors that are being utilized by social workers and partners in their day-to-day interactions to ensure that they are meaningfully engaging and empowering families to advocate for needed supports and services; bringing a natural circle of family, community and tribal supports together; and supporting families in using cultural practices to promote healing and wholeness.

Stakeholder Collaboration

The four CAPP counties had been actively engaging community and tribal representatives at the local level with various taskforces and advisory bodies aimed at building relationships and forging partnerships to review and improve child welfare services prior to CAPP. These were conducted through Institutional Analyses and System Reviews, which are examinations of child welfare systems seeking to understand and address organizational and structural contributors to poor outcomes for children and families involved in those systems. Key findings from these reviews and the experiences shared by community and tribal partners furthered the understanding of what is missing in the child welfare system and how it impacts interactions with families and poses barriers to permanency and improved outcomes. Critical issues identified included:

- Gaps between the systems intent and actual outcomes for families;
- Unique strengths and problems faced by African American and American Indian families are not understood by the child welfare system;
- Interventions with families are through universal, rather than individualized and culturally relevant assessments and supports; and
- Services and supports that are sensitive to current and historical trauma are not always available to families.

Outcomes and Systemic Factors Impacted

As the CAPP sites continue to make progress with implementation strategies, it is apparent that implementation of the Practice Model requires the whole organization including its leadership and management to organize around the implementation drivers and all local implementation activities including training and coaching, strengthening partnerships and building capacity for ongoing fidelity assessments. Regardless of organizational structures and processes, CAPP has learned that responsibility for implementation rests with organizational leadership and communication processes that attend to practice-to-policy feedback loops. Parent partners, foster parents, communities and tribes are critical in designing new practices and the instruments, tools and processes needed for assessment and evaluation.

The CAPP is a work in progress that is constantly striving to improve its approach and process for accessing and using community and tribal guidance effectively and respectfully. In addition, CAPP seeks to improve efforts to ensure there is equitable representation and opportunities for meaningful feedback from community and tribal representatives. While CAPP's process, structure and approach have evolved, CAPP's goals remain constant.

Objectives

- All players (agencies, communities, tribes) continue to build/strengthen partnerships with each other and communities and tribes play the meaningful roles in the implementation of the Practice Model:
    - Key advisors or advisory groups working with agency staff and leadership on practice implementation and systemic issues;
    - Creating, adapting or delivering CAPP training curricula;
    - Cultural coaches building local capacity to practice in culturally sensitive ways;
    - Parent partners and other Community/Tribal representatives as members of County Implementation Teams; and
    - Foster parents, parent partners and others as trained observers on Fidelity Assessment Teams.

- Develop a Community Engagement Toolkit using strategies derived from meaningful collaboration with communities and tribes during their local practice model implementation.

- *Build capacity to sustain the Practice Model in all CAPP sites:*
    - Develop and execute plans to sustain implementation roles, functions and supports within organizations and structures;
    - Sites participate in yearly driver assessment survey and implement resulting action plans
    - Site-specific plans for conducting CAPP Fidelity Assessments are implemented and being sustained; and
    - Full roll-out completed in all sites with coaching support sustained and ongoing training occurring for new staff.

- *Review of data/outcomes are a standard part of CAPP sustainability and improving system and practice in all sites:*
    - Data is entered within the Decision Support Data System (DSDS) to monitor implementation supports and adherence to the practice model in each site;
    - Administrative data and case records provided to PII Evaluation Team (ET) on an agreed-upon schedule;
    - The DSDS audited and training, coaching and support provided to sites in efficient data gathering/entry protocols; and
    - Data on implementation, fidelity and outcomes is used to improve practices, organization supports and system functioning.

- *Facilitate and support PII/CAPP dissemination and cross-site learning, feedback and communication:*
    - Create communications materials that increase understanding of issues central to CAPP for target audiences;
    - Facilitate and support development of written dissemination products and CAPP Program Manual to meet PII/CAPP goals and benchmarks;
    - Continue to support regular meetings and activities of CAPP communications, project management, cross-site, executive management and evaluation teams;
    - Continue to integrate the perspectives of local, state and federal partners in all CAPP work and decision-making; and

- Addresses the layers of trauma experienced by children and families and increases the level of support and receipt of services.

Measure of Progress
Federal partners are conducting a rigorous evaluation of CAPP as part of a cross-site evaluation with other PII projects operating across the country. In completing the next phase of activities for PII/CAPP evaluation, CAPP will complete the following activities:

- A CAPP evaluation work plan and analysis plan will be developed collaboratively with PII- ET. Four workgroups will be structured to plan activities related to the following areas of measurement and analysis:
- 1) Identifying CAPP children
- 2) Parent-Legal Guardian Survey
- 3) Case Record Review and 4) Distal Outcome Data Analysis
- A Fidelity Assessment Protocol will consistently be administered in CAPP Sites;
- Service delivery targets and implementation integrity will be reached by all CAPP sites;
- A cost calculator for Children's Services will be implemented by sites and coordinated with PII-ET as part of a PII Evaluation cost study; and
- A Parent/Guardian survey will be conducted in all sites that will demonstrate CAPP proximal outcomes.

Notwithstanding evaluation outcomes, many of the values, principles and practices developed as part of CAPP are aligned with a number of other state supported and legislatively mandated efforts such as Mental Health Coordination, CCR, and the Resource Family Approval Process (RFA). Consequently, there is movement at the state-and-local level to integrate this work with other existing and emerging practices into a consistent framework to guide child welfare practice (CA Core Practice Model). These efforts will substantially contribute to strengthening culturally relevant and appropriate services for California's families.

The CAPP's unique contribution to this process is the foundational work conducted related to the engagement and involvement of Community and Tribes in the development of the Practice Model. As a result it supports CDSS's exploration of broadening state-level engagement to find respectful and meaningful ways to co-create shared vision and to collaborate and consult with stakeholders and stakeholder organizations. To highlight the valuable partnership lessons-learned in the development and implementation processes of the Practice Model and support integration of these approaches, CAPP will continue to deliver presentations at local, statewide and national conferences.

<u>Los Angeles (LA) Gay & Lesbian Center's Recognize Intervene Support Empower (RISE) Initiative to Reduce Long-Term Foster Care Permanency Innovations Initiative</u>

The LA Gay & Lesbian Center's RISE Initiative to Reduce Long-Term Foster Care Permanency Innovations Initiative 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 LA Gay & Lesbian Center operates RISE, an initiative designed to help lesbian, gay, bisexual, transgender and questioning (LGBTQ) children and youth in the CWS achieve permanency (a safe, stable, permanent family). The RISE's

partners include the LA County Department of Children and Family Services (LA DCFS) and more than 20 community organizations. The RISE initiative is designed to help LGBTQ youth in LA find durable family connections, achieve emotional permanency, and obtain legal permanency in homes where they feel safe, nurtured and loved into adulthood. The RISE initiative targets LGBTQ children and youth ages five to 19 with open cases at LA DCFS, including those who are gender non-conforming and gender-questioning. This includes those youth in the foster care system dually supervised by the DCFS and the Probation Department.

Mental Health Coordination

On July 18, 2002, a lawsuit, *Katie A. et al. v. Diana Bonta et al.,* was filed on behalf of a class of children in California who are in foster care or are at imminent risk of foster care placement, have a mental illness or condition, and need individualized mental health services. As a result of the Settlement Agreement, CDSS and the DHCS, agreed to take a series of actions intended to transform the way California children and youth in foster care, or who are at imminent risk of foster care placement, receive access to mental health services. Those mental health services include assessment and individualized treatment and are delivered in a manner consistent with what has been defined as a Core Practice Model to create a coherent and all-inclusive approach to service planning and delivery thereby increasing access to services and improve child well-being.

Within the framework of the Core Practice Model, local county jurisdictions provide three Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services: Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) and upon approval from the Centers for Medicaid and Medicare Services, Therapeutic Foster Care (TFC). California counties are currently in the process of implementing these services while incorporating the CPM framework for all children in the child welfare system with a need for mental health services. All counties, agencies and individuals that serve children, youth and their families in both child welfare and mental health will use this practice model.

The Core Practice Model is about working together to improve outcomes for children, youth and families, a value that has been infused within California child welfare and mental health initiatives over the last several decades. It is about changing the way one works; from working with children, youth and families in an individual system or agency to working within a team environment to build a culturally relevant and trauma-informed system of supports and services responsive to the strengths and underlying needs of families being served jointly by child welfare and mental health.

Overall, there has never been a better opportunity to undertake the work of systems transformation. At the state level, both the child welfare and mental health systems are committed to system redesign and transformation through current major initiatives. Those initiatives include the Mental Health Services Act, The Affordable Care Act, California's CFSR process, the Child Welfare Federal Grant Initiative, CAPP, Safety Organized Practice and the most recent catalyst being the settlement of the *Katie A. v. Bonta et. al* lawsuit.

Teaming

Over the past several decades the definition of teaming has evolved from a process of bringing together professionals working with a particular child, youth and family to one that includes and values families as equal partners and decision makers. Over the past 2 decades in California, teaming efforts in child welfare services have merged professional multidisciplinary teams with the child, youth and family. This involvement has advanced and transformed systems of care. While the use of inclusive teams has become more common in the state, it is critical that the team members operate with fidelity to the values and philosophy embedded in the Core Practice Model; professional expertise is a resource, not the answer. Children, youth and families are recognized as the best experts about their own lives and preferences; and natural supports have valuable information and resources to share.

The practice of teaming for all children, youth and families is at the heart of the Core Practice Model. The concept of a Child and Family Team (CFT) is central to the Core Practice Model. The CFT is comprised of the child, youth and family and all ancillary individuals who are working with them toward their mental health goals and successful transition out of the child welfare system. Teaming recognizes

and appreciates the key contributions of a family's community and/or tribe in providing strength and support. The process therefore encourages and assists the family in building and/or enhancing their circle of support. Outreach efforts are made to engage extended family members, neighbors and friends, faith-based and other community/tribal connections, as well as relevant representatives of other child/family-serving systems and agencies, such as education, primary care, substance abuse, developmental disabilities and juvenile justice. This practice provides enhanced family supports which lead to better permanency outcomes.

Although teaming has become embedded in many child welfare and mental health practices, it has often been found within initiatives, the provider community, and in small pockets of child welfare and mental health practices. The state will continue working with stakeholders and community providers to implement information based on past learn lessons to avoid the loss of fidelity in teaming and to develop comprehensive training to support both social worker and mental health practice with developing teaming approaches in all of the services provided to children, youth and families. On-going teaming efforts can also be found in the CCR and the development of the Statewide Practice Model being developed in partnership with the CWDA and California counties.

Trauma-Informed Practice

Understanding the impact of trauma on individuals is essential in meeting the needs of children, youth, and their families in the CWS and therefore it is foundational to the implementation of the Core Practice Model to improve well-being outcomes. Trauma experiences affect brain function, the attainment of developmental milestones, social perceptions and relationships, health, emotion and behavior. Trauma-informed practice focuses upon what has happened to a child and his/her family rather than what is wrong with that child or family. It means using knowledge of trauma and recovery to design and deliver services. Over the next five years, many counties are exploring the use of Safety Organized Practice, evidenced based treatments like Trauma-Focused Cognitive Behavioral Therapy and other trauma-focused tools to further support enhancing effective practices for children who have experienced trauma. The California Wraparound standards, which were developed in 1999 for the Title IV-E Intensive Services Waiver, are also being updated and enhanced to align with California's focus on trauma-informed practice.

Practice Components

The Core Practice Model has five key practice components. The practice components are the basic activities of collaborative work with children, youth, and families involved with child welfare and mental health. They are:

Engagement - Family engagement is a family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. Engaging families is the foundation of building trusting and mutually beneficial relationships.

Assessment - In the Core Practice Model, the term "assessment" includes both the assessment activities that are done by child welfare, which include screening for mental health needs, and the more formal mental health assessment that is conducted by a mental health professional. Assessing also includes determining the capability, willingness and availability of resources for achieving safety, permanence, and well-being of children.

Service planning and implementation - Service planning involves creating and tailoring plans to build on the strengths and protective capacities of the youth and family members, in order to meet the individual

needs for each child and family. Service planning and implementation include the design of incremental steps that move children and families from where they are to a better level of functioning.

Monitoring and adapting - Consistent with the vision of data-driven decision making, monitoring and adapting are part of the practice of evaluating the effectiveness of the plan while assessing current circumstances and resources. It is the part of the planning cycle where the plan is reworked as needed.

Transition - Transition is the process of moving from formal supports and services to informal supports, when intervention by the formal systems is no longer needed.

The key components are informing the development of the statewide practice model as well as the revisions to the statewide training core curriculum for all social workers. The state is also working with DHCS to identify outcome measures to identify both fidelity to these components and the effectiveness of these practice behaviors.

Intensive Care Coordination (ICC)

The ICC is a targeted case management (TCM) service that facilitates assessment of, care planning for and coordination of services for children and youth in need of more intensive mental health services. An ICC coordinator serves as the single point of accountability to:

- Ensure that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically relevant manner and that services and supports are guided by the needs of the child/youth;
- Facilitate a collaborative relationship among the child/youth, his/her family and involved child-serving systems;
- Support the parent/caregiver in meeting their child/youth's needs;
- Help establish the CFT and provide ongoing support; and
- Organize and match care across providers and child serving systems to allow the child/youth to be served in his/her home community.

Currently the state is capturing utilization data for these services; however, the state is also working with DHCS to identify qualitative outcome measures to identify the effectiveness of these services. There is currently a large workgroup coordinated by DHCS to develop a Performance Outcome System (POS), which will look at many aspects of EPSDT services that will include ICC.

Intensive Home Based Services (IHBS)

The IHBS are individualized, strength-based mental health rehabilitation services designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child and youth build and improve skills necessary for successful functioning in the home and community. As mentioned above, the state is working with the POS workgroup on outcome measurements for IHBS.

Therapeutic Foster Care (TFC)

The Therapeutic Foster Care (TFC) is an intensive, individualized rehabilitative mental health service model, that will be provided to a child or youth that is placed with specially selected and trained and intensively supervised TFC parents. The TFC parents will serve as a primary change agent in the therapeutic process and have shared responsibility for implementing the child and youth's plan of care. They will work closely with the mental health ICC coordinator and other members of the child and

youth's family team. The TFC model is currently being reviewed by the Centers for Medicaid and Medicare Center for approval.

Stakeholder Collaboration

As California continues implementation activities under the Settlement Agreement, the CDSS and DHCS continue collaboration and consultation with the court, special master and plaintiffs as well as local child welfare and mental health jurisdictions, county service providers, tribes, advocates, training coordinators and providers, children, youth and families and other interested stakeholders.

The CDSS and DHCS are developing a Shared Management Structure (SMS) to ensure that quality specialty mental health services are provided timely within the CPM framework of coordinated, comprehensive, individualized and community-based services. The SMS will be inclusive of stakeholders and will ensure the integration of essential elements of the CPM into current practice, long term sustainability, and evolution of these practice changes. In addition, the SMS will have the responsibility to develop a shared vision and mission statement, policy and program direction, clear and consistent guidance, and outcome and accountability measures. It will support and sustain active and meaningful participation from families, children and youth who have experienced an array of services within the child welfare and mental health systems. The SMS may support ongoing strategies regarding the quality of care and service provision that families, children and youth receive from child welfare and mental health systems.

The SMS will coordinate the work of the Joint Management Taskforce/Accountability Communication and Oversight and CPM Fiscal taskforces to ensure that service delivery is supported and improved over time and that quality, accountability, and fiscal systems and structures are consistent with the CPM values, goals and services. The SMS objectives are:

- To create cross-system processes and procedures to support and manage the shared responsibility between DHCS and CDSS for engaging and delivering services to children with an open child welfare case that is consistent with the Core Practice Model at the county/local level.
- To develop and provide models for local agencies to consider in order to work together more effectively and in a manner consistent with the Core Practice Model.
- To align policies and procedures and revise them jointly as needed to ensure a shared practice that is consistent, avoids duplication and provides a process for quickly resolving conflicts.
- To reduce barriers to services that arise due to a lack of understanding of federal and state rules and regulations and to eliminate local rules which impede access to care and the adoption of the CPM.
- To ensure that the shared management approach purposefully builds productive collaboration with children, youth and families; involving them in decision-making and in implementing solutions.

The State Team which consists of CDSS and DHCS staff continues to consult with the CWDA and the County Behavioral Health Directors Association (CBHDA) to develop and revise the ongoing process to ensure county staff and direct service providers are implementing ICC and IHBS to children and youth with intensive mental health needs, correctly claiming for the services provided, and data collection. The CDSS has identified several areas of needed improvement for stakeholder consultation regarding access to mental health services for children and youth. Those stakeholders include:

- Tribes - Staff have and will continue to attend CDSS' Indian Child Welfare Association (ICWA) workgroup meeting to ensure the Tribal children and youth who have intensive mental health needs have access to the ICC and IHBS within the framework of the Core Practice Model. Both CDSS and DHCS will further explore other avenues to further include tribal partnerships, which may include the work being done at CDSS on the Tribal Consultation Policy.
- Youth - A contract with the California Youth Council is being processed in order for a former foster youth to become part of the State Team. This youth will assist in the ongoing program and policy discussions, as well as the revisions to the practice manuals upon the inclusion of TEC.
- Parent - The State Parent Leadership Team contract will allow for parent partners to participate on the Katie A. State Team. The state is doing additional outreach through the Parent Partner Committee coordinated through UC Davis Resource Center for Family Focused Practice (RCFFP).
- Probation - Staff has encouraged counties to provide ICC and IHBS within the framework of the Core Practice Model to include probation youth who have intensive mental health needs. Additional outreach will continue to occur through the RCFFP Probation Advisory Committee and the Chief Probation Officers of California association.

The CDSS has designated the Integrated Services Unit (ISU) as the programmatic lead for Mental Health Coordination. The ISU also has programmatic oversight for the Wraparound Program. ISU Program consultants are assigned specific counties to provide technical assistance (TA) in order to ensure children and youth are receiving quality specialty mental health services within the framework of the Core Practice Model.

The State Team has TA calls for counties, direct providers, and stakeholders on the first and third Wednesday of each month. The purpose of the TA call is to provide information or respond to questions, issues, or concerns regarding the implementation of ICC and IHBS within the framework of the Core Practice Model.

The Safe and Thriving Futures contract continues to support county on the best practices and policies that support the permanency and well-being of children who are in and transitioning from foster care. This contract is a partnership between CDSS and the Stuart Foundation including training and TA in support of the Core Practice Model.

Outcomes and Systemic Factors Impacted

It is anticipated that the Core Practice Model and the specific intensive services within the Core Practice Model will improve outcomes of safety, permanency and well-being, as these outcomes are embedded in the values and principles of the Core Practice Model. In addition, many systemic factors will be impacted, including Case Review, Staff Training, Service Array, and Agency Responsiveness.

Keeping children safe is one of the primary goals of the Core Practice Model. Within the Core Practice Model, services must be designed to protect children while providing supports to strengthen families to prevent abuse and neglect (Safety Outcome 1). Before a decision is made to remove a child, efforts are made to safely maintain children in their homes whenever possible and appropriate (Safety Outcome 2), including providing necessary supports and services that may include mental health services when needed.

The Core Practice Model also aims to improve permanency and stability in children's living situations (Permanency Outcome 1) and preserve continuity of family relationships (Permanency Outcome 2). The CFT is one process that supports these outcomes. Teaming within the CPM involves bringing together

extended family; informal support persons such as friends, coaches, faith-based connections; and other formal supports such as educational professionals and representatives from other agencies providing services to the child and family, thus preserving the continuity of family relationships. The team approach creates a strong level of support for all team members, enhancing caregiver's abilities to provide a stable and permanent living situation for children. Additionally, ICC and IHBS services specifically work to ameliorate mental health conditions that interfere with a child/youth's functioning, thus helping to stabilize children in their living situations.

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

The Core Practice Model supports Systemic Factor 2 Case Review, in that case planning within the Core Practice Model involves creating and tailoring plans to build on the strengths and protective capacities of the youth and family members, in order to meet the individual needs for each child and family. Case Plan development is done within the CFT.

The state will continue to contract with our statewide training entities to provide trainings related to the teaming process to ensure that services and supports for children and families reflect their individualized needs and increase their buy-in for participation. Training (Systemic Factor 4) is an integral part of implementation of the Core Practice Model. CDSS' training objectives include:

- Developing cross-system training and coaching curriculum and educational materials for child welfare and mental health staff, youth, family support partners, providers, parents and caregivers and to include families and caregivers in the development of training.
- Developing joint training and/or technical support for child welfare and mental health that is in line with the CPM.
- Supporting the integration and coordination of child welfare and mental health leadership and workforces in order to deliver consistent and quality services that include families and youth in the training process.
- Clarifying and provide guidance on state and federal laws as needed to implement the Settlement Agreement so that counties, providers, families, children, youth, and other stakeholders can understand and consistently apply them.
- Developing and endorse practice tools, training and coaching curriculum, practice improvement protocols and quality control systems to support the shared CPM in order to support service integration and/or coordination for mental health services for class members.
- Ensuring family and youth involvement is included in all aspects of training and support development and activities.

Ensuring children receives services to meet their mental health needs is at the core of the Core Practice Model, which supports Systemic Factor 5 Service Array. The addition of ICC and IHBS services for eligible children broadens California's child welfare service array.

Lastly, the Core Practice Model and the specific intensive services within the Core Practice Model, will strengthen Systemic Factor 6 Agency Responsiveness. Services are to be delivered through a multi-agency collaborative approach that is grounded in a strong community base. Collaboration is central to the CFT and goes beyond just coordinating, sharing information, or meeting together. By bringing together a diverse set of people and perspectives, including youth and families, service agencies and providers and community/tribal partners, collaborative approaches enable development of a holistic view of a complex situation. Such "big picture" and inclusive thinking helps to identify the many causes of problems, how those causes are connected, and the underlying needs reflected in their situations.

Objectives and Measure of Progress

The purpose of the Core Practice Model is to develop a shared model of practice to better integrate services and supports for children, youth, families and communities. In addition, the purpose is to provide responsive, efficient and high quality services that promote safety, permanence, well-being and self-sufficiency.

Several activities related to data, accountability and quality assurance are necessary to ensure clear and consistent guidance so that outcomes, satisfaction and accountability measures are consistent with the Core Practice Model. These include adoption and statewide use of a data-informed system of performance oversight, accountability and communication which measures and evaluates access, quality, satisfaction, effectiveness, costs and outcomes at the individual, program and system levels.

The CDSS' objectives include:

- Engaging youth and families in all aspects of data and quality assurance planning, design, decision-making and implementation. Youth and Parent Partners were participants in the Accountability, Communications, and Oversight (ACO) Taskforce.
- Establishing a method to track the use of IHBS, ICC and TFC services for children and youth. Beginning in October 2013 and occurring twice per year, California counties complete and submit a progress report on various aspects of implementation and service delivery. Further tracking methods are in development and are described below.
- Facilitating a stakeholder meeting to solicit ideas from youth and families, providers, advocates, counties, and other stakeholders about the data DHCS and CDSS should routinely produce and post on both departments' websites. Although some work around this objective has been completed through the ACO, additional and on-going stakeholder input will be necessary for continuous quality improvement. The work of the Joint Management Taskforce will develop a Shared Management System that will also consist of stakeholders who will review data periodically. This system is currently being developed and should be operational by 2015.
- Establishing a procedure and timeline to produce and post data that is useful to counties, stakeholders and State departments in addressing the needs of children in the class, including information and data regarding the use of less restrictive, informal services, and natural linkages used to address children, youth and families' strengths and needs.
- Collecting existing data specific to the CPM, ICC, IHBS and TFC in order to evaluate utilization (patterns, type, frequency, intensity of services) and timely access to appropriate care, including informal services and natural linkages.
- Measuring the success of the processes to identify/screen, refer and firmly link class members to services and to adapt and modify Implementation Plan strategies to resolve problems or eliminate barriers that may arise and impede access to IHBS, ICC, TFC, or the application and use of the Core Practice Model.

Methods of data collection that have been identified and will be further developed or enhanced over time to support many of the objectives listed above, include Semi-Annual Progress Reports, the C-CFSR, the DHCS External Quality Review Organization (EQRO), the POS, and DHCS and CDSS Data Matches and Reporting. The CDSS intends to leverage existing systems to evaluate and monitor implementation of services, fidelity to the CPM and outcomes for children.

Beginning in October 2013 and occurring twice per year, California counties complete and submit a progress report on various aspects of implementation and service delivery for the preceding six months. The progress reports are completed jointly by each county's child welfare and mental health agencies, and convey data on the number of children identified as members of the subclass, the number of children receiving ICC and IHBS, the number of children receiving other types of Specialty Mental Health Services, and also the number of children projected to receive services in the next reporting period. The CDSS is exploring the use of the C-CFSR process to evaluate and monitor long term implementation of services and fidelity to the Core Practice Model. On January 1, 2014, CDSS released a revised C-CFSR Instruction Manual, which included a requirement for counties to report information regarding their implementation of the Core Practice Model, ICC and IHBS services on an annual basis. The CDSS is also using the stakeholder process to examine community and consumer perspectives on services to the children and youth. Additionally, counties are being encouraged to include strategies in their System Improvement Plans (SIPs), to improve timely provision of ICC and IHBS Services, as needed. The state is in the process of developing a Case Review System, which will include identification and assessment of Core Practice Model implementation and fidelity.

The DHCS' (EQRO) process is currently, and will continue to monitor and evaluate progress at the practice and system levels, by incorporating Core Practice Model focused questions and discussions consistent with ACO recommendations, into the on-site interview process.

The POS is a workgroup developed by the DHCS to further develop both quantitative and qualitative outcome measures for all children receiving EPSDT services. The state is working closely with the POS workgroup to further define outcome measures for the Core Practice Model and other intensive mental health services for our children and youth. POS intends to have statewide and county reports on comprehensive performance outcomes by summer 2016.

Data matches between CDSS and DHCS will be used to analyze CWS outcomes, assess progress, as well as, analyze needs, service utilization, and the use of psychotropic medications in the children and youth. A Data Sharing Workgroup has been established to support the development of a data sharing MOU and identify data elements for outcomes report(s) and methods for data matching and displaying reports. The first data exchange and match pursuant to the agreement will occur by October 1, 2014 and will continue at least once during each six month period thereafter. This information will be used to target resources for technical assistance and training to support the sustainability of mental health coordination and collaboration. Further, the state plans to share this information with the individual counties to further practice implementation of the Core Practice Model.

California Wraparound

Wraparound is a family-centered, strengths-based, needs-driven planning process for creating individualized services and supports for children, youth and families. Specific elements of the Wraparound model include teaming, family and youth engagement, individualized strength-based case

planning, and transition planning. Wraparound currently exists in 45 counties in California with other counties planning to implement in the near future. Wraparound will be beneficial to many counties in their continuing implementation process during utilization of the Core Practice Model in serving the child or youth identified as needing mental health services. By promoting the engagement of children, youth and families in a team-driven process, wraparound becomes an essential factor in achieving positive outcomes.

Additionally, as part of the federal Title IV-E Waiver Demonstration Project for California, wraparound is being implemented project-wide for all participating counties. Under the Project, wraparound will target probation youth exhibiting risk factors that could result in foster care placement.

Stakeholder Collaboration

The California Wraparound Advisory committee (CWAC) was established in 2012 and meets twice annually to help advise and assist the state level policies designed to strengthen local governments' ability to implement, administer, and sustain effective California Wraparound Programs. Its composition of child welfare, mental health, probation, education, parents, youth, providers and other community based organizations allows this committee to be collaborative in its effectiveness in planning strategies to improve Wraparound in areas identified as needing it. This committee will revise the Wraparound Standards in an effort to maintain program fidelity throughout the state. In addition, this committee will support the development of legislation as needed through the CCR efforts.

Outcomes and Systemic Factors Impacted

While not directly related to a single outcome, this effort most closely relates to the outcome measures listed below as well as the service array systemic factor:

- Entries into out-of-home care;
- Entries into the most appropriate and least restrictive placement settings;
- Re-entries into out-of-home care;
- Recurrence of maltreatment;
- Re-offenses among children and youth on probation; and
- Child and family functioning and well-being as measured by assessment tools selected by the counties.

Objectives

Through the provision of alternative services to youth in high-level group home placements or to those at risk of group home placement or entry into foster care, wraparound aims to provide intensive, individualized services and supports to families that will allow children to live and grow up in a safe, stable, permanent family environment. To support this objective, wraparound is built around the following four phases or elements:

- Phase 1 – Engagement and Team Preparation
- Phase 2 – Initial Plan Development
- Phase 3 – Implementation
- Phase 4 - Transition

Measure of Progress

Currently many counties and providers are ramping up their staffing in order to improve capacity due to the increased identification of youth needing services, particularly mental health services. Additionally,

some counties lost funding due to the recession and are now starting to again implement wraparound programs. The CDSS will continue to provide training and consultative TA to support counties in re-establishing their programs.

As part of the federal Title IV-E Waiver Demonstration Project for California, the state will conduct an independent third-party evaluation of the waiver demonstration to test the hypothesis that the use of Title IV-E funds to provide alternative services in the areas of prevention and family-centered practice, as appropriate, will result in improved safety, permanency and well-being outcomes for children. The evaluation will consist of three components: A process evaluation, an outcome evaluation and a cost analysis. The outcome evaluation portion will explore changes in the outcomes listed above.

As part of the federal Title IV-E Waiver Demonstration Project for California, the state will conduct an evaluation of the waiver demonstration to test the hypothesis that the use of Title IV-E funds to provide alternative services in the areas of prevention and family-centered practice, as appropriate, will result in improved safety, permanency and well-being outcomes for children. The evaluation will consist of three components: A process evaluation, an outcome evaluation, and a cost analysis. The outcome evaluation portion will explore changes in the outcomes listed above.

Tribal Consultation Policy (TCP)

The CDSS, CFSD is developing a TCP in collaboration with California Indian tribes to guide CDSS interactions with tribes related to child welfare matters. This work is being initiated in support of existing laws, regulations and policies pursuant to federal and state executive directives that reinforce the need to establish a tribal consultation policy and a process for meaningful collaboration. The work is still in the early stages.

Stakeholder Collaboration

The (ICWA) has provided CDSS an opportunity to engage with tribes to identify and address problems that affect the wellbeing of Indian children and youth through the establishment of the ICWA Workgroup in 2002. The ICWA Workgroup is a cooperative of tribal, county and state representatives, advocates, and technical experts. The guidance received through collaboration with the ICWA Workgroup is distinct and different from formal "government-to-government" consultation and highlights the need to develop a TCP to formalize partnerships between CDSS and tribes on issues related to child welfare.

The ICWA Workgroup initiated the TCP development process in June 2013 at the 20th Annual Statewide ICWA Conference where it co-facilitated listening sessions to collaborate with tribes on the desired structure of the TCP. CDSS has continued this collaborative effort by visiting seven individual Tribal Councils since June 2013 to receive additional guidance on the structure and key components to include in the TCP. In April 2014, CDSS invited tribal council chairs of all 109 federally recognized Tribes to participate in a TCP committee (TCPC) that will draft the TCP. A TCPC comprised of 28 tribal representatives including 12 tribal council members and 16 tribal council designees, was established and the first conference call was held in May 2014. The first face-to-face working session will be held in June 2014 at the 21st Annual Statewide ICWA Conference.

Outcomes and Systemic Factors Impacted

While not directly related to any single outcome, this effort most closely relates to the systemic factor on Agency Responsiveness to the Community. The TCP anticipates a deliberate participatory process that aims to create effective collaboration and informed decision-making. Meaningful consultation begins at the earliest phases of a project or program planning and continues through each phase of activity and implementation. The TCP aims, ultimately and in the process of development, to promote positive, achievable, durable outcomes in a timely, respectful and meaningful manner using effective bilateral communication with tribally elected officials or other authorized representatives.

Objectives

The objectives outlined below are negotiable and contingent upon the outcome of the TCP development process:

- To formalize the requirement for timely consultation and participation by representatives of California tribal governments in CDSS policy development and program activities.
- To engage tribal representatives in CDSS decision-making processes about policies and programs having a direct impact on tribal children and families.
- To utilize the provisions established within the TCP as the primary source of tribal advice and recommendations.

- To ensure the principle focus for consultation and participation is with Tribal governments and Tribal organizations composed of multiple tribal governments and/or tribal government representatives.

Measure of Progress

The TCPC working sessions will continue to take place over the next few years until a TCP is drafted, vetted and approved. Feedback will be sought from the Governor's Tribal Advisor, the ICWA Workgroup and CDSS Executive Leadership. The CDSS is exploring funding to support tribal attendance for at least two face-to-face working sessions in 2014 and 2015 and additional working sessions will be held via webinar. Provisions outlined in the TCP will guide the structure and frequency of the consultations. Depending on what the TCP outlines, CDSS can provide detailed reports on consultation sessions that summarize the discussions, specific recommendations and responses. In addition, Executive Summaries can be posted on the CDSS website at: http://www.childsworld.ca.gov/PG3295.htm

QUALITY PARENTING INITIATIVE (QPI)

The QPI is a collaborative effort of the Youth Law Center, the County Welfare Directors Association (CWDA) and the CDSS. The goal of the QPI is to develop a statewide approach to recruiting and retaining high-quality caregivers for children and youth in foster care. Attracting and retaining quality caregivers is critical to achieving positive outcomes for children and families and to ensuring the success of child welfare improvement efforts. Consistent with the values of California's Core Practice Model described earlier, the QPI aims to strengthen foster care, including kinship care, by ensuring that a foster or relative family caring for a child provides the loving, committed, and skilled care that the child needs, while working effectively with the child welfare system to reach the child's goals. The QPI also seeks to clearly define the expectations of caregivers, to articulate those expectations, and to align the expectations of the child welfare system to support quality foster care. The major successes of the project have been in systems change and improved relationships. Currently, twenty counties are participating in the initiative. Through this initiative, the commitment to accountability and improving how services are delivered in alignment with the Core Practice Model will be realized.

Stakeholder Collaboration

Since 2013, YLC has been continuing to work on supporting QPI county child welfare agency sites in their goals to ensure every child in foster care receives high quality parenting, addressing statewide policy issues that inhibit the recruitment and retention of excellent parents, and building a network that links California QPI sites together and to other QPI sites across the country (Florida, Nevada, Texas and Connecticut). We have focused on assisting the 20 existing counties through more intensive quarterly technical assistance visits, monthly all site-webcast meetings, a national QPI conference for sites and other supports. In sites, child welfare agency staff, foster parents, birth parents, youth and community partners have collaboratively participated in assessing strengths and needed areas for improvement and developing an action plan to implement policy and practice changes.

Outcomes and Systemic Factors Impacted

QPI focuses on helping sites develop a plan for policy and practice changes to ensure the needs of children are met through teamwork by social workers, caregivers and birth parents. Additionally, QPI requires county sites to implement the Partnership Plan, developed in partnership by caregivers, child welfare staff and other community partners. The Partnership plan has new expectations of both caregivers and child welfare staff to:

- work in partnership to protect children from abuse and neglect,
- provide stability and work towards case plan goals of permanency,
- work closely to preserve children's relationships with birth and extended family and important connections
- ensure educational success through active caregiver participation and involvement
- ensure the health and mental health needs of children in care are met

These new expectations are being developed into material that can clearly communicate the important role of caregivers to prospective foster parents, and are being incorporated into existing foster parent training. Currently, all QPI sites are working on implementation of the California Partnership Plan, which identifies responsibilities and expectations for caregivers and child welfare agency staff. County efforts include revising orientation, pre-service and ongoing caregiver trainings to include partnership plan expectations, offering joint trainings to existing caregivers and social workers on the plan, and utilizing the plan at the time of placement.

Additionally, CDSS will soon 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 (developmentally appropriate parenting, partnership between birth families/caregivers/social workers, transitions, etc.). California will "subscribe" to join the QPIFlorida and QPINevada network to share training materials as relevant across sites and make joint access to training resources possible.

To ensure responsiveness, CDSS meets monthly with YLC and CWDA to discuss how QPI can be integrated into other statewide and county child welfare reform efforts, and to identify needed changes in policy and practice at the state level in order to ensure high quality care.

Objectives

- CDSS will implement the QPI partnership plan and assessment tools statewide
- CDSS will launch the QPICalifornia.com training site as a training resource for staff and foster parents
- 100% of participating QPI sites will engage in at least one new recruitment and retention strategy
- CDSS will participate in a statewide QPI training conference to share information on strategies and issues impacting the systemic and statewide outcomes

Measure of Progress

YLC will assist CDSS in developing milestones and gathering information to ensure completion of the objectives.

Resource Family Approval (RFA)

The RFA Program[2] aims to provide a streamlined, family-friendly, and child-centered process for approving relatives, Non-Relative Extended Family Members (NREFM), foster parents, and adoptive parents to care for foster children. The RFA Program seeks to create a single approval standard, which integrates elements from licensing, relative/NREFM and adoption approval activities to replace the existing separate and duplicative processes. A family approved through this process has the ability to care for a child temporarily or permanently, eliminating the requirement for any other approval, license, or certification.

The RFA Program standards build on the existing licensing and relative approval standards (criminal background and inspection of the home and grounds) and include a psychosocial assessment similar to existing adoption home study. These standards are outlined in the form of Written Directives, created in collaboration with the early implementation counties and other stakeholders, and have the same force and effect as state regulations. The goal of the standards is to have caregivers for children in foster care who demonstrate:

- An understanding of the safety, permanence, and well-being needs of children who have been victims of child abuse and neglect; and the capacity and willingness to meet those needs, including the need for protection, and the willingness to make use of support resources offered by the agency, or a support structure in place, or both;
- An understanding of the importance of promoting the healthy sexual and identity development of children including sexual orientation, gender identity and expression (SOGIE);
- An understanding of children's needs and development, effective parenting skills or knowledge about parenting, and the capacity to act as a reasonable, prudent parent in day-to-day decision-making;
- An understanding of his or her role as a resource family and the capacity to work cooperatively with the agency and other service providers in implementing the child's case plan;
- The financial ability within the household to ensure the stability and financial security of the family; and
- An ability and willingness to maintain the least restrictive and most family-like environment that serves the needs of the child.

Pursuant SB 1013, the program is currently being phased in through five early implementation counties representing diverse geographical locations with statewide implementation to begin July 2017. The early implementation counties and dates of implementation include:

- San Luis Obispo (November 1, 2013);
- Kings (January 15, 2104);
- Santa Barbara (March 1, 2014);
- Santa Clara (July 2014); and
- San Francisco (August 2014).

The focus of this effort is to ensure that children are placed with caregivers who are safe and suitable to provide either temporary or permanent care for a child as the child's need and best interests dictate.

[2]Authorized through AB 340 (Chapter 464, Statutes of 2007) and SB 1013 (Chapter 35, Statutes of 2012)

It is believed that the application of the proposed standard will result in a pool of caregivers who are suitable to provide increased safety for children in out-of-home care, increased placement stability and timely permanency.

Stakeholder Collaboration

The CDSS is working in consultation with county child welfare agencies, including juvenile probation, the CWDA, foster parent associations, providers, tribal communities and other stakeholders to implement the statewide RFA Program.

Each participating county has created their own planning teams that include county child welfare and probation staff, and various stakeholders as determined appropriate by each county. The CDSS has also encouraged the participation of each county's lead Quality Parenting Initiative (QPI) representatives in order to ensure the integration and alignment of this effort with the QPI.

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

The PMT is also working together to determine the methods of data collection and the data elements that will be reported quarterly to CDSS. This will also include a client satisfaction survey of families participating in the process. This information will be used to help improve the process and to inform the report to the Legislature as required by SB 1013. A workgroup focused on implementing this process in Foster Family Agencies (FFA) will begin this summer.

Outcomes and Systemic Factors Impacted

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

The RFA Program will also impact Permanency Outcome 1 ensuring that children have permanency and stability in their living situations and Permanency Outcome 2 ensuring the continuity of familial relationships by ensuring that placements with relatives and NERFMs remain a priority. Some of the RFA activities that support these outcomes include requiring training for resource families that will better prepare them for parenting children in foster care by increasing their parenting knowledge and skills and create a better chance for improved placement stability. In addition, once a resource family is approved for RFA, they are approved not just to provide foster care but also for guardianship and adoption so that if the family and child wishes to consider one of these legal permanency options they can do so quickly, reducing the time it would take to be approved under separate processes and reducing the chance that the caregiver will be denied for guardianship or adoption approval through the

separate processes. In addition, the completion of a psychosocial/permanency assessment could improve child-family matches increasing the likelihood that the resource family will have the capacity to meet the needs of the individual child. Because the RFA Program incorporates relatives and NREFMs into the program, all of these activities support the continuation of familial relationships.

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

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

Measure of Progress - Objectives and goals achieved:
Work on this project recommenced in August of 2012 with a preliminary planning process that led to a kick-off event in November of 2012. The event was held in Sacramento and included the CWDA representatives of the five early implementation counties and various CDSS divisions to discuss the history, purpose and definition of RFA as outlined in SB 1013.

Challenges to the implementation of the RFA Program include:

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

RFA initiative objectives and goals for FFY 2015 – 2019 include:

- Successful implementation of RFA in early implementation counties by developing Written Directives and updating them as necessary, requiring and reviewing early implementation county plans and providing ongoing technical assistance and training of county staff;
- Identify barriers to RFA implementation in early implementation counties to address and resolve them before statewide implementation by problem solving and researching alternatives and revising the RFA Written Directives as necessary;
- Improve quality of resource families approved through the RFA Program providing care to foster care children by gathering data on the number of, complaints, and nature of incidents reported on RFA families;
- Track Permanency Outcomes such as timeliness to permanency and placement stability by using the CWS/CMS application data;

- Gather qualitative data through satisfaction surveys from RFA resource families about whether the RFA approval process is family friendly;
- Engaging and collaborating with external stakeholders such as FFAs, tribes, foster care youth, Interstate Compact on the Placement of Children, foster parent associations, probation, and counties through meetings and outreach communication materials; and
- Successful implementation of the RFA program statewide by developing a plan to roll out the program to all counties.

CONSULTATION AND COORDINATION BETWEEN STATE AND TRIBES

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

As CDSS has noted in previous APSRs, this area continues to be in need of improvement and currently the Department is only resourced with a .8 FTE to accomplish all tribal affairs functions outlined in this plan. Protecting American Indian/Alaska Native (AI/AN) children, strengthening their families, and meeting the goals of ICWA requires a complex system of child welfare services that involves many different entities, including law enforcement, the courts, social services agencies and tribal nations. To improve consultation efforts with California tribes, CDSS and tribes have begun work on a formal government-to-government TCP (see page 50). Once fully developed and implemented, the TCP will be one of several vehicles by which CDSS will consult and collaborate with tribes on the implementation and assessment of the CFSP in the future. California has the foundations of making a meaningful contribution to the success of ICWA, but additional resources are critical for continued success.

In the next five years, resources permitting, the CDSS intends to continue a number of efforts to maintain and further develop consultation and coordination with tribes. These continued efforts are described below in more detail.

Statewide ICWA Workgroup:
The CDSS will continue its bi-monthly meetings with the Statewide ICWA Workgroup to use the insight gained from this convening of ICWA technical experts to drive Indian child welfare policy development.

Tribal Consultation Policy committee (TCPC):
Resources permitting, the CDSS will work with the TCPC during FFY 2015 to complete the development of the TCP. Once the TCP is implemented, it is anticipated that CDSS will begin consultation sessions regularly with tribal leaders to discuss Indian child and family welfare issues.

Tribal Title IV-B and IV-E Collaboration:
The Department is pursuing additional resources to meet the growing need to consult and collaborate with Title IV-B and IV-E Tribes. Plans include quarterly contact with the five Tribal Title IV-B tribes to coordinate on APSR development and submission, as well as the provision of technical assistance on the CFCIP and other areas identified by the tribes. Coordination will also occur with the Yurok and Karuk Tribes separately, as we assist these Tribal Title IV-E tribes with the implementation of their child welfare programs.

State-County-Tribe Collaboration:
Resources permitting, department representatives will attend county-tribe roundtable and taskforce meetings to stay abreast of ICWA concerns arising at the local level for which the department may need to develop policy to resolve these issues.

Annual California Statewide ICWA Conference:

The department will also continue to support the California Annual Statewide ICWA Conference by attending the conference and providing financial sponsorship as well as assistance with conference agenda development.

Child and Family Services Plan Development

The CDSS has taken numerous steps towards gathering input from tribes on the development of the 2015-2019 CFSP.

The Statewide ICWA Workgroup, comprised of tribal, county, university and CDSS technical experts on ICWA, continues to meet six times yearly to discuss ICWA compliance issues in California and nationwide. This workgroup has provided ongoing input and guidance on CDSS policy initiatives that are tied to the state's CFSP and represents the second major avenue for consultation and collaboration with California Tribes. In the last year, the ICWA workgroup has provided input into the state's CCR efforts specific to the application to tribally approved homes and provision of culturally relevant services.

The CDSS has also met directly with seven different tribal councils as well as attended local tribal/county collaboration meetings in Los Angeles (LA), Riverside and San Bernardino Counties. These interactions with tribal governments and tribal community members have informed the development of CDSS' CFSP as well as highlighted the need for a formal TCP. The tribal councils expressed need for a mutually developed process by which individual or groups of tribes can request targeted consultation with CDSS on specific tribal child welfare issues. Attending local tribal/county collaboration meetings allowed CDSS insight on local ICWA compliance issues on which the CDSS should provide direction to counties and tribes. In particular, the CDSS was informed by the LA County ICWA Taskforce, consisting of LA County ICWA Unit staff, faculty of the University of California, LA and representatives from the United American Indian Involvement Inc., of specific challenges unique to Urban Indians in LA County. Although there are few to no California Tribes with land bases in LA, it is home to a significant population of American Indian youth and adults. This large urban Indian presence creates a challenge for county workers looking to find adequate tribal homes for Indian children as the county does not have tribes who can approve homes for placement to Tribally-Approved Home (TAH) standards. The CDSS will ensure that future outreach efforts for the TCPC will include stronger urban Indian representation with the goal of ensuring urban Indian needs are addressed in the state's CFSP. At the Riverside County Tribal Alliance meeting, CDSS learned of discrepancies on how differing counties work with tribes to establish TAHs. In general, CDSS now recognizes the importance of attending these local collaboration meetings and the role CDSS can play in these meetings to provide guidance and to stay informed of local ICWA compliance issues. (A list of these meetings and attendees is included at the end of this section).

In an effort to reach a broader audience in the shaping of the CDSS' new five year plan, the CDSS hosted an information sharing session at the 21st Annual California Statewide ICWA Conference on June 18, 2014. This was an opportunity for tribes to give direct input on the development of key components of the 2015-2019 CFSP and began the process of future tribal engagement in the ongoing development and assessment of this plan.

In addition to the TCP, the Department will continue to meet with the ICWA Workgroup to further develop the CFSP. The CDSS is also seeking additional resources so it can provide additional feedback sessions at future Statewide ICWA Conferences, as well as conduct stakeholder engagement meetings periodically over the next five years.

With the completion of the TCP, it is anticipated that the policy will define the method in which the Department will meet with tribes to review the CFSP and collaborate on modifications and improvements to ensure the unique needs of Indian children are appropriately addressed in future iterations of the plan.

Plan for Ongoing Coordination and Collaboration

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); the drafting of guidelines to counties regarding the use of expert witnesses, TAHs, the development of training for social workers, in implementing the After 18 Program regarding extending the age of eligibility for foster care, federal requirements for the transfer of Indian children to a Tribal IV-E agency or a Indian tribe with a Title IV-E agreement, and instructions for completion of the Relative Assessment/Approval SOC forms for a TAH. The workgroup has also provided input around AB 2418 (Chapter 468, Statutes of 2010) regarding broadening the definition of Indian child as it relates to the application of ICWA, and on the drafting of regulations and as well as ongoing curriculum improvements.

The CDSS continues to collaborate with self-identified representatives of the 109 currently federally-recognized tribes in California, as well as the approximate 81 tribes that have petitioned the Bureau of Indian Affairs (BIA) for recognition. The state-level collaboration around the identification and resolution of ICWA-related issues is primarily accomplished through work of the ICWA Workgroup and its various subcommittees.

The CDSS continues to strive for improving and increasing tribal community consultation and collaboration by informing and encouraging counties to actively participate in ICWA Workgroup meetings to gain insight on ICWA-related tribal concerns. As part of this effort, CDSS plans to continue to broaden participation in the existing ICWA Workgroup and further structuring and defining the ICWA Workgroup. (A list of the Statewide ICWA Workgroup Membership is listed at the end of this chapter).

The CDSS has begun the process to establish a formal government- to -government consultation policy with California tribes. This request, among other things, identified a need for CDSS to establish a TCP to consult with tribes on child welfare policies and programs that have an impact on Indian children in California. It further states that the ICWA Workgroup is not an adequate means for consulting and collaborating with tribal governments on such CDSS policies and programs. In June of 2013, CDSS hosted two listening sessions at the 20th Annual Statewide California ICWA Conference to engage tribes in the development of this TCP. Listening sessions are a common method used in state or federal government-to- tribal government exchanges of information and in the solicitation of input from a broader tribal representation. In addition to the listening sessions, CDSS visited the following tribes for the purpose of improving state/county relationships and to gather input on interest in a TCP.

- **Soboba Tribal Council**
- **Habematolel Pomo of Upper Lake Tribal Council**
- **Karuk Tribe**
- **Washoe Tribe of Nevada and California Tribal Council**
- **Torres Martinez Desert Cahuilla Indians Tribal Council**
- **Yurok Tribe**

- **Hoopa Valley Tribe**

Overall, the tribes visited were in support of the development of the TCP and additionally, recommended that there be individual consultation available as well as regional and that the process provide funding to support participation.

Expansive geographical and cultural differences exist among the 109 federally recognized tribes in California creating a barrier to facilitating consultations with multiple tribes in one location. As a result of these geographical barriers, the Department continues efforts to facilitate regional meetings with tribes on a rotational basis in Northern, Central, and Southern California. As evidenced by the local Tribal/County Alliance meetings attended by CDSS representatives, the Department is committed to meeting with tribes in local settings in order to ensure that tribes, when cost of travel is a barrier, are accommodated and included in meetings.

Tribes are limited in their resources to attend consultation sessions as travel costs can be restrictive and a barrier to participation. In an effort to address this barrier, CDSS is pursuing ways to fund tribal travel to consultation sessions. It is hoped that more tribes will be able to consult with the CDSS on an ongoing basis if they are provided compensation for travel expenses.

Responsibility for CWS and Protections of Indian Children:

As a requirement of Public Law 280, California shares jurisdiction for public safety with the federally-recognized tribes in California. The Washoe Tribe of Nevada and California is the only tribe in California which currently exercises exclusive jurisdiction over child welfare proceedings involving Indian children who reside or are domiciled on the tribe's reservation, or are wards of the tribal court, regardless of domicile or residence. With regard to services, those children are still citizens of the county/state and, as such, they would have access to the same benefits as any other child in the county/state. For all other California tribes, the responsibility for CWS depends on whether the tribe or the county has jurisdiction of the child. Pursuant to PL 280, county CWS agencies share responsibility for emergency response services for any child in their geographic service area whether or not a tribe has a social services department. The majority of Indian children are typically served under county jurisdiction when there is a report of abuse or neglect or the children enter foster care and services are provided to the child and family. Many tribes have established extensive social service departments and take primary responsibility for the care and custody of tribal children in their defined service areas. In situations where the county does respond to an emergency allegation and subsequently provides services to the Indian child, many tribes and counties collaborate on components of the case review. In an effort to promote ICWA compliance with regard to placement preferences and the right of tribes to intervene on behalf of a tribal child, CDSS continues to provide TA to tribes and counties in the development of local MOUs. In some counties, the tribes and county have established such MOUs as well as local round table groups who meet to address tribal concerns regarding involvement in the decision making process for ICWA children. Although when under county jurisdiction, the county is responsible for the majority of services provided to an Indian child, when available and appropriate, tribes will provide those services directly through their own tribal resources.

Sources of Data and Goals for ICWA Compliance in the Next Five Years

The CDSS is looking to augment its contract with UC Berkeley regarding child welfare administrative data to better identify tribal children. 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. A recent point-in-time data query from the CWS/CMS for April 2014 identified six percent (3,289 of the 58,702) of children in foster care as

Native American. This same data also indicated that for 45 percent of all children in open referrals/cases, Native American status was not asked or it was left as unknown. 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. Although not unique to Indian children, when racial and ethnic information (tribal affiliation information) is not correctly input into CWS/CMS, it is not possible to accurately assess the number of ICWA cases in the state. California has one of the highest number of federally-recognized tribes in the United States (second only to Alaska) and has the highest overall population of American Indians/Alaska Natives of any state.

Through the development of the new statewide Case Management System (CMS), more accurate data on Indian children should be achievable. The Department has budgeted to hire an ICWA consultant to serve in a fulltime capacity to inform the development of the new CMS to insure enhancements that will allow the system to capture ICWA compliance data. In the interim, CDSS is exploring targeted ICWA data entry training options for county social workers as well as additional direction to counties via All County Letters or All County Information Notices. In addition, a number of tribal social services directors are joining California's Statewide Education and Training committee (STEC) to provide insight and direction to this committee on training needs necessary to address ICWA compliance issues at the county-level. Resources permitting, the Department will convene discussions with counties to determine how the CDSS may receive ICWA compliance data from counties, such as active efforts to prevent of the breakup of the Indian family, as this type of data is not collected in the existing CMS.

Notification of Indian Parents and Tribes of State Proceedings

The state has given direction to county CWS agencies, through state ICWA regulations and through All County Letters, to assess for Native American ancestry or tribal affiliation of all children who encounter the CWS. The CWS agencies are further directed to immediately notify the identified tribe of the child's current status and of upcoming court proceedings so that the tribe has the opportunity to verify the child's tribal affiliation (or eligibility for enrollment in the tribe). This notification also allows the tribe to attend court proceedings and intervene on behalf of the Indian child.

Through consultation and collaboration with tribes, the state has identified that the official list of federally-recognized tribes, maintained by the BIA, is only updated on an annual basis and therefore, is frequently out- of- date and does not contain correct addresses for tribes. In an effort to address this issue, CDSS developed a separate list of tribal addresses which it updates on a more frequent basis and is posted on the states' ICWA webpage for use by counties and tribes. Although the CDSS list is broadly used by most counties, due to limited resources, CDSS is only able to update this list twice a year. In addition, to ensure compliance with the federal ICWA, CDSS has made it clear that the Department's list is for convenience and that the addresses maintained by the BIA must be used to avoid the possibility of ICWA court cases being overturned due to incorrect noticing.

While data, and therefore progress, regarding noticing to parents and tribes involving ICWA-eligible children and the right to intervene has historically been difficult to capture in the current CWS/CMS system, the data collected on ICWA-related dependency appeals indicates a decrease for 2010. After reviewing appellate cases for the past several years, AOC staff determined that statewide ICWA-related dependency appeals accounted for 22.2 percent of all dependency appeals for 2008, 15.2 percent of dependency appeals for 2009, and 13.3 percent of dependency appeals for 2010, representing a 40 percent decline over three years. This progress has remained steady over the last several years. In 2011, ICWA appeals accounted for 12.4 percent of dependency appeals. In 2012, the figure was 12.9

percent and in 2013 this number rose to 13.8 percent. The Department plans to look at existing noticing data in the CMS to determine the number of cases where parents and tribes have been notified of child welfare case proceedings for children identified as having Native American ancestry. From this data CDSS anticipates the ability to identify problematic data entry processes that it may address through ACLs or ACINs. In circumstances where the data shows performance or data is lacking within a particular county, targeted technical assistance may be provided the county in question.

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/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 TA to LA County Superior Court-ICWA courtroom staff and assigned judicial officer's as needed, to assist in creating a roundtable of ICWA stakeholders for that county. The AOC will increase TA provided to tribal court clerks throughout the state as part of a project modeled after the tribal court/-state court cross-cultural site visits. The AOC staff will continue to provide requested TA and collaborate with local, statewide and national committees, roundtables or work groups, such as, the Urban Indian Child Welfare Work Group, Bay Area Collaborative of American Indian Resources (BACAIR), and 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, that 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 nationwide.

Placement Preferences

Data from the CWS/CMS indicate that over the last five-year period (October 2009 to October 2013) Kinship Guardianship, the preferred placement for Indian children removed from their homes has steadily increased from 31.7 percent in 2009 to 44 percent in 2013. This increase in Kin placements has mirrored a decrease in the least preferred placement of FFA from 34.6 percent in 2009 to 24.3 percent in 2013. The Department will continue to monitor improvements in placement preferences among Indian children by reviewing data twice yearly. From this data, CDSS will consult with tribes on possible causes for increases or decreases in placement preferences.

Future plans regarding increasing ICWA compliance in placement preference, include revisions to the MPP Division 31 for ICWA and continuing the training, and TA for ICWA placement preferences. In 2011, CDSS established a TA data tracking system to better analyze and evaluate ICWA compliance. The CDSS is committed to working with tribes, and aims to increase the percentage eligible of youth that

ultimately receive placement in relative or TAHs for foster care, pre-adoptive and adoptive homes. The CDSS staff members respond to multiple TA inquiries regarding placement preference each month. The TA calls include but are not limited to custody, fiscal issues, child protective services concerns, benefits/KinGap, college student inquiries, placement, probate, child removal, services, noticing, permanency, exclusive jurisdiction and tribal membership. TA inquiries have generated from approximately 38 out of 58 counties in California and from individuals with membership in approximately 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. Over the course of the next five years, CDSS will internally and with counties to develop instructions and monitor progress in this area.

Active Efforts to Prevent the Breakup of the Indian Family

Three strategies have been established to include active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption: increased training; improved communication via tribal collaboration; and CDSS staff support with TA for tribes, counties and the public. Analysis regarding compliance with active efforts requirements in the ICWA is limited in that such information is documented in case files and court orders and not captured in CWS/CMS data.

The CDSS will continue work to improve ICWA compliance on active efforts through the provision of training and TA for both child welfare and court staff. The issuance of policy directives, improving standardized curriculum, and the creation of desk aids are other strategies used to address active efforts compliance. Currently, CDSS, in collaboration with the ICWA workgroup 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 an Indian 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.

Division 31 Regulations Changes:

The SB 678 (Statutes of 2006, Chapter 838), effective January 1, 2007, was a massive effort by the state and California tribes to codify the ICWA requirements and best practice requirements into state law. The goal of SB 678 was the uniform application of the federal ICWA (25 U.S.C. § 1901 et seq.) in California. The bill placed the federal requirements in the Family Code, Probate Code, and W&IC governing juvenile court proceedings, as well as some child custody matters in family law, probate guardianships, certain probate conservatorships and the relinquishment of a child by a parent. The underlying purpose of the ICWA is to protect the best interests of Indian children, including having tribal membership and connection to their tribal community, and to promote the stability and security of Indian tribes and their families. The CDSS has been working to draft regulations to implement the provisions of SB 678 into the MPP Division 31 for a number of years now. Initially, CDSS established a subcommittee to provide guidance as to the intent of the ICWA and 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. The CDSS reviewed the entire existing MPP Division 31 regulations to determine all possible areas where social workers should consider the application of

ICWA in their casework. 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 to ensure compliance with statute. Upon OAL approval, the draft regulations become officially implemented. Given this extensive official review process yet to take place, it is anticipated that the final revised regulations will become effective by the end of 2015.

Communication and Training:

Through consultation with tribes and discussion and collaboration with counties, it is evident that inconsistent data entry practices occur with the statewide CWS/CMS. Although not unique to Indian children, when racial and ethnic information (tribal affiliation information) is not correctly input into CWS/CMS, it is not possible to accurately assess the number of ICWA cases in the state. California has one of the highest number of federally recognized tribes throughout the United States (second only to Alaska) and has the highest overall population of American Indians/Alaska Natives of any state. Based on current data, ICWA eligible children represent one to two percent of the overall cases in the state. Based on consultation with tribes, it is believed that the actual percentage of cases involving American Indian and Alaska Native children is double or triple that currently reflected in the CWS/CMS.

Through the development of the new statewide CMS, more accurate data on Indian children should be achievable with this new system. In the interim, CDSS is exploring targeted ICWA data entry training options for county social workers as well as possible All County Information Notices to give additional direction to counties on how to more accurately input ICWA data. In addition, a number of tribal social services directors are joining the CalSTEC to provide insight and direction to this committee on training needs necessary to address ICWA compliance issues at the county-level.

The Department is also actively developing processes to ensure the two tribes that have signed Tribal Title IV-E agreements with the state have the adequate training resources to implement and sustain their child welfare programs. Such training would include CWS/CMS new user training through contracted services with Regional Training Academies and the CalSWEC. In addition the CDSS is pursuing access to CORE social worker training for the two Tribal Title IV-E Tribes, which would ensure these tribes receive the same type of social worker training as is required for county social workers.

CFSP/APSR Exchange of Information

The CDSS distributed the 2014 APSR to all California tribes on May 19th, 2014 and followed up with a more in-depth discussion with the Statewide ICWA workgroup explaining that this is the last year of the five year plan. The CDSS discussed that the new five year plan is under development and began the process to collaborate and consult with tribes on the development on the new plan. The CDSS conducted a session at the 21st Statewide California ICWA Conference on June 18, 2014, to share with the tribal community the key components of the 2015-2019 CFSP. This was an opportunity for tribes to give direct input on the development of CFSP and began the process of future tribal engagement in the ongoing development and assessment of this plan. The CDSS sent a letter inviting tribal leaders of all federally-recognized tribes in California to this session. Once the CFSP and APSRs have been finalized, CDSS will share the completed documents with all California tribal leaders and tribal social services directors on record.

With the further development, anticipated completion and implementation of the TCP in 2015, the Department hopes that this policy will serve as one means to collaborate with tribes on the exchange of

CFSP and APSR information. In the interim, the Department will continue to facilitate the statewide ICWA Workgroup to engage tribal community representatives, with technical expertise in ICWA, on such programs as the RFA, CCR, among others. After implementation of the TCP, the Department will continue to collaborate with the workgroup technical ICWA experts on program and policy initiatives as well.

Resources permitting, CDSS will attend tribal leaders associations such as the Northern California Tribal Chairmen's Association, Southern California Tribal Chairmen's Association, and the Central California Tribal Chairmen's Association to collaborate on all program areas outlined in the CFSP and APSR.

Coordination with Title IV-B Tribes:
The CDSS held its first quarterly meeting with the five IV-B California Tribes on April 25, 2014, to collaborate on APSR submissions as well as on development of respective new five year CFSPs. As this meeting took place only a few months prior to the submission of our plans, the level of collaboration was limited to discussing progress towards submission deadlines and on areas the tribes specifically wanted more information on. The CFCIP, and the Education and Training (ETV) Vouchers Program were the two areas identified by the tribes for further discussion and collaboration. A follow-up meeting with these tribes took place on May 30, 2014, to further collaborate on understanding regarding APSR and CFSP submission guidelines from the AOC and families as well as a confirmation that CDSS and the tribes would be sharing our plans with each other upon completion. The next quarterly meeting will take place in August of 2014. (A list of IV-B Tribes is available at the end of this chapter.) The CDSS will share the revised CFSP via email with all federally-recognized tribes in California after stakeholder feedback is obtained and all necessary revisions have been made.

Technical Assistance to Title IV-E Tribes:
The CDSS has met with the Karuk Tribe on a number of occasions during the reporting period to collaborate on implementation of the tribes Title IV-E Program. Following is a summary to show the steps CDSS will take to support the full implementation of their program. Currently, CDSS is not adequately staffed to provide responsive TA to the Title IV-E tribes. Until further resources are attained, the full implementation of these tribal Title IV-E Programs will continue to be delayed.

Access to the Statewide Child Welfare Services/Case Management System:
Since April 2013, various branches of CDSS have been coordinating with OSI and IBM to identify the system and business process requirements to grant Title IV-E tribal access to CWS/CMS. It is anticipated that the Karuk Tribe will have access to the system by October of 2014 pending resolution of user agreement and data reconciliation concerns.

Training and Technical Support with CWS/CMS:
The CDSS has worked with the Northern RTA to include both the Karuk and Yurok Tribes as members of this RTA. Membership will ensure the two tribes the initial and ongoing training and technical support with the CWS/CMS as well as the Social Worker CORE training. The CDSS has also budgeted for the increase in costs to support the tribes' membership in the RTA and the Karuk Tribe will be coordinating directly with the RTA to schedule this training. The Department, working with OSI, will assist the Karuk Tribe with modifying templates made in CWS/CMS to ensure ease of use and consistency within CWS/CMS. This will also assist with case review and oversight.

Steps to draw down IV-E dollars:

The CDSS will provide follow-up training to the Karuk Tribe on Title IV-E eligibility determination and claiming processes. Training on eligibility determination was previously provided in May 2007 and October 2012. As the tribe will be receiving an advance to purchase a LiveScan machine in 2014, CDSS will provide an updated training on the claiming process once the machine has been purchased.

Review and updating of Karuk Tribe CWS Plan:
The CDSS, as requested by both tribes, will be reviewing each tribes' CWS plan to ensure up to date codes reflective of new statutes that have passed since the original signing and approval of the tribe's Tribal Title IV-E agreement.

Safety and Risk Assessment:
The CDSS is coordinating Karuk Tribe access to the Structure Decision Making (SDM) by facilitating informational webinars between the tribe and the SDM contractor. Should the Karuk determine SDM is appropriate for safety and risk assessment needed for the operation of their CWS, CDSS will provide technical assistance to ensure they have SDM.

Independent Living Program (ILP):
Both Title IV-E tribes have received an overview of the ILP and ETV Programs. The CDSS provided this training and will assist the tribes in pursuing contracts with county ILP Programs or with establishing their own programs as requested.

County Readiness for Tribal Title IV-E Implementation:
In 2014 CDSS will have initial and ongoing discussions with the counties currently serving Karuk and Yurok Tribal children to identify and resolve individual and shared areas of concern. Through these discussions, the Department hopes the counties and tribes will develop MOUs to ensure the child welfare needs of Karuk and Yurok Tribal children are fully met after case transfers from county to tribe.

LiveScan Purchase:
In 2013 and 2014 the CDSS has provided TA to the Karuk Tribe with the securing of advance funds to purchase a LiveScan machine for the purposes of performing fingerprint background checks for the placement of their tribal children. The Department has also, in 2014, provided TA to the Yurok Tribe with the attainment of and Originating Response Indicator (ORI) number from the California Department of Justice (DOJ), which will allow the tribe to request criminal background information directly from DOJ. Without an ORI number, tribes must work with counties to request criminal background check information from DOJ. Upon request, the Department will assist the Yurok Tribe with the purchase of a LiveScan machine as well.

Chafee Foster Care Independence and ETV Programs
From these discussions with the five Title IV-B tribes, more information about the ILP and ETV Programs was requested of CDSS. As a result, CDSS will be conducting a two-hour webinar on August 6, 2014, to educate the tribes on these two programs and begin the process to assist the tribes in pursuing these services available for their tribal children.

Statewide ICWA Workgroup Members:

Name	Tribe/Organization
Lisa Albitre	Tribal and ICWA Representative/Advocate
Susan Alvarez	Pit River Tribe
Lisa Ames	Tuolumne Band of Me-Wuk Indians
Penny Arciniaga	Buena Vista Rancheria
Angelina Arroyo	Habematolel Pomo of Upper Lake
Hon. April Attebury	Karuk Tribe
Dorothy Barton	Big Sandy Rancheria
Glenn Basconcillo	Owens Valley Career Development Center
Robert Bohrer	Wiyot Tribe
Ann Louise Bonnitto, J.D.	California Rural Indian Health Board
Paulie Boynton	Smith River Rancheria
Silvia Burley	California Valley Miwok Tribe
Karen Cahill	Bea River Band of Rohnerville Rancheria
Cynthia Card	Round Valley Indian Tribes
Diana Carpenter	Tuolumne Band of Me-Wuk Indians
Ambar Castillo	Santa Rosa Rancheria
N. Scott Castillo, Esq.	Law office of N. Scott Castillo
Shonta Chaloux	Soboba Tribal TANF
Annette Chihuahua	Torres Martinez Desert Cahuilla Indians
Alex Cleghorn	Cleghorn Legal
Kimberly Cluff	Forman and Associates
Marty Comito	Middletown Rancheria
Amanda Coronado	Tribal Economic and Social Solutions Agency
Geni Cowan, PhD.	Eagle Blue Associates
Nancy Currie	Soboba Band of Luiseno Indians
Wayne Dashiell	Pechanga Band of Luiseno Indians
Patricia Davis	Santa Rosa Rancheria – Tachi-Yokut Tribe
Renee Davis	California Tribal TANF Partnership
Cindy Dawson	Morongo Band of Mission Indians
Laila DeRouen	Indian Child and Family Preservation Program
Liz Elgin DeRouen	Indian Child and Family Preservation Program
Stephanie Dolan	Law office of Stephanie Dolan
Joni Drake	California Tribal TANF Partnership
Christine Dukatz	Manchester Point Arena Tribe

Name	Tribe/Organization
Sara Dutschke	Karshmer and Associates
Tara Edmiston	California Indian Legal Services
Suzanne Evola	2 Feathers Native American Family Services
Michele Fahley	Pechanga Band of Luiseno Indians
Maria Garcia	Pala Band of Mission Indians
Suzanne M. Garcia	Washoe Tribe of Nevada and California
Maureen Geary	Maier, Pfeffer, Kim, and Geary, LLP
Shari Ghalayini	Enterprise Rancheria
Sandra Gonzales-Lyons	Morongo Band of Mission Indians
Gonzalo Gonzalez, PhD.	Greenville Rancheria
Millie Grant	Yurok Tribe
Ronnie Graybear Hatch	Wilton Rancheria
Virginia Hill	Iipay Nation of Santa Ysabel
Rhoda Hunter	Tule River Tribe
Michael Jack	Quechan Tribe – Fort Yuma Indian Reservation
Sharon James	Tule River Indian Tribe of California
Elaine Jeff	Santa Rosa Rancheria – Tachi-Yokut Tribe
Karan D. Kolb	Indian Health Council, Inc.
Joseph Kowalski	Tribal Economic and Social Solutions Agency
Monique La Chappa	Campo Kumeyaay Nation
Lorraine Laiwa	Indian Child and Family Preservation Program
Marsha Lee	Big Valley Band of Pomo Indians
Rovianne A. Leigh	Berkey Williams LLP
Stephanie Lucero, J.D.	Indian Museum Cultural Center
Louis Madrigal	Indian Child and Family Services
Dr. Margaret Martin	Morongo Band of Mission Indians
Nicholas Mazanec	California Indian Legal Services
David McGahee, LCSW	Sonoma County Indian Health Project
Francine McKinley	Mooretown Rancheria
Rita Mendoza	Big Pine Tribe of Owens Valley
Camille Miller	Scotts Valley Band of Pomo Indians
Sonia Montero	California Indian Legal Services
Summer Morales	California Indian Legal Services
Kelly Myers	National Indian Justice Center
Anno Nakai	Native Community Liaison

Name	Tribe/Organization
Linda Noel	Pinoleville Band of Pomo Indians
Yvonne Page	Colusa Rancheria
Delia Parr	California Indian Legal Services
Jedd Parr	California Indian Legal Services
Erika Peasley	Tribal Economic and Social Solutions Agency
Dorothy L. Perry	Smith River Rancheria
Jodene Platero	Southern Indian Health Council
Valerie Plevney, MSW	Tribal Child Welfare Worker and Family Advocate
Connie Reitman-Solas	Inter-Tribal Council of California
Elviria M. Rodriguez	Morning Star Care Consultant Services
Margaret Romero	Bishop Paiute Reservation
Dolli Rose	Indian Child and Family Preservation Program
Edward Roybal	Pechanga Band of Luiseno Indians
Linda Ruis	Iipay Nation of Santa Ysabel
Theresa Sam	North Fork Rancheria
Halona Sheldon	Indian Health Council, Inc.
Jolene Smith	American Indian Child Resource Center
Terilynn Steele	Tyme Maidu Tribe – Berry Creek Rancheria
Angela Sundbeg	Yurok Tribe
Laura Svoboda	California Indian Legal Services
Brandie Taylor	Iapay Nation of Santa Ysabel
Percy Tejada	Dry Creek Rancheria of Pomo Indians
Amelia Thomas	Elem Indian Colony
Mary Trimble-Norris	American Child Resource Center
Paul Tupaz	Inter-Tribal Council of California
Mark A Vezzola, Esq.	California Indian Legal Services
Theressa Villa	Pala Band of Mission Indians
Joseph Waddell	Karuk Tribe
Leon Wakefield, PhD.	Sonoma County Indian Health Project
Orianna Walker	Picayune Rancheria of the Chukchansi Indians
Mandy L. West, MSW	Washoe Tribe of Nevada and California
Bernadine Whipple	Sherwood Valley Rancheria of Pomo Indians
Charity White	Southern Indian Health Council
Hon. Christine Williams	Tribal Court Judge

List of Tribes Visited:

Soboba Tribal Council, August 27, 2013	
Rosemary Morillo	Chairwoman
Ed Soza	Tribal Council Treasurer
Geneva Mojado	Tribal Council Secretary
Shonta Chaloux	Tribal TANF Director
Nancy Currie	Director of Soboba Social Services
Habematolel Pomo of Upper Lake, September 9, 2013	
Sherry Treppa	Chairwoman
Angelina Arroyo	Vice Chairperson
Aimee Jackson	Council Member
Connie Reitman-Solas	Inter-Tribal Council of California
Chris Partida	Lake County Behavioral Health Department
Dolly Rose	Indian Child and Family Preservation Council
Karuk Tribe, October 16, 2013	
Sunny Davis	Council Member
April Attebury	Director of Social Services
Luke Supahan	Eligibility Specialist
Shannon Klymer	Social Worker
Washoe Tribe of Nevada and California, November 7, 2013	
Geoff Ellis	Tribal Chairman
Neil Mortimer	Council Member
Deidre Flood	Council Member
Cassandra Fred	Council Member
Torres Martinez Desert Cahuilla Indians, March 7, 2014	
Mary Resvaloso	Tribal Chairperson
Raymond Torres	Vice-Chairperson
Alesia Reed	Secretary
Michelle Morreo	Council Member
Joseph Mirelez	Council Member
Annette Chihuahua	ICWA Coordinator
Dennis June	ICWA Manager
Rovianne Leigh	Tribal Attorney
Yurok Tribe, March 26, 2014	
Millie Grant	Director of Social Services

Soboba Tribal Council, August 27, 2013	
Patty Lewis	Social Worker
Hoopa Valley Tribe, March 27, 2014	
Shari Hostler	Director of Social Services
Sharon McCovey	Social Worker
Glenna Starrit	Tribal Administrator
Alfonso Colegrove	Director of Behavioral Health Department

List of Tribal Consultation Policy Committee Members (as of June 8, 2014):

Name	Tribe/Organization
Angelina Arroyo	The Habematolel Pomo of Upper Lake
Laura Borden	Yurok Tribe
Ambar Castillo	Santa Rosa Rancheria Tachi Yokut Tribe
Kimberly Cluff	Forman & Associates, representing the Cahuilla Band of Mission Indians and the Cachil Dehe Band of Wintun Indians
Patricia Davis	Santa Rosa Rancheria Tachi Yokut Tribe
Suzanne Garcia	Washoe Tribe
Millie Grant	Yurok Tribe
Linda Ruis/Virginia Hill	Iipay Nation of Santa Ysabel
Traci Hobson	Mechoopda Indian Tribe
Diane Holliday	Blue Lake Rancheria
Paulita Hopper	Mechoopda Indian Tribe
Elaine Jeff	Santa Rosa Rancheria Tachi Yokut Tribe
Dennis June	Torres Martinez Tribal TANF
Season Brown	Pala Tribe of Mission Indians
Dan Nachor	Tejon Indian Tribe
Dorothy Perry-Wait	Smith River Rancheria
Alesia Reed	Torres Martinez Desert Cahuilla Indians
Regina Riley	Big Sandy Rancheria
Malissa Tayaba	Shingle Springs Band of Miwok Indians
Lacie Thomas	Colorado River Indian Tribe
Frank Canizales	Tuolumne Band of Me-wuk Indians of the Tuolomne River
Charles Martin	Morongo Band of Mission Indians
Rose Weckenmann	Wilton Rancheria
Michelle Carr	Sycuan Band of the Kumeyaay Nation.
Jyl Marden	The California Consortium for Urban Indian Health (CCUIH)

Name	Tribe/Organization
Trina Marie Vega	Hopland Band of Pomo Indians
Esther Lucero	The California Consortium for Urban Indian Health (CCUIH)

IV-B Tribes Involved in Quarterly Collaboration Meetings with CDSS:

Name	Tribe
April Attebury, Administrator-Judicial System, Interim Director-Child and Family Services	Karuk Tribe of California
Dorothy Perry, Community & Family Service Director	Smith River Tribe
Sharon James, Family and Social Services Director	Tule River Tribal Council
Beorn Zepp & John Corbert, Tribal Legal Counsel	Yurok Tribe
Suzanne Garcia, Legal Counsel	Washoe Tribe of Nevada and California

Los Angeles County ICWA Taskforce Meeting, May 27, 2014:

Name	Tribe/Organization
David White, Assistant Regional Administrator	County of Los Angeles
Roberta Javier, Social Worker	County of Los Angeles – American Indian Unit
Barbara Hitcock	County of Los Angeles – American Indian Unit
Deedee Shulman	County of Los Angeles – American Indian Unit
Kenneth Ramos	United American Indian Involvement, Inc.
Eric Sanchez, Navajo	United American Indian Involvement, Inc.
Gloria Sheppard	UCLA & United American Indian Involvement, Inc.
Tilman Gonnie	UCLA
Mikaela Saelira	UCLA
Joanna Williams	UCLA

CHAFFEE FOSTER CARE INDEPENDENCE PROGRAM

Agency Administering CFCIP (section 477(b)(2) of the Act

The CDSS administers, supervises and oversees the programs carried out under this plan via the 58 counties. The information below describes how California has designed its ILP to focus on the outcomes and service objectives associated with achieving the purposes of Sections 477(a)(1)-(6), 477(b)(2)(A) and the newly added 477(a)(7) and 475 (5) (8)(B)(iii) of the Social Security Act established through P.L. 110-351.

Specifically, California regulations, promulgated in 2003, require all counties to provide core CFCIP services to all eligible youth in California and provide documentation of outcomes. In addition, CDSS will encourage the development and implementation of proven best practices and provide TA to counties in the provision of core services.

Description of Program Design and Delivery

Independent Living Program Services

The CDSS supervises and monitors a statewide, county-administered, ILP which includes the Transitional Housing Placement Program (THPP), the Transitional Housing Program + Foster Care (THP+FC), and the Transitional Housing Program-Plus (THP-Plus). The CDSS also develops policy and provides TA to counties for the After 18 Program or the extension of foster care.

The input of youth, including those presently in care as well as former foster youth, has been an integral factor in the development of the existing statewide ILP that is designed to assist foster youth 16 years-of- age and older to successfully transition to adult living. The CDSS continues to increase its capacity to include meaningful foster youth participation in Departmental initiatives such as the workgroups for the implementation for the extension of foster care, housing committees, conferences, the development of the THP+FC FC, input to proposed legislative bills. California Regulations require counties to collaborate and to expedite services to youth regardless of the county's administrative and fiscal policies. Counties have implemented a variety of methods to engage current and former foster youth in local workgroups and committees. Counties are also encouraged to incorporate youth councils within their ILPs and transitional housing programs.

The CDSS partners with the Child and Family Policy Institute of California (CFPIC), the California Youth Connection (CYC), and CWDA to implement the Youth Engagement Project (YEPP) for youth engagement at the State and local levels.

The project involves 10 to 14 current and former foster youth (Ambassadors) from seven counties across California partnering with county and state child welfare leaders and CYC representatives. The initiative is to promote youth engagement and youth-adult partnerships at state-and local-levels in order to improve child welfare programs and practices. This project provides a great opportunity for counties and their Ambassadors to engage in youth-adult partnerships, explore system strengths and barriers to these partnerships, and contribute to promoting youth-adult partnerships and youth engagement at state-and-local levels. The Ambassadors have developed local projects focused on foster parent recruitment and training and involvement in the QPI meetings. Other Ambassadors are focusing on placement stability and AWOL youth, training former foster youth on educational rights and to be peer mentors in the school districts.

Implementing the National Youth in Transition Database (NYTD)

In response to the federal mandate to collect data on transitioning age foster youth, CDSS works closely

with counties in the implementation with NYTD. Additionally, CDSS participates in national workgroups and meetings to stay informed on federal expectations of NYTD, as well as to collaborate with other states on NYTD implementation issues. The NYTD initiative also includes a stakeholder workgroup consisting of state, county and probation employees, as well as, former foster youth, CWDA and other stakeholders. This workgroup shares best practice and provides input and feedback to policy and service delivery. The requirements for the needed changes to the Statewide Automated Child Welfare Institutions Systems (SACWIS) were completed and approved by the ACF with installation of a computer "Navigational Tool" used by social workers and probation officers to input the ILP- Delivered Services. In general, county social workers and probation officers collect the survey data from the baseline population of 17-year-olds while the ILPs primarily locate and administer the surveys for the follow-up population of 19-year-olds. A considerably amount of TA has been targeted to the probation department regarding NYTD including, webinars and attending meetings to provide training. The CDSS continuously tracks the completion of surveys by individual county child welfare and probation departments and regularly updates counties on their progress. The CDSS collects and reports NYTD data to the ACF. Discussions regarding the NYTD data collection continue at various statewide meetings centered on best practice and how to use the data at the local levels to improve service delivery and outcomes. The data is also shared at regional trainings attended by counties, stakeholders, and youth. The NYTD data results will be shared with the NYTD Steering Committee and the CWDA ILP Subcommittee to solicit to provide context to validate and interpret the data.

Serving Youth Across the State

The CDSS actively collaborates with other state agencies, county agencies, The Community College Foundation, California Student Aid Commission, private non-profit foundations, political subdivisions, tribes, and other interested stakeholders to all to ensure that ILP services are available to all eligible youth across the state. Information later in this report describes how California collaborates with other entities to ensure the ILP is effectively implemented to all youth through consultation with other political subdivisions in the state. Counties provide an annual report to the CDSS which outlines their service delivery model. In addition, the CDSS works collaboratively with its ICWA unit to train tribes in Chafee ILP and ETV services.

Service Delivery

All 58 counties in California are required to provide an ILP that provides core services as outlined in regulations via the child welfare agency or contractor or both. The probation department refers probation foster youth to the county's ILP. The ILP Coordinator is responsible for eligibility determination and ensuring each youth participating in the program has a TILP. Social workers and probation officers refer youth to the programs by conducting an assessment, producing a TILP with the youth and sending the TILP and referral to the ILP. Most programs provide core services by classroom instruction or workshops or individually to youth. Counties are provided the flexibility to begin providing services earlier than age 16 while using county funding. The CDSS is working with counties on developing strategies to begin providing services earlier by having counties that start services at age 14 to share best practice via various statewide meetings. In addition, although not mandated, CDSS is also moving towards programs providing individualized services to youth. Los Angeles County, the largest county, is leading the charge in this focus and will be a model for other counties. The CDSS surveyed former foster youth in the YEPP regarding strategies for providing individualized serves. This information will be shared with the counties via several internal and external meetings/workgroups as a means of spreading this strategy. Counties have flexibility to provide services based upon the needs of youth in their community.

Serving Youth of Various Ages and Stages of Achieving Independence

There is a Departmental effort to ensure age appropriate ILP services are delivered to youth and that youth in ILP are able participate in normal social and developmental activities for their age. The ILP services are tailored for: 1) youth under 16, 2) youth 16-18, and 3) youth between the ages of 18 and 21 and 4) youth who were placed in kinship guardianship or adoption after turning age 16.

The CDSS plans to evaluate the services delivered to eligible youth through data collection via the NYTD and the Exit Outcome Measures. The CDSS is developing the process in which to use these tools in combination with youth input in order to improve service delivery.

The chart below provides a listing of the services provided to each age group. The programs focus on all core services to each population as the goal is to begin the learning process as early as possible and to repeat the information throughout the youth's participation in ILP activities. For example, although a youth age 16 to 18 is not eligible to participate in the THP+FC or the THP Plus, youth are provided information on this resource at the age of 16.

(1) 14-15 years of age* and still in foster care *This age is serviced at county option.	1. Seek this population through outreach. 2. Assess their emotional and educational needs. 3. Develop and maintain a TILP. (Regulations note that the TILP can be developed at age 15 and 1/2). 4. Coordinate academic counseling and/or tutoring assistance. 5. Offer the youth the opportunity to: • Motivate themselves for their exit from the foster care system. • Develop their daily living skills. • Be introduced to pre-employment services. • Develop their interpersonal, social, and self-development skills. • Develop their computer and Internet skills. 6. Stabilize their out-of-home placements. 7. Offer mentoring programs.
(2) 16 -18 years of age and still in foster care	1. Seek this population through outreach. 2. Assess their needs for achieving independence. 3. Coordinate academic counseling and/or tutoring assistance. 4. Offer the youth services designed for the youth to develop and/or understand: • Their career, employment, or vocational interests. • Job placement and retention requirements. • Household management requirements. • Computer/Internet skills. • Preventive health and safety activities and their Medi-Cal services. • How to continue with their postsecondary education. 5. Develop and maintain a Transitional Independent Living Plan. 6. Offer mentoring programs. 7. If available, the opportunity to participate in the Transitional Housing Placement Program (available to youth age 16 to 18). 8. Discuss the option to extend in foster care. 9. Develop the 90-Day Transition Plan and Health Care Directive for youth who exit foster care.

	1. Seek this population through outreach. 2. Assess their needs for achieving independence. 3. Assess their career, employment, or vocational

(3) 18-20 years of age and still in foster care	interests. 4. Offer the youth services designed for the youth to develop and/or understand: • Career, employment, or vocational interests. • Job placement and retention requirements. • Household management requirements. • Computer/Internet skills. • Preventive health and safety activities and their Medi-Cal services. • How to continue with their postsecondary education. 5. Maintain a Transitional Independent Living Plan. 6. Offer mentoring programs. 7. Work collaboratively with the social worker/probation officer for those youth extended in foster care. 8. If available, offer youth the opportunity to participate in the Transitional Housing Program+Foster Care (available to youth in foster care age 18 to 20).
(4) 17-20 years of age, no longer in foster care and ILP eligible* *This includes youth who exited foster care, were adopted, reunified or in a legal guardianship at or after age 16.	1. Seek this population through outreach. 2. Advocate for their issues. 3. Offer the youth aftercare services that include: • Employment counseling. • The opportunity to participate in the Workforce Investment Act. • Crisis counseling. • Financial assistance, including incentives, stipends, and educational cost assistance. • Access to an emergency shelter. • Housing assistance, information and referral. • Opportunities for community service. • Information addressing their preventive health and safety activities and their extended Medi-Cal services to age 26. • How to continue with their postsecondary education. 4. Offer mentoring programs. 5. If available, offer youth the opportunity to participate in the Transitional Housing Program Plus (available to youth who have exited foster care after age 18 to 24).

In addition to the above, the following services are provided to ILP eligible youth age 16 to 18:

Mentoring

All 58 California counties have at least one ILP Coordinator. County ILP Coordinators link eligible foster youth to a community service agency, job information, educational support, or college programs

services. In many instances these coordinators serve as a mentor to youth to provide program assistance and personal support as youth transition into adulthood. Each county ILP Coordinator has also identified a Point Of Contact (POC) for the Probation Department. The Probation POC ensures eligible youth are referred to the ILP and acts as a conduit for information and resources. The probation department's involvement with the ILP continues to increase with the implementation of the After 18 Program, NYTD, and the requirement to obtain credit reports for 16-and-17 year old youth. ILP regulations require counties to provide youth with referrals to available mentors and mentoring programs. Providing personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults is a crucial element in assisting foster youth 16 years and older to successfully transition to adult living. As previously noted the CDSS collaborates and partners with numerous state agencies, advocacy organizations and community based organizations and encourages the design of mentoring programs.

Counties are finding creative ways to employ former foster youth to mentor current and former foster youth and to be available at classes and workshops. Several counties have youth-led, drop-in centers providing mentoring, services and resources from their peers, community members and providers. Some counties have developed LGBTQ support groups which provide support and peer mentorship to this population.

Many counties have adopted the Safety Organized Practice (SOP) model for case management, which 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 adult support people to be included in their transition to adulthood. Counties also utilize family finding methods to assist youth in finding a meaningful connection with an adult either from their present or a past.

Education

The ILP service goals that are found on the TILP, which is part of the case plan, focus on the educational and experiential learning needed by eligible foster youth to function as healthy, productive, and responsible self-sufficient adults. Upon entering ILP, THPP & THP-Plus, and no less than every six months, all program participants are directly involved with county personnel in the process to assess their strengths and needs in preparation for independence. Assessment tools that CDSS recommends for use are:

- The Daniel Memorial Life Skills Assessment.
- The Ansell-Casey Life Skills Assessment.

The assessment tools are used to identify the areas in which the youth needs skill building which is then incorporated into the TILP development. Educational services are provided to children in foster care through the CDE, Foster Youth Services (FYS). FYS provides services via the local education agencies and serve youth in group homes and foster homes. California Educational codes provide the authority to appoint an educational liaison to ensure appropriate and timely educational placement and equal opportunities for foster youth.

The CDSS participates on the Foster Youth Education Task Force, a statewide committee that works on improving the educational outcomes of foster youth. The task force is working on alternatives to expulsion, school stability, educational advocacy for foster youth, policy solutions for post-secondary education and the local control funding formula.

California law targets the educational needs and rights of foster youth and wards of the court by focusing on stable school placements, placement of youth in least restrictive educational programs, and access to the academic resources, services and extracurricular and enrichment activities available to all students. Recent legislation provides guidelines for placing children with special education needs in schools, and that children with special needs have the right to attend the least restrictive school setting as possible.
California currently assists current and former foster youth in attaining their post-secondary educational/training goals by utilizing some of the ILP funds and the Emancipated Foster Youth Stipend. Additionally, ILP coordinators, social workers and probation officers encourage foster youth to apply for scholarships and grants through state and local college financial aid offices. The ILPs provide workshops on applying for college and financial aid and refer youth the college and university programs that are catered to assisting the foster youth population

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 FCCCs 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 ;
- Facilitate youth focus groups and roundtables, integrating youth feedback into program improvement strategies;
- Provide training and materials to 112 community colleges to increase awareness and support of extended foster care benefits in California;
- Collaborate with community colleges' Chancellor's Office, Student Services Division, to increase service capacity throughout the community college system; and
- 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 Foster Youth Services Program has the goals to improve pupil academic achievement, to reduce the incidence of pupil discipline problems or juvenile delinquency, and to reduce the rates of pupil truancy and dropout.

<u>The Health and Education Passport</u>
In collaboration with the DHCS, CDSS has implemented a statewide foster child Health and Education Passport (HEP) that is available on the state's CWS/CMS. The HEP is designed to provide updated and relevant information related to a youth's current and past physical, dental, mental health and educational needs and status. This information is for the utilization of social workers, probation officers, courts, care providers, medical professionals, educators and the foster child. Young adults in foster care

are not required but encouraged to share their medical information with case managers and or care providers. Training on youth engagement in this area is covered during the annual statewide foster parent training. In addition, sharing of medical information is discussed during team meetings where shared living agreements are processed.

Along with the California Department of Mental Health, the California Adolescent Health Collaborative (AHC) is another organization devoted to maintaining and improving health care services for youth. The CDSS staff use these meetings and trainings as a venue to communicate with various partners on the health issues of foster youth.

Identity Theft and Credit Reports

On September 30, 2012, California passed legislation to comply with the foster youth credit report provisions in the Children and Family Services Improvement and Innovation Act. California law now requires that the county welfare or probation department, or the CDSS (if an electronic batch request process is available), to request a credit report from each of the three nationwide credit reporting agencies (CRAs) annually on behalf of each youth in foster care, aged 16 and 17. The law also requires the county agency to assist foster youth aged 18 and older in requesting the three credit reports and to ensure the foster youth aged 16 and older receive assistance in interpreting and resolving any inaccuracies in their credit reports.

The CDSS negotiated contracts with the CRAs in order to electronically submit batched credit inquiry requests on behalf of foster youth aged 16 and 17 on a quarterly basis. The CRAs provide electronic reports to CDSS that indicate whether or not a foster youth has a credit report, and CDSS provides this information electronically to each of the county welfare and probation departments. The county departments then request the credit reports directly from the CRAs. Due to third-party liability issues, CDSS is unable to provide the credit reports directly to the counties. The CDSS provides the counties with policy instructions and TA to various stakeholders, including county child welfare and probation departments and CWDA.

The counties are required to engage young adults who have extended in foster care and to provide them assistance in obtaining their reports. Counties are also required to document in the CWS/CMS when requests are made to the CRAs for reports and the assistance provided to youth. A system change will be fully operational in November 2014 which will allow the CDSS to begin producing data reports. In the interim, the CDSS will continue to provide webinars and conference calls to counties requiring assistance. In addition, the CDSS, through its contracts with the CRAs is able to receive reports of the counties that that have made contact or contracted with the CRAs. These reports enable the CDSS to provide oversight and engage the counties that have not made contact and subsequently provide technical assistance. Once the CWS/CMS has been updated, the CDSS will have a mechanism to view county and youth specific data.

2) Youth Age 18-21

Section 477(a)(5) of the Social Security Act permits states to provide services to former foster youth that are at least 18 years of age who left foster care and have not reached their 21st birthday. Because of the implementation of the After 18 Program, throughout the state, counties are focusing more on providing services to this population of young adults in order to best serve their needs and ensure positive outcomes. Counties are working collaboratively with the ILP and ensuring that youth are connected to the program if they opt to exit or re-enter foster care.

Financial

Youth who exit foster care between the age of 18 and up to the day before their 21st birthday are able to remain in foster care. Those youth who exit foster care are offered financial, housing, counseling, employment and education services from the ILP and various community and state agencies. Former foster youth are eligible for CalFresh (food stamps). The CDSS partnered with the CalWorks Division to issue two All County Letters to provide strategies for social workers and probation officers to assist transitioning youth with applying for the benefits. Counties also use the ILP funding to assist youth with applying for public assistance. Former foster youth are able to benefit from financial assistance from financial aid via enrollment in post-secondary education or the Chafee ETV.

The Emancipated Youth Stipend Fund was previously 100 percent state funded and has now been realigned to the counties providing more flexibility in spending. The funding has been historically considered as a separate source of funds from a county's ILP allocation and used to address the special needs of former foster youth. With the implementation of the After 18 Program, counties are also able to use the funding for the needs of older youth who have extended into foster care. Counties have found this funding a valuable means of providing a wide variety of services to youth.

Employment

The CDSS has partnered with the California Employment Development Department (EDD) and other agencies and organizations to encourage collaboration at the local-level with builders, foundations and community-based organizations to develop affordable housing, employment and training opportunities for former foster youth. The ILP/THPP/THP-Plus regulations state that the social worker/probation officer shall assist the youth to complete the emancipation preparation goals by collaborating with public and private agencies/persons including but not limited to schools, colleges, the Department of Education, Mental Health, ILP coordinators, care providers, the Student Aid Commission, Workforce Investment Act programs and services, the Employment Development Department and One-Stop Career Centers. All current and former foster youth between the age of 18 and up to the day before their 21st birthday are eligible to receive services through the provisions of The Workforce Investment Act and One-Stop Centers.

Education

Former foster youth are offered the same post-secondary education services as youth age 16 to 18 (see above).

Transitional Housing

California offers two transitional housing programs for youth age 18 and older; THP+FC and the THP-Plus. Counties provide THP+FC as a placement option for their After 18 Program. The CWDA Transitional Housing Subcommittee continues discussion regarding these housing programs.

California implemented the THP+FC housing option in September 2012 as a result of the After 18 Program. The licensed program provides various housing options whereby the youth live independently while receiving supportive services by a county contracted housing provider. All counties are required to offer the THP+FC as a housing option in the After 18 Program. The housing options include host families where youth live with a caring adult or permanent connection, a single site where youth live in an apartment or a single family home or apartment rented or leased by the housing provider. The slow growth of the program is attributed to the requirement for the housing provider to be certified by the county, and for CDSS to license and approve a rate. The CDSS continues to work with the 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. Currently, 23 counties are providing this housing option. The ILP manager continues to provide TA to the counties as the co-chair of the CWDA Transitional Housing Committee.

The THP-Plus is a transitional housing placement opportunity for youth age 18 to 24, who exited foster care after age 18. The goal of the program is to provide a safe living environment while helping youth achieve self-sufficiency so that they can learn life skills upon leaving the foster care support system. Counties electing to participate in the program provide supervised independent living and support services. While 55 of the 58 counties offer the THP-Plus, the state has seen a decrease in the number of youth participating in the program which may be attributed to the implementation of both the After 18 and THP+FC providing additional housing options for older youth.

Kinship Guardianship (Kin-Gap) or Adoption

Youth who have left foster care after age 16 for adoption or guardianship are eligible for the same ILP services as youth who are currently in care or have aged out of care. See above for additional information on services available to this population. Starting in 2011, California expanded on the previous state funded Kin-GAP Program by opting into the federal Title IV-E subsidized guardianship program. California also opted to extend Kin-GAP and AAP benefits to age 21 in specified circumstances.

Assessment and Tools

Section 31-236 (a) of the state ILP regulations, explicitly state that for each youth in placement, 15½ and not yet 16 years of age, the social worker/probation officer of the county of jurisdiction shall insure that the youth actively participate in the development of the Transitional Independent Living Plan (TILP). The regulations describe the TILP as the primary, written service delivery plan for youth 15 ½ and older. ILP services shall be provided to all eligible youth, based on a needs assessment. Services and goals are identified from the needs assessment and documented in the most recently completed TILP. The ILP has been designed to offer the following core services that will enable foster youth 16 years of age and older, to successfully transition to adult living in accordance with Section 31-525.8 of the regulations. In addition, the TILP is also developed and utilized for Non-minor Dependents (NMDs), or those youth age 18 and older participating in the After 18 Program.

Core services shall be provided based on identified individual needs and goals as documented in the TILP including, but not limited to:

- Education, including: Skill development, assistance and referrals to obtain literacy skills, high school diploma/GED, post-secondary education experiential learning and computer skills.
- Career development, including: Assistance and referral to obtain career exploration, work readiness and responsibility skills, employment development, employment experience, vocational training, apprenticeship opportunities, job placement and retention.
- Assistance and referral to promote health (including mental health) and safety skills including, but not limited to: Substance abuse prevention, smoking cessation, pregnancy prevention and nutrition education.
- Referral to available mentors and mentoring programs.
- Daily living skills, including: Information on and experiences and training in financial management and budgeting, personal responsibility skills, self-advocacy, household management, consumer and resource use, survival skills, and obtaining vital records.

- Financial resources, including: information and referrals regarding financial assistance if applicable, including, but not limited to, incentives, stipends, savings and trust fund accounts, educational/vocational grants; CAL-Grants; Employment Development Departments; registered in One-Stop Career Centers; Workforce Investment Act funding and programs; and other employment programs and other forms of public assistance including, but not limited to, CalWORKs, Food Stamps, and Medi-Cal; and Housing information, including: training and referrals about transitional housing programs; federal, state and local housing programs; and landlord/tenant issues.

The TILP describes the youth's current level of functioning; transition goals as identified in Section 31-236.6; progress towards achieving the TILP goals; programs and services needed, including, but not limited to, those provided by the ILP and identifies the individuals assisting the youth. The TILP shall be reviewed, updated, approved and signed by the social worker/probation officer, caregiver and the youth every six months. Additional individuals, important to the youth, such as mentors or ILP coordinators are encouraged to participate in the process of developing the TILP.

The inclusion of ILP participants in the development and implementation of the TILP provides the youth the opportunity to not only directly design their own TILP, but to accept responsibility for their actions as well as providing them with a sense of empowerment over their own life goals. To encourage the youth's participation in developing the TILP, a new TILP form was developed in 2008. This form was reduced significantly in length to be more youth-friendly and youth-directed. The form also includes a place for the caregiver's signature to help ensure that all parties are clear on what goals the youth is trying to achieve. In addition, the case plan continues to be utilized for those youth who are extended in foster care.

The P.L. 110-351 requires each state to develop a transition plan within the 90-day period prior to the youth's exit from foster care. Although, CDSS currently requires that all youth 16 and older have a transition plan, P.L. 110-351 also requires what domains must be addressed in that plan. Effective January 1, 2010, the 90-day Transition Plan must be completed for foster youth within the 90-day period prior to the youth existing foster care. The 90-day Transition Plan form contains a grid that covers the areas identified in P.L. 110-351 and provides a place to document the steps that the youth and/or a designated adult must complete to achieve the plan. The plan is to be developed at the direction of the youth and is as detailed as the youth decides.

Effective October 1, 2010, P.L. 111-148, of the Patient Protection and Affordable Care Act, required that all foster youth be provided with information about a "power of attorney for health care," during the development of the 90-day Transition Plan. As a result, the 90-day Transition Plan was revised to include acknowledgement that the youth received required information from the social workers or probation officers that explains why and how to designate a "power of attorney for health care", also referred to as a "health care agent".

In addition, the 90-day Transition Plan has been revised to include notifying youth of their eligibility for Medi-Cal up 26 years of age.

<u>Barriers</u>
Barriers for counties include transportation resources for youth particularly for programs in rural areas. Counties report a lack of affordable housing for youth approved for Supervised Independent Living Placements (SILPs) or for youth who have exited foster care seeking their own apartments. Many

counties report working with youth who have not addressed trauma, grief, mental health, and or substance abuse issues and therefore are not ready to fully participate in the activities that will assist them in their transition. Rural counties also provide a limited number of resources for transitioning youth.

30 Percent 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 their ILP allocation for the room and board needs of eligible emancipated youth. The age of eligibility is from 18 years of age up to the day of their 21st birthday. There is great variance in county housing programs. Allowable expenditures for the 30 percent housing allocation may include the following variety of costs former foster youth incur:

- Food purchases; or payment of rental deposits and/or utility deposits; or payment of rent and/or utility bills, or emergency assistance (a county's interpretation) for eligible youth, i.e., those youth who are at least 18 years of age, but have not yet attained 21 years of age;
- Furniture and or household items;
- Moving expenses;
- Emergency assistance – determination of which is a county's interpretation; and
- Counties are also able to use the Chafee Room and Board to provide rent and deposits for NMDs who elect to live in SILPs and need assistance with housing costs.

The following provides suggestions for making room and board available for eligible youth:

- Seek this population through outreach;
- Inform other stakeholders and collaborative partners of the resource; and
- Inform youth during the Emancipation or Exit Conferences.

After 18

Assembly Bill 12, signed in 2010, provided the ability for California to adopt the federal option to extend foster care, kinship guardianship, and adoption assistance up to age 21. This has become known as the After 18 Program which began on January 1, 2012. The CDSS provides training and technical assistance to the counties via the regional training academies and the CWDA subcommittees and probation meetings. These meetings are attended by the state's ILP Coordinators, many who are responsible for the implementation of the After 18 Program. In addition, counties are able to receive technical assistance via CDSS webinars and email contact.

- The data reveal that more youth are opting to remain in foster care after age 18 as NMDs. As of January 2014, there were 6,733 NMDs in foster care.
- NMDs reside in a variety of placement types. Most NMDs (39.5 percent) are placed in a Supervised Independent Setting (SILS) or as defined in California, a Supervised Independent Living Placement or SILP (39.5 percent) or THP+FC (8.2 percent), followed by foster family agencies (11.7 percent) and kinship placements (10.6 percent). Other placement settings include pre-adoption homes, court specified homes, group homes, with guardians.
- The counties collaborate with other agencies to engage youth in services in order to meet and maintain eligibility for the extension of foster care. For example, counties collaborate with the Employment Development Department to provide Employment Career Centers as a part of the Work Force Investment Act. Youth receive assistance in building a resume, interviewing, and assistance in their employment searches.
- Counties work collaboratively with their regional centers to ensure services are provided to youth with special needs such as a physical handicap or developmental delay.

- When necessary, NMDs are referred to or placed in substance abuse programs to temporarily receive services and then transitioned to an appropriate placement in the extension of foster care.
- Youth's educational goals are supported via the ILPs which offer academic coaching, tutoring, workshops, and financial support to actively remove barriers that youth face in accessing educational opportunities. Some ILPs provide youth the opportunity to earn educational financial incentives for obtaining specific GPAs. Eligible participants are given opportunities to visit college and vocational campuses during the years leading up to graduation from high school. Counties also utilize the local County Office of Education to assists youth through their foster care liaison. Youth's educational goals are often further supported by the child welfare agency's relationship with local community colleges. Counties report working with their community colleges to provide financial aid workshops and assistance with the purchase of college textbooks and supplies until the age of 21.
- For youth who make the decision to exit care at or after age 18, the social worker or probation officer works with the NMD to develop the 90-day transition plan to prepare the youth for the transition. Other supports include continued availability of the services available through the ILP, and proof of dependency/wardship letters which provide verification for transitional housing and financial aid. Other pertinent documentation provided includes but not limited to the birth certificate, social security card, CA identification card/driver's license, and medical proxy. The NMD is also provided information on how to re-enter foster care, information on Medi-Cal to age 26, and referred to community supports such as TAY housing programs, CalFRESH (food stamps), financial assistance programs, homeless shelters, and mental health services, etc.
- Alameda, Fresno and Los Angeles counties provide specialized services to assist victims of Commercially Sexually Exploited Children (CSEC). Fresno County is collaborating with the Economic Opportunities Commission to provide services to victims and meet federal reporting responsibilities. Los Angeles County has a specialized unit that has social workers who work with victims and assist them with specialized housing and services.
- The CDSS has developed an internal committee as a result of the Child Welfare Council's effort to address Human Trafficking. The committee, the CDSS CSEC Coordination Team, will present a coordinated response to the problem of CSEC through participation in the CSEC Action Team and promote the integration of internal activities to offer effective solutions to CSEC. The committee continues to look at data, prevention and specialized services for the population. In addition, several counties have begun efforts to address human trafficking of foster youth including training to youth, care providers, social workers and probation officers. Counties are working collaboratively with law enforcement, the school districts, mental health, and their community organizations to develop consistent policies.

Collaboration with Other Private and Public Agencies

The CDSS and counties collaborate with the following public and private sector entities to help youth in foster care achieve independence:

Chancellor's Office of the California Community Colleges System. California Department of Education.	The California Youth Connection. The California Department of Corrections and Rehabilitation (CDCR) Division of Juvenile Justice (DJJ)

California Department of Alcohol and Drug Programs. California Department of Health Care Services. U.S. Social Security Administration California Welfare Directors Association (CWDA) and subcommittees California Chief Probation Officers Association. California Department of Justice (Human Trafficking Unit) Employment Development Department University of Oklahoma, National Resource Center	Extended Opportunities Programs and Services California Youth Connection California Department of Consumer Affairs Regional Occupational Program Job Corp and AmeriCorp Economic Opportunities Commission The Department of Housing and Community Development The Federal Housing and Urban Development Department Administrative Office of the Courts Probation Advisory Committee

Campaigns To Raise Awareness

The CDSS collaborates with the CFPIC who has worked with several former foster youth to produce posters, videos, publications, and a YouTube video regarding the extension of foster care. The CDSS collaborates with a host of stakeholders in the "Foster Care: Change A Lifetime" annual celebration and education regarding foster care. Much of the focus has been on older youth and permanency.

Collaboration and Coordination

The collaboration and coordination of efforts locally and statewide have been an important factor in the on going efforts to provide integrated services to state's foster youth. Per Section 30506.6 of the Regulations, counties shall collaborate with other public and private agencies to ensure the availability of core services and shall not duplicate or replace services that are available through other agencies, programs or funding sources.

For example, the CDSS works collaboratively with the Workforce Investment Act and the Employment Development Department to ensure current and former foster youth are engaged in receiving the services. The 2 departments worked together to provide training to staff within the employment centers and staff were targeted as liaisons to assist youth. The Division Regulations were then developed for all ILP eligible youth to be registered at the One Stop Career Centers for employment services, thus, preventing duplication of services.

At the county level, there is collaboration and coordination between the social worker/probation officer and the ILP staff. Counties are encouraged to develop and maintain working relationships with other county agencies, for example, county mental health departments, as well as community based organizations to ensure that youth receive needed services. This coordination, along with the training of caregivers to assist them as they promote a foster youth's self-sufficiency, is an essential component

of the process of providing services to youth.

Ongoing partnerships within the community create opportunities to better serve, and in many instances, improve the quality of services provided to youth in the ILP by filling gaps in service and to pool resources and information. At this time, CDSS collaborates and partners with:

- The Community College Foundation
- The Inter-Tribal Council
- Credit Report Agencies
- Regional Training Academies
- Child Welfare Council
- Transitional housing providers
- Current and former foster youth
- Kinship Care Providers.
- The California Foster Parent Association
- The Stuart Foundation.
- Casey Family Programs.
- Child and Family Policy Institute Consortium
- California Alliance of Child and Family Services
- John Burton Foundation
- The California Alliance of Child and Family Services.
- Court Appointed Special Advocates (CASA)
- The United Way

Coordination Efforts on Juvenile Justice

California continues to coordinate with the state programs receiving funds provided from an allotment made to the state under subsection (c) with other federal and state programs for youth, especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974 to address the immediate needs of former foster youth who are incarcerated and eligible for ILP upon release from incarceration.

The CDSS assists The California Department of Corrections and Rehabilitation (CDCR) Division of Juvenile Justice (DJJ) Foster Youth Re-Entry Work Group (FYRE) to explore possibilities of identifying youth in both systems. The CDCR has several re-entry coordinators who assist youth in their transition from incarceration by connecting them to ILP services within counties.

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.

Coordination Efforts on Transitional Housing

Counties collaborate with the Housing Authority, Housing and Urban Development, and the Department of Mental Health for housing options for older youth. Counties also offer the THP-Plus housing option for eligible youth who have exited from foster care after 18 through 24 years old, and are pursuing the county-approved goals they have developed in the THP-Plus Transitional Independent Living Plan (TILP). The maximum time for youth to participate in THP-Plus is 24 cumulative months. The youth must be participating in the activities identified in the THP-Plus TILP. The plan shall be up-dated every six months. Participants are responsible for informing the county whenever changes occur that affect payment of aid, including changes in address, living circumstances, educational, career, and training

programs. 53 Counties offer the THP Plus to former foster youth. Youth are also able to reenter foster care if needed. The CWDA Transitional Housing Committee, which is co-chaired by CDSS and a county manager and includes counties, stakeholders, and former foster youth, addresses state transitional housing programs for current and former foster youth. The committee has been focusing on implementation of the newly implemented THP+FC. Counties have begun collaboration with the local shelters to address the needs of former foster youth who find themselves in homeless shelters and may be eligible for the After 18 Program.

The CDSS, in partnership with the counties, care providers, advocates, youth, and other stakeholders, continues to address the recommendations for the CCR effort which aims to improve California's out-of-home care system. The initiative will address group home and foster family training, services, supports, and rate setting. In addition, the effort will address a standardized assessment, national accreditation of providers, and performance outcome measures. The workgroup is in discussions regarding additional housing options for transitioning youth including family settings and youth placement in educational settings.

County Child Welfare and Probation Agencies and ILP Coordinators

All 58 California counties are responsible for administering aftercare services for the youth who exit foster care and up to the day before their 21st birthday. Each county has at least one ILP Coordinator and Probation ILP coordinator. Los Angeles County, the state's largest county has a total of 30 ILP Coordinators spread throughout the regions, nine of which are designated for the Probation Department. In smaller counties, the ILP Coordinator may serve as both the coordinator and the ILP social worker. The Probation Department refers ILP eligible youth to the county ILP for services and works collaboratively with the program. The County ILP Coordinators ensure that all participating youth have a Transitional Independent Living Plan and link eligible foster youth to community service agencies, job information, or college programs services. The County ILP Coordinators assist ILP participant's transition to self-sufficiency by offering participating youth the following services:

- Offered by county agencies for current or emancipated foster youth and Tribal youth:
    a) Job placement and retention
    b) Vocational training
    c) Development of daily living skills
    d) Substance abuse prevention
    e) Consumer and resource use
    f) Housing and household management

- Offered by Community Colleges, school districts and faith based/community organizations:
    a) Preventive health and safety activities (including smoking avoidance, nutrition education, and pregnancy prevention)
    b) Interpersonal/social and self- development skills
    c) Survival skills
    d) Computer/Internet skills
    e) County agencies

The County Welfare Directors Association (CWDA) and The Chief Probation Officers of California (CPOC): These statewide organizations, through their linkages with local agencies, provide that individualized services are offered to foster youth. CDSS provides monthly updates and discussion with the child

welfare directors on initiatives, policy, mandates pertaining to transitioning youth. Significant engagement has been directed towards the Probation Department including monthly meetings with probation supervisors and officers via the Probation Forum and Probation Advisory Committee. CDSS has also provided the Probation Departments with webinars and conference calls to train on these areas.

CWDA/ILP and CWDA/Transitional Housing Subcommittees

The CDSS collaborates with other CWDA representative through the ILP and Transitional Housing Subcommittees, which are attended by the state's ILP Coordinator, county ILP Coordinators; Transitional Housing Coordinators and various stakeholders. Both statewide committees collaborate with the Department on ILP and transitional housing policy and service delivery. The primary focus of the ILP Subcommittee has been on the extension of foster care while the Transitional Housing Subcommittee has focused on the implementation of the Transitional Housing Program+Foster Care.

California Department of Education (CDE)

The CDE funds and administers the Foster Youth Services Program (FYS); a program mandated through the Education Code sections 42920–25. The primary purpose of the FYS Countywide Programs is to provide advocacy and direct services to support the educational success of all foster youth attending school in their districts. FYS expanded from 39 to 57 county programs as of State Fiscal Year 2007/08. The FYS functions as a liaison between the foster youth and their educators to 1). improve pupil academic achievement, 2). reduce the incidence of pupil discipline problems or juvenile delinquency, and 3). reduce the rates of pupil truancy and dropout. FYS provides foster youth with a wide range of academic support from tutoring to school based behavioral support, as well as, vocational education and emancipation services.

Employment Development Department (EDD)

As previously noted, the State's ILP/THPP/THP-Plus Regulations require counties to ensure youth are registered in a One-Stop Center. All current and former foster youth that are at least 18 years of age but have not yet attained 21 years are eligible to receive services at these centers. Individual counties or regional consortiums of counties have established One-Stop Centers or their equivalent ILP Resource Centers to provide a comprehensive, coordinated community-based system of aftercare services for this former foster youth population.

Housing and Community Development (HCD)

Among its many responsibilities, the HCD provides leadership, policies and programs to expand and preserve safe and affordable housing opportunities for foster youth. The collaboration that CDSS has established with this department has resulted in the inclusion of foster youth as a "special class," for the purposes of grant funding.

California Department of Health Care Services (DHCS)

CDSS began collaborating with DHCS and youth advocacy groups in the fall of 2013 to develop strategies to implement the Affordable Care Act (ACA) for former foster youth ages 18 to 26. Plan goals included identification of the eligible former foster youth population, coordination of various state and county agencies to assist young adults with completing a streamlined application for reenrollment in the Medi-Cal program, and the development of efficient outreach efforts and data sharing mechanisms. In the first 2 quarters of 2014, communication with the eligible former foster youth was initiated. Advocates distributed a fact sheet to counties and various groups working with the target population statewide.

The fact sheet has been made available via the internet and the most recent informational Chafee ETV mailer included a brief explanation and links to additional resources. The FCO began distributing the ACA information to all of their contacts and is available to provide assistance to this group of former foster youth. Efforts to ensure former foster youth are provided the opportunity for continuous coverage or to reenroll in coverage will be ongoing and include the following activities:

- Continuous engagement with DHCS to provide information and technical assistance to county partners who have the primary responsibility for enrolling former foster youth in Medi-Cal coverage;
- Establish an interagency data sharing agreement with DHCS to provide information from the CWS/CMS which will help identify those eligible for benefits;
- Develop methods and procedures to ensure that youth transitioning to Extended Foster Care or exiting care are successfully enrolled in ongoing coverage; and
- Develop additional outreach strategies to inform all eligible former foster youth, who have already exited care, of their options for coverage.

The CDSS continues collaboration with the DHCS to ensure that foster children receive appropriate mental health services. In 1999, it became a law that only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications to foster children in placement or the authority is given to a parent who poses no danger to the child and has the capacity to authorize psychotropic medications. In 2004, this law was amended to include provisions for the courts to expedite requests and approvals for medication. Policies include requirements that youth shall not be denied ILP or housing services due to being on prescribed psychotropic medications. In addition, the Supportive Housing Grants for Persons with Special Needs Program provides housing for a variety of identified populations, including young adults aging out of the foster care system.

The CDSS has collaborated extensively with DHCS to develop a "Core Practice Model" as part of the implementation of the Katie A. lawsuit. The intent is to improve the provision of mental health and supportive services to better address the needs for children and families in the child welfare system. An additional manual was released to provide mental health service providers with information concerning the provision of these intensive services to children and families who are involved in the child welfare system.

The Child Health Development Prevention Program (CHDP) implements the EPSDT standards of care for Medicaid-eligible children and Youth which includes youth in foster care. Current and former foster youth up to age 21 are also eligible for these services. The program represents a coordinated strategy to identify and respond to the health, mental health and dental health needs, and supports oversight and coordination of health related services.

The CDSS and DHCS are developing an ongoing statewide "expert advisory panel" for the Quality Improvement (QI) Project: Improving the Use of Psychotropic Medication among Children and Youth in foster care. The QI Project was initiated in January of 2012 in response to compelling research on the topic and additional guidance on the topic from the DHHS with the goal to strengthen medical oversight for children in the child welfare system. The QI has formulated an "expert advisory panel" that will offer expert advice and service as professional resources to the project.

Child Welfare Council

The council includes an advisory body from the legislative, judicial and executive branches as well as stakeholders, youth, and nonprofit agencies. The council has continued to focus on prevention and early

intervention, permanency, child development and transitioning youth, data linkage and information sharing. The council has been focusing on policy improvements in Partial Credits: awarding academic credits to foster youth who transfer schools mid semester. The CDSS participates on the Prevention and Training subcommittee regarding Commercially Sexually Exploited Children. Efforts are underway to develop an integrated statewide approach to providing policy and services for this population.

Determining Eligibility for Benefits and Services

In California, youth who are eligible for ILP are 1). Between 16 years of age up to the day before their 21st birthday, 2). Either are currently in foster care, or were in foster care on or after their 16th birthday and 3) are in receipt of Kin-GAP.

In addition, California's counties have an option to provide services to 14 to 15 year old foster care youth using county only funds. Counties have offered ILP services to the younger population, providing the same types of services as the age 16 and older youth. Counties indicate the plan to focus on older youth participating in the extension of foster care.

ILP services and benefits allow the service provider to provide Core services to youth based on identified individual needs and goals as documented in the TILP including, but not limited to:

- Education, including: skill development, assistance and referrals to obtain literacy skills, high school diploma/GED, post-secondary education experiential learning and computer skills.
- Career development, including: assistance and referral to obtain career exploration, work readiness and responsibility skills, employment development, employment experience, vocational training, apprenticeship opportunities, job placement and retention.
- Assistance and referral to promote health (including mental health) and safety skills including, but not limited to: substance abuse prevention, smoking cessation, pregnancy prevention, and nutrition education.
- Referral to available mentors and mentoring programs.
- Daily living skills, including: information on and experiences and training in financial management and budgeting; personal responsibility skills; self-advocacy; household management; consumer and resource use; survival skills; and obtaining vital records.
- Financial resources, including: information and referrals regarding financial assistance if applicable, including, but not limited to, incentives, stipends, savings and trust fund accounts, educational/vocational grants, CAL-Grants, Employment Development Departments.
- Employment relates resources including, but not limited to: registering in One-Stop Career Centers, Workforce Investment Act funding and programs, other employment programs.
- Other forms of public assistance including, but not limited to: CalWORKs, Food Stamps, and Medi-Cal.
- Housing information, including: training and referrals about transitional housing programs; federal, state and local housing programs; and landlord/tenant issues.

Upon entering the ILP, and no less than every 6 months, all ILP participants are individually assessed on their strengths and needs and involved in their own preparation for independence. All ILP participants maintain a completed TILP in their case file focusing on the educational and experiential learning needed for them to function as healthy, productive and responsible self-sufficient adults.

Ensuring fair and equitable treatment of benefits for recipients

In November of 2003, emergency ILP/THPP/THP-Plus Regulations were implemented. Pursuant to Assembly Bill 1111, Chapter 147, Statutes of 1999, the CDSS was charged with developing statewide

standards for the implementation and administration of the ILP established pursuant to the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (Public Law 99-272).

Implementation of the ILP regulations based on the Standards is an additional avenue by which the CDSS can work with counties, other state agencies and foster youth to ensure consistent provision of services to current and former foster youth. As such, the state ensures independent living services to eligible youth who temporarily reside out of state. The ILP Manager or the county ILP Coordinator works collaboratively with the ILP Manager of the state in which youth reside to ensure the coordination of services. The ILP Manager also coordinates with the county ILP Coordinators and other state ILP Managers when youth from other states reside or are placed in California.

Cooperation in National Evaluations

The CDSS agrees to cooperate in national evaluations of the effects of the Independent Living Program (ILP) implemented to achieve the purposes of this plan.

Education and Training Vouchers (ETV) Program

CDSS has an interagency agreement with the California Student Aid Commission (CSAC) to administer the ETV program. Both state agencies work collaboratively to ensure that only eligible foster youth receive the ETV. The CDSS and CSAC provide technical assistance in verifying foster youth eligibility for ETV prior to issuance of a grant award. After the issuance of a grant award, additional oversight by the CSAC and educational institutions monitor the youth enrollment status, academic performance progress, and other student profile identifiers.

CSAC utilizes 2 methods to ensure that the amount of federal assistance does not exceed the total cost of attendance. The Free Application for Federal Student Aid (FAFSA) and the CSAC Needs Analysis Report (NAR) are submitted by the youth and college financial aid office to determine the various types of financial assistance to meet the total cost of attendance for the youth's education. By reviewing both the FAFSA and the NAR, CSAC can determine the amount of financial assistance that the youth needs to attend postsecondary education.

To prevent any duplication or excess financial assistance, CSAC works closely with the college financial aid office to verify student enrollment status and academic performance progress. In order to use data to improve and strengthen the ETV program and to increase program implementation, states should use the 2015-2019 CFSP to meet with various constituents and stakeholders, specific to ETV, to establish goals and outcomes for the ETV program, in combination with other state resources (e.g. tuition waivers), and how those goals are measured.

The CDSS and CSAC regularly convene ETV meetings with other stakeholders such as local county ILP coordinators, college financial aid officers, and various community based organizations to review the ETV program efficiency and to improve upon program outcomes. Each session includes a presentation by the CSAC of grant award data per academic year: total number of awards; total number of Chafee applications; number of eligible applications; and other details concerning grant award determination. Going forward, these stakeholder meetings will focus on the ETV awarding process in combination with the state resources, focusing on maximizing number of awardees while ensuring no duplication of other funding sources. Currently, the stakeholders group is exploring the viability of restructuring the ETV grant award process. By restructuring the grant award process, there is potential to issue more new awards to first time applicants and to reduce wait list applicants who are first time eligible applicants. Stakeholders requested further data analysis on first time applicants to aid in identifying positive and

negative impact from such restructuring; the next convening will consider this additional data analysis as it deliberates issues associated with this topic.

Although the current roster of attendees have been longstanding participants at the Chafee Stakeholder meetings, outreach efforts will be extended to obtain a representative(s) for California tribes; the CDSS will address its ICWA Workgroup with an invitation for Chafee Stakeholder participation.
ETV grants are awarded on a priority selection basis. Students who meet eligibility criteria and who have not reached their 23rd birthday by July 1st, may receive a grant award. Grant awards are issued on a weekly basis until the funding allocation has been expended. The process commences around July 1 for the subsequent school year. CSAC issues the award to the student's college financial aid office for disbursement. To prevent duplicate funding, CSAC tracks the number of ETV award amounts on a monthly basis. Data information can be extrapolated from the student profile database called Webgrants. Upon request, CSAC can provide the ETV grant amounts and number of youth receiving ETV.

Consultation with Tribes

The CDSS utilizes its ICWA Workgroup, which is currently comprised of representatives from tribes and tribal organizations as well as representatives from the Bureau of Indian Affairs, counties and the State, as a means of consulting with tribes. Through CDSS' collaborative efforts with various public and private non-profit entities, counties are encouraged to actively outreach to current and former foster Indian youth in California regarding ILP benefits and services available to them as is available to other non-Indian current and former foster youth in the state. The CDSS is working collaboratively with the five tribes who have recently expressed interest in developing Title IV-E or Title IV-B Plans. The two tribes that have developed Title IV-E plans, Yurok and Kuruk, are located in Humboldt and Siskiyou counties. CDSS has provided training to these tribes on the Chafee ILP and ETV, and transitional housing programs. Neither of the tribes has fully implemented their child welfare programs. In the interim, the tribes have been provided technical assistance that any youth under their jurisdiction may access the ILP at the local levels and have been provided the contacts for the ILP Coordinators for those counties.

In addition, counties consult and collaborate with tribes. Some examples 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.

CFCIP Program Improvement Efforts

(See Description of Program Design and Delivery above)

The goal and objectives for California's Chafee Foster Care Independence Program will be to maintain current Independent Living Programs and services for current and former foster youth, expand housing and placement options, and continue to provide technical assistance and policy development for the After 18 Program.

The CDSS plans to continue consultation with youth in the policy development of the ILP and related agency efforts via its collaboration with CFPIC, CYC, and CWDA to implement the YEPP (described in Description of Program Design and Delivery above). The youth ambassadors have begun discussion on ways to improve ILP service delivery and outcomes for transitioning youth. The goal is to expand the youth's involvement in providing input to the Katie A. initiative and to the NYTD Steering Committee for analysis of the NYTD data.

The CDSS will continue to collaborate with its partners, including the John Burton Foundation for Children Without Homes and the Child and Family Policy Institute of California and the California Youth Connection. The CDSS will continue to involve Chafee Educational Training Voucher stakeholders in order to improve the distribution of vouchers and to support post-secondary training for youth. The CDSS will continue its participation in several partnerships.

The CDSS, pursuant to a legislative mandate, has been working with a wide range of stakeholders to reform the continuum of placement options, focusing primarily on group homes and foster family agencies. Stakeholders have provided input related to the need for these provider agencies to provide services to support successful youth transition to adulthood. CDSS is due to have its recommendations to the legislature in October 2014.

CFCIP Training

The CDSS partners with the California Social Work Education Center (CalSWEC) and its regional training academies to provide a variety of trainings via conference calls, in person trainings, and webinars. Trainings related specifically to CFCIP will include webinars on transition planning, National Youth in Transition Database and Credit Reports for foster youth. The CDSS also maintains a contract with the Judicial Council Staff (formerly the AOC) for the provision of training to court staff and counties regarding permanency and transition case plans. Additionally, CalSWEC maintains several online trainings in regard to various aspects of the After 18 program and other issues pertinent to case management of foster youth including transition planning out of foster care.

MONTHLY CASEWORKER VISITS FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

Caseworker visits are a vital factor of the child welfare system, affecting child well-being, safety and permanence. Caseworkers (Social Workers and Probation Officers) 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 in consultation with families and with the support of their supervisors, identify 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.

Standards for the Content and Frequency of Caseworker Visits

The current state standards for content and frequency of caseworker visits assure children are visited on a monthly basis. In order to track monthly visits, the state created a measure of how many children are visited each month and of those, how many occurred in the residence of the child. Current state policy sets this standard at 90 percent. Counties that fall below this threshold are contacted by the state and provided with assistance as appropriate (i.e., clarifying regulations, technical assistance with data entry, etc.).

- California currently has a monthly caseworker visit standard for children in foster care, aimed at ensuring children are visited at least once a month caseworkers visit and care for children in accordance with the MPP Division 31 section 31-320 (Social Worker/Probation Officer Contacts with the Child). The MPP Division 31, section 31-206.24 requires the social worker to establish a case plan that includes a schedule of "planned social work contacts and visits with the child." The contacts must take place in accordance with MPP section 31-320 (Social Worker/Probation Officer Contacts with the Child) which emphasizes the caseworker visit objectives to ensure the child's safety, permanency, and well-being by: verifying the location of the child, monitoring the safety of the child, assessing the child's well-being, and assisting the child in preserving and maintaining religious and ethnic identity; gathering information to assess the effectiveness of services provided to meet the child's needs, monitoring the child's progress toward meeting the identified goals in the case plan; establishing and maintaining a helping relationship between caseworker and child to provide continuity and stability for the child; soliciting the child's input on his/her future, informing the child as to current and future placement plans and progress, and discussing these plans and progress with the child.

- California currently requires that at least 50 percent of the total number of monthly visits made by caseworkers to children in foster care occur in the child's residence. Further, the California State Legislature passed Senate Bill (SB) 342 (Chapter 492, Statutes of 2013), effective January 1, 2014, which requires that no more than 2 consecutive monthly visits be held outside the residence of the foster child. The California Department of Social Services (CDSS) is in the process of finalizing an All County Letter to implement the new requirements of SB 342.
- When the child is routinely (usually weekly) visited by social work staff of a Foster Family Agency (FFA) with whom the child is placed, the county social worker may be allowed an exception to visit the child monthly, provided certain conditions are met. In no case may the county social worker visit less than once every six calendar months. The county signs a placement agreement with the FFA for each child placed. The FFA has responsibility for developing a needs and services plan for

the child and for visiting the child and the caregiver. The FFA social worker agrees to document visits at least monthly as specified in MPP Division 31-320.611 (Social Worker/Probation Officer Contacts with the Child). In addition, the FFA makes quarterly reports to the county agency documenting the visits with the child and caregiver. No exceptions may be granted when a child is placed in a group home.

Strategies to Improve the Quality of Caseworker Visits and Meet State and Federal Standards

California continues to use the Statewide Automated Child Welfare Information System, CWS/CMS, to capture data on caseworker visits. The CWS/CMS is used by both county child welfare and probation agencies to capture the location of the visit, when a contact is entered as well as information on the type of visit, who was visited, the time and date of the visit and includes a narrative section to capture what was discussed during the visit. In addition, because FFAs, with whom counties have placement agreements, do not have access to input data to CWS/CMS, an alternate method of collecting/reporting the data has been developed. Additionally, most counties utilize SafeMeasures as a supervisorial tool to monitor visits at the individual caseworker level.

For FFY 2013 the percentage of monthly caseworker visits was 90.8 percent with 76.9 percent of the visits occurring in the home of the foster child or youth. This is a vast improvement from our 2007 baseline data of 56.7 percent of monthly caseworker visits and 69.9 percent for visits occurring in the home.
As required in section 424(f) of the Social Security Act, California is required to ensure that for FFY 2015 and thereafter, the total number of monthly caseworker visits is not less than 95 percent of the total visits that would be made if each child were visited once per month. Secondly, a majority of those visits must occur in the child's home.

California's strategies for 2015-2019 are:

- To improve the quality of caseworker visits as measured by case record reviews through improved training. Based on the results of the training evaluation, modifications to curriculum and coaching methods will be implemented.
- To continue to analyze monthly visit data for areas needing improvement and provide technical assistance to counties experiencing difficulty meeting monthly visit goals.

California projects that implementation of the above will result in the following percentages:

Description of Goal	Baseline 2007	FFY 2013	Target FFY 2015
Children in foster care who were visited on a monthly basis	56.7%	90.8%	95%
Visits that took place in the residence of the foster child	69.9%	76.9%	at least 51%

Strategy One

The CDSS monitor the performance measures related to caseworker visits and will continue to work with counties which are not meeting their target goals with respect to monthly caseworker visits. This will involve monitoring counties via analyzing data, interviewing county administrators and caseworkers, and development of improvement plans including target dates for improvement. The CDSS will follow up with counties regarding improvement plans where necessary. The CDSS will distribute an All County Information Notice to remind counties of the federal expectations for monthly caseworker visits for 2015 to ensure counties are aware of the increase in the total percentage of monthly caseworker visits (from 90 percent to 95 percent).

Strategy 2

The CDSS will continue to work with the Chief Probation Officers of California to improve documentation of child specific monthly visits for juvenile justice youth in CWS/CMS. Due to the majority of juvenile justice youth being placed in group homes for which there are no exceptions to monthly visits, it is anticipated that improved documentation in CWS/CMS will result in a nearly 100 percent compliance rate for monthly visits to juvenile justice youth and that the majority of these visits will be in the child's place of residence.

Strategy Three

The CDSS will continue to host meetings at the statewide workgroup level to monitor progress and determine and address other barriers to meeting monthly visit requirements that surface as well as to discuss and share promising practices in the counties. The CDSS continues to maintain a partnership with the California Social Work Education Center as well as the Resource Center for Family-Focused Practice at University of California at Davis to develop curriculum and train county caseworkers. This includes renewed information in the manuals dedicated to caseworker visits and possibly training videos illustrating techniques of successful county and agency caseworkers.

ADOPTION INCENTIVE PAYMENTS

Since 2009, California has not received any Adoption Incentive Funds because it has not exceeded the required baseline number of adoptions (7,679) required to receive Adoption Incentive payments. However, the state continues to improve the Federal Permanency Composite 2 -Timeliness to Adoption. Additionally, on January 1, 2013, California introduced an additional permanency option called Non-Minor Dependent (NMD) Adoption. This extends adoption and Adoption Assistance Program eligibility for young adults age 18-21 that are in the After 18 program, thereby removing a significant barrier to permanency for older youth.

State law provides for how any Adoption Incentive Funds received shall be allocated and spent per Assembly Bill (AB) 665 (Chapter 250, Statutes of 2009)). Under the provisions of AB 665, California uses the funds to support additional types of permanency besides adoption. Counties may use funds to improve or sustain legal permanency for older children, including reunification and guardianship. Given that California is a county administered state, Adoption Incentive funding is allocated directly to counties and California Department of Social Services' (CDSS) Regional and Field Offices allowing for more local control over specialized programs while CDSS provides technical assistance and monitors county expenditure data. Expenditure data is collected on generalized claiming costs (e.g. direct services, contracted services, etc.) rather than focused on specific expenditures related to programs. All County Letter 10-36 provides instructions which outline the distribution of Adoption Incentive Funds to counties and CDSS' Adoption Regional and Field Offices. The methodology for distribution of funds is based on the percent to total of the Adoption and Foster Care Analysis and Reporting System caseload growth of each individual permanency outcome including: Adoptions, Kinship-Guardianship Assistance Program, Other Guardianship, and "Second Chance Reunification" of children with parents whose reunification services were previously terminated.

Any future Adoption Incentive Funds will be distributed as outlined in AB 665. In addition to supporting programs that focus on establishing permanent connections for youth, Adoption Incentive Funds may be utilized by counties and CDSS' Regional and Field Offices to provide or contract for services from private providers that support sustaining permanent connections and placements. This may be accomplished through evidence informed programs such as intensive home and community-based wraparound services.

Furthermore, CDSS will provide guidance and technical assistance for Adoption Incentive expenditure claiming requirements. This will include support in meeting the provisions of section 473A(e) of the Social Security Act which requires California to spend Adoption Incentive Funds anytime within a 24-month period, beginning with the month in which the funds are awarded to the state.

TITLE IV-E CALIFORNIA WELL-BEING PROJECT (WAIVER DEMONSTRATION PROJECT)

California is continuing to operate the five-year Title IV-E Waiver Demonstration Project under an extension, as the original project period ended on June 30, 2012. Alameda and Los Angeles counties are the 2 participating counties. Under the project, 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 five year project began on July 1, 2007 and ended on June 30, 2012. The project has continued under three short-term bridge extensions through September 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 2 project components for child welfare, and for probation. Child welfare will use the elements of Safety Organized Practice to further implement and enhance the Core Practice Model, and probation will implement Wraparound for their youth at pre-placement to try and avoid out of home care.

Project Goals

- To improve the array of services for children and families and engage families through a more individualized approach that emphasizes family involvement;
- To increase child safety without an over reliance on out-of-home care;
- To improve permanency outcomes and timelines;
- To improve child and family well-being; and
- To decrease recidivism and delinquency for youth on Probation and to decrease risk factors and increase protective factors for children and youth.

Project Implementation

The extension of the demonstration project will continue using a capped allocation of federal Title IV-E funds. The capped federal funds will be used to provide direct, individualized services to children and families without regard to their federal eligibility or placement in out-of-home care. This funding can be braided with Title IV-B dollars. The project implementation will focus on prevention, family engagement and family-centered services. Both project interventions will allow counties to identify and increase targeted individualized services for children, youth and families. In addition to the two project components, the project will provide counties increased flexibility and potentially new resources to target subpopulations with specific services in order to better address their trauma related or specialized mental health needs within CWS and Probation.

Project Interventions

Wraparound Probation departments in participating counties will provide Wraparound services to youth exhibiting delinquency risk factors that put them at risk of being removed from their homes and placed in foster care. The State's Wraparound model will involve a family-centered, strengths-based, and needs driven planning process for creating individualized services and supports for the youth and family.

Specific elements of the Wraparound model will include case teaming, family and youth engagement, individualized strength-based case planning, and transition planning.

Safety Organized Practice (SOP)/Core Practice Model (CPM)

- Child welfare departments in participating counties will implement this initiative to support the development of a statewide core practice model to further enhance social work practice. Specific elements of SOP include family engagement and assessment, behaviorally based case planning, transition planning, ongoing monitoring, and case plan adaptation as appropriate. Specific services to be implemented as part of SOP include Safety Mapping/Networks, effective safety planning at foster care entry and exit, capturing the Children's Voice, solution-focused interviewing, motivational interviewing, and case teaming.

Counties can do one to two additional county specific interventions that align with the goals.

Target Population

- The target population to be served is Title IV-E eligible and non-Title IV-E eligible children and youth ages 0 up to age 18 currently in out-of-home placement, or who are at risk of entering or re-entering foster care.

Evaluation Design

California will conduct an evaluation to test the hypothesis that the use of Title IV-E funds to provide alternative services that focus on family engagement and family-centered services, as appropriate, will result in improved safety, permanency and primarily well-being for children and youth. The evaluation will consist of three components: a process evaluation, an outcome evaluation, and a cost analysis.

Process Evaluation: The evaluation will include interim and final process analyses that describe how the demonstration was implemented and that identify how demonstration services differ from services available prior to implementation of the demonstration, or from services available to children and families that are not designated to receive demonstration services. The analysis will include a logic model that describes the demonstration's objectives, the services or other interventions provided, and the way the intervention is linked to measurable outcomes. In addition, the process analysis will examine, at a minimum, the planning process for the demonstration; the organizational aspects of the demonstration; the number and type of staff involved in implementation; the service delivery system; the role of the courts in the demonstration; contextual factors; the fidelity of the demonstration programs and services to their intended service models; and barriers encountered during implementation, the steps taken to address these barriers, and any lessons learned during implementation.

Outcome Evaluation: The state's outcome evaluation will address, at a minimum, changes in the following outcomes, using appropriate outcome measures, including, but not limited to:

- Decreased entries into out-of-home care
- Increased placement in most appropriate and least restrictive setting
- Decreased reentries

- Decreased recidivism among youth receiving probation services
- Increased child and family functioning and well-being

To the extent available, the state's evaluation will track all outcome measures in relation to gender, age, race, and, as appropriate, placement type or setting.

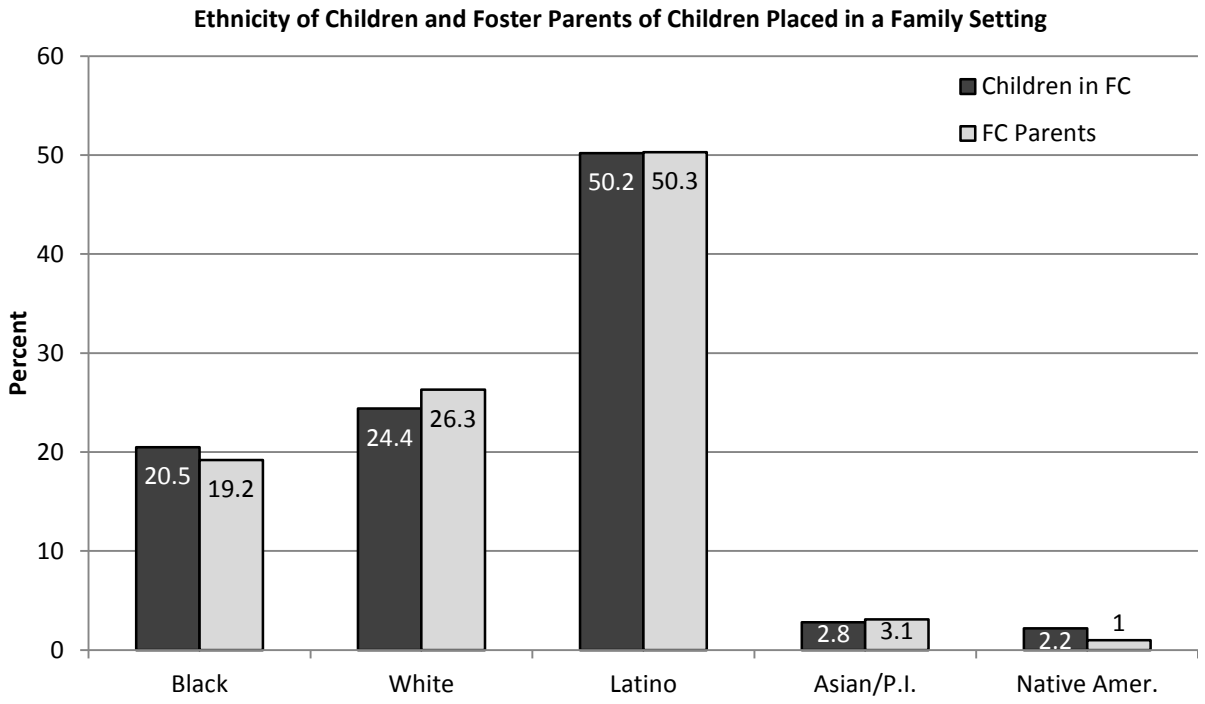
Cost Study: The cost analysis will examine, at a minimum, the costs of the key elements of services received by children and families designated to receive demonstration services and will compare these costs with those of services available prior to the of the start of the demonstration, or that were received by the children and families that were not designated to receive demonstration services. The purpose of the analysis will be to compare the costs of services available through the demonstration with those of services traditionally provided to children and their families.

Development of the Evaluation Contract Specifications and Contract
A draft of the specifications or Request for Proposals (RFP) for the evaluation contractor will be provided to ACF within 60 days after acceptance of the federal Waiver Terms and Conditions. Upon approval by ACF, the evaluation contract Scope of Work and all contract-related documents, including anticipated sources of data to support the evaluation, will be finalized. Execution of the contract is anticipated within 180 days of approval of the specifications or RFP by ACF.

Development of the Evaluation Plan
The evaluation plan will be submitted to ACF within 120 days after the evaluation contract is awarded.

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

On January 1, 2014, there were 65,465 children in foster care in California. Foster and/or adoptive homes are needed for all these children at least on a temporary basis. The chart below shows both the race/ethnicity of children and foster caregivers. The data demonstrates, at least on a statewide level, that it is generally successful in recruiting a pool of caregivers that reflect the race and ethnicity of the children in care. The biggest disparity is with Native American families.



* 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. The source is CWS/CMS AFCARS 2013b, and excludes unable to determine or missing.

Counties report challenges in having sufficient homes to take older children and sibling groups. Since the implementation of California Fostering Connections to Success Act in 2010, which extended foster care benefits beyond age 18, there has been an increased need to have placement resources for young adults.

Regardless of race or ethnicity, another population of children that California is seeking to more effectively serve in foster care is children and youth identifying as LGBTQ. While it is not yet possible to identify how many LGBTQ youth are currently in foster care, efforts are being made in this area through a federal grant under the Permanency Innovations Initiative to the Los Angeles Gay and Lesbian Center: Recognize, Intervene, Support, Empower (RISE). Initial data from a survey conducted by the project suggests 14 percent of foster youth in Los Angeles potentially identify as LGB or Q and five percent as T. Just as any other child in foster care, LGBTQ youth need foster and adoptive families that can love and support them.

Because California utilizes a county-administered approach to the provision of child welfare services, the vast majority of recruitment in California is done locally, through each of the 58 counties. CDSS adoption and licensing regional offices and the over 400 licensed private providers serving children in foster care, i.e., FFAs and adoption agencies, also engage in recruitment activities to find foster parents that reflect their dependent child populations. Because the CDSS and many of the larger counties and private agencies have regional offices, there is coverage at the local level across California.

Currently, California's public and private agencies utilize several types of general and targeted activities to recruit foster and adoptive homes. Through these activities, they strive to create a pool of supportive foster and adoptive homes to meet the needs of children in placement. Going forward, the existing general recruitment strategies that have been utilized by counties and Foster Family Agencies will be continued to recruit foster and adoptive families. Activities such as:

- Agency websites describing the need, how to apply and the children
- Brochures, advertisements, and billboards in various languages
- Radio and television segments
- Social worker contacts
- Community event booths and celebrations
- Promotional supplies
- Presentations to local philanthropic, business, and faith-based entities
- Foster parent ambassadors
- Word of mouth through other resource families

Additionally, the statewide toll-free number for inquirers to speak with someone directly about adoption and foster parenting will remain active through the contract with Family Builders, a FFA and adoption agency. This service is coordinated with the California Kids Connection (CKC) website which in turns links with the national AdoptUSKids recruitment website. CKC employs bilingual staff to provide all services in English and Spanish. The other foster and adoptive parent recruitment services that CKC has provided in the past will continue as well; the services include:

- response to inquiries generated from the CKC website (photo listing of available children);
- exchange meetings, matching events, and training and education for caseworkers;
- Adoption Navigator Services - 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;
- AdoptUSKids California Recruitment Response Team (RRT) - the CKC Recruitment Response Team responds to inquiries about adoption generated by AdoptUSKids' national recruitment initiative campaign for finding adoptive families; and
- 1-800-KIDS-4-US - this 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. An average of seven percent of all calls per month is in Spanish. 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.

The public and private agencies target activities to various populations within local communities to recruit foster families that reflect the foster care population being served and the ethnic diversity of children in care. Data demonstrates that the composition of foster parents closely reflect the composition of dependent child, implying that the recruitment activities being utilized are effective. The activities that have been effective and will continue to be employed and built upon include:

- faith-based outreach, including partnerships with various churches, is a common strategy used across public and private agencies, particularly when targeting communities of color;
- various public and private agencies employ Spanish-speaking staff to facilitate outreach and support to the Latino communities, depending on the local demographics and needs;
- provide foster parent orientation and PRIDE training in Spanish;
- assign a "guide" to a foster parent to help navigate the licensing process;
- outreach to specific ethnic communities to recruit families that reflect the changing demographic profile of youth in foster care and develop capacity to support those families;
- engage in conversations with tribes via the ICWA workgroup to remove barriers experienced by tribes to pre-approve tribal foster homes; and
- outreach to the LGBTQ community to recruit families for foster youth who identify as LGBTQ.

Child Specific Recruitment

In addition to general activities and strategies that recruit foster and adoptive parents as described above, child specific recruitment strategies have been developed. These strategies have proven to be successful and will continue as a platform on which to build going forward. For example, the California Kids Connection (CKC) website, which is the most prominent statewide child specific recruitment vehicle, provides both a secure section and a public section. The public section of the website is accessible to any Internet user. Prospective adoptive parents indicate their interest in specific children by sending an e-mail via the California Kids Connection website to the placing agency identified for each child. 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 5 regional adoption exchange meetings in California. 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, CKC recently 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.

Another child specific recruitment activity includes the Heart Gallery. Many counties across California host Heart Galleries as child specific recruitment strategies. A Heart Gallery is a photographic exhibit featuring available children and sometimes children with their adoptive families. These exhibits typically result from collaboration between an agency, local photographers and galleries to produce and display professional, art quality portraits of children in need of forever families.

Counties collaborate to formulate innovative practices to increase opportunities for prospective families to meet available foster children. For example, Los Angeles County's Placement and Recruitment Unit (PRU) participates in the Southern California Co-op bi-monthly meetings to let agencies with prospective families outside of the county consider Los Angeles County's children and invite them to attend their yearly co-op adoption event.

- Similarly, there are county, state and/or regional activities surrounding both national foster care and adoption months.

Supportive Services as Recruitment Strategies

Although not specific recruitment activities in the traditional sense, services and supports that remove barriers and to make the process of becoming a foster or adoptive parent create a more positive experience. Creating a supportive and less burdensome experience lends itself to positive word-of-mouth testimonials from foster and adoptive families to attract other families interested in fostering or adoption.

As described above, there are roughly 500 public and private agency offices available to the public. These agencies throughout California offer orientations, preparation and training and other services in many formats, locations and times, including weekend and evening availability. Many counties now have mobile fingerprinting ("LiveScan") machines to remove barriers to completing criminal background check requirements. Many public and private agencies integrate completing the application documents into the training so applicants can get assistance.

In addition to the information about the availability of various services in other languages discussed above, the statewide licensing application is available in English, Spanish, Russian and Vietnamese. The CDSS, as well as many counties, have the capacity to translate forms into other languages necessary to serve their local populations. Many local publications related to foster care and adoption are provided in Spanish.

As described below, the Foster and Kinship Care Education program, foster parent training provided through the state's community college infrastructure, provides classes in Spanish in the vast majority of the participating colleges.

No fees are charged to become a foster parent. Fees for adoption vary, depending on whether a public or private agency handles the process. A maximum of $500, plus costs for fingerprinting, can be charged by a public adoption agency with provisions for a sliding scale; reimbursement for nonrecurring costs of up to $400 per case is available to the adopting parent(s). Additionally, some employers will cover some adoption expenses. California adoption requirements mandate agencies to advise prospective adoptive parents about such reimbursements or non-fee services, including the federal tax credit.

Private adoption agencies serving children in the public foster care system typically do not charge a fee as their costs are reimbursed through the state for adoption of Adoption Assistance Payment (AAP) eligible children.

As described above, there are many resources for counties to perform timely searches for adoptive families:

- The CKC and AdoptUSKids websites;
- Several regional exchanges; and

- Private adoption agency families, supported through the Private Adoption Agency Reimbursement Program (PAARP).

Retention & Support

The critical complement to recruitment is retention of foster care and adoptive families. California continues to work towards effective training and support of caregivers in the foster care system. Key efforts include:

- The Quality Parenting Initiative (QPI) began in 2009 and is a collaboration among CDSS, the Youth Law Center (YLC) and CWDA with initial philanthropic support to create the initiative. 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. Initially, counties were selected to develop a local QPI team of public and private stakeholders. The county QPI teams then focused on developing caregiver recruitment and retention strategies, enhancing child welfare agency and foster family relationships, and building linkages between foster caregivers and birth families.

  While the initial efforts may have been focused on recruitment, the project and participating counties quickly realized that retention was key in this work. The QPI teams developed the "Partnership Agreement" which contains the specific expectations for high quality caregiving and the responsibilities of the caregiver and county child welfare agency to achieve that quality. Caregivers have expressed they lack a clear understanding what is expected of them and what is constitutes quality caregiving. Another strategy for improved retention of caregiver currently under way is work being done by the QPI sites to implement 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.

  In the next year, QPI intends to work with the courts to address issues around abrupt transitions. Many QPI counties 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, the QPI plans to work with courts, children's counsel and parent's counsel to develop a statewide practice model for developmentally appropriate transitions. Lastly, QPI will soon launch www.QPI4Kids.org which will be a central site for all QPI counties in California and across the country to network and to share materials, videos, and best practices. Although these activities are not directly targeted at caregivers, the activities are designed to improve the processes and systems within which caregivers are involved and impacted by. Arguably, system improvements can positively impact retention of quality caregivers.

- Foster and Kinship Care Education/Training Program – The CDSS collaborates with the Chancellor's Office of California's Community Colleges to provide the education and training of foster parents and relative care providers through a contract with the Foster Care and Kinship Care Education Training Program (FKCE). The foster parent 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

WI&C Code 16003. The 62 participating colleges offer over 35,000 hours 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 vast majority of colleges offer trainings in Spanish to serve the large Latino population residing in California.

- 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 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 QPI and the RFA Program. In addition, participants discussed caregiver job expectations and challenges. The participants discussed scheduling a Caregiver Advocacy Network Webinar. The last meeting was scheduled on May 20, 2014 in Sacramento at CDSS.

  In October 2013, CDSS launched the CAN website: 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, providing valuable input in the creation of website 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 also provides links to other websites that contain useful information and support.

  The website is a centralized source of information and resources to foster families and caregivers. There is an email link to the FCO 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.

Activities Going Forward

To address the MEPA requirement to recruit foster family homes that match children in foster care, the data presented on page 116 indicate that the state has made progress in assuring recruitment efforts are effective in recruiting families that match the race and ethnicity of children in foster care. Efforts to ensure that children are placed with kin when possible have assisted in these results.

One area where renewed focus will be directed is strategies to improve retention. The CCR and RFA Initiatives currently under way may provide insight about previously unidentified barriers and/or new or improved recruitment methods which can be applied universally among counties. In the event additional recruitment and/or retention practices present themselves from the initiatives, CDSS will explore with its county partners ways to strengthen current practices.

In the meantime, CDSS will continue to survey counties as to the strategies employed to recruit foster and adoptive caregivers who can meet the needs of children in out of home care. CDSS will collaborate with counties and the County Welfare Directors Association to develop the survey and determine the types of information and/or data to be collected. Additionally, the Children and Family Services Division will collaborate with the Community Care Licensing Division and stakeholders representing Foster Family Agency (FFA) providers to gain knowledge of their recruitment and retention efforts, and explore ways to collect information on those efforts going forward. Also, the CFSD will be working with all family licensing/certification agencies to ensure the availability of data regarding the numbers and types of foster family homes relative to the need for children in foster care.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Title IV-B funding for programs was reauthorized by Congress and P.L. 112-34, the Child and Family Services Improvement and Innovation Act, which was signed into law on September 30, 2011. The state's Healthcare Oversight and Coordination Plan addresses the following requirements of section 422(b)(15)(A)(i)-(vii) of the Social Security Act:

- a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;
- how health needs identified through screening will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from the home;
- how medical information will be updated and appropriately shared , which may include developing and implementing an electronic health record;
- steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;
- the oversight of prescription medications, including protocols for the appropriate use and monitoring of psychotropic medications;
- how the state actively consults with and involves physicians or 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 the children; and
- steps to ensure that components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health care insurance, information about health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

In order to create a system for screening, assessment, referral, monitoring and treatment of emotional trauma, mental health and other health care needs for children in foster care, the CDSS works in direct partnership with the State Title XIX Medicaid agency, known in California as DHCS, and other state agencies as necessary.

DHCS has established requirements for child health assessment scope and periodicity based on the recommendations of the American Academy of Pediatrics which require that each child receives medical and dental care through the DHCS Child Health and Disability Prevention (CHDP) program or equivalent. Further, state regulations require that each child in placement receives a medical and dental examination no later than 30 days following placement. County child welfare agencies and probation

departments utilize a multidisciplinary team approach to meet the complex needs of children in foster care, including dental and specialty care.

The state's current healthcare oversight plan contains requirement for assurances that a child's physical and mental health needs are identified. Mental health screening and assessments are described in the *Pathways to Mental Health Services: Core Practice Model (CPM) Guide* 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 are part of the state plan to address physical and mental health, will be described at the end of this section.

In 1999, the Welfare and Institutions Code section 16501.3 established the Health Care Program for Children in Foster Care (HCPCFC). It has been augmented as a primary strategy for complying with PL 110-351 and is now referred to as the Health Care Oversight Program. This program was created to support coordinated health care for this vulnerable population. The state's assurance, that children's physical and mental health needs continue to be identified and addressed, is currently accomplished through the HCPCFC. 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. In 2011, the HCPCFC was realigned to counties which mean the funding will be under the auspices of the county child welfare agency rather than the local health agency. The program requirements have not changed. CDSS, DHCS and county representatives have been working to develop the administrative mechanisms (interagency agreements, claiming codes and instructions, communication material, etc.) necessary to effect this change and ensure a smooth continuation of the program in 2015 and beyond.

In the Health Care Oversight Program, public health nurses (PHNs) work with the child's caseworker or probation officer as a team member to ensure that children in foster care, supervised by the county welfare department or probation department, receive all needed health care services. The PHNs provide health care coordination of the physical, behavioral, dental, and developmental needs for all children in foster care, including those in out-of-county and out-of-state placements. They collaborate with welfare and probation department staff in providing training programs for health, child welfare, probation, and juvenile court staff. They compare each child's health screening records to ensure adherence to CHDP schedules and standards, monitor the provision of recommended services to each child, and update health information on each child in support of the child's health care plan, and support continuity of healthcare services. It is anticipated that counties will continue to operationalize similar programs as the requirements for delivery of health and mental health services to children in foster care remains unchanged.

Schedule for Initial and Follow-up Health Screenings

The EPSDT standards of care for Medicaid-eligible children and youth in foster care require that minors must have an exam by the end of their age period, based on the Medical Exam Periodicity schedule outlined in the Medical Exam Periodicity table shown below.

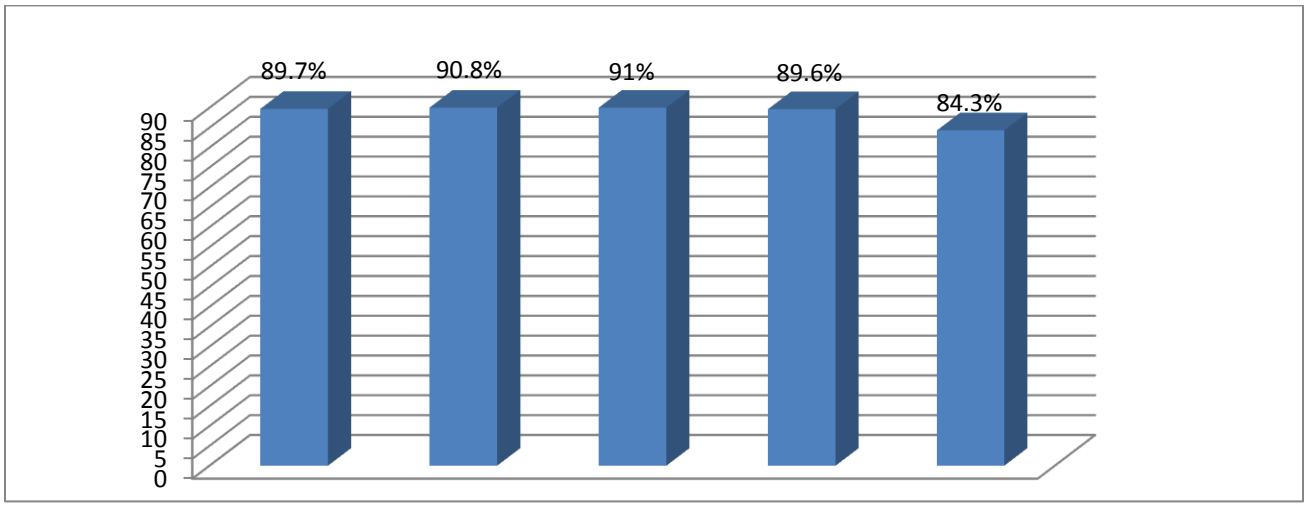
Medical Exam Periodicity

A child is considered out-of-compliance if they leave an age period without an exam. Through the state's quality assurance system, California monitors and oversees county performance on the schedule of physical health screenings. If a county is declining or performing poorly, state 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.

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

As illustrated in Timely Medical Exams table below, around 85-90 percent of foster children in California receive timely exams. 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.

Measure 5B: Timely Medical Exams, CWS/CMS CSSR Data, Agency: CW, Ages 0-20



2013

Monitoring and Treating Identified Health and Mental Health Needs, including Trauma

PHNs 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. The PHN follows each child in care and coordinates with social workers and caregivers to ensure that the child's health, mental health and developmental needs 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 the PHNs 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.

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 mean activities done by child welfare agencies – including screening for mental health needs, while "assessment" is the more formal mental health assessment completed by mental health professionals, the need for which is determined by the screening. The CPM provides standards of practice that include strengths-based assessments and screening for trauma exposure, as well as practice activities that identify child welfare as being responsible for ensuring that initial and no fewer than annual mental health screenings are completed.

The *Continuum of Care Reform (CCR)* (described in a previous section) 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 of children and families strengths and needs based on common life domains to determine a youth's strengths and needs which will include the identification of trauma and well-being needs. Though counties currently us a wide variety of such assessments, the goal is to develop consistency in assessment approaches across counties.

In addition to physical health, California has been working to improve identification and treatment of mental health needs of children in foster care. 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.

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.

However, at this time screening and assessment activities associated with Katie A., and the Out of County Mental Health Effort are being addressed within the framework of CCR to ensure that the appropriate touch points are identified. There is a shared interest in establishing a systemic approach to screening and assessment that can satisfy the needs of the Mental Health Plans and County Welfare Departments, and the respective state agencies, DHCS' and CDSS'. To that end, recommendations are being addressed to determine, at a minimum, decision-making protocols and levels of review (who, what, when). CDSS and DHCS will require that a joint 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.

Sharing Medical Information, with the option for an electronic health record

Health and mental health information for all children in foster care is documented in the CWS/CMS. Within 30 days of initial placement, the child's CWS/CMS record must include, at a minimum, an initiated health and education passport. Public Health Nurses (PHNs), social workers and probation officers enter data in to the health notebook within the CWS/CMS system. A health and education passport is a printable document of the child's CWS/CMS record that contains information on any one of the following: an observed or diagnosed health condition; the name and start date of one or more prescribed medications; immunization records; and, well-child and other medical exams (date, provider, provider type, and exam type), or a health-related planned service activity. The health and education passport must be provided to all caregivers for children in foster care. It is also shared with health and mental health professionals who may provide services to a child in care.

Through the establishment of California's HIE system, the CDSS is exploring mechanisms to share medical information among health care providers and child welfare services and probation departments to facilitate provision of health care. 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. The CDSS is also exploring the ability to use the Blue Ribbon Commission's (BRC) involvement with the Stewards of Change. 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

Continuity of Health Care Services, with the Option of a Medical Home

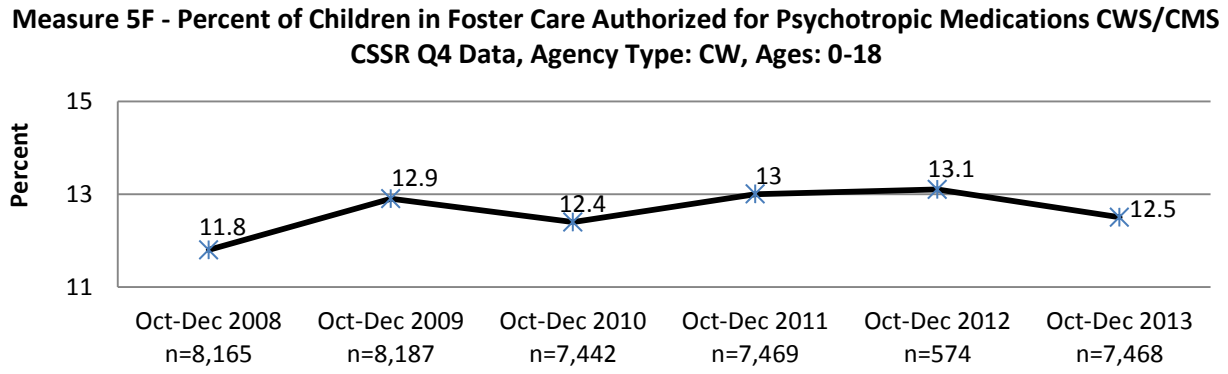
PHNs will continue to provide coordination with social workers, caregivers, parents, and medical professionals to ensure the continuity of health care services to children in foster care. If a child in foster care is determined by their physician to have specialized health care needs, they are placed with caregivers who have received specific training by a healthcare professional. California law requires that all counties develop a plan to place children with special health care needs which meets state-specified standards for the care of this population. Children with special health care needs must be placed in licensed facilities, specialized foster family homes, or with relatives who have been appropriately trained to accommodate their medical needs.

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 PHNs ensure that every child in foster care has a current record of prescribed medications. As part of their health care planning and coordination responsibilities, public health nurses document medication information in the Health and Education Passport in the CWS/CMS. PHNs, social workers and probation officers are able to enter the name of the medication, the condition(s) the medication addresses, whether the medication is psychotropic, and whether the medication is administered for psychiatric reasons.

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

As part of the state's quality assurance system, Outcome measure 5F (Children in Foster Care Authorized for Psychotropic Medications, see table below) tracks the proportion of children in foster care that have an authorization for psychotropic medication. Unfortunately, this data is limited. For instance, one cannot tell from this data how many children are proscribed or receiving psychotropic medications, only how many have received a court authorization. It is because of some of these limitations that CDSS and DHCS initiated the Quality Improvement Project described below. The state will continue to use the JV220 court authorization process as a component of the monitoring of psychotropic medication usage among children in 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 indicated that foster children in California are 5 times more likely to receive psychotropic medication. As illustrated in the table above, the data also shows there is an increasing trend in the authorization of these medications over the last several years. 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. Preliminary analysis indicates that over 10,000 children in foster care during FFY 2012/2013 received a psychotropic medication. Additional analysis is being conducted to further examine the full scope of the problem in California. This interdepartmental effort will inform the current oversight plan for psychotropic medications and determine the strategies that can be implemented statewide. The goals of the effort include:

- Reducing inappropriate psychotropic polypharmacy;
- Enhancing psychotropic medication safety by optimizing dosages, 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; and
- 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.
- Developing data outcome measures to evaluate effectiveness of practice and policy change on the appropriate use of psychotropic medication for the foster care population; and
- Conducting data analysis regarding psychotropic medication use among children in foster care and post state level data reports

CDSS and DHCS engaged stakeholders in an introductory kick-off meeting held on October 29, 2012. A clinical workgroup, a data and technology workgroup, a youth, family and education workgroup, and a project advisory panel have been convened to complete the goals of the project. The clinical workgroup aims to improve psychotropic medication oversight and monitoring by developing the aforementioned state protocol and implementing changes to the court authorization process. The data and technology workgroup's focus is 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 are to develop education materials specifically to help parents and caregivers improve their skills and knowledge about side effects and adverse symptoms related to medications 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. A project advisory panel was convened in order to gather the state's best subject matter experts to provide guidance, feedback, and to address risks, problems and concerns. The efforts of this project will continue for the next year in order to complete deliverables. After that, ongoing monitoring will continue. Key deliverables include:

- Youth Bill of Rights
- "Questions to Ask About Medications" for youth
- Training Curricula
- Prescriber guidelines
- Client-level data reports to counties for monitoring court authorizations

Consultation

Public Law 110-351 requires that CDSS consult with pediatricians, public health nurses and other health care experts in plan development and it also requires the 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 CHDP Executive Committee Meetings. These committee meetings gather representatives from multiple state and county healthcare related agencies as well as physicians, nurses, other healthcare providers and advocates to discuss the provision of statewide services to CHDP beneficiaries, including foster children and youth. Additionally, CDSS attends quarterly Foster Care Subcommittee meetings in order to collaborate 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. CDSS will continue to participate in regular consultations and collaborative meetings with the counties after they begin administration of localized programs.

Transition Plans for Youth Aging Out of Foster Care

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. This requirement was outlined in ACL 09-87 W&IC Section 391 details the requirement that youth be provided with important documents upon reaching the age of majority while in foster care, such as a social security card and a birth certificate, and that youth are provided the Advanced Health Directive form, which informs youth of their option to execute a power of attorney for healthcare. Social workers and probation officers provide a written explanation of the completion of the requirements outlined in W&IC Section 391 as part of their court report recommendations. State law contained in W&IC Section 391(e) further provides that "the court shall not terminate dependency jurisdiction over a non-minor dependent that 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." It is the role of the court to ensure that the statutory requirements are completed prior to terminating court jurisdiction over the youth.

The social worker and probation officer complete the 90-Day Transition Plan with the foster youth and any mentors or other individuals the youth would like to invite. In many counties this is done during an "emancipation conference." The 90-Day Transition Plan form contains areas in which a detailed plan is written for each of the following areas: education, employment, housing, mentoring (and continuing supports such as mental health), family and other permanent connections, and health insurance. The form includes explanatory sections where the youth initials to acknowledge they have received information on the availability of Medi-Cal to age 26, a power of attorney for health care and eligibility to apply for food stamps.

Additionally, CDSS is working with DHCS and advocates ensuring effective implementation of the Affordable Care Act provisions related to health care coverage for former foster youth. Strategies are being developed and implemented to target outreach to potentially eligible former foster youth and barriers to effecting a seamless transition upon exit from care are being identified.

DISASTER PLAN

Introduction

Established in 2009, the State of California Emergency Plan (SEP) is the emergency plan for the State of California. The OES is charged with keeping the plan up to date and develops revised drafts in coordination with state agencies, local government, and relevant stakeholders. Major revisions to the plan are presented to the California Emergency Council, which recommends approval of the plan to the Governor. The SEP established 18 California Emergency Functions (CA-EFs) that provide a framework in which local, tribal, and state governments, the federal government, and the private sector can work together during the 4 phases of emergencies: mitigation, preparedness, response, and recovery. Led by a State agency, each Emergency Function covers all four phases of emergency management. The California Mass Care and Shelter Emergency Function (CA-EF 6) is one of the 18 Emergency Functions. CA-EF 6's role is the coordination of actions to assist the responsible jurisdiction in meeting the humanitarian needs, including mass care, emergency assistance, and human services of those affected during or after an emergency. The California Health and Human Services Agency (CHHS) is the designated lead agency for the CA-EF 6 and the California Department of Social Services (CDSS) is the lead department for the CA-EF 6 in coordinating resources needed to support Mass Care and Shelter response. OES acts as the overall state coordinator during multi-regional incidents and for coordinating with the Federal Emergency Management Agency (FEMA). State agencies such as CDSS are mandated to carry out assigned activities related to mitigating the effects of an emergency, and to cooperate fully with each other and OES in providing assistance.

California has a state supervised, county administered child welfare system. As such, within CDSS, the CSOEB has an Emergency and Disaster Preparedness Plan (attached) which is an annex 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 CSOEB annex provide the structure, policies, procedures, and forms for the CDSS Disaster Operation Center's Activation.

In September 2006, Congress passed the Child and Family Services Improvement Act of 2006 [Public Law (PL) 109-288] amended Part B of Title IV 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 2 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 cases;
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."

CSOEB's Emergency and Disaster Preparedness Plan

The Emergency and Disaster Preparedness Plan which CSOEB's Adoptions Services Bureau (ASB) developed as an Annex to CDSS' Mass Care and Shelter Plan, is reviewed and revised as necessary every 5 years. CDSS' latest revision was March 2014. 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 revision will include:

- Request and review annual updated from all 58 county child welfare service agencies and the 6 CDSS ASB Regional and Field Offices.
- Update of names, phone numbers, pager numbers, addresses, and other contact information.
- Changes in operating procedures and organizational structures.
- Policy changes.
- Legislative changes.

Emergency Management Phases:

An emergency or disaster may result from natural or technological hazards, civil disturbance, or act of terrorism, and cause extensive damage and human suffering. CDSS implements the CA-EF 6 concept of operations to assure emergency management procedures are in place. Emergency management activities during peacetime and national security emergencies are often associated with 4 emergency management phases:

- Preparedness Phase (including increased readiness)
- Response (including Pre-emergency, Emergency Response, and Sustained Emergency)
- Recovery
- Mitigation

Phase 1 – Preparedness

The preparedness phase includes mitigation, emergency/disaster planning, training, exercises, and public education. These activities are taken in advance of an emergency. Those entities identified in this plan as having either a primary or support mission relative to response and recovery should prepare operating procedures and checklist detailing personal assignments, policies, notification roster, and resource lists. It is during this phase the ASB of CDSS will:

- Request and review CWS Disaster Plans from all 58 county CWS agencies and the 6 ASB Regional and Field Offices
- Place Disaster Plans from CWS on the Department website (www.childsworld.ca.gov)
- Encourage local county agencies responsible for the care or supervision of dependent and probationary children to continue development of plans and exercise readiness procedures for identifying and locating dependent children under their supervision.

- Develop resource lists and contacts with supporting agencies and organization in other jurisdictions.
- Develop, implement, and participate in readiness training program and exercises with affected agencies and organizations.

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 CDSS staff for possible deployment.
- Notify other personnel regarding possible deployment.
- Retrieve essential program records.
- 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 even 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.
- Coordination services and share information with local government agencies, Regional and Field Offices, and other states.

Phase 3 – Recovery

During the recovery phase, procedures for the ASB 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 response to new child welfare cases in areas adversely affected by the disaster, and provide services in those areas.
- Review and update the county CWS Disaster Plans.
- Compilation and summarization of information from supporting agencies.
- Remain in communication with caseworkers, and other essential child welfare personnel potentially affected by the disaster.

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 of supervision of the State. Mitigation tools include:

- Maintain cooperative communication 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.

CWS Disaster Response Plan Template

Counties are required to annually update and submit their Disaster Plan to CDSS. The plan describes the responsibilities and actions required for the effective operation of locating and monitoring dependent and probationary children under the care or supervision of the CDSS. The ASB established the California Welfare Services (CWS) Disaster Response Plan Template which is intended to be used as a guide to help counties incorporate the 2006 federal disaster response criteria as part of local child welfare plans. Minors in the probation system must also be included in the plan.

An All County Letter (ACL) that provides guidance to the counties, and the Disaster Plan is sent to 58 CWS and Probation Department counties annually. The counties are required to update and return the following information requested in the Disaster Plan to ASB within 30 days:

Identify, locate, and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster:
The CDSS/CWS staff maintains an updated list of all children who are under the care, custody, and control of the Department. During disasters, CDSS/CWS use the list to identify, locate, and provide continuous services for children under state care or supervision. The state and counties uses Safe Measures, an analytic service which maintains an accurate account of each child in their care, a system that measures and maintains current status of each case in which the social worker is responsible. In the event a disaster occurs, county welfare workers have an accurate account of each child. Caregivers are instructed to inform the county welfare worker of their status or whereabouts. County Welfare workers may locate a child via Disaster Emergency Contact Information, American Red Cross Safe and Well website, the Federal Emergency Management Agency (FEMA) National Emergency Family Registry and Locator System (NEFRLS) website, phone, and electronic contact. If telecommunication networks are congested, "a high likelihood of call completion can be obtained through Government Emergency Telecommunications Services (GETS) and Wireless Priority Services (WPS)." If yet unsuccessful, social workers can contact law enforcement or fire departments and request a welfare check at the residence.

Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases.
CWS staff is assigned to designated shelters and/or command posts to process new child welfare cases, specifically unaccompanied minors. The staff collects detailed information regarding the unaccompanied minor, and attempts to contact the parent/guardian to reunify the family. In an effort to reunite families, tools such as the National Emergency Family Registry, and Locator Systems and/or the National Emergency Child Locator Center, and National Center for Missing and Exploited Children are used. Child Protective Services' (CPS) Emergency Response Social Worker coordinated with these tools in an effort to reunite families. If unable to reach the parent/guardian, the child is placed with CPS, Centralized

Placement Unit and Emergency Response Social Workers have 72 hours, (3 days), to complete the detention report for the court hearing. It takes 30 days for the minor to become a ward of court.

Address and provide care for unaccompanied minors.
The CWS staff communicates with the American Red Cross (ARC) and CPS to assure that unaccompanied minors are in a safe place and continue the effort to locate parents/relatives. When parents/relatives are located, they must provide appropriate documentation that they are the parent/relative of the child. Staff will be notified immediately for children with language barriers, and translation services will be available. Language line tele-interpreter services may be accessed by CWS Supervisor or a CWS Analyst. If no parent/relative can be found to safely provide for the minor, within 30 days, the child will be placed in foster care, and the minor will be assessed and services will be provided in accordance with CWS policies and state regulations. In addition, CDSS developed Special Project Codes (SPCs) for the Child Welfare Services/Case Management System (CWS/CMS) to aid with the identity of children with special needs requiring additional support. The goal is to use a single language to identify the at risk populations so that all responders understand one another. Counties are encouraged to enter the SPCs into CWS/CMS when identifying a child with special needs requiring additional support. All counties will have the capability to use the codes with Safe Measures disaster mapping to determine where children with special needs are located in the event of a disaster or emergency.

Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
The Continuity of Operations Plan (COOP), Employee Emergency Response Hotline, and all Staff email distribution list are some forms of communication counties use during a disaster. Caseworkers and staff report to their immediate supervisor if they are available to work. If not, placement staff will report. Some counties require that staff contact information be maintain by the Human Resources department on a country-wide system. Specifically, Riverside County's Planning and Resource Management Region (P&RM) work with contracted vendors to provide crisis intervention services to staff and families. In the event staff, (e.g. Director) becomes incapacitated, the assigned staff next in command will assume the responsibilities. There are variations in regards to how each county may respond to the care of displaced staff.

Preserve essential program records.
Cases/Records are stored in file cabinets, made to protect the files from smoke and/or water damage. California Welfare Services (CWS), Case Management System (CMS) contact and placement information is kept updated and CWS/CMS has off-site backup system which critical information is maintained in the event of a disaster. In the event case files are not accessible due to power outage, manual documentation in case files are available. Probation records are maintained electronically by the Juvenile and Adult Management System (JAMS), designed to track citizens who come in contact with Probation services. This system is capable of tracking the entire history of client from juvenile to adults. Like CWS/CMS, in the case the system is not operable, manual documentation will occur.

Coordinate services and share information with other states.
The CDSS and county Interstate Compact on the Placement of Children (ICPC) Administrators serve as the communication liaisons between states for children placed into California from other states pursuant to the ICPC. County social workers work with the CDSS and county child welfare agencies' ICPC Administrators to provide both the sending state's ICPC Compact Administrator and originating agency social worker a status report on the child and how the child has been impacted by the disaster. The

status update indicates what services are being provided to the child and whether the California CWS agency requests any change in plans for the child.

The CDSS also initiates the process when a disaster occurs in a state where a California child has been placed. The CDSS generates a list of children placed in the impacted state(s). The CDSS informs the county ICPC liaisons and originating agencies that children from their counties are placed in the impacted state(s). The CDSS would continue to be available to provide support and serve as a communication liaison between the counties as well as the sending state(s).

In the event that a disaster occurs in Sacramento that directly impact the CDSS offices, there are plans in place to set-up a complete office off-site that will allow for the processing of group home packets and other operational tasks that are processed as part of ICPC. Furthermore, the CDSS contracts with a company located in Colorado. This company has a phone line that is available 24 hours, 7 days a week which allows counties to request and receive a report on children who reside in their county regardless of jurisdiction, at any time.

The counties forward their response to CDSS/ASB, and the information is reviewed, documented, and updated on the Disaster Plan Review sheet. The Plans responses are stored in binders and CDSS Child Welfare Services Disaster Response Plan website at (www.childsworld.ca.gov).

CDSS Disaster Questionnaire

When a disaster occurs and the California Governor declares a State of Emergency, the CDSS requires that county's complete and submit the Disaster Questionnaire (Figure 1). The Questionnaire allows counties to report current information regarding children in their care at the time a disaster occurs, and emergency procedures are in place. It also inquiries if they need any assistance. The counties respond to the following concerns:

- Child welfare and probation children who are displaced by the disaster.
- The number of children displaced
- ICPC children who are displaced
- The number and coordination/case plan for ICPC children.
- Child welfare staff that are displaced by the disaster.
- The whereabouts of child welfare staff displaced.
- New child welfare and probation cases
- If the county is able to continue services, and what plans are in place to continue services
- Contact information for caretakers
- How can child welfare staff contact county Directors
- The method of preservation in the place for essential program records.
- What CDSS can to assist the county such as serving as a liaison to access information or resources

When ASB receives the Disaster Questionnaire from the counties, the reported information is transferred to the CDSS Federal Disaster Report, which is distributed to CDSS staff and the federal government annually.

Disaster Plan for CDSS Employees

The OES will notify the CDSS designated emergency notification contact, in accordance with the "Agency Staff Emergency Assignments" form, of an imminent threat or the occurrence of a disaster that will require activation of the Mass Care and Shelter Plan. Upon receipt of the alert from OES, the designated Department Operation Center (DOC) Manager, or senior staff available will perform a number of tasks such as:

- Ensure safety of staff.
- Assess function capability.
- Report status through channels to Director, CDSS.
- Secure confidential records, sensitive information and restricted equipment.
- Determine the ability of the program infrastructure to fulfill the new requirements and make a plan to augment those resources if necessary.

Figure 1.
The California Department of Social Services is contacting you because Governor Brown's Proclamation State of Emergency in (Name of County) county due to the extreme weather and storm conditions etc. In order to insure the safety of children in the child welfare system and offer assistance if needed, please complete the questionnaire listed below and return as soon as you are able to do so.

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
DISASTER QUESTIONNAIRE
(Name of County)
(Date)

1. Have you identified and located child welfare and probation children displaced by the disaster?
2. How many child welfare and probation children have been displaced?
3. If there were children displaced where did they go?
4. Are there any ICPC children displaced?
5. If so, what is the number and coordination/case plan for impacted ICPC children?
6. Have you identified and located the number of child welfare staff displaced by the disaster?
7. If there were child welfare staff displaced where did they go?
8. Is the county able to respond to new child welfare and probation cases?
9. Is the county able to continue services, if not, what is your plan to continue services?
10. Is there a way for caretakers to contact you and are they aware of it (is there an 800 number? If so, what is that number?)
11. Is there a way for child welfare staff to contact you, if so, what is it?
12. What method of preservation is in place for essential program records?
13. What can CDSS do to assist you?

CHILD AND FAMILY SERVICES TRAINING PLAN

TRAINING AND STAFF DEVELOPMENT

California's state-supervised, county-administered child welfare services system presents unique challenges and opportunities for developing and delivering training to various professional and paraprofessional child welfare staff and providers throughout the state.

The 58 county child welfare services programs vary in many ways: from rural to highly urbanized; from a workforce of a few public child welfare workers to a staff of thousands; and from no formal staff development organization to very sophisticated staff development departments. Meeting the evolving and diversified training needs for these programs will require a continuing innovative and multifaceted approach.

Welfare and Institutions Code (W&IC) section 16200 et. seq., (Chapter 1310, Statutes of 1987) requires CDSS to provide practice-relevant training for social workers, agencies under contract with county welfare departments, mandated child abuse reporters and all members of the child welfare delivery system. W&IC Section 16206 states the purpose of the program is to develop and implement statewide coordinated training programs designed specifically to meet the needs of county child protective service social workers assigned to emergency response, family maintenance, family reunification, permanent placement, and adoption responsibilities. This training includes all of the following: crisis intervention, investigative techniques, rules of evidence, indicators of abuse and neglect, assessment criteria, the application of guidelines for assessment of relatives for placement, intervention strategies, legal requirements of child protection, requirements of child abuse reporting laws, case management, using community resources, information regarding the dynamics and effects of domestic violence upon families and children, Post Traumatic Stress Disorder (PTSD) and the causes, symptoms, and treatment of PTSD in children.

Consistent with the CDSS' federally approved cost allocation plan, training expenses are directly charged to the benefiting program. Title IV-E agencies can claim a FFP of 75 percent enhanced rate for the training of social workers and supervisors who work or are going to work in public child welfare agencies including the expanded audience as defined in PL 110-351 and 50 percent for administrative costs for the support staff. For costs allocated to Title IV-E, the nonfederal discount will be applied to account for the non-federal caseload. Additionally, trainings are budgeted by the day rather than by the person. Thus, in some instances training days include trainees other than those identified in 45 CFR 1356.6(c)(1) and (2), but who have a direct interest in the foster care program (at no additional cost to the state or to Title IV-E).

California is moving toward the full implementation of a Core Practice Model (CPM) and a transformed system for working with children and families. The CPM is a framework for practice and principles for child welfare and mental health that promotes a set of values, principles, and practices that is meant to be shared by all who seek to support children/youth and families involved in the child welfare system, including, but not limited to mental health, education, probation, drug and alcohol and other health and human services agencies or legal systems with which the child/youth is involved. The CPM requires collaboration between child welfare and mental health staff, service providers, and community/tribal partners working with the children, youth, and families. The CPM is about changing the way one works; from working with children and families in a single system or agency to working within a team

environment to build a culturally relevant and trauma-informed system of supports and services that is responsive to the strengths and underlying needs of families.

As a requirement per Community Care Licensing regulations, training is provided to group home childcare staff. This training may include health and safety topics such as first aid and Cardio Pulmonary Resuscitation (CPR), as well as topics that include understanding the needs of children placed in out-of-home care. Costs for this training are not included in the group home's Rate Classification Level (RCL) rate.

The CDSS, the CWDA, the Chief Probation Officers of California (CPOC), and all training contractors are committed to meeting and providing the training needs of persons who provide, or support the provision of, child welfare services. The CDSS continues to recognize and identify the value of education and training for child welfare staff by implementing new policies and directives that meet the training needs of the state. The CDSS further understands the critical role training and staff development play in meeting the goals of the new 5-year plan.

The CDSS, with assistance from the CALSWEC and with the concurrence of the CWDA, established the STEC, which is comprised of representatives from CDSS, CWDA, Regional Training Academies (RTAs), CalSWEC, University Consortium for Children and Families (UCCF), Los Angeles County Department of Children and Family Services' Training Unit, the UC Davis Resource Center for Family Focused Practice, county staff development, Title IV-E Stipend Program and representatives from tribes/tribal organizations. STEC will develop and/or recommend standards for statewide public child welfare training and coordinate their implementation. The STEC will be utilized as a key component in implementing the CPM.

While the state, county, and training community's commitment to workforce preparation cannot be underestimated, it is important to note that the practice of child welfare services is a dynamic process and there are many factors that influence the effective application of training. Caseload, supervision, local policies and procedures, and access to service providers are among the many factors, which compete with the effective transfer of learning. The CDSS has engaged in much discussion regarding the training needs of child welfare workers while considering improvements to the child welfare system that would enhance services to children and families. Stakeholder feedback identified several key concerns about the current common core including, the common core is too focused on knowledge based learning and too intense, trainees report they are not retaining the information presented. The topic based curriculum is too fragmented, it doesn't provide the key skill building that new social workers need at the start of their careers and the common core doesn't fully integrate many of the recent changes to child welfare practice in California. In response to this feedback the CDSS has engaged our statewide training partners in redesigning the social worker common core. The new common core [Common Core 3.0 (CC 3.0)] will effectively address these concerns by reorganizing training around the practice areas in the CPM so that all the concepts included in the content are grounded in practice skills. CC 3.0 will makes strategic use of online modules to maximize classroom time for skill practice and provide new social workers with opportunities to enhance classroom learning through application of concepts in the field.

The vision of California's child welfare system is every child in California will live in a safe, stable, permanent home, nurtured by healthy families and strong communities. As such CDSS and its county partners strive to ensure that services and supports are tailored to meet the needs of the individual child and family in all settings. The principles of the Core Practice Components of the CPM create a

framework to guide practice. The specific goals, action steps, training programs, services, and activities identified below constitute the 5 year staff development and training plan.

Core Practice Component I: Foundation

Goal: To support a trauma-informed infrastructure for child welfare that creates a framework for social workers to achieve positive and measurable outcomes for families and children. Emphasize the importance of culturally-sensitive care and services in all settings; and the importance of engaging children, youth, families, kin networks, care providers, Tribes, and community resources in a collaborative, strength-based manner.

Core Practice Component II: Engagement

Goal: Engaging children, youth, families and young adults by teaming with them in assessing their strengths and needs and in service planning and delivery throughout the life of the case. Ensure diligence in reaching out to children, families, and foster and adoptive parents in ways that are welcoming, honest and respectful, recognizing the effects of trauma in the lives of children and families and the challenges faced by substitute caregivers. Communicate regularly to ensure that the child, family and substitute caregiver receive needed information, preparation, guidance and support. Sustain engagement of existing foster and adoptive parents to strengthen relationships with county CWS and probation staff for improved quality of care and increased placement stability.

Core Practice Component III: Assessment

Goal: Children, youth, and young adults involved with the child welfare system will receive comprehensive, strength-based and trauma-informed assessments, including screening and assessment of their mental health and behavioral health needs. Assessments will also include identification of community based services and supports that would be most beneficial for the child and family and identify options for living situations that would best promote a permanency outcome.

Core Practice Component IV: Service Planning and Implementation

Goal: Provide a continuum of safe placement resources that support children's well-being and needs for timely permanency. Using a multi-agency collaborative approach to provide services and supports where there is full collaboration and shared accountability across all service providers. Case plans, services and supports will be strength based, needs driven and individualized. Plans will be developed to reflect cultural sensitivity and address any identified trauma needs. Individual plans and services need to be consistent and coordinated with steps toward the family's goals and tasks prioritized to ensure safety and well-being of the children, youth, families and young adults.

Core Practice Component V: Monitoring and Adapting

Goal: Routinely measure children, youth, families and young adults' status, interventions, and change results. Data drives and supports CQI to achieve positive outcomes for safety, permanency and well-being for all children in the state. Monitoring includes on-going assessment for further trauma exposure. Maintain appropriate documentation of goals, action steps and indicators of progress, actively engage and encourage the family to express their views about how they see their progress.

Core Practice Component VI: Transition

Goal: Work together at times of transition to support the family with the challenges that occur during times of change and ensure reasons for transition are understood by all team members. Transition planning begins with the family's first involvement with child welfare and must reflect the children, youth, families and young adult's voices and choices and ultimately delineate action plans that they have identified as working for them.

INDIAN CHILD WELFARE ACT

The CDSS continues to work with the 109 federally recognized California tribes, as well as the approximate 40 tribes of California that are not currently federally recognized. CDSS has engaged in numerous efforts to increase knowledge of and compliance with ICWA. Various focused activities, developed with active consultation with Tribal, federal and county representatives, have resulted in increased effective compliance with the ICWA that are planned for continued implementation and maintenance in the next five years.

ICWA Specialist Position: One part-time specialist position will be available to provide assistance including: technical support to counties on ICWA; act as liaison between the tribes and county/state entities; facilitate cooperative working relationships on ICWA related issues; and provide training on ICWA.

ICWA Workgroup: The ICWA Workgroup was established by CDSS to provide for the active voice and participation in the direction of CDSS in improving the implementation of the ICWA. The workgroup has been instrumental in the furtherance of establishing more effective communication between tribal representatives and the state, counties, and the courts especially in identifying areas of deficiencies in ICWA compliance.

The CDSS will continue to conduct focused training regarding ICWA requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. Additionally, CDSS will continue to support the annual California ICWA Conference to enhance the relationship between tribes, and federal, State and local governments. The CDSS will measure ICWA compliance using the C-CFSR process, which includes 2 outcome measures specifically for ICWA. In addition, CDSS reviews county self-assessments to determine whether tribes were invited to participate as stakeholders and what was included in terms of Indian children and families. Some counties have included activities to address tribal concerns in their System Improvement Plan and some counties are including tribal representatives in their Peer Quality Case Review (PQCR) process.

Consultation with the Tribes in developing the steps or activities planned for the next reporting period to comply with the Indian Child Welfare Act (ICWA).

The CDSS utilizes its ICWA Workgroup, which is currently comprised of 108 representatives from tribes and tribal organizations as well as representatives from the BIA, counties and the State, as a means of consulting with tribes. The tribal members of the Workgroup were chosen by the California tribes as their representatives to CDSS. The Workgroup meets bi-monthly to discuss ICWA issues and make recommendations on how to better ensure implementation of the Act. Consultation with the Workgroup also occurs via electronic mail. The Workgroup provided consultation and made recommendations regarding all ICWA related activities in this plan.

In addition, as part of an effort to establish a formal Tribal Consultation Policy (TCP) between the Department and the California Tribes, CDSS has visited with seven Tribal Councils over the last year to gain insight on the key components to include in this TCP in development. During those visits the

Department also learned of local and statewide ICWA related concerns that have informed the development of this new 5 year CFSP.

Arrangements made (jointly developed with the Tribes) for the provision of child welfare services and protections to Indian children under both State and Tribal jurisdictions.
There are very few Indian children in California under tribal jurisdiction as only a small number of tribes have tribal courts and social services departments that could provide necessary services, partly due to the size of the tribes and the lack of adequate funding to the tribes for these services. For those tribes that do take jurisdiction, most often the initial contact regarding a family is made to the local child welfare agency who then contacts the tribe to allow them to take jurisdiction. Some tribes and county child welfare agencies have developed protocols whereby they work together to provide child welfare services. A number of counties and tribes have convened ICWA roundtables/working groups, which meet on a regular basis to discuss issues relative to the provision of child welfare services and how to better protect children. Some counties contact the tribal social services worker when an emergency response call is received allowing for both parties to respond to the family. Some tribes have services that can be provided early in the case to allow for the children and families to remain together.

Extent to which State and Tribal IV-B Plans and APSRs have been shared.
Only five California tribes, Karuk, Smith River Rancheria, Tule River, Washoe Tribe of Nevada and California, and Yurok, have Tribal IV-B plans. This is due to the fact that most of the tribes do not have a large enough population to meet the minimum threshold for funding. The five Tribes did share their 2013-2014 APSRs and it is expected that upon completion they will submit their 2014 APSRs and their IV-B plans with the State. The Department uses the ICWA Workgroup as a means of sharing information regarding the State Title IV-B Plan and through their participation in these workgroups and in the ICWA Workgroup, Tribal representatives set the priorities for the ICWA related activities included in the CFSP for FFY 2014 to 2019. California's CFSP and APSR are posted on CDSS's website and the postings are announced to the ICWA Workgroup.

In addition, the CDSS held its first quarterly meeting with the five IV-B California Tribes on April 25, 2014 to collaborate on APSR submissions as well as on development of respective new five year CFSPs. As this meeting took place only a few months prior to the submission of our plans, the level of collaboration was limited to discussing progress towards submission deadlines and on areas the tribes specifically wanted more information on. The Chafee Foster Care Independence Program, and the Education and Training Vouchers Program were the 2 areas identified by the tribes for further discussion and collaboration. A follow-up meeting with these tribes took place on May 30, 2014 to further collaborate on understanding regarding APSR and CFSP submission guidelines from the ACF as well as a confirmation that CDSS and the tribes would be sharing our plans with each other upon completion. The next quarterly meeting took place in August of 2014.

ONGOING TRAINING ACTIVITIES

Regional Training Academies (RTAs)
To meet the unique regional needs of counties, CDSS' child welfare training program has evolved from a single provider of training to the establishment of RTAs. Four of the five training academies and CalSWEC are funded through Federal Title IV-E training funds, with matching State General Funds, and contributions from the state universities involved in this training program. The University Consortium for Children and Families (UCCF), which serves the Los Angeles County's workforce, is also funded with

Federal Title IV-E funds and the requisite local match, but contracts directly with the County of Los Angeles.

Each RTA delivers a comprehensive, competency-based program that addresses the training needs of new and experienced social workers, supervisors, and management staff. This training includes training on the CWS/CMS including CWS/CMS New and Intermediate User, Onsite training, and CWS/CMS Beginning, Intermediate and Customized Business Objects. Business Objects is the data extraction and reporting software provided by the State for the counties. New social workers and new supervisors receive statewide standardized training.

As previously mentioned the CC 3.0 will reorganize the training topics around the practice areas in the CPM to ensure a smoother transition from classroom to practice. Core training topics for new social workers will include, but are not limited to:

- Foundation
    - Values and ethics
    - ASFA, safety, permanency, well-being
    - Advocacy
    - Teaming and collaboration
    - ICWA
    - Cultural humility
    - Legal procedures and responsibilities
    - Self-Care and social worker safety
    - Trauma-informed practice
    - CWS/CMS
- Engagement
    - Critical thinking
    - Engagement
    - Customer service
    - Interviewing
    - Concurrent planning
- Assessment
    - Critical thinking
    - Safety and risk assessment
    - Child and youth development
    - Child maltreatment identification
    - Assessment issues in mental health, substance abuse, Intimate Partner Violence, health, education, development, trauma, well-being
    - Investigation / Assessment process
- Service Planning
    - Achieving safety goals
    - Case planning
    - Behavioral objectives
    - Concurrent planning
    - Visitation
- Monitoring and Adapting
    - Placement safety and stability and well-being

    - Ongoing assessment
    - Managing the plan
- Transition
    - Permanency
    - Intentional visitation
    - Transition planning
    - Safety assessment
    - After 18

The topics for new supervisors include, but are not limited to:

- Casework Supervision
- Child Welfare Policy and Practice
- Evidence-Based Practice
- Fiscal Essentials
- Educational Supervision
- Managing for Results

Training for the management staff includes, but is not limited to:

- Critical Thinking
- Leadership
- Communication
- Resource Management
- Data for Managers

These management-related activities are claimed at the FFP administrative rate of 50 percent.

After the completion of core training, continuing training is required by regulation. Topics include, but are not limited to:

- Legal Courses
- Safety Organized Practice
- Working With Vulnerable Populations
- Interviewing
- Health and Behavioral Health
- Cultural Humility

16 counties contract with the state to provide adoption services. Training is requested by the adoption managers, supervisors, and specialists so they may continue to provide quality adoption services. In addition, continuing education units (CEU) for attending the training will help those who are Licensed Clinical Social Workers (LCSW) meet professional licensure requirements in California. Training for adoption workers include but are not limited to:

- Assessments of birth parents, adoptive parents, and children
- Helping adoptive families and kids attach—specific suggestions and activities
- Independent adoptions (including the legal aspects of Terminating Parental Rights of birth parents in independents and birth parent searches)
- Sibling relationships, bonding—including when and when not to separate/how to assess and justify decision

- Collaboration with counties—including cooperation re: relative assessments or with different recommendations
- Open adoption: challenges, advantages, etc.
- Changes in the Diagnostic and Statistical Manual V (DSM V) and its impact on kids and families
- Training on DENVER and Child developmental assessments (include regional center criteria)
- Sexuality in children: normal development and atypical issues (gender identity/LGBTQ)
- Sexual abuse: indicators and healing for children as the victims of sexual assault
- RFA: training/sharing from "pilot" county prior to our implementation

At the same time, in order to meet diverse county needs, the RTAs will continue to deliver services in a variety of modalities. These include classroom-based training, training events for a multidisciplinary audience of child welfare community professionals, field training and
E-Learning. The RTAs address issues of staff retention, and collaborate with counties to strategize on how training can be used as a strategy in the retention of staff.

Northern California Training Academy (NCTA)
The Northern California Children and Family Services Training Academy, located at the University of California at Davis, provides training and technical support tailored to the varied needs of 29 counties and 2 tribes in Northern California: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lake, Lassen, Mendocino, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba, as well as the Karuk and Yurok Tribes.

Bay Area Training Academy (BAA)
The Bay Area Academy, at California State University, Fresno, serves 12 counties that are very diverse in size, challenges and internal resources. The Bay Area Academy provides professional development services for the following 12 counties: Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma.

Central California Training Academy (CCTA)
Located at California State University, Fresno, the Central California Training Academy (CCTA) works collaboratively with 11 counties in the central region to develop training strategies and to implement the statewide training program. The CCTA serves: Fresno, Kern, Kings, Madera, Mariposa, Merced, San Luis Obispo, Santa Barbara, Stanislaus, Tulare, and Ventura.

Public Child Welfare Training Academy (PCTWA) – Southern Region
Based at California State University, San Diego, the Public Child Welfare Training Academy for the Southern Region provides a comprehensive, competency based in-service training program for the public child welfare staff of 5 Southern California counties: Imperial, Orange, Riverside, San Bernardino and San Diego.

University Consortium for Children and Families (UCCF)
The UCCF is comprised of California State Universities, Long Beach, Northridge, Dominquez Hills, and Los Angeles; University of California, Los Angeles; and the University of Southern California. The UCCF is under contract with the Los Angeles County Department of Children and Family Services to provide comprehensive training for the county's child welfare professionals. Additionally, UCCF contracts

provide a Los Angeles County specific Masters in Social Work (MSW) stipend program that requires participants to work in Los Angeles County after graduation.

CalSWEC Coordination Project

The CalSWEC supports the state in its mission to coordinate training resources throughout the State via the RTAs. The CalSWEC will provide support and coordination with technical assistance on training evaluation, curriculum development, implementation and evaluation of initiatives to the 5 RTAs in carrying out CDSS training initiatives and mandates. The CalSWEC will continue to provide logistical and technical support for the STEC to establish and implement standards for statewide public child welfare training. CalSWEC and the state are in the process of revising the STEC charter and structure to better utilize the subject matter expertise in the development of CC3.0. Utilizing the structure of STEC, CalSWEC and the state will continue to make improvements in the statewide training system with the implementation of the CPM and roll out of CC 3.0 over the next five years.

The following applies to the RTA's, the UCCF, and CalSWEC Coordination Project:

Allowable Title IV-E

This training activity falls under the following categories necessary for the administration of the foster care program: referral to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; and case management and supervision.

Setting/Venue

The RTAs and UCCF provide training to all 58 counties at specified locations within their regions.

Training Duration

Training activities are short-term. The duration of specific training programs varies according to type of training offered and the audience to be served.

Training Activity Provider

The RTAs and UCCF, with coordination activities provided by CalSWEC.

Approximate Number of Days/Hours of Training Activity

The number of days and hours of training provided varies according to the regionalized need. Approximately 30,000 workers will be trained.

Training Audience

The RTAs provide training to new and experienced child welfare line staff, supervisors, managers, and others working with children and families receiving child welfare services. Core training will be provided for new child welfare workers and supervisors. Advanced courses for experienced child welfare workers and supervisors will also be available.

Total Cost Estimate

$13,225,000 RTA/CalSWEC (total funds), including university in-kind contributions. UCCF funding is approximately $7,308,279

Cost Allocation Methodology

The federal Title IV-E rate funding is matched by STATE GENERAL FUND and university contributions. Title IV-E is drawn down at variable levels dependent upon the activity; 75 percent may be drawn down for training and 50 percent for administration. For those costs allocated to Title IV-E, the nonfederal discount will be applied to account for the non-federal caseload.

Description of How Training Meets Goals/Objectives of the CFSP

The CalSWEC, UCCF/LA, and the RTAs will collaborate in the design, curriculum development, and implementation of the CC 3.0. CC 3.0 will reorganize training around the practice areas in the CPM so that all the concepts included in the content are grounded in practice skills. Organizing CC 3.0 to reflect the CPM is a movement to change the way one works; from working with children and families in an individual system or agency to working within a team environment to build a culturally relevant and trauma-informed system of supports and services that is responsive to the strengths and underlying needs of families. CC 3.0 will make strategic use of online modules to maximize classroom time for skill practice and provide new social workers with opportunities to enhance classroom learning through application of concepts in the field. Upon completion and piloting of CC 3.0, the RTAs and UCCF/LA will provide training based on the new curriculum.

CalSWEC Title IV-E BSW & MSW Stipend Project

The purpose of this project is to continue to build social worker capacity through a statewide program of financial aid for graduate social work students committed to employment in California's County Child Welfare Services. This project educates Bachelor of Social Work (BSW) and Master of Social Work (MSW) students in preparation for county child welfare services agencies by providing financial aid to students who commit to a number of years of employment equal to the period for which they receive aid. Priority to financial aid is given to current county employees and members of underrepresented ethnic minority groups. There are twenty-one schools of Social Work that participate in this project to increase the complements of BSW's and MSW's as child welfare workers in California by providing appropriate programs statewide.

Allowable Title IV-E

This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services, preparation for and participation in judicial determinations, placement of the child; development of case plans, case reviews; case management and supervision, and costs related to data collection and reporting.

Setting/Venue

Twenty-one university departments of Social Work/Welfare throughout the state.

Training Duration

Duration of training varies according to the type of training offered. For example, a fulltime student would take two academic years, and a part-time student would take three academic years to complete stipend program.

Training Activity Provider

The CalSWEC, a coalition of the 21 graduate deans of social work, the 58 county welfare directors; representatives of Mental Health, the National Association of Social Workers, and private foundations manage this project.

Approximate number of Days/Hours of Training Activity

The number of days and hours vary depending upon the duration of the program.

Target Audience

Current CWS employees and members of underrepresented ethnic minority groups.

Total Cost Estimate

$35,458,007

Cost Allocation Methodology

This training is allocated to Title IV-E at the enhanced rate and local match is contributed by participating public institutions of higher learning.

Description of how training meets goals/objectives of the CFSP

This training emphasizes that case plans are developed jointly with parents and children/youth. The training also focuses on such topics as family engagement, case planning, concurrent planning, visitation requirements and the termination of the parental rights process.

Resource Center for Family-Focused Practice (RCFFP)

The purpose of the RCFFP is to promote effective community-based, family-centered services. The RCFFP is operated out of the Center for Human Services Training and Development at the University of California, Davis. The RCFFP provides training and support for private and public providers who are involved in securing a safe home environment for children. This includes child welfare workers, probation placement workers, parents, as well as other providers. The RCFFP builds local training capacity, develops research strategies that will identify promising practices and promote sound policy and programs that support the system change necessary for effective family-centered service approaches. Training includes topics such as integrated services models, field-based training, early intervention services to infants, and toddlers with an established developmental disability, parent partners, quality caseworker visitation, and new state initiatives. The RCFFP also provides statewide core training for all new probation placement officers.

The focus of the interagency agreement varies from year to year. The current three agreement in development will focus on the Integrated Services Model which is a planning model aimed at developing an integrated framework for services delivery to support improved outcomes for children, youth, families and young adults. There are a number Integrated Service Initiatives that have striking similarities between the core elements, values and principles including shared responsibility, collaboration, cultural humility, child centered, family-focused, permanency, evidence-based practices, transparency, disproportionality and accountability. The main focus will be the integration of the CPM and furthering the change in the way child welfare works with children and families in a team environment that is responsive to the strengths and underlying needs of children, youth, families and young adults being served by child welfare, probation, and mental health.

The CDSS will work with the RCFFP to ensure that probation officers receive training including, but not limited to the following:

- Probation Placement Core
    - Visitation with the Ward
    - Contact with Care Providers
    - Case Planning
    - Juvenile Court Proceedings
- Wraparound Training
    - Initial Phases of Wraparound
    - Facilitation
    - Child and Family Teaming
    - Family Engagement
- CMS/CWS Training for Probation Placement
    - C-CFSR Outcomes Training
- Parent Partner Training
    - Engaging Parents
- Team Decision Making
- Early Start and Child Welfare
    - Early Intervention Services for Infants and Toddlers
    - Screening, Referral and Linkage to Services

Allowable Title IV-E
This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; placement of the child; development of the case plan; case reviews; case management and supervision; recruitment and licensing of foster homes and institutions; and monitor and conduct periodic evaluations.

Setting/Venue
Training is provided at the RCFFP, which is operated out of the Center for Human Services Training and Development at 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.

Total Cost Estimate
$2,437,950

Cost Allocation Methodology
This training is allocated to Title IV-E enhanced rate, administrative rate, transitional rate, (for the additional audience, per PL 110-351, gradually increasing from 55 to 75 percent for FFY 2009-2014), and STATE GENERAL FUND. For those costs allocated to Title IV-E, the nonfederal discount will be applied to account for the non-federal caseload.

Description of how training meets goals/objectives of the CFSP
This training emphasizes that case plans are developed jointly with parents and children/youth. The training also focuses on such topics as family engagement, case planning, concurrent planning, visitation requirements, and the termination of parental rights process.

County Staff Development and Training
Counties provide various levels of in-service training to all their staff, which is described in an annual training plan. Counties are required to adhere to the Staff Development and Training regulations contained in CDSS Division 14 of the MPP. These regulations serve as a guide to county welfare departments in the administration of county training programs. Division 14 provides the mandate and structure of county accountability in the development and implementation of training programs, annual training plans, evaluation and training need assessments. These regulations establish claiming and cost reimbursement criteria and guidelines for allowable staff development cost and activities.

Allowable Title IV-E
County staff development and training costs are claimed pursuant to Division 14 Cost regulations.

Setting/Venue
County settings statewide.

Training Duration
This training is on-going and short-term.

Training Activity Provider
County staff development organizations and/or contract providers.
Approximate Number of Days/Hours of Training Activity
Length of training varies according to training topic and audience needs.

Training Audience
County welfare child workers.

Total Cost Estimate
$45,000,000

Cost Allocation Methodology
Title IV-E is drawn down at variable levels dependent upon the activity; 75 percent may be drawn down for training and 50 percent for administration and matched with STATE GENERAL FUND and Local funds. For those costs allocated to Title IV-E, the non-federal discount will be applied in order to account for the non-federal caseload.

Description of how training meets goals/objectives of CFSP
This training supports the CDSS' vision that every child in California lives in a safe, stable, permanent home, nurtured by healthy families and strong communities. Child welfare training provided directly by county agencies enhances the ability of social workers to receive comprehensive training.

Quality Parenting Initiative (QPI) Project

The QPI is a collaborative effort of the Youth Law Center, the County Welfare Directors Association (CWDA) and the CDSS. The goal of the QPI is to develop a statewide approach to recruiting and retaining high-quality caregivers for children and youth in foster care. Attracting and retaining quality caregivers is critical to achieving positive outcomes for children and families and to ensuring the success of child welfare improvement efforts. The QPI aims to strengthen foster care, including kinship care, by ensuring that a foster or relative family caring for a child provides the loving, committed, and skilled care that the child needs, while working effectively with the child welfare system to reach the child's goals. The QPI also seeks to clearly define the expectations of caregivers, to articulate those expectations, and to align the expectations of the child welfare system to support quality foster care. The major successes of the project have been in systems change and improved relationships. Currently, twenty counties are participating in the initiative. YLC has been continuing to work on supporting QPI county child welfare agency sites in their goals to ensure every child in foster care receives high quality parenting, addressing statewide policy issues that inhibit the recruitment and retention of excellent parents, and building a network that links California QPI sites together and to other QPI sites across the country (Florida, Nevada, Texas and Connecticut).

Allowable Title IV-E

This training activity falls under the following categories necessary for the administration of the foster care program: placement of the child; development of case plans; case reviews; and case management and supervision.

Setting/Venue

The YLC provides training to 20 counties at specified locations within their regions.
The YLC has focused on assisting the 20 existing counties through intensive quarterly technical assistance visits, monthly all site-webcast meetings, a national QPI conference for sites and other supports.

Training Duration

Training activities are short-term. The duration of specific training programs varies according to type of training offered and the audience to be served.

Training Activity Provider

Youth Law Center (YLC)

Approximate Number of Days/Hours of Training Activity

The YLC will provide 80 days of onsite training delivery per year and 80 days that include 1/2 day of preparation and 1/2 day follow up evaluation.

Training Audience

Training will be provided to each county QPI team which includes child welfare line staff, supervisors, managers, social workers, foster family agency staff, foster parents, kinship caregivers, foster youth, and other Title IV-E eligible participants working with children and families receiving child welfare services. In sites, child welfare agency staff, foster parents, birth parents, youth and community partners have collaboratively participated in assessing strengths and needed areas for improvement and developing an action plan to implement policy and practice changes.

Total Cost Estimate
$242,880

Cost Allocation Methodology
This training is allocated to Title IV-E at the enhanced rate and matched by STATE GENERAL FUND. For those costs allocated to Title IV-E, the non-federal discount will be applied in order to account for the non-federal caseload.

Description of How Training Meets Goals/Objectives of the CFSP
QPI focuses on helping sites develop a plan for policy and practice changes to ensure the needs of children are met through teamwork by social workers, caregivers and birth parents. Additionally, QPI requires county sites to implement the Partnership Plan, developed in partnership by caregivers, child welfare staff and other community partners. The Partnership plan has new expectations of both caregivers and child welfare staff to:

- Work in partnership to protect children from abuse and neglect,
- Provide stability and work towards case plan goals of permanency,
- Work closely to preserve children's relationships with birth and extended family and important connections
- Ensure educational success through active caregiver participation and involvement
- Ensure the health and mental health needs of children in care are met

These new expectations are being developed into material that can clearly communicate the important role of caregivers to prospective foster parents, and are being incorporated into existing foster parent training. Currently, all QPI sites are working on implementation of the California Partnership Plan, which identifies responsibilities and expectations for caregivers and child welfare agency staff. County efforts include revising orientation, pre-service and ongoing caregiver trainings to include partnership plan expectations, offering joint trainings to existing caregivers and social workers on the plan, and utilizing the plan at the time of placement.

Resource Family Approval (RFA) Program
Counties provide training to their caseworkers, licensing staff and supervisors on the requirements of the RFA program and their roles in the approval assessment process. This training supports the implementation of the RFA program for early implementation counties and for all counties once the program becomes a statewide requirement in July 2017 to train staff on the requirements of the program.

Counties or their contract providers provide pre-approval and post-approval training to resource families such as Parent Resource for Information Development Education (PRIDE) or Model Approaches to Partnerships (MAPP). This training supports the implementation of the RFA program for early implementation counties and all counties when the program becomes a statewide requirement to provide pre-approval and post-approval training to resource families as required in its Written Directives.

Allowable IV-E
The specific activities related to training caseworkers, licensing staff and supervisors include but are not limited to training staff on the requirements and Written Directives of the program and the necessary tasks required to complete a resource family approval.

The specific activities for pre-approval training and post-approval training for resource families include but are not limited to an overview of the child welfare system, the appropriate care of foster care children, permanency options and any other training a County determines to be appropriate.

Setting/Venue
County settings statewide.

Training Duration
This training is on-going and short-term.

Training Activity Provider
County staff development organizations and/or contract providers.

Approximate Number of Days/Hours of Training Activity
Length of training varies according to training topic and audience needs.

Total Cost Estimate
To be determined.

Methodology
This training is allocated to Title IV-E enhanced rate and STATE GENERAL FUND. For those costs allocated to Title IV-E, the non-federal discount will be applied in order to account for the non-federal caseload.

Description of How Training Meets Goals/Objectives of the CFSP
RFA training for caseworkers, licensing staff and supervisors supports the CFSP goal of assessing each child and family to identify individual strengths and needs by the development of a quality, comprehensive, single standard assessment process of relatives/non-relative extended family members, foster care providers, and prospective adoptive parents. The resource family approval assessment will

help ensure that an appropriate assessment of families is completed to identify the best permanent placement for a foster care child.

The RFA training of resource families supports the CFSP goal of providing a continuum of safe placement resources that support children's well-being and needs for timely permanency. Such trainings will better educate families on the child welfare system, their role in a child's life, how to best care for foster care children and the various permanency options for children in foster care.

National Council on Crime and Delinquency (NCCD)

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®, 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® is a proprietary analytic service that takes data from the Child Welfare System/Case Management System (CWS/CMS) and provides the data in a usable, easily readable format 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. SafeMeasures® allows the State to enhance its capacities for the monitoring and overseeing of the counties' delivery and quality improvement of child welfare services.

The CDSS and counties use SafeMeasures® to support the federal CFSR and the state C-CFSR's continuous quality improvement programs. SafeMeasures® 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®, 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. The contract provides:

- **Support and Tools to Assist in Attaining State and Federal Goals:** designing and implementing procedures and software that will assist in the extraction, review, and analysis of quantitative data as well as reporting techniques. The NCCD will provide training for State staff in order to analyze progress in meeting statewide goals and to assist in identification of issues, strengths, and progress of the Program Improvement Plan implementation and Continuous Quality Improvement Program.

- **Support of Data Analysts:** to ensure that both teams (CDSS and NCCD) use consistent and complimentary analysis and algorithms when reporting on the statewide Child Welfare Services/Case Management System data.

- **Support CDSS County Consultants and Intervention with Counties**
  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® database. These provisions assist counties in addressing areas of concerns related to outcomes. Training is delivered both on-site and via web/phone based methods. Examples of training include report development at the case/caseload level, use of SafeMeasures® as a management tool, monitoring of time sensitive actions (investigations of suspected abuse and neglect), orientation/training refresher in system capabilities, use of SafeMeasures® to achieve state/county/federal outcome goals, and use of SafeMeasures® in disaster planning and response, including locating children in foster care whose placements are in disaster areas.

Below are some of the most critical services, but not all, that the NCCD provides through the use of SafeMeasures:

- Allow social workers to monitor a child through the various stages of any Child Protective Services (CPS) Case.
- Give social workers the ability to monitor in real-time whether timely investigations to reports of abuse or maltreatment are being completed, so that children are protected from further abuse, increased harm or even death.
- Provide both email notification alerts and disaster maps that track and look for children in placement within two miles of a natural disaster event.
    - Will check every 15 minutes looking for children in the geographic area of the disaster.
    - If any children are found, an alert is sent to the county social worker for protective action.
    - Natural disaster events include the following: wildfires, detected fires, tsunamis, tornados, flash floods, excessive heat, and earthquakes.
- SafeMeasures informs county social workers and the State if:
    - In-person investigations are being initiated within the required time frame (24 hours, 10 days);
    - Case plans are being approved within the recommended number of days;
    - Monthly face-to-face case contacts by the social worker or probation officer with the child are being made;
    - Federal, state and local requirements are being met in order to avoid a reduction in funds to both the state and counties; and
    - A child is near to a natural disaster so that social workers can respond timely to ensure the safety of those children.
- SafeMeasures at its core is used daily to:
    - Track agency, unit, and worker performance over time;
    - Monitor workloads; and
    - Identify out-of-compliance cases so that they can be brought into compliance

Allowable Title IV-E
This training activity falls under the following categories necessary for the administration of the foster care program: placement of the child; development of the case plan; case management and supervision; costs related to data collection, reporting, and monitoring; and conducting periodic evaluations.

Setting/Venue
Training provided statewide

Training Duration
This training is short-term

Training Activity Provider
The National Council on Crime and Delinquency

Approximate Number of Days/Hours of Training Activity
Number of days/hours will vary according to training topic offered and the scheduled location of training for child welfare staff.

Training Audience
County Child Welfare Workers and State Staff

Total Cost Estimate
$75,000

Cost Allocation Methodology
This training is allocated to Title IV-E enhanced rate and STATE GENERAL FUND. For those costs allocated to Title IV-E, the non-federal discount will be applied in order to account for the non-federal caseload.

How Training Meets Goals/Objectives of the CFSP
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.

Foster Parent and Relative Caregiver Education Program
Providing knowledge and understanding of child welfare services in California plays a vital role in the retention of foster family homes. The California Community Colleges provide training and technical assistance for foster parents through the Foster and Kinship Care Education training program, funded by the Federal Title IV-E pass-through funding from CDSS. The CDSS has an interagency agreement with the California Community Colleges Chancellor's Office (CCCC). Currently, 62 community colleges participate in the Foster and Kinship Care Education Program. To meet post-licensing requirements, licensed foster parents also access classroom and online training through vendors in the private sector.

Foster parent and kinship care education training programs are conducted by the local community colleges statewide as required by State statutes. Training curricula address topics to educate those who want to become licensed foster parents, approved relative caregivers, and in some cases, adoptive parents. The education/training sessions include topics, such as, but not limited to: 1). overview of the child protective system, 2). child development, 3). effects of child abuse and neglect on child development, 4). caregivers' role in the family reunification or permanent placement process for foster children and youth, 5). safety issues regarding contact with birth parents, and 6). permanency options for children in relative care, including legal guardianship. In addition to the pre- and post-training, the CCCCO will continue to revise curricula to educate caregivers to meet their needs and on emerging topics. The CCCCO is currently collaborating with CalSWEC and the QPI to explore new ways to deliver existing training content to caregivers.

Allowable Title IV-E
This training activity falls under the recruitment and licensing of foster homes and institutions category necessary for the administration of the foster care program.

Setting/Venue
The training is held at community colleges located statewide.

Training Duration

This training activity consists of short-term courses provided continuously throughout the year. The duration of specific training programs varies according to type of training offered and the audience to be served.

Training Activity Provider
The California Community Colleges Chancellor's Office (CCCCO)

Approximate Number of Days/Hours of Training Activity
Currently, the existing pre-service training is designed around the mandated topics of training according to Health and Safety Code 1529.2. Twelve hours of training are required and provided before the placement of a child in the licensed foster home, and 8 hours of in-service training is required per year. The number of hours of training required post-licensing varies from the minimum required hours. The number of hours of training required varies from the minimum of 12 hours to as high as 30, with most counties requiring 12 to 18 hours of pre-service training for foster parents. It is estimated that over 7,000 hours of training will be provided by community colleges under the CCCCO.

Total Cost Estimate
The total Title IV-E funds budgeted for this training program over the next three years (the period of the current Interagency Agreement with the CCCCO) is $17,562,706.

Cost Allocation Methodology
This training is allocated to Title IV-E (at the enhanced rate), STATE GENERAL FUND and Proposition 98 funds. For those costs allocated to Title IV-E, the non-federal discount rate will be applied in order to account for the non-federal caseload.

Description of how training meets goals/objectives of the CFSP
This training is designed to develop and support caregivers to enhance their ability to promote the health, safety and well-being of children and youth placed in foster care.

Judicial Review & Technical Assistance (JRTA)
The CDSS contracts with the Judicial Council of California, Administration of the Courts, to provide this critical and specialized training. The JRTA project provides statewide training and technical assistance on court findings required for Title IV-E eligibility.

Allowable Title IV-E
This project is funded at the 75 percent enhanced federal financial participation rate for Child Welfare Services Title IV-E Training.

Setting/Venue
Training is provided in close proximity to courthouse facilities to facilitate judicial staff participation statewide.

Training Duration
Duration of trainings is dependent on the initial review of court files to determine the level of current compliance with Title IV-E. The training is ongoing and long-term and will continue throughout the period covered in this 5 year plan.

Training Activity Provider
The Judicial Council of California, Administration of the Courts.

Approximate Number of Days/Hours of Training Activity
255 days per year.

Training Audience
The Judicial Council (the contractor) provides technical assistance to judges, court staff, county welfare and probation department staff, attorneys involved in dependency and delinquency proceedings, and court appointed special advocates. Numbers of staff vary from county to county.

Total Cost Estimate
$2,526,000

Cost Allocation Methodology
Title IV-E Training/State General Fund, proportions to be determined.

Description of how training meets goals/objectives of CFSP
The JRTA project supports CDSS' goals of ensuring the safety, permanency and well-being of children. JRTA staff train on several of the key Title IV-E court findings that are federally required. Training also enhances the ability of judges to ensure that the county is taking appropriate steps toward finalizing a permanency plan for each child in foster care, and that children and their families are involved in case planning.

Fiscal Academy
The purpose of the UCD Fiscal Academy contract is to provide program and fiscal academy 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 programmatic and fiscal management policymaking at the state and local level.

The Fiscal Academy Training includes but is not limited to the following items listed in the syllabus:

- Building the State Budget
- Federal Funding
- CWS Allocation
- The Time Study
- County Expense Claim (CEC)
- Tools for Fiscal Management
- Budgeting

Allowable Title IV-E
Some of the Title IV-E Administrative training addresses items related to the Deficit Reduction Act (DRA) 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.

Setting/Venue
The training occurs at the UCD Davis campus and in other locations throughout the state.

Training Duration
Short-term.

Training Activity/Provider Training Activity
A 2 day training course and a one day workshop forum provided by The Center for Human Services, UC Davis Extension University of California.

Approximate Number of Days/Hours of Training Activity
Four (2-day) sessions. Session times are 9:00 a.m. to 4:00 p.m. daily. Total number of training days is eight days and 56 hours for this contract. There are approximately 240 participants for all 4 sessions (60 participants per 2-day session).

Training Audience
Provide continuing information and training to deputy directors, program managers and fiscal officers of child welfare services, and directors, program administrators and fiscal officers of other county departments such as mental health and probation. CDSS Fiscal and Program staff also participates in this training.

Total Cost Estimate
$255,957

Cost Allocation Methodology

These activities will be cost allocated to the benefitting programs. The actual class training, syllabus, and targeted groups will be considered when determining the benefitting programs. Furthermore, the discount rate will be applied to Title IV-E qualifying activities. Prior to claiming, separate supporting documentation will be prepared that provides additional details regarding allocation to benefitting programs in accordance with OMB A-87.

Description of how training meets goals and objectives

Participating counties shall have the 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 shall leave with a solid foundation as to how the child welfare and foster care funding stream works, its limitations and opportunities.

Structured Decision Making® (SDM)
The SDM assists child welfare workers in assessing risk, aids in targeting services to children who are at greatest risk of maltreatment, improves outcomes for children and families, such as reducing the recurrence of child maltreatment. The SDM tool includes research-based assessments: the hotline/intake assessment, safety assessment, risk assessment, family strengths and needs assessment, (in-home) risk reassessment, reunification reassessment and substituted care provider assessment. Additional services include: monitoring and evaluating the SDM model in participating counties, providing ongoing technical assistance, processing data and management reports. These reports assist counties in proper implementation and in the continued use of SDM tools by assessing operations through reviewing safety assessment results, response priority results, risk levels, etc.; and an assessment of the utility of the instruments in California.

Allowable Title IV-E
This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; development of the case plan; case reviews; costs related to data collection, and reporting and monitoring.

Setting/Venue
Training offered statewide.

Training Duration
Training length may vary depending on type of training, audience and location. This training is short-term and on-going and will continue throughout the period covered in this five year plan.

Training Activity Provider
Children's Research Center/National Council on Crime and Delinquency.

Approximate Number of Days/Hours of Training Activity
To be determined.

Training Audience
Child welfare workers and child welfare supervisors statewide.

Total Cost Estimate
$491,000

Cost Allocation Methodology
This training is allocated to the Title IV-E enhanced and administrative rates and STATE GENERAL FUND. For those costs that are not allocable to Title IV-E (such as hotline), the costs are allocated to STATE GENERAL FUND. For those costs allocated to Title IV-E, the non-federal discount will be applied in order to account for the non-federal caseload.

Description of how training meets goals/objectives of CFSP
This training activity supports the Core Practice Components II, III, IV and V. The training assists child welfare workers and supervisors in improving their assessment and decision making skills by providing tools to asses risk, safety and needs, as well as training on the use of those tools. Structured Decision Making provides county child welfare staff with simple, objective, and reliable tools with which to make

the best possible decisions for individual cases, and provide supervisors with information for improved planning, evaluation, and resource allocation. Current and future plans for SDM include: continued support, training and consultation, further development of the SDM/Safety Organized Practice training, finalization of a case plan field tool to better incorporate safety and FSNA items, incorporating and implementing changes into the worker and supervisor training curriculums and further integrating SDM with practice-based initiatives.

Family Resource and Support Training and Technical Assistance ("Strategies")
Strategies, a network of three regional training centers, was developed to enhance the quality of programs and services provided by family support programs and family resource centers (FRCs) throughout California. The three non-profit organizations comprising Strategies are: Youth for Change in Butte County (Region 1), Interface Children Family Services in Ventura County (Region 2), and the Children's Bureau of Southern California with offices in Los Angeles and Orange Counties (Region 3). The regional training centers will deliver training and technical assistance to: enhance the quality of programs and services, increase knowledge and skills of professionals, (and para-professionals and volunteers); strengthen non-profit management and sustainability, develop leadership skills of family resource center staff, and promote public-private partnerships/interagency collaboration. In conjunction with diverse collaborative partners, Strategies will support efforts for increased networking statewide amongst FRCs, and they will provide a regional lending library of materials on varied topics including family support, home visiting, strategic planning, and best practice. Additionally, Strategies will play a crucial role in the statewide dissemination of the results of the Supporting Father Involvement Study, an evidence based family intervention research study funded by CDSS/OCAP.

Allowable Title IV-E
Not Applicable (NA)

Setting/Venue
Training is conducted in various settings statewide.

Training Duration
Duration of training varies depending on the type of training offered. This training project is short-term and is funded to operate through June 30, 2011.

Training Activity Provider
Strategies: a network of three regional training centers programs.

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.

Total Cost Estimate
$5,113,544

Cost Allocation Methodology
Funding is allocated to PSSF, CAPIT and CAPTA.

Description of how training meets goals/objectives of CFSP
Training/technical assistance will assist in ensuring the safety of children, promoting the accurate assessment of child and family needs, supporting the participation of the child and family in case planning, and improving the quality and availability of relevant services.

Indian Child Welfare Act (ICWA) Initiative

The Judicial Council of California –AOC will support the CDSS' commitment to full implementation of the ICWA by providing technical assistance to county child welfare and probation staff, judges, judicial staff, county counsels, and tribal representatives on the requirements of ICWA. The AOC will develop protocols to assure complete understanding of the requirements of ICWA, and they will facilitate provision of educational workshops by a broad-based group of subject matter experts on a statewide, regional and local basis. The ICWA Initiative will improve compliance with the ICWA by making available a range of cross-discipline facilitation and education services provided by the AOC staff and outside consultants. These services will be tailored to meet the needs of the local county or region. Educational offerings include regional trainings and local collaborative workshops addressing the following ten topics:

1) When ICWA applies;

2) Exclusive versus concurrent jurisdiction;

3) Determination of tribal membership or eligibility for membership;

4) Notice to Tribes;

5) Tribal participation and intervention;

6) Active efforts, including culturally appropriate services;

7) Cultural case planning;

8) Placement preferences;

9) Qualified expert witnesses; and

10) Permanency planning for Indian children, including Tribal Customary Adoption (TCA)

Allowable Title IV-E

Preparation for and participation in judicial determinations, placement of the child, case management and supervision, and fair hearings and appeals.

Setting/Venue

Training is provided on a statewide, regional, and local basis.

Training Duration

These training activities are short-term.

Training Activity Provider

Judicial Council of California, AOC.

Approximate Number of Days/Hours of Training Activity

Various

Target Audience
County child welfare and probation staff, tribal child welfare staff, state juvenile court judges, commissioners, referees, judicial staff, and attorneys.

Total Cost Estimate
$414,450

Cost Allocation Methodology
This training is allocated to Title IV-E at the enhanced rate of 75 percent and State General Fund. For those costs allocated to Title IV-E, the non-federal discount will be applied in order to account for the non-federal caseload.

ANNUAL TRAINING ACTIVITIES

Annual California Indian Child Welfare Act (ICWA) Conference

For over twenty-one years, the California ICWA Conference has brought together state, tribal and county representatives and professionals from various disciplines within child welfare industry to discuss today's issues regarding the ICWA. It has provided a platform for education, developing collaborative partnerships and networking. The CDSS and Governor Brown have made a high-level commitment to improve relationships and partnerships with the tribal community (per Executive Order B-10-11). This conference venue has proven to be an essential part of that partnership development and education process for the CDSS and counties. The mission of the annual conference is to enhance the changing role of tribes by seeking and establishing new and positive partnerships between tribes and federal, state and local governments for the benefit of all Indian children.

Allowable Title IV-E

N/A

Setting/Venue

This training alternates annually between northern, central and southern California, and is sponsored and organized by a host tribe in the selected area.

Training Duration

This training is short-term.

Training Activity Provider

Contractor is determined annually. The California tribe selected to host and organize the training becomes the contractor.

Approximate Number of Days/Hours of Training Activity

The training is conducted over two and one-half days. Approximately 200-300 individuals will receive training.

Target Audience

Indian child welfare workers; tribal advocates, council members and community leaders, law enforcement; child welfare and probation staff, judges, attorneys, foster/adoption agencies, social services agency personnel, college students, and other interested parties.

Total Cost Estimate

$50,000

Cost Allocation Methodology

All State General Fund.

Interstate Compact on Adoption and Medical Assistance (ICAMA) Training for California County ICAMA Liaisons

During the last several years, the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA) have been working to modify the existing compact forms utilized by member states to secure medical services for children with Adoption Assistance Program (AAP) Agreements who move across state lines. In addition, they have developed a new electronic form completion process and database to be used in completing the new forms. It is anticipated that the new forms and database will be implemented in CY 2014. The adoption and implementation of these new forms and database will impose new requirements on local ICAMA liaison staff, and training will be essential to ensure the proper use and completion of the forms and database so that required medical services for adopted children can be secured as needed.

In addition to the training requirements created as a result of the adoption of the new forms and database, there continues to be a need for on-going training related to ICAMA administration, including Medicaid law requirements, ICAMA best practices and compact/ regulatory requirements, program rules, and procedures, etc.

This training will be designed to address these emerging and on-going training needs.

Allowable Title IV-E

This training activity falls under the category of determining eligibility and case management.

Setting/Venue

Regional training sites, conference calls, webinars, and/or on-line formats.

Training Duration

Duration of training will vary according to type of training developed, topics of training offered the audience to receive the training. This training project is expected to be short-term.

Training Activity Provider

The ICAMA training will be a new training contract with an organization that has experience in providing statewide training and ICAMA subject matter.

Approximate Number of Days/Hours of Training Activity

To be determined based on the type of training offered, topics and the audience to receive training.

Training Audience

Statewide ICAMA county liaisons, including CDSS Regional and Field Offices and California tribes and eligibility workers. Training may also include judges, commissioners, referees, court personnel and attorneys involved with the adoption of Adoption Assistance eligible children.

Total Cost Estimate

$25,000

Cost Allocation Methodology

This training is allocated to Title IV-E enhanced rate and STATE GENERAL FUND. For those costs allocated to Title IV-E the non-federal discount will be applied to account for the non-federal caseload.

Description of how training meets goals/objectives of CFSP

This training will address the goals and objectives of the CFSP by supporting local child welfare and adoptions staff in engaging families to preserve and strengthen their capacities to provide safe and stable environments for their children. In addition, it will aid in ensuring that child welfare and adoptions staff support an effective and efficient process for the timely establishment of Medicaid and a successful transition of services for AAP children and families who move across state lines,

Interstate Compact on the Placement of Children (ICPC) Training

Over the last few years, the Association of Administrators of the Interstate Compact on the Placement of Children has revised compact requirements and rules regarding the placement of children across state lines pursuant to the ICPC compact. This training will provide participants with a clear understanding of the new ICPC requirements. It will also include modules that highlight existing requirements, procedures, and regulations, including when the compact must be used, types of placements covered, case planning/reviews, financial and medical support responsibility, referrals to services, supervisory reports and visitation. Additionally, the training will include information on federal ICPC home study time line requirements and applicable data reporting requirements.

Allowable Title IV-E

The ICPC training would cover ICPC requirements, procedures, and regulations including by whom and when it must be used, types of placements covered, case planning and financial and medical support responsibility, referrals to services, supervisory reports and visitation, and case reviews. Additionally, training will include information on federal ICPC home study timeline requirements and applicable data reporting requirements. The training will help to ensure that the state is making every effort to meet its requirement to have a process in place for the orderly and timely interstate placement of children in accordance with an interstate compact as required under the State Plan for Title IV-E Foster Care and Adoption Assistance.

Setting/Venue

The training contract has not yet been developed. Once all new ICPC regulations have been implemented the CDSS will be better able to assess the type and content of training needed. Anticipated that any training will be conducted via regional training sites, conference calls, webinars, and/or online formats.

Training Duration

Short term: To be determined based on type of training offered, topics and the audience to receive the training.

Training Activity Provider

Training provider has not yet been determined. This will be a new training contract with an organization that has knowledge of ICPC and experience in organizing statewide training sessions and/or providing on-line training.

Approximate Number of Days/Hours of Training Activity

To be determined based on the type of training offered, topics and the audience to receive training.

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. Training may also include judges, commissioners, referees, court personnel, etc. involved with the placement of Title IV-E foster care children across state lines.

Total Cost Estimate

$25,000

Cost Allocation Methodology
This training is allocated to Title IV-E enhanced rate and STATE GENERAL FUND. For those costs allocated to Title IV-E, the nonfederal discount will be applied to account for the nonfederal caseload.

Description of how training meets goals/objectives of the CFSP
Training will address the goals and objectives of the CFSP by supporting local child welfare services staff in making inter-jurisdictional placements that ensure the best interests and the fair and equitable treatment of children placed across state lines. In addition, it will promote and reinforce placement stability and an increased understanding regarding the protection and services needed for children who are placed out of state while remaining under court jurisdiction. Without this training, there is potential for statewide inconsistencies in ICPC compliance especially with respect to the new compact regulations and federal and State home study requirements, including placements that have not been approved through the ICPC process. Noncompliance with the ICPC process could jeopardize a child's placement, as well as benefits and services.

EVALUATION

Evaluation of Training Programs

The CDSS uses a multi-pronged approach to the evaluation of training programs. To address the ever-increasing importance of evaluating training activities, the Macro Evaluation Team was established. The membership is comprised of representatives from the CDSS, county staff development organizations, Regional Training Academies (RTAs), the Resource Center for Family Focused Practice (RCFFP), and University Consortium for Children and Families (UCCF) in Los Angeles. The Team is charged with making recommendations about statewide CWS training evaluation that includes the development of the statewide Training Evaluation Framework Report. This evaluation framework was first applied with the introduction of the common core curricula training for new child welfare workers and supervisors. Over the course of the next 5 years the Statewide Training System will update the evaluation to coincide with CC 3.0 using the established framework.

The Framework addresses assessment at seven levels of evaluation, which together are designed to build a "chain of evidence" regarding training effectiveness. The levels used in California are a refinement of the Kirkpatrick levels of training evaluation. They allow a more precise matching of the evaluation design to the measurement of specific learning outcomes, and attempt to link these learning outcomes to child welfare outcomes. California's levels are:

Level 1: Tracking attendance.
Level 2: Formative evaluation of the course (curriculum content and delivery methods).
Level 3: Satisfaction and opinion of the trainees.
Level 4: Knowledge acquisition and understanding of the trainee.
Level 5: Skills acquisition by the trainee (as demonstrated in the classroom).
Level 6: Transfer of learning by the trainee (use of knowledge and skill on the job).
Level 7: Agency/client outcomes - degree to which training affects the achievement specific agency goals or client outcomes.

There are several benefits of utilizing the Framework, including*:*

- Data about the effectiveness of training at multiple levels (a chain of evidence) can be used to help answer the overall question about the effectiveness of training and its impact on child welfare outcomes.
- Data about training effectiveness is based on rigorous evaluation designs.
- Curriculum writers and trainers have data focused on specific aspects of training, allowing for targeted revisions of material and methods of delivery.
- Evaluation provides a standardized process for systematic review and evaluation of different approaches to delivery of training.

Future Training Plans:
CDSS and its training partners will work closely with counties as their training needs change. In addition, System Improvement Plans (SIPs) submitted by the counties will be reviewed as a guide to advance training. Training will focus on continuous development of current staff orienting new staff to the CPM components and the shift in practice for social workers.

CDSS will explore the following in an effort to enhance training:

- Expanding the modalities of training delivery to include more mobile/distance education options.
- Updating and revising of the Supervisor CORE series to better support the overall changes in child welfare practice reflected in the CPM and CC 3.0.
- Identify training needs and develop curricula related to the QI Psychotropic Medications project and the Health Care Oversight Program.
- Identify training needs and develop curricula related to the Continuum of Care Reform efforts currently under way.