Child and Family Services Reviews

Statewide Assessment

California

August 1, 2023

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Background

One of the ways in which the Children's Bureau (CB) helps states achieve positive outcomes for children and families is monitoring state child welfare services through Child and Family Services Reviews (CFSRs). The CFSR process[1] is designed to meet the statutory requirement to provide federal oversight of states' compliance with Title IV-B and IV-E plan requirements and to strengthen state child welfare programs and improve safety, permanency, and well-being outcomes for children and families served. The CFSR process enables CB to:

1. Ensure conformity with federal child welfare requirements
2. Determine what is happening to children and families receiving child welfare services
3. Assist states in enhancing their capacity to help children and families achieve positive outcomes related to safety, permanency, and well-being

For more information about the CFSRs, see the Child and Family Services Reviews at http://www.acf.hhs.gov/programs/cb.

Purpose of the Statewide Assessment

The CFSR is a two-phase process. The first phase is a statewide assessment and is conducted by staff of the state child welfare agency in partnership with representatives with whom the agency was required to consult in the development of the state's Child and Family Services Plan (CFSP) (45 CFR § 1355.33). These internal and external stakeholders are selected by the agency in collaboration with CB and may include other individuals, such as family and youth served by the state's child welfare system and members of the judicial and legal communities.

The second phase of the review process is an onsite review. The onsite review includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews to further inform the assessment of systemic factors. Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States determined not to be in substantial conformity with one or more of the seven outcomes and seven systemic factors are required to develop a Program Improvement Plan (PIP) to address all areas of nonconformity.

States are required to complete and document an assessment of the extent to which their federally funded child welfare system functions effectively to promote the safety, permanency, and well-being of children and families with whom they have contact. This process involves a state:

- Using both quantitative and qualitative evidence (e.g., state administrative data, information management system reports, case record reviews, interviews with case participants and key stakeholders) to assess its performance on the outcomes and systemic factors
- Analyzing and explaining its performance in meeting the national standards for the CFSR statewide data indicators
- Providing supporting evidence of the state's assessment of its child welfare system, program, practice strengths, opportunities for improvement, and results of data-driven problem exploration

[1] Procedures for the review. 45 CFR § 1355.33.

- Providing relevant and quality evidence for CB to determine substantial conformity with CFSR systemic factors
- Communicating about the child welfare system's performance with the communities the systems served
- Demonstrating the engagement of child welfare system partners and stakeholders in the state's CFSR assessment and in its Continuous Quality Improvement (CQI) change and implementation process
- Identifying priority areas of focus for further examination and to target improvement plans to strengthen systems and improve child and family outcomes
- Describing progress to address practice, program, and systemic change, and needed adjustments, as applicable
- Using assessment results to inform planning for the onsite review and to provide a foundation for the state PIP

Stakeholder Involvement

The statewide assessment is to be completed in collaboration with, and reflective of perspectives and feedback obtained from, state child welfare system partners and stakeholders pursuant to 45 CFR § 1355.33 (a–b). The CB recommends that states assemble a diverse and representative statewide assessment team (as described below) while also consistently soliciting feedback and perspectives from key stakeholder groups, including parents, caregivers, and youth, throughout the CFSR process.

Individuals on the statewide assessment team need to include representatives from those with whom the child welfare agency was required to consult in developing its Title IV-B state plan. The statewide assessment team members are selected by the child welfare agency in collaboration with the CB. The CB recommends that states ensure family and youth representation on the statewide assessment team, as well as other key partners (e.g., members of the legal and judicial communities, including state courts, the Court Improvement Project, and stakeholders). Examples of other partners and stakeholders who might serve on the statewide assessment team include frontline workers; foster, adoptive, and relative caregivers; the Community-Based Child Abuse Prevention (CBCAP) lead agency and other prevention partners, such as Children's Trust Funds; the Children's Justice Act grantee; service providers; faith-based and community organizations; and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, and Temporary Assistance for Needy Families /California Work Opportunity and Responsibility to Kids (CalWORKS).

The statewide assessment team of internal and external stakeholders engage in the CFSR statewide assessment process by:

- Empowering families and youth to participate in ongoing conversations about system-level improvement needs by recognizing and honoring their lived experiences and expertise, soliciting from them their perceptions and experiences, and acting on their recommendations about what families need to be strong and healthy[2]

[2] As outlined in the CB Information Memorandum to states (ACYF-CB-IM-19-03), parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. States are encouraged to integrate parents and youth throughout the CFSR process as they have lived expertise that provides critical context and information to identify and make child welfare system improvements.

- Collecting and analyzing data from selected partner and stakeholder groups through surveys, interviews, and/or focus groups
- Using partners' administrative data (may require data-sharing agreements with contracted service providers and other agencies providing services to the same populations) in the assessment process and to provide evidence of performance and systemic functioning
- Involving stakeholders in the review and analysis of data to help identify contributing factors, underlying causes of performance challenges, and possible solutions
- Discussing findings, recommended changes, and implications of proposed interventions, and obtaining stakeholder feedback regarding implemented solutions
- Systematically providing feedback to stakeholders regarding whether and how their input was used to change policy, processes, practice, or service provision

Capacity to Complete a Quality Statewide Assessment

States are encouraged to consider the following questions as they prepare to complete the statewide assessment:

- Does the statewide assessment team reflect the family and youth the system serves, as well as partners, stakeholders, and providers involved in the state child welfare system?
- Are team members committed to remaining involved, and is there a process to support them throughout the statewide assessment process, potential involvement in the onsite review, and development, implementation, and evaluation of the PIP?
- Do the state's infrastructure and information systems provide needed administrative and case record review data? What data are already collected and can be used, and what new data may be needed (e.g., resource family surveys, staff training participation and feedback)?
- To what extent do system partners collect data and make it available for the purposes of the statewide assessment? Are data-sharing agreements needed, and in place?
- Do some team members have expertise and experience in quantitative and qualitative measurement, data collection, data analytics, and technical writing? Are team members able to communicate the results of quantitative and qualitative analyses effectively to the range of stakeholders and partners who are part of the statewide assessment team?
- Do team members have knowledge and skills with the CQI change and implementation process (e.g., identifying root causes of performance challenges, developing and testing theories of change)?
- In what way do organizational cultures and climates support the activities necessary for system partners to conduct and complete a quality assessment?
- Are there recent or future organizational changes that may affect the state's child welfare system, programs, and/or service delivery (e.g., leadership change)?
- Are there organizational resources and infrastructure in place to support the assessment process?
- What changes in organizational capacity will be needed to complete a quality statewide assessment (i.e., resources, infrastructure, knowledge and skills, culture and climate, engagement, and partnership)?

Availability and Use of Quality Data and Information

The statewide assessment represents a compilation of observations made about the state's child welfare system that is grounded in evidence. "Evidence is information that is used to support an observation, claim, hypothesis, or decision. Evidence may be qualitative or

quantitative and can be found in or derived from a number of sources."[3] Gathering and exploring data evidence begins during problem exploration and continues over the course of implementing, assessing, and sustaining change. The statewide assessment process entails looking at past, updated, and new data to strengthen the team's understanding of state child welfare system performance and to identify the combination of data evidence used to determine:

- Strengths and opportunities for improvement
- Areas and factors influencing strong practice
- Nature of the problem and affected populations
- Variation in outcomes among populations of different races, ethnicities, cultures, sexual orientations, and socioeconomic levels that may experience bias, inequities, or underservice within their communities or by systems seeking to serve them
- Contributing factors and underlying root cause(s) of the problem

This systematic development of evidence related to child welfare system performance may point to areas where change, innovation, and/or replication of certain practices, procedures, or policies may be warranted. This evidence then sets the stage for states to consider:

- Hypotheses that are rooted in theories of change (predictions about how and why needed change(s) will achieve the desired outcome)
- Selection of and lessons learned from implemented strategies/interventions
- Reasons to continue, modify, or discontinue the selected intervention, or revisit the original understanding of the problem and the hypothesis for change

Data sources states should consider using, as available, for the statewide assessment process include but are not limited to:

- The CFSR state data profiles and supplemental context data; CFR 45 § 1355.33(b)(2)
- State child welfare agency information system data (e.g., SACWIS/CCWIS)
- Administrative data from partner agencies (public-, private-, and community-based)
- Information included in the CFSP and Annual Progress and Services Report (APSR), e.g., National Youth in Transition Database
- Annual Court Improvement Project reports, legal and judicial information systems, and other data collected by the courts (e.g., quality hearing observation data)
- Case record reviews
- Child welfare studies (research, evaluation reports)
- Surveys, stakeholder interviews, focus groups

Effective CQI change and implementation processes rely on high-quality and reliable evidence from data to provide accurate information. Consider the following when assessing the quality of evidence used for the statewide assessment and note this information where relevant:

- Data source (see examples in section above)
- Methods used to generate measures and analyze data (e.g., application of sound measurement principles, process/individuals involved in analysis of data)

[3] Source: https://fcda.chapinhall.org/wp-content/uploads/2014/07/2014-07-Principles-Language-and-Shared-Meaning_Toward-a-Common-Understanding-of-CQI-in-Child-Welfare.pdf

- Relationship between the analysis produced and the questions asked (e.g., how results of analysis are responsive to questions raised about performance; how they raised more questions that are the focus of additional inquiry)
- Scope of the data (e.g., geographic, population)
- Representativeness of the population served or the subpopulation of interest (e.g., universe, random sample of records, selected sites or population, response rate)
- Time period represented in the data, included in citations for the data source (e.g., CY2020, FFY2020; point in time (9/30/2020); or multiple years: CY2018–2020)
- Completeness, accuracy, and reliability of the data (e.g., data quality tests performed and the accuracy of results confirmed; same measure used over time; results consistent with other data sources)
- Other known limitation(s) of the data (e.g., an array of stakeholders reported data integrity concerns; measure adjusted over time)
- Policy decisions/practices that affect the quality and consistency of the data (e.g., implementation of new information system; timeframes to respond to CPS reports changed; requirements for staff and/or provider training changed recently; new program recently implemented)

The Statewide Assessment Template

The statewide assessment is completed by states and submitted to CB at least 2 months before the case review (federal onsite or state-led review). The sections of the Statewide Assessment template are outlined below and used to provide the most current and relevant information for understanding state performance on child welfare outcomes assessed by the CFSR, and evidence required to demonstrate routine statewide functioning of systemic factors. Please see the CFSR Procedures Manual for additional information on completing the statewide assessment.

Section I: Provide general information about the state child welfare agency; a list of the stakeholders involved in completing the statewide assessment; and a description of how state child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Section II: Briefly describe the state's vision and organizational structure for the state's child welfare system, cross-cutting issues, factors affecting overall performance, and other statewide drivers (e.g., consent decrees, transformation projects) that are not addressed in the outcomes and systemic factor sections of this assessment.

Section III: Provide an updated assessment of state performance on safety, permanency, and well-being outcomes and supporting practices. Include recent performance data, highlights of strengths and opportunities for improvement, a brief summary of observations, priority focus areas and results of problem exploration, and related CQI change and implementation activities, as applicable.

Section IV: Provide a combination of the sources of evidence needed to determine whether the state is in substantial conformity with the seven systemic factors. The systemic factors encompass items associated with select CFSP requirements and seven systems within the state that have the capacity, if routinely functioning statewide, to support child safety, permanency, and well-being outcomes.

Appendix: Attach a copy of the CB-generated CFSR state data profile transmitted to the state to use in completing the statewide assessment.

The Statewide Assessment template is available electronically on the CB website at https://www.acf.hhs.gov/cb.

Preparation

As states prepare for the statewide assessment, CB recommends that states:

- Review the CFSR Procedures Manual, "Statewide Assessment" section (available on the CB website at https://www.acf.hhs.gov/cb, which provides guiding principles and a framework for completing the statewide assessment.
- Review the Capacity Building Center for States' "Change and Implementation in Practice" series.[4] The series is a collection of research-informed and user-friendly resources (e.g., briefs, guides, videos) to help agencies achieve meaningful changes in child welfare practice to improve outcomes and systemic functioning.
- In collaboration with the CB Regional Office, identify and invite individuals to be members of the statewide assessment team. Review information on stakeholder involvement in the state's assessment of the child welfare system.
- Review the most recent versions of the following documents, which provide information and past assessments of state performance on child and family outcomes and supporting practices, and statewide routine functioning of the systemic factors:
    - PIP and PIP progress reports
        - CFSP and APSR
        - Court Improvement Project self-assessment and strategic plan
- Review the following additional recent and relevant data:
    - Most recent CFSR state data profile and supplemental context information, providing performance information on the CFSR statewide data indicators
    - State administrative data and aggregate performance information and measures
    - Case record review results
    - Other available statewide data, e.g., learning management system reports, administrative data from partner agencies and contracted service providers, CIP data, research and evaluation reports, surveys, stakeholder interviews, focus groups
- Review the CFSR Procedures Manual, "Capacity Building Collaborative Data Support Services" section, available on the CB website at https://www.acf.hhs.gov/cb, and determine the need for additional guidance and technical support with any step of the statewide assessment process, and request assistance as needed.

Instructions

State child welfare agencies, in collaboration with families and youth, the judicial and legal communities, Tribes, and other key partners and stakeholders, complete an updated statewide assessment of the state's child welfare system and the state's ability to achieve desired safety, permanency, and well-being outcomes.

- Develop the set of questions that when answered will provide the necessary information to assess the state's child welfare systems' processes, programs, and practices.

4 Capacity Building Center for States' "Change and Implementation in Practice" series, available at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/

- Build on past work, including results of data exploration, progress made, lessons learned, and adjustments from development, implementation, and monitoring of the state's most recent CFSR/PIP, CFSP/APSR, and CQI activities in completing this section.
- Determine whether other relevant quality data are available and/or needed to provide a more recent and/or deeper understanding of state performance on the outcomes and systemic factor functioning. Use current (or the most recent available) data and/or information.
- Assess the agency's investment in the quality of programs and services to be delivered, the processes by which they are delivered, and the capacity of the agency to deliver them with fidelity.
- Determine which quality data and information are the most compelling and why they provide the best evidence to support the state's assessment of (a) strengths and areas needing improvement, and (b) statewide routine functioning of systemic factor items. Include data/measure descriptions, the sources of data and/or information used, time periods represented, and other information needed to understand the scope and quality of data used.
- Summarize the results of the assessment by responding to the questions that are designed to solicit the most notable information about state performance, evidence of key strengths and areas needing improvement, observations, results of data exploration, and related CQI change and implementation activities, as applicable. CB recommends that states concisely articulate the state's observations and supporting evidence in no more than 100 pages, beginning with Section I of this template.

Statewide Assessment

Section I: General Information

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Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

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Description of Stakeholder Involvement in Statewide Assessment Process

To complete the Child and Family Services Review (CFSR) Round 4 Statewide Assessment (SWA), Subject Matter Experts (SMEs) across the Child and Family Services Division (CFSD) were contacted by the Reporting, Planning, and Monitoring Unit for SWA kick-off meetings during which the CFSR process was reviewed, Items were discussed and assigned to appropriate individuals, and an ongoing check-in process was established. The SMEs were also asked to contact relevant stakeholders to complete their sections of the SWA. This includes utilizing over fifty existing stakeholder engagement opportunities, such as workgroups and committees, which cover a broad swath of stakeholder groups to include county participants, youth, families, and Tribes (see Table 1 below) or creating new opportunities for engagement if necessary. The SMEs and agency child welfare leadership are well-suited to determine when, who, and how to engage with their stakeholders relevant to each area of their expertise.

Additionally, as a part of the CFSR Round 4 process, the Child Welfare Learning and Evaluation Bureau will be collaborating with a third-party contractor to build a durable stakeholder advisory group across California to guide the state's ongoing child welfare system reform work. While the group, From the Ground Up, will not be contributing to the development of this Statewide Assessment, it will be integral to the development of the CFSR Round 4 Program Improvement Plan. The group will be made up of three Teams with different roles and responsibilities.

The Core Team will consist of approximately 15 people who will take a project management role in the overall structure of the work. They will oversee the administering of the project, make key decisions about its direction, and identify and recruit participants for Survey Teams. The Core Team should be diverse, in terms of race, gender, and inclusion of those most impacted by the work. The Core Team should include: (a) a system impacted parent, (b) a foster care alum, (c) someone directly engaged in legal work, (d) a service provider, (e) front line staff or supervisory representation, (f) indigenous representation, (g) those with responsibility at the state-wide level for process improvement and county child welfare and probation representatives. When composing the Core Team, we are being mindful to balance representation from various regions and areas of experience and include people from diverse backgrounds. As the Regional Survey Teams will be developed from the suggestions of the Core Team, this focus on diverse background and expertise will be reflected throughout all teams in this process.

The Regional Survey Teams will consist of 30 to 45 people who will participate in sense-making sessions, identify relevant data and trends from their region, form Dig Teams, and help frame questions. Participants will bring their experience to the table and use it to look at data, conduct root cause analyses, and interpret Participatory Narrative Inquiry results. The Regional Survey Teams will be divided into the Northern, Mountain Valley, Bay Area, Central Valley, and Southern regions.

Dig Teams will consist of seven to 15 people, primarily from the Regional Survey Teams, and will explore issues identified by the Survey Teams in depth and detail, generate causal analyses, and suggest Theories of Change and potential strategies or interventions. They will examine a small handful of issues in detail and send it back up to the Survey Teams for sense-making.

Together, these three Teams, in collaboration with their communities, stakeholders, and the California Department of Social Services (CDSS), will create a long-term stakeholder advisory group that will continue to inform California's child welfare system improvement efforts for years to come.

Additionally, stakeholder engagement is a required part of the California Child and Family Services Review (C-CFSR) process. Input from stakeholders is essential and the C-CFSR system is built on the concept that feedback from those who are involved in or impacted by the child welfare and juvenile probation systems is critical and can provide valuable information to inform each county's County Self-Assessment (CSA) process and in turn help guide the development of priority strategies in their five-year System Improvement Plan. Throughout the CSA process counties have opportunities to engage their stakeholders and receive input on their child welfare system through focus groups, larger stakeholder meetings, county C-CFSR committee meetings, and through other community meetings. Information gathered from stakeholders as a part of the C-CFSR process has been infused throughout California's Statewide Assessment.

Lastly, as a part of the review process for this Statewide Assessment, the CDSS engaged with counties, the County Welfare Directors Association (CWDA), Tribes, and other stakeholders. Counties, Tribes, and stakeholders were sent a full draft of this Statewide Assessment and were requested to send feedback to the CDSS, per our stakeholder engagement process. The information presented in the report was reviewed with the CWDA at an Operations Subcommittee meeting on June 14, 2023. Feedback was reviewed by the CDSS and incorporated as needed.

Table 1. Stakeholder Workgroups

Workgroup	Timeframe	Description	Attendees
Adoption Assistance Program (AAP) Benefits and Tribal Adoptions Workgroup	Started May 2022, met bimonthly and now meets as needed	The purpose of this workgroup is to explore potential options for nondependent children adopted through the Tribal court process to access AAP benefits.	Internal CDSS including Office of Tribal Affairs (OTA), CFSD, Legal, Admin
California Child Welfare Training (CACWT) Learning Management System (LMS) Workgroup	Bimonthly	The CACWT Workgroup convenes to design, implement, and troubleshoot the statewide CACWT LMS.	CDSS, Regional Training Academies (RTAs), California Social Worker Education Center (CalSWEC), Counties, vendors
California Wraparound Advisory Committee (CWAC)	Quarterly	The CWAC members collectively make recommendations, identify, and share solutions, and promote best practices related to Wraparound policies and programs. The work of the CWAC is informed by the California Wraparound Steering Committee.	County CWS, County Probation Wraparound Providers, Parent Partners, Peer Partners, Behavioral Health (BH) Providers, Department of Health Care Services (DHCS) Staff
California Wraparound Regional Hubs	Quarterly	Regional groups who share information, collaborative practices, and discuss topics relevant to Wraparound, including three hubs: Northern, Southern, and Central.	Wraparound providers, County CWS, County Probation, BH Providers
California Statewide Automated Welfare System (CalSAWS) Stakeholder Meeting	Quarterly	To connect with the CalSAWS stakeholder community and seek input on current and planned functionality changes, system demonstrations of public portals, and advocates' identification of areas of interest, especially with the design of public-facing elements and other areas that directly impact clients, pursuant to Welfare and Institutions Code section 10823.1.	Advocates representing Medi-Cal, food, and cash assistance; CalSAWS, BenefitsCal, Office of Systems Integration (OSI), CDSS, DHCS
Child and Adolescent Needs and Strengths (CANS) Data Reports and Visualizations Workgroup	Completed work in 2021	The goal of this project was to identify four types of visualizations which provide meaningful information to help support information sharing and monitoring of child and family outcomes through presentations to over 100 participants.	Child and Family Team (CFT) implementation team members from CDSS, CWDA, RTAs, California Youth Connection (CYC), and counties

CANS Family Reports Informing the Case Plan Workgroup	Met monthly completed in September 2022	This workgroup serves to develop guidelines for CANS to inform case plan development in an automated environment.	CFT implementation team members from CDSS, CWDA, RTAs, Chief Probation Officers of California (CPOC), CYC, and counties
CFSD Advocates Meeting	Quarterly	CFSD meets regularly with advocacy organizations to discuss issues related to child welfare policy and legislation.	Kids Alliance, California Alliance of Child and Family Services, Law Foundation, John Burton Foundation, Children's Law Center (Sacramento, Los Angeles), John Burton Advocates for Youth, Youth Law Center, Public Counsel, Children's Legal Services San Diego, Youth Law, Children Now, Legal Aid Foundation of Los Angeles, California Alliance of Caregivers, First Place for Youth, Legal Services for Children San Francisco, California Youth Connection, Coalition of California Welfare Rights Organizations, Lewis Advocacy, East Bay Children's Law Offices, Bay Area Legal Aid, AdvoKids, Contra Costa County Public Defender, Children's Advocacy Institute San Diego, probation
CFT/CANS Implementation Team	Every two months	Team worked to develop strategies and tools to better equip counties for CFT, CANS, and cross system practices, and inform development of measures for CFT outcomes. Subcommittees include: CFT/CANS Workforce Development and Training Subcommittee, CFT/CANS Communication, Messaging, and Networking Subcommittee, CFT/CANS Policy	County Child Welfare partners, County Juvenile Probation partners, County Behavioral Health partners, Tribal partners, CWDA, CPOC, peer partners, Regional Training Academies, System of Care partners, Child and Family Policy institute of

		Subcommittee, CFT/CANS Implementation Team's Data and Outcomes Subcommittee	California, DHCS partners, CalSWEC
Children and Youth System of Care Technical Assistance (TA) Team	Scheduled as needed or as requested	The Children and Youth System of Care TA Team, along with state and local partners, hosted 90-minute webinars on the first Wednesday of each month to support System of Care practice and develop a statewide community of practice. The Intensive Technical Assistance Unit provides a facilitated multi-agency call that supports local partner agencies with child-specific case recommendations and identifies appropriate services to meet the needs of youth in foster care.	CDSS Partners: Community Care Licensing, Commercial Sexual Exploitation of Children, Sexual Orientation, Gender Identity, and Gender Expression (SOGIE), Foster Care Rates and Outcomes. Local Partners: County Behavioral Health (County of jurisdiction/County of residence if presumptively transferred), Regional Center (County of Jurisdiction and/or county of residence), Foster Youth Services Coordinator, Local Educational Agency, and Special Education Local Plan Areas, Tribal Communities, Providers, Service Providers, etc. Associations: CWDA, CPOC, County Behavioral Health Directors Association, and The Alliance for Children and Families.
Complex Care/Specialized Permanency Monthly Webinar Series	Monthly	The Active Support Intervention Services for Transition program hosts a webinar with subject matter experts to provide information on topics related to stepping youth down from congregate care to permanency.	County Child Welfare Services (CWS), Probation Wraparound Providers, Parent Partners, Peer Partners, Behavioral Health (BH) Providers, System of Care Partners
Complex Care Steering Committee	Monthly	A collaborative space for key partners and stakeholders to come together to devise and implement strategies to effectively meet the needs of youth with unmet complex care needs in the least restrictive setting. The goal for this group is to build and implement the programs	CDSS, DHCS, DDS, California Department of Education, CWDA, CPOC, County Behavioral Health Directors Association of California, California Alliance of Children and

		and supports necessary to robustly support this population.	Family Services, and County leadership
Complex Care Systemic Response Team Meeting	Monthly	Discuss emerging systemic issues impacting youth in child welfare served by multiple systems. Provide direction for the agenda of the Complex Care Steering Committee as appropriate and conduct deeper dives into issues identified.	CDSS, DHCS, DDS, California Department of Education, CWDA, CPOC, County Behavioral Health Directors Association of California, California Alliance of Children and Family Services, and County leadership
Complex Care Webinars	Starting January 2023, Monthly	Monthly webinars presented by complex care/specialized permanency experts who cover a range of topics from the neuroscience to trauma to second-chance reunification. California counties also regularly present on their promising practices and programs they have implemented to serve children and youth with complex care needs.	County Child Welfare Staff, Probation Staff, Behavioral Health Staff, Providers, Peer Partners, Youth Advocates, System of Care Partners
Comprehensive Prevention Planning Teams	Frequency varies, monthly to quarterly	The Prevention Planning Teams are cross-sector local teams focused on strengthening families and communities through primary and/or secondary prevention plans. To form a team, a Child Welfare professional and Child Abuse Prevention Council (CAPC) representative express joint interest and select other prevention partners to be members of the group. Teams are formed to break down silos and move toward coordinated efforts to increase child, family, and community well-being. Currently, 24 teams exist in California. Teams are committed to investing in prevention and tasked with completing a community needs assessment. Information gathered during the community needs assessment determines the focus and priorities of the primary and/or secondary prevention plan.	Child Welfare Agency, Probation Department, Behavioral Health Agency, Local Office of Education, Community-Based Service Providers, Family Resource Centers, Local Child Abuse Prevention Council, Tribes, parents with lived experience, youth with lived experience

Content Development Oversight Group	Bimonthly	Oversee the development, implementation, and updates to the state mandated Common Core curricula.	CDSS, Los Angeles County Department of Children and Family Services (LA DCFS), RTAs, CalSWEC
Child Welfare Service Case Management System (CWS/CMS) System Change Request (SCR) Process Improvement Workgroup	Monthly until 2022	A partnership between the Information System User Resource Unit and certain California counties to evaluate the current system change process and identify opportunities to improve efficiency and collaboration. This workgroup determined criteria that will be used to determine which SCRs will be prioritized for a given release.	Riverside County, Orange County, Santa Cruz County, Kings County, Monterey County, Placer County, CWDA, OSI, CDSS, and Los Angeles County Consultant
Directors and Champions	Every other month	Quarterly meeting to connect CDSS, Counties, and training partners and to discuss statewide training needs and initiatives	CDSS, County Directors, CWDA reps, LA DCFS, Regional Training Academy Directors and staff, CalSWEC, Resource Center for Family Focused Practice, Child and Family Policy Institute of California (CFPIC), Capacity Building Center for States
Discussion on Serving Youth with Unmet Complex Care Needs	Monthly	To create a collaborative space for County Agency Directors, Child Welfare Directors, the CWDA, and the CDSS to devise and implement additional strategies to effectively serve youth with unmet complex care needs.	CDSS Directorate, CFSD and Community Care Licensing (CCL) leadership, CWDA, County Agency Directors, and County Child Welfare Directors.
Emergency Response (ER) Timeframe Workgroup	Quarterly between 2020 and 2021	The Family Intake and Engagement Unit met with counties to discuss ER referral timeframes for closure, barriers around meeting this requirement, what protocols counties are implementing that aid in timely closure of referrals, and timeframes being practiced in other states.	Counties, CDSS
Essentials for Childhood (EfC) Initiative	Quarterly, since 2018	The EfC Initiative is a coalition led in partnership by the California Department of Public Health, Injury and Violence Prevention Branch and the California Department of Social Services, Office of Child Abuse Prevention. It seeks to address	Chadwick Center for Children, Youth, and Families; All Children Thrive; public health advocates; American Academy of Pediatrics; Berkeley Media Studies Group;

		child maltreatment as a public health issue, aims to raise awareness and commitment to promoting safe, stable, nurturing relationships, and environments, creates the context for healthy children and families through social norms change, programs, and policies, and utilizes data to inform actions. Subcommittees include Trauma Informed Policy Workgroup, Policy/Strengthening Economic Supports Workgroup, Equity Workgroup	Blue Shield of California Foundation; California Campaign to Counter Childhood Adversity; California Emergency Medical Services Authority; California Health and Human Services Agency; California Department of Public Health; California Suicide Prevention Program; California First 5 Los Angeles, Yuba, Shasta, and Yolo; California Department of Rehabilitation; CDSS; California Partnership to End Domestic Violence; California Work & Family Coalition; Center for Youth Wellness; Children Now; Children's Data Network; Child Abuse Prevention Center; Citizen Review Panel; Young Men's Christian Association; California Department of Aging; California Department of Toxic Substances Control; California Department of Juvenile Justice; Early Edge California; Family Hui; Family Acceptance Project; California Employment Development Department; Governor's Office of Planning and Research; Health Access California; Public Health Institute; Human Impact Partners; Health Access California; Kidsdata.org; Leah's Pantry; Office of the California Surgeon General; Partnership for Safe Families; Office of Health Equity; Nurse-

			Family Partnership; Positive and Adverse Childhood Experiences Connection Network; Parents Anonymous Inc.; PolicyLink; Prevention Institute; Public Policy Institute of California; RYSE Center; Safe and Sound Child Abuse Prevention Center; San Diego State; Department of Health Services; California Department of Corrections and Rehabilitation; Child Abuse Prevention Center; The Children's Partnership; Trauma-Informed Lens Consulting; Violence Prevention Research Program (University of California [UC] Davis); WestEd Center for Prevention & Intervention
Family First Prevention Services Act Qualified Individual (QI) Stakeholders Workgroup	Bi-weekly October 2021-July 2022	This workgroup provides feedback on the development of the QI Training Curriculum. CDSS and DHCS are collaborating to develop QI training curriculum in collaboration with UC Davis. The departments are also drafting an All County Information Notice for Tribally Designated QI's. CDSS and DHCS are providing TA on an as needed basis to counties that request assistance.	Members from CDSS, CWDA, RTAs, CPOC, CYC, DHCS, and counties
Field Activity Advisory Committee / Field Advisory Training Committee	Quarterly	Committee to develop and update the field activities and current field advisor training within Common Core 3.5 to reflect statewide best practices.	CDSS, CalSWEC, County Staff Development and County Supervisors, RTA reps, and LA DCFS
Family Urgent Response System Leadership Advisory Committee	Active 2019-2020	This workgroup has been formed to begin stakeholder engagement and planning of the statewide hotline, mobile response systems, data and outcomes measurements and communications and outreach. Subgroups	County child welfare, probation, and behavioral health departments; CWDA; Children Now; Youth Engagement Project; DHCS

		include Statewide Hotline, County Mobile Response, Data & Outcomes, and Communications & Outreach.	
Healthy Sexual Development workgroup	Last meeting held on November 2021	The workgroup has assisted CDSS and CalSWEC with updating the curriculum for social workers, probation officers, public health nurses, and other individuals working with foster youth about their reproductive and sexual health issues. There are currently one-day classroom trainings as well as free E-learning available.	CDSS, Child Welfare Directors Association, Chief Probation Officers of California, the California Department of Public Health, California Department of Education, Foster Care Public Health Nurses, California Planned Parenthood Education Fund, Planned Parenthood Mar Monte, National Center for Youth Law, Children's Law Center of California, John Burton Foundation, Child Welfare Council, Children Now, California Youth Connection, the Independent Living Program, Child Advocates, Family Builders, and representatives from UC Davis and Berkeley
Indian Child Welfare Act (ICWA) Adoption and Foster Care Analysis and Reporting System Steering Committee Workgroup	Ongoing biweekly starting in 2020	The steering committee/workgroup collaborates with CWDS and CDSS with respect to issues impacting the collection of quality data impacting Tribes and ICWA implementation in California. The Steering Committee has recently focused on how the ICWA will be embodied throughout the entire Child Welfare Services – California Automated Response and Engagement System. The Steering Committee completed the work surrounding ICWA Placement Preferences within Hotline and Investigation in the month of February 2022 and within Case Management in the month of March 2022. For the month of April 2022, the work will be focused on ICWA	Tribal Partners including five representatives from the California Tribal Families Coalition (two from the Hoopa Valley Tribe and one from Lipay Nation of Santa Ysabel), and Tribal partners from Cahto Tribe of Laytonville Rancheria, Yurok Tribe, Hopland Band of Pomo Indians, Colusa Indian Community Council, Graton Rancheria, and the Indian Child and Family Preservation Program

		Placement Preferences within the Courts service area.	
ICWA State Plan Committee Meeting	Monthly	This committee assists with implementation of the strategies and objectives that make up the ICWA State Plan which promotes ICWA compliance in all 58 counties.	OTA, Tribes, Tribal organizations, Probation Department and probation organizations, county Child Welfare, and CFSD branch chiefs
LMS/Student Information System Workgroup	Bimonthly	Planning, design, and implementation of the statewide Learning Management System	CalSWEC, Vendors, Counties, RTAs, trainers and CDSS
Parent Partner Advisory Committee & Peer Partner Hubs	Every six weeks	The Parent Partner Advisory Committee will provide support to parent partners and agencies by identifying needs and opportunities, developing training, networking, to make recommendations regarding training needs, practice guidelines, opportunities, and resources, and providing resources. The Peer Partner Hubs are a subcommittee made up of peer partners with lived experience.	Parent Partners with lived experience as parents navigating child welfare, probation, or behavioral health
Peer Partner Backbone Committee	Monthly	This Committee focuses on collaborating and uplifting the voices of youth partners, parent partners, and others with lived experience to impact change at CDSS and across the state in case-level work with families and in policy and program development.	Youth Engagement Project, Casey Family Programs, California Youth Connection, California Youth Empowerment Network, and UC Davis Resource Center for Family Focused Practice, CDSS, Catalyst Center
Quality Improvement Program (QIP) Psychotropic Medication Legislation Implementation Workgroup (PMI)	Active 2017-2019	The QIP Psychotropic Medication Legislation Implementation Workgroup (PMI) is a multi-agency collaborative effort focused on the development of new protocols, trainings and other deliverables created to fully implement all psychotropic medication related legislation. The PMI workgroup discussed Senate Bill377 legislation which requires the Department to submit a report to the legislature with recommendations for alternative options for	Psychotropic Medication Expert Panel including psychiatrists, youth law advocacy groups, other interested parties from counties.

		obtaining authorization from a dependent child, ward, or their attorney for the release of their medical information when they have been prescribed two or more psychotropic medications. CDSS staff incorporated feedback from Youth Ambassadors into the Legislative Report.	
Safety Organized Practice (SOP) Backbone Committee	Monthly	The SOP Backbone Committee is a collaborative workgroup that takes a statewide collective impact approach to implementation and fidelity of SOP in California. The SOP Backbone Committee launched the statewide SOP Toolkit.	CSU representatives, CDSS, the Regional Training Academies (RTAs; Northern, Bay Area, Central, and Southern), CalSWEC, Casey Family Programs and county representatives from each region, including Butte, Contra Costa, Fresno, Los Angeles, Placer, Sacramento, San Diego, San Luis Obispo, Santa Cruz, and Ventura counties
SOGIE Advisory Committee	Quarterly	The SOGIE Advisory Committee advises and assists CDSS with incorporating and considering SOGIE as needed. The SOGIE Advisory Committee helped ensure SOGIE needs were considered during the rollout of critical Continuum of Care Reform programs such as the CFT program, CANS assessment and Resource Family Approval. The SOGIE Workgroup determined that it would operate as an oversight group and meet quarterly, while smaller sub-workgroups will tackle key topics and meet more frequently. The sub-workgroups topics include Suicide Prevention, Children's Shelters, and SOGIE Data Collection.	CDSS, Child Welfare Digital Services, the California Department of Health Care Services, Family Builders, getREAL California, National Center for Lesbian Rights, Youth Engagement Project, National Center for Youth Law, Los Angeles LGBT Center.
Statewide Child Abuse Prevention Planning Convention	Annually	All California counties that are committing to comprehensive prevention planning are invited--those who have joined us in the past, and those counties who are newly committed to	Strategies TA, CFPIC, local CAPCs, Department of Developmental Services, First 5, Chapin Hall, Department of

		comprehensive planning by opting into the California Family First Prevention Services program.	Education. Tribal representatives, parents and youth with lived expertise, county child welfare and probation agencies, etc.
Strengthening Cal-ICWA Workgroup	Monthly	The CDSS, CFSD, and OTA is inviting Tribal Representatives, Tribal organizations, and Tribal partners to participate as we share information and tangible next steps to strengthen California's response to ICWA challenges.	Tribes, Tribal organizations, and Tribal Partners in California
Structured Decision Making (SDM®) Core Team	Annually	The SDM® Core Team serves as a statewide steering committee tasked with supporting the high-fidelity and sustainable integration of the SDM® system into child welfare practice across the state. California's SDM® Core Team is comprised of representatives who lead and support child welfare decision making and SDM® implementation within each of the 58 counties, California's Tribes, the CDSS, and key child welfare stakeholders.	Counties and Tribes (mostly federally recognized Tribes, but they do not verify; any interested Tribe can attend), CFSD, Evident Change
STRTP Challenges	TBD (two meetings to date)	The County Welfare Directors Association of California (CWDA) requested a meeting series in the Summer of 2023, to establish a space with the CDSS to allow for counties, both child welfare and probation, to express their issues and challenges regarding the Short-Term Residential Therapeutic Program (STRTP) Model. The first two meetings continued the conversation regarding the county's concerns with the STRTP model, noting that many STRTP providers continue to be unable to meet the high needs of youth assessed as needing this level of intervention.	CWDA, counties, CPOC and Probation, for CDSS, CFSD-SOCB, Legal, CCL
Tribal Placement Workgroup	Quarterly beginning 2021	The workgroups involve discussions around the distinction between placement versus approval, with a focus on developing a work plan and prioritizing action items on identified objectives to	All 109 federally recognized Tribes in California

		continue discussions and work around placement concerns and collaboration between counties and Tribes. A Supplemental Tribal Placement Workgroup occurred in February 2022 to discuss outstanding concerns around emergency placement of Indian children and to review step-by-step the statutory requirements for emergency placements.	
Tribal Advisory Committee	Quarterly	The committee is established to improve the government-to-government relationships and communication between the Indian Tribes of California, and the CDSS. The committee is comprised of Tribal Leaders, Tribal representatives, and members of Indian organizations and provides advice to the Director of CDSS about matters of interest or concern to the Tribes and their constituents.	California Tribes and Tribal Organizations
Tribal Customary Adoptions (TCA) Subcommittee	Monthly	The purpose of this meeting is to collaborate with Tribes and Tribal representatives regarding the TCA regulation language prior to submission to CDSS' Office of Regulation and Development.	Tribal Representatives, OTA, CDSS/CFSD, Legal
Wraparound Fidelity & Outcomes Data Workgroup	Monthly	This workgroup focuses on the implementation of a CFT evaluation plan that supports the CFT observation tool and survey redesign.	County CWS, county probation officers, county behavioral health, and peer partners
Wraparound Fiscal & Leadership Organization Workgroup	Monthly	This workgroup focuses on the fiscal fidelity of Wraparound programs. This includes identification of potential funding streams to braid funds, development of a Wraparound estimated cost expense plan and encouraging the use of flexible funding. The group is also developing guidance regarding Wraparound contracts and serving out of county youth with Wraparound.	County CWS, County Probation Wraparound Providers, Parent Partners, Peer Partners, BH Providers, DHCS Staff, Youth Advocates, System of Care Partners
Wraparound Steering Committee	Monthly	The Steering Committee develops a collaborative California Wraparound community that seeks to build continuity in practice and improve equitable safety, well-being, and permanency outcomes for	County CWS, County Probation Wraparound Providers, Parent Partners, Peer Partners, BH Providers, DHCS Staff, UC Davis

		children and families through the provision of high-fidelity Wraparound programs.	Resource Center for Family Focused Practice
Wraparound Workforce Development Workgroup	Monthly since 2021	This workgroup is developing Wraparound requirements, guidance, and curriculum regarding training, coaching, supervision, recruitment, selection, and retention of Wraparound staff.	County CWS, county probation officers, county behavioral health, and peer partners, Wraparound providers, parent partners, DHCS

Section II: State Context Affecting Overall Performance

Part 1: Vision and Tenets

In California, Child Welfare Services (CWS) programs are administered by the 58 individual counties. Each county organizes and operates its own program of child protection based on local needs while complying with state and federal regulations. Counties are the primary governmental entities that interact with children and families when addressing issues of child abuse and neglect. They, either directly or through providers, are responsible for obtaining or providing the interventions and applicable services to protect the well-being of children and to help families address issues of child abuse and neglect. This system and the services it provides are funded through a combination of federal, state, and county resources. The range of diversity among the counties is immense and there are many challenges inherent in the complexity of this system. However, its major strength is the flexibility afforded to each county in determining how to best meet the needs of its own children and families. The state's counties differ widely by population, economic base, and are a wide mixture of urban, rural, and suburban settings.

The CDSS, CFSD, is responsible for developing and overseeing a vast array of programs and services to support California's at-risk children and families who are impacted by child abuse or neglect. The CDSS strives for safety, stability, and permanency for every child in California. The CDSS are committed to seeing every child raised in a family setting and nurtured by healthy families and strong communities. To achieve this mission, the CDSS collaborates with the state's 58 county child welfare agencies and juvenile probation departments, the CWDA, the CPOC, federal, state, and local government, the Legislature, the Judicial Branch, Tribal representatives including the Tribes with which the state has Title IV-E agreements (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.

In 2022, CFSD leadership identified five priorities for child welfare in California that make up the division's strategic plan: prevention and family empowerment, trauma-informed caregiving, proactive local support, harm reduction, and supporting employees and the workforce. Prevention and family empowerment includes family finding, support, and engagement that aims to ensure that CDSS avoid removal whenever possible and build protective factors and, if removal becomes necessary, ensures youth that enter the child welfare system can remain with a family member whenever possible. This work prioritizes healing the whole-child, whole-family, and whole-community. This requires concerted efforts to support family connections to avoid removal, promoting community healing, and supporting reunification, guardianship, and adoption efforts. When this work is prioritized, children stay connected with their family, networks, and community. The CDSS will be implementing efforts to provide services to families to prevent entry and reentry, exemplified in the upcoming implementation of the Family First Prevention Services Program authorized by the Family First Prevention Services Act (FFPSA). The CDSS's overall preventions effort will generate a shift in the current paradigm, to a focus on prevention and early intervention with the goals of reducing incidences of abuse and neglect, decreasing entries into foster care, reducing disproportionality, addressing systemic and historical traumas, promoting the social determinants of health, and improving the lives of children, youth, and families. Within prevention and family empowerment a harm reduction approach is prioritized. Harm reduction means promoting child welfare practices that

acknowledges the child or parent's own authority and centers that individual in decision making to reduce harm over time, and to meet the totality of an individual's needs by being willing to accept risk to allow opportunity for change, recognizing that change does not happen overnight.

Trauma-informed caregiving acknowledges that serving youth with the most complex needs begins at the earliest point possible. This occurs by preventing youth from entering the child welfare system, addressing needs of the child and family up front to prevent development of complex needs, effectively responding to needs when they develop, supporting aftercare, preventing disruption of guardianship, adoption, and reunification. Serving youth currently within the Child Welfare System with unmet complex needs. This requires working across systems to identify the gaps and build out the continuum as necessary.

Proactive local support means providing technical assistance and support for comprehensive and holistic implementation through a strengths-based approach, utilizing all available data sources, such as Case Review, collaboratively/teaming with child welfare, probation, and Tribes. It also includes incorporating data analysis into existing local CQI systems or processes while being responsive to the needs of Title IV-E agencies and proactively reviewing local data for areas to provide focused technical assistance.

Lastly, supporting employees and the workforce includes providing support and sustaining a division workplace culture where every employee feels they make valuable contributions and are an important part of the team, understanding how their contribution adds value across Division priorities.

California enacts this vision through goals and corresponding objectives that support basic elements of the Integrated Core Practice Model (ICPM). California's child welfare ICPM is a statewide effort at the state agency and within counties to develop and implement a framework to support child welfare practice and allow child welfare professionals to be more effective in their roles. The ICPM is intended to guide practice, service delivery, and decision-making. The framework of the ICPM features several theories that help child welfare workers and leaders better understand those they serve and engage. This framework includes: 1) orienting theories related to historical trauma, attachment, and cultural differences; 2) bio-developmental theories that lend insight into the lifespan development and life transitions of children, youth, and families; 3) intervention theories that address when and how to intervene in order to address and sustain the safety, permanency, and well-being of children, youth, and families; and 4) organizational theories that further understanding about what is needed at the agency level to support and sustain the Model.

Distinctive features of the ICPM are three sets of behaviors: foundational behaviors, practice behaviors, and leadership behaviors. The essence of effective teaming, and the effectiveness of foster care services depend largely on the healing, empathy-based relationships that professionals build and maintain with youth and families. The ICPM requires a commitment to shared values and practices; building positive, respectful relationships across systems, with youth and family members, and which recognize and appreciate the value of differing perspectives and accountability to achieve a shared vision. Together, teams create exponential energy and connect families to resources to meet the family's needs and support their success. In a complex service system like California, work product is created through a series of business processes that support the mission of the organization, county systems and provider contractors. Healing from trauma and connecting youth to their natural and community supports can be challenging in government-centered systems. California believes it takes everyone to

ensure that government is both efficient and effective in serving California's foster youth and their families.

Part 2: Cross-System Challenges

Between 2020 and 2023, the CFSD and CWS in California faced several cross-system challenges, many of which altered the landscape of child welfare in the state. In particular, the CDSS faced challenges and changes pertaining to natural disasters, states of emergency, staff turnover, state budgets, and internal organizational transitions.

Although California has faced many natural disasters over the past three years, which affected several regions of the state resulted in multiple evacuation orders, several have been particularly impactful, including the Dixie Fire, the Caldor Fire, and the Six Rivers Lightning Complex Fire.

As a result of the evacuation orders, CWS and probation in the counties affected faced an array of new challenges, including jurisdictional issues, guidance for families that refused to evacuate, collaboration with law enforcement, and needing assistance from neighboring counties to complete referrals.

Additionally, the years spanning 2020, 2021, and 2022 brought the state of California an array of budgetary changes that impacted CWS. In State Fiscal Year (SFY) 2020-21, CFSD's budget focused on services and supports provided to foster youth and families in response to the COVID-19 pandemic. However, also because of the COVID-19 pandemic and the expected budget deficit, all state of California employees were furloughed two days a month, which didn't end until SFY 2021-2022. This impacted the internal CFSD workforce.

Perhaps one of the biggest impacts that the COVID-19 has had on CWS in California is relating to staff turnover and retention. However, it is difficult for the CFSD to track exact staffing levels in the counties. Because CWS in California are county administered, there are differences in how counties calculate staff turnover, retention, and vacancy rates. Moreover, CFSD does not have access to county data directly. The CFSD has heard from counties during our California-Child and Family Services Review (C-CFSR) process that their vacancy rates have been as high as 45 percent during the COVID-19 pandemic. Currently, as few as one or two counties out of the 58 in California are fully staffed. Others have struggled with being fully staffed but most or all those staff are new (six months or less of experience). During this timeframe, one county reported a 40 percent vacancy rate, another reported receiving five+ resignations in a two-week period, and a third didn't have any front-end staff due to resignations and leaves for a period. Staffing issues are the number one reason provided for lack of progress on C-CFSR related work.

Lastly, in 2021, the CFSD underwent a large transition in leadership and many branches within Division also underwent a re-organization. Although the changes were for the ultimate good of the Division, even positive change can create challenges as new norms, processes, and working relationships are developed.

Part 3: Current Initiatives

The CDSS is committed to improving outcomes for children and families involved with the child welfare system in California. The CFSR Round 3 Program Improvement Plan (PIP) was aligned with that commitment. Key goals associated with the Round 3 PIP included:

- **Goal 1:** Increase engagement of children/youth, families, Tribes and others in case planning and decision-making processes across the life of the case for safety, permanency, and well-being.
- **Goal 2:** Enhance practices and strategies that result in more children/youth having permanent homes, stable placements, and connections to communities, culture, and important adults.
- **Goal 3:** Improve caregiver support strategies.
- **Goal 4:** Increase statewide access to varied existing services options for children/youth in foster care and in-home and their families.
- **Goal 5:** Strengthen ongoing educational and training opportunities for staff and supervisors working in the child welfare system.
- **Goal 6:** Improve timeliness of investigations and enhance services to families to ensure safety of the child.
- **Goal 7:** Strengthen the statewide quality assurance system.

To address these goals, and others, the CDSS has implemented several cross-cutting improvement initiatives intended to move the needle forward toward achieving our desired outcomes and systemic change. In addition to the ICPM work noted above, the CFSD has improved its teaming and needs assessments. Beginning on January 1, 2017, California required a Child and Family Team (CFT) to be convened within 60 days for all children entering foster care. Ongoing CFT's must be held at a minimum of every six months or every 90 days if the youth is placed in a Short-Term Residential Therapeutic Program or is receiving certain Specialty Mental Health Services. In 2018, the CDSS selected the Child and Adolescent Needs and Strengths (CANS) assessment tool to be used pursuant to the Continuum of Care Reform, as outlined in All County Letter (ACL) No. 18-09. The CANS is a multi-purpose tool developed to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers, and systems. Completion of the CANS assessment requires effective engagement using a teaming approach. The CANS must be informed by the CFT members, including the youth and family. The CANS assessment results must be shared, discussed, and used within the CFT process to support case planning and care coordination. As team-based practices have grown in California, so has the recognition of their success in improving outcomes for children, youth, and their families.

Additionally, in 2021, the CDSS implemented the California Family Urgent Response System (Cal-FURS). The Cal-FURS is a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability, to preserve the relationship of the caregiver and the child or youth. In 2022, Senate Bill 1090 expanded the definition of "current or former foster youth" who are eligible to use the Cal-FURS to include, until they attain the age of 21 years old, (1) a child or youth who exited foster care for any reason, including, but not limited to, reunification, guardianship, adoption, or emancipation; (2) a child or youth who is the subject of a voluntary placement agreement; (3) a child or youth who is placed in foster care and is the subject of a dependency petition; and (4) a child or youth placed in California pursuant to the Interstate Compact on the Placement of Children. Cal-FURS services include a toll-free 24/7 hotline staffed with counselor trained in conflict resolution and de-escalation techniques; 24/7 county mobile response and stabilization teams; in-home de-escalation, stabilization, conflict resolution, and support services and resources; and ongoing support services beyond the initial mobile response.

In SFY 2021-22, the CDSS saw large investments in serving youth with unmet complex care needs and in the Family First Prevention Services Act (FFPSA). In SFY 2022-23, CFSD's budget includes nearly $450 million in investments to support home-based placements, family-finding, Flex Family Supports, Child-Specific Funding, Capacity Building, the Crisis Continuum Pilot, and the Prevention Block Grant. The Budget Act of 2022 allocated $150 million to the CDSS for specialized permanency work, including culturally responsive, family-centered, and trauma-informed family finding and engagement services. In a related effort, the CDSS contracted with University of California, Davis to launch the Center for Excellence in Family Finding, Engagement, and Support (CFE) to support efforts to keep children and youth connected to their biological and extended families. The CFE will provide multi-tiered, culturally appropriate training and technical assistance. The vision of the CFE is based on the values of the ICPM and include an emphasis on family driven and youth guided practices, community driven supports and culturally and linguistically competent trainings and technical support, all provided through a trauma aware lens.

In 2021, the CDSS began or continued six collaborative projects with the Capacity Building Center for States. The Race, Equity, and Inclusion (REI) Implementation Plan project is creating a framework for REI work in the CDSS in the areas of workforce recruitment and retention, training and communication, data, community engagement, and program outcomes. The Workforce Retention project explores the recruitment and retention challenges for Title IV-E stipend students in California. The Training project explores California Social Work Education Center (CalSWEC) contracts and evaluates the learning management system in use by the CDSS. There are several CQI projects taking place to increase capacity and competencies in providing technical assistance on targeted CQI activities to county child welfare departments. The State Tribal Engagement Collaboration project projects CQI infrastructure support aimed to enhance state-Tribal engagement. Lastly, the CDSS are working collaboratively on a project to strengthen state-county technical assistance to improve child welfare outcomes relevant to the Indian Child Welfare Act (ICWA) hotline that went live in 2023.

California is also undertaking an effort to update our statewide information system. Child Welfare Services-California Automated Response and Engagement System (CWS-CARES) will use the Salesforce platform (Service Cloud, Communities, and other services) along with the CARES Data Infrastructure (CDI) to design and develop CWS-CARES applying a user-centered, iterative approach. Salesforce provides the platform for operational applications that automate day-to-day child Welfare workflows. The CDI provides a set of managed data services, such as data quality monitoring, that are equally important to the administration of child welfare. Together, Salesforce and the CDI make up CWS-CARES.

The following are CWS-CARES product development guiding principles:

1. CARES will be California's Comprehensive Child Welfare Information System (CCWIS). It will:
    a. Put child safety, including the protection of sensitive data, as the top priority
    b. Capture and make available the right information at the right time
    c. Answer the right questions to measure progress, improve outcomes and inform policy
    d. Meet CCWIS data quality, data exchange and design (e.g., modularity) requirements
2. Embrace outcomes-focused iteration across policy, practice, and product
3. Understand all user needs, including data consumers and community partners
4. Always prototype and test, especially with data

5. Maintain state independence and control of vital assets (e.g., audit logs, data, business rules)
6. With business needs at the forefront, maximize the use of no- or low-code development leveraging standard Platform as a Service (PaaS) capabilities

Strengthening Policy and Practice in the Implementation of the Indian Child Welfare Act

To cultivate and maintain responsiveness to California Tribes, the CDSS established the Office of Tribal Affairs (OTA) in 2017. The OTA was created to integrate and institutionalize Tribal activity throughout the CDSS and to improve relationships with Tribes. In collaboration with the OTA, in November 2022, the CDSS released the ICWA State Plan, which aims to improve the well-being of Indian children and families by outlining actionable steps to reduce the disproportionate rate at which Indian children and their families are represented in California's child welfare system. Additionally, the CDSS hosted regional convenings around the state to support compliance with the ICWA State Plan and to bring Tribes and child welfare agencies together in each region. For more information about the ICWA State Plan and other collaborative work between the OTA and the CDSS, please see Item 31.

A major achievement for the CDSS was completion of the amendments to the Child Welfare Services Manual of Policies and Procedures (MPP) Division 31-100 Regulations, which help strengthen and clarify emergency response program requirements and helped the CDSS meet the 2017 Child and Family Services Review (CFSR) Program Improvement Plan (PIP requirements). The Division 31-100 regulations add safeguards to ensure a child is being protected beginning with the moment a possible child maltreatment report is received at the child protection hotline, through the investigation process, as well as the transitional period where a child may have to be removed from their home and are waiting for a secure permanent placement.

Additionally, several updates were made to bring the Division 31-100 regulations into compliance with the 2016 Bureau of Indian Affairs Final Rule and Assembly Bill (AB) 3176 (Chapter 833, Statutes of 2018), for Indian children. The revisions to the Division 31-100 regulations promote a better understanding in meeting ICWA standards to ensure the safety of California's Indian children and help Indian children remain safely in, or return to, their homes whenever possible. Development of these revisions went through extensive county stakeholder engagement as well as several government-to-government Tribal Consultation sessions.

In addition to the development of ACL No. 20-38, which introduced the requirements under AB 3176, the ICWA revisions to the MPP prompted the development of a series of ACLs to provide additional support to county child welfare services agencies on the implementation of the amendments to state law as well as throughout the MPP Division 31-100 regulations. The ACL series is expected to be published in 2023. As further policy guidance and instructions related to the application of the ICWA, including data entry and documentation requirements are implemented, the Department should see better standardization and consistency across counties, resulting in more reliable and accurate statewide reporting.

As part of the ICWA ACL series mentioned previously, a large focus of policy development is ensuring a caseworker always confers with an Indian child's Tribe and Indian community to determine what, if any, culturally relevant services are available through the Tribe or within the community as part of active efforts and assessing for safety.

Legal Collaboration and Court Improvement Project

California's collaboration with the courts and legal community is vital to achieving desired outcomes for CWS. The CDSS maintains many collaborative efforts with the Judicial Council of California (JCC). Coordination with the Center for Families, Children and the Courts, an office of the JCC, and the Family and Juvenile Law Advisory committee of the Judicial Council includes several project and program areas such as the Judicial Review and Technical Assistance (JRTA) project, the JCC ICWA Initiative, local training, and the Court Improvement Project (CIP).

The CDSS partners with California courts under the Court Improvement Project (CIP). The CIP continues the mission of:

1. The Judicial branch strategic plan, including access and fairness of judicial proceedings, independency and accountability of judicial offers, and modernization of management and administration.
2. The California Child Welfare Council goals that all children in California will grow up in a safe, stable, permanent home, nurtured by healthy families that can meet their needs, support their well-being, and prepare them for the transition into adulthood to become contributing members of society.

In furtherance of these goals, the CIP works to improve dependency representation, including for probation-supervised foster youth, quality of in-person and remote hearings, and collaboration at the state and local level to enable the courts to positively impact safety and permanency for foster children.

Together, in quarterly meetings, the judicial community and the CDSS developed a strategic plan. The current strategic plan covers October 2021 through September 2026. The strategic plan identifies six priority areas: quality court hearings, quality legal representation, timeliness/permanency, ICWA/Tribal collaboration and racial disparities, well-being, and other/improving systemic change and practice. All California CIP projects and goals in the strategic plan were decided in conjunction with the Family and Juvenile Law Advisory Committee and the CDSS.

CDSS CFSD Leadership | CWDA- County Child Welfare Directors

VALUES-BASED AGREEMENTS

	ICPM Behaviors
1. We realize that trust will be built over time and will grow from our honoring of each other and out partnership.	Foundational
2. We will acknowledge that repair work needs to be done, and we will work to change the atmosphere by acknowledging and learning from current and past difficulties.	Foundational
3. We will welcome radical honesty, while being respectful and open.	Foundational
4. We will anticipate that there will be more challenges ahead and will prepare ourselves to work through those in the spirit of partnership.	Foundational, Teaming
5. We will be open minded and willing to challenge established norms.	Inquiry/Exploration, Advocacy
6. We will be solution focused and mission driven, centered on our mutual work of serving families, children, and tribes and working to improve outcomes.	Accountability Behaviors
7. We will value each other's expertise and role in this work.	Foundational, Engagement, Teaming

AGREEMENTS THAT GUIDE OUR MEETINGS, CALLS, AND INTERACTIONS

	ICPM Behaviors
1. We agree to start our interactions together with a tone of seeking to understand, asking questions, searching for ways we can help each other. We will be grounded in humility and empathy, asking questions before making judgements, understanding that many social, economic, political, and historical contexts have changed in recent years.	Foundational, Engagement, Inquiry/Exploration, Advocacy, Teaming, Accountability
2. We will have grace for each other and for ourselves. We will pause, take a breath, and "reset" when needed.	Foundational, Engagement
3. We acknowledge that we may not have the answers, and we will work together to find them, understanding that compromise and flexibility may be necessary to accommodate the best overall solutions.	Teaming, Advocacy

CDSS CFSD Leadership | CWDA- County Child Welfare Directors

ACTION-ORIENTED AGREEMENTS

	ICPM Behaviors
1. We will be actively engaged as we strive to form and honor our partnership agreements. We will commit to implementing these agreements and will share them with others on our teams so that what we have agreed to together may permeate to all levels of interaction between counties and CDSS	Engagement, Teaming, Advocacy, Accountability
2. We will demonstrate empathy and a commitment to a "whole system" teaming perspective when expectations of timeframes are set, (if possible, agreed upon), and communicated so that we enhance each other's ability to meet those expectations.	Teaming, Advocacy, Accountability
3. We will value accountability around timeframes and due dates in a similar way, as well as a consistent approach to adapting them when needed and when possible. We will communicate early and often about our progress towards meeting them.	Accountability
4. We will create and use an agreed-upon communication process.	Engagement, Teaming, Accountability, Inquiry/ Exploration
5. We will seek innovation, eager to learn and to try new strategies and approaches, and we will use data for understanding and guidance.	Inquiry/Exploration, Advocacy, Accountability
6. We will acknowledge the great strides we have taken statewide while also being willing to reflect together on where we are falling short.	Foundational, Teaming, Accountability
7. We will be strategic in our linked advocacy together, teaming whenever possible, anchored in the understanding that we are ONE integrated system with a shared mission and common goals	Teaming, Advocacy
8. We will celebrate our partnership's successes	Engagement, Accountability
9. We will nurture and sustain these agreements, making the time to regularly reflect on our progress with them and to adapt them as needed so that they continue to frame the partnership between counties, CDSS, and CWDA for the years to come.	Inquiry/Exploration, Teaming, Accountability, Advocacy
10. We will work together to problem solve, to increase the effectiveness of our partnership, utilizing data as a fundamental basis of our decision-making.	Inquiry/Exploration, Teaming, Advocacy, Accountability

INTEGRATED CORE PRACTICE MODEL

A major practice shift in California has been the creation and adoption of California's Integrated Core Practice Model for children, youth and families (ICPM). ICPM has been a collaborative effort to improve practice in California by a variety of disciplines all with the same goal of putting children, youth and families authentically at the center to best meet their individualized needs and goals. ICPM is based on work that grew out of the Katie A. vs. Bonta settlement and the Child Welfare Core Practice Model development that began in 2012. The continued evolution of the ICPM is supported by the state's Department of Social Services, Department of Health Care Services, Department of Developmental Services and the Department of Education, along with 58 county Child Welfare, Behavioral Health and Juvenile Probation Departments, the state's Family Resource Center Association and with input from foster youth, and a host of community based providers and other partners.

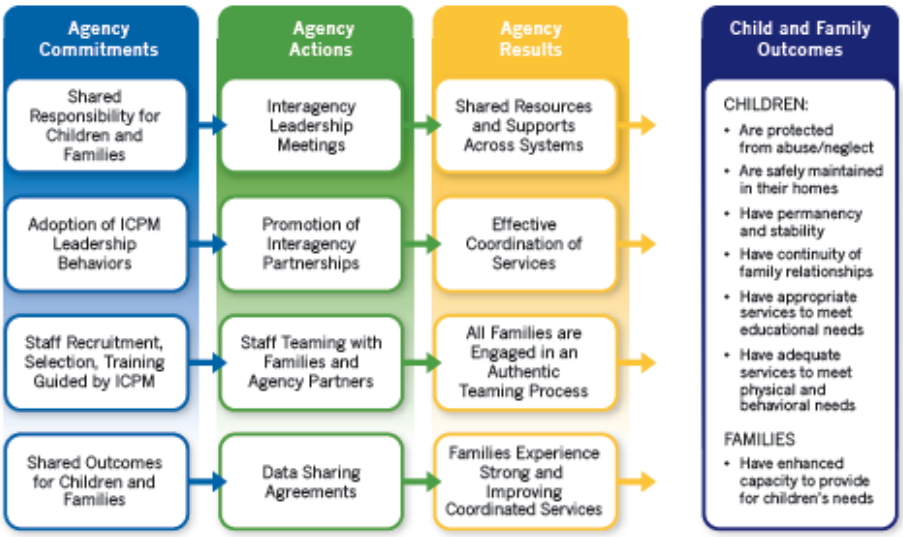
The ICPM is a unifying framework for child-serving systems across the state. ICPM aligns and integrates initiatives (such as the Continuum of Care Reform, Wraparound, Child and Family Teaming, CANS, and System of Care) building upon the collaborative, interactive practices that agency staff at all levels and partners provide children, youth and families to improve accountability and outcomes. Underlying principles are the following:

- ICPM is a catalyst for system, leadership and practice change that supports consistent statewide practice
- ICPM is not just another initiative but is the foundation of all of the work that is carried out by child serving system partners in every county in everything that they do
- ICPM describes the way that all system partners do their work. Through exploration, engagement, inquiry, teaming, and advocacy public and private service providers can better meet the need of those whom they serve.
- ICPM defines observable behaviors in interactions with families and partners (see page 2 for specific examples).
- ICPM is guided by a theoretical framework and shared values that have been embraced by California's child-serving community. ICPM provides the foundational Leadership and Practice Behaviors enabling agencies to integrate and deliver any innovation or initiative.

WE BELIEVE ...

- In using prevention and early intervention to help keep children and youth safe from abuse and neglect.
- The best way to support families is to honor their experiences and work together to build partnerships based on mutual respect and trust.
- Children, youth, and young adults need lifelong, loving permanent families and connections to family members, communities, and tribes.
- Children, youth, and young adults should have access to effective services that support their overall well-being and help them achieve their full potential.
- Honestly sharing our assessment of strengths and concerns is essential for engaging with families and building connections.
- In listening to families to learn about their culture and community.
- Families can grow and change.
- In helping families connect with effective, family-focused, strength-based services and supports.
- In creating a competent and professional workforce through quality recruitment, training, and support.
- In individual development, critical thinking, self-reflection, and humility.
- In creating an organizational culture and climate that supports learning and development.

ICPM THEORY OF CHANGE



The essence of the Integrated Core Practice Model approach is the universal adoption of Practice and Leadership Behaviors across all systems.

THERE ARE 5 FOUNDATIONAL BEHAVIORS TO THE ICPM:

- Teaming
- Engagement
- Inquiry
- Exploraration
- Advocacy

THE ICPM IS A GUIDE FOR LEADERSHIP AND STAFF EXPECTATIONS. FOR EXAMPLE:

Engagement Behaviors

LEADERSHIP

- Create opportunities to try new things, learn from mistakes, use critical thinking and reflection.
- Establish and maintain active partnerships.
- Listen to stakeholders including children families, community members and Tribes.
- Create opportunities to affirm the efforts and strengths of staff and partners.

STAFF

- Listen to the child, youth, young adult and family and demonstrate that you care about their thoughts and experiences.
- Assist them to identify and meet goals.
- Engage family and others important to the child, youth, young adult and family.
- Support the family's capacity to advocate for themselves.

Teaming Behaviors

LEADERSHIP

- Develop effective partnerships with community based providers with cultural connections to families receiving services.
- Work with youth, families, communities, and other stakeholders in implementation of best practices, policy development and problem solve to support CPM.
- Model inclusive decision-making with staff and partners using teaming structures to implement and support CPM.

STAFF

- Work with the family to create a supportive Team
- Facilitate the teaming process and engage the team in planning and decision making with and in support of the child, youth, young adult and family.
- Work with the team to address the evolving needs of the child, youth and family.
- Work collaborative with community partners to create better access to services.

For more information about the Integrated Core Practice Model please visit the following website:
www.cdss.ca.gov/inforesources/the-integrated-core-practice-model

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are, first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

State Response:

California is not in substantial conformity for Safety Outcomes 1 and 2. Although California's risk-standardized performance on our recurrence of maltreatment (S2) data indicator was statistically no different than national performance, our risk-standardized performance on the maltreatment in foster care (S1) data indicator was worse than national performance and case review Items 1-3 were not rated as strengths in 95 percent or more of cases reviewed statewide.

Table 1. Case Review Item Ratings

	Federal Target	CY 2020 Performance	CY 2021 Performance	CY 2022 Performance
Item 1: Timeliness of initiating investigations of reports of child maltreatment	95%	82.2% (n=866)	81.9% (n=643)	83.8% (n=568)
Item 2: Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of-home care	95%	87.2% (n=707)	88.8% (n=614)	90.1% (n=544)
Item 3: Risk assessment and safety management	95%	65.5% (n=1460)	67.6% (n=1366)	72.8% (n=1337)

Note: A discussion of each item's performance trend is included in the item-specific sections below.

Statewide Data Indicators

Please note that the overall performance for Statewide Data Indicators uses risk-standardized performance and the additional analyses stratified by subgroups use observed performance. Additionally, per California Department of Social Services (CDSS) de-identification policies, counts below 11 are masked and indicated with an asterisk (*). For additional information regarding CDSS data de-identification guidelines, please see the CDSS Data De-Identification Reference Guide.

Child welfare outcomes for Native American/Alaska Native children in California have been and currently are poor. The CDSS is taking active steps to improve the experiences and outcomes for Native American/Alaska Native children. For more information, please see the Indian Child Welfare Act (ICWA) State Plan. Historical federal and state policies to assimilate and terminate Native American/Alaska Native people continues to impact this population in California, such that they represent a smaller subgroup than other race/ethnicities in the state. Additionally, because of the way that race/ethnicity is often captured, mixed-race Native American/Alaska Native people often do not have their Tribal identity captured in data collection. Because of these small numbers, current CDSS data-deidentification guidelines often require masking data

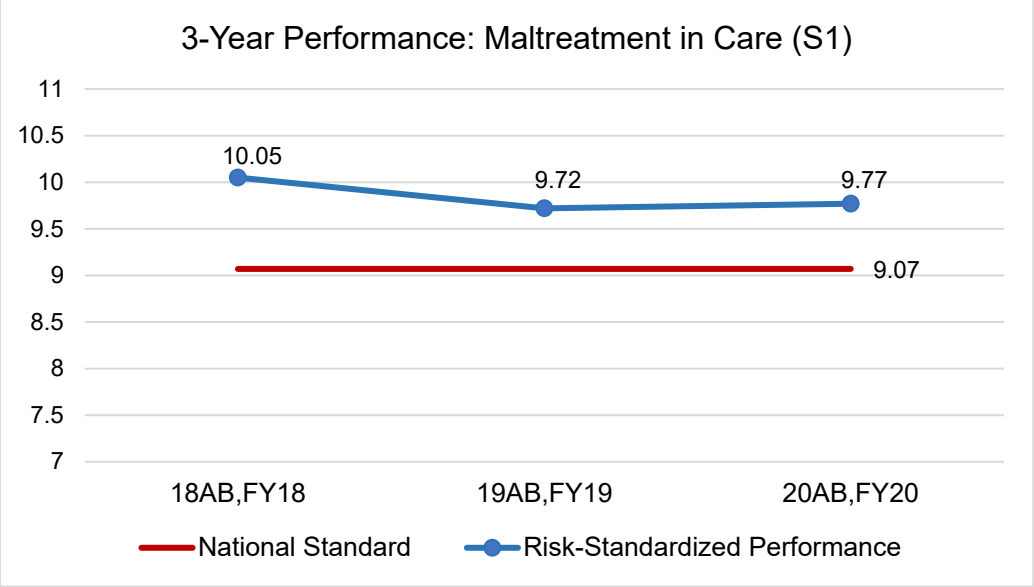
from Native American/Alaska Native children and families. The CDSS has acknowledged this and is actively working with Tribal stakeholders, the California Child Welfare Indicators Project, and SafeMeasures to make Tribal and ICWA-related data accessible to counties, Tribes, stakeholders, and the public. California also created the Office of Tribal Affairs. It should be noted that even when this data is not de-identified there is a lot of variation in year-to-year outcomes because of the small population size. Thus, each case has the potential to have a large impact on the statewide data trends for Native American/Alaska Native children and families. However, the CDSS acknowledges and wishes to highlight that concerns about consistently poor outcomes across indicators and across years should not be dismissed nor the significance diminished.

Maltreatment in Foster Care (S1)

The Maltreatment in Foster Care (S1) data indicator measures the rate of abuse or neglect that children experienced per days in foster care in a 12-month period. During the three-year period observed, California's risk-standardized rate of abuse or neglect did not fall below the national standard, which is 9.07 victimizations per 100,000 days in care. The table and chart below depict California's performance across the three years. For the Maltreatment in Foster Care data indicator, a lower value is desired.

Table 2. Risk-Standardized Performance, Maltreatment in Care

	18AB,FY18	19AB,FY19	20AB,FY20
National Standard	9.07	9.07	9.07
Risk-Standardized Performance	10.05	9.72	9.77

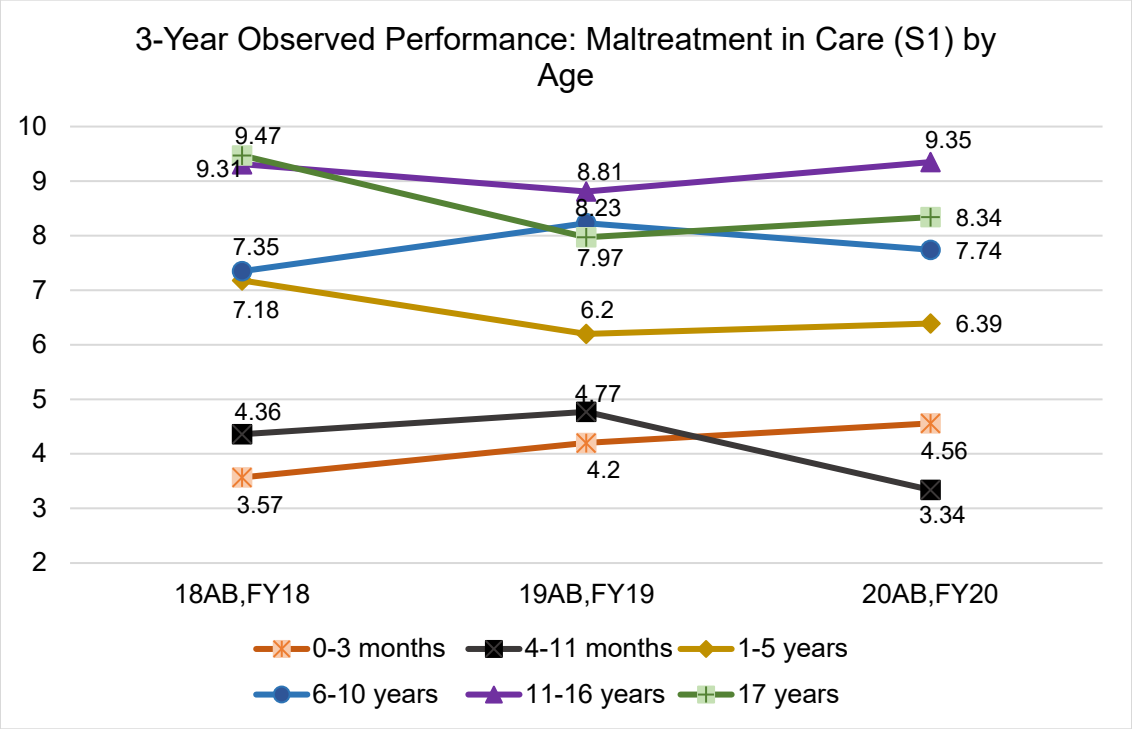


Source: Child and Family Services Review (CFSR) 4 Data Profile

The CDSS also examined the Maltreatment in Foster Care data across several stratifications, including age, race/ethnicity, and region. The charts below depict California's observed performance across these subgroups (please note overall performance is risk-standardized while these stratifications are based on observed performance).

Table 3. Observed Performance by Age, Maltreatment in Care

Age on 1st Day	18AB,FY18	19AB,FY19	20AB,FY20
0-3 months	3.57	4.2	4.56
4-11 months	4.36	4.77	3.34
1-5 years	7.18	6.2	6.39
6-10 years	7.35	8.23	7.74
11-16 years	9.31	8.81	9.35
17 years	9.47	7.97	8.34



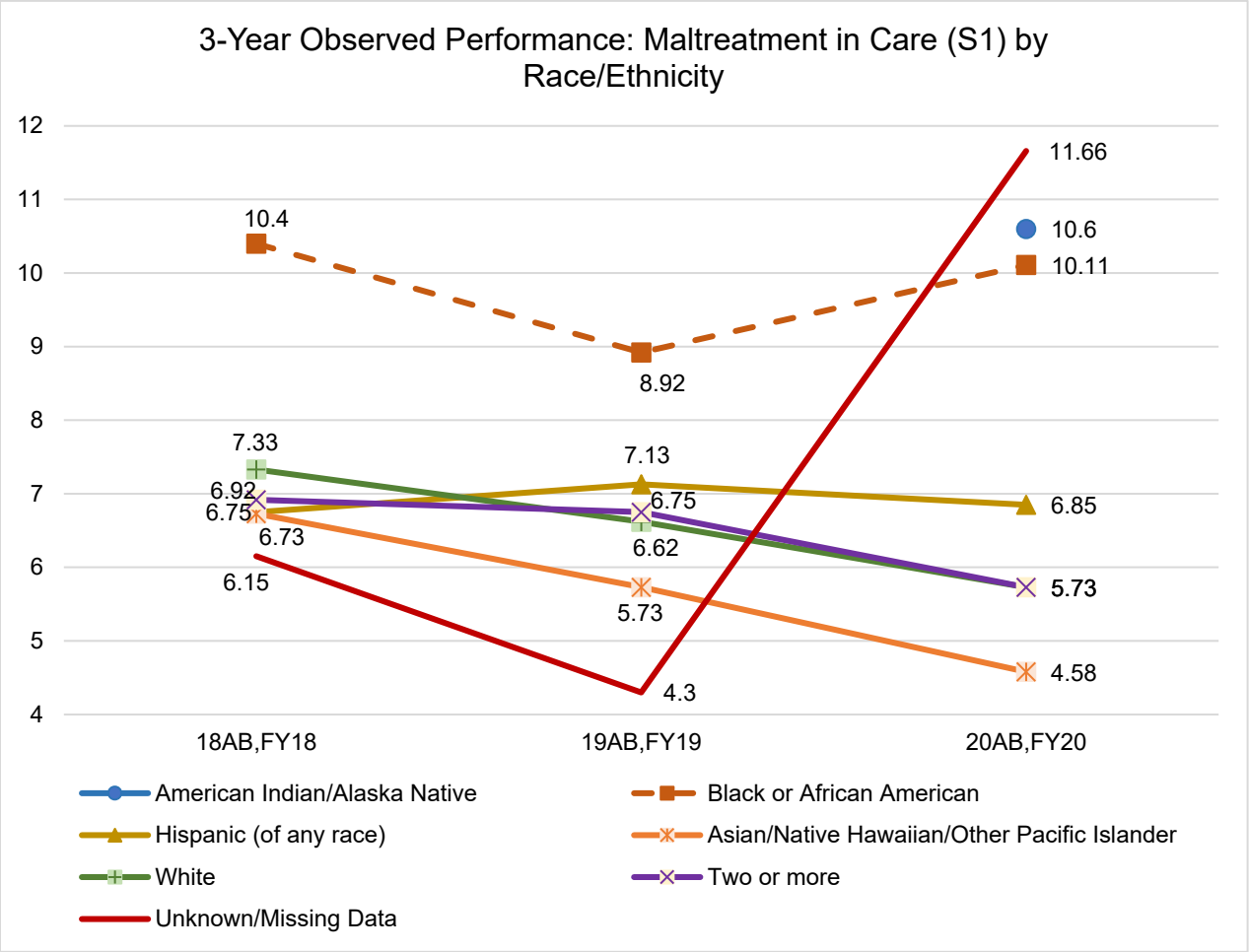
Source: CFSR 4 Data Profile

Consistent with known trends, there seems to be a positive relationship between age and rates of maltreatment. Youth aged zero-three months and youth aged four-11 months experienced the lowest rates of maltreatment in foster care during the three-year period observed. Alternatively, youth aged 11-16 years and youth aged 17 years experienced the highest rates of maltreatment in foster care during the three-year period observed.

Table 4. Observed Performance by Race/Ethnicity, Maltreatment in Care

Race/Ethnicity	18AB,FY18	19AB,FY19	20AB,FY20
American Indian/Alaska Native	*	*	10.6
Black or African American	10.4	8.92	10.11
Hispanic (of any race)	6.75	7.13	6.85

Race/Ethnicity	18AB,FY18	19AB,FY19	20AB,FY20
Asian/Native Hawaiian/Other Pacific Islander	6.73	5.73	4.58
White	7.33	6.62	5.73
Two or more	6.92	6.75	5.73
Unknown/Missing Data	6.15	4.3	11.66

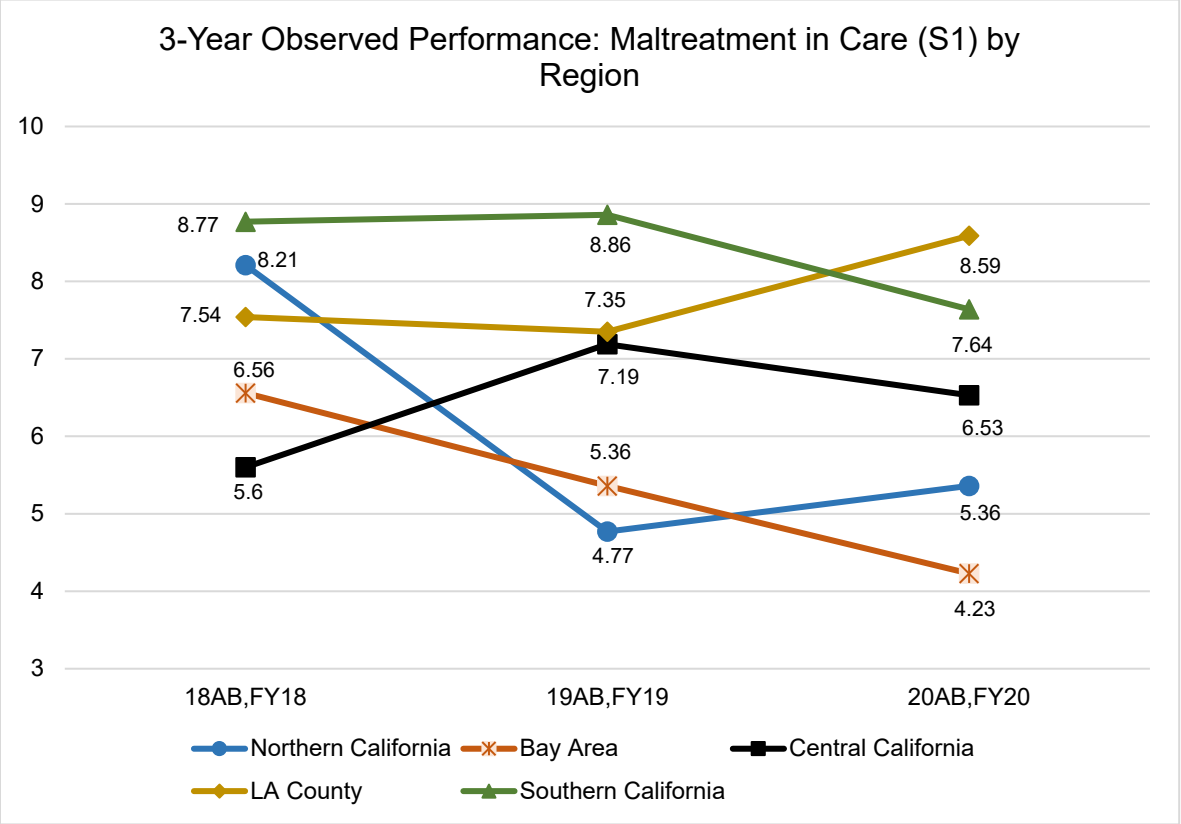


Source: CFSR 4 Data Profile

Youth who identified as Black and youth who identified as American Indian/Alaska Native experienced the highest rates of maltreatment in foster care during the three years observed. Youth who identified as Asian/Native Hawaiian/Other Pacific Islander experienced the lowest rates of maltreatment in foster care during the three-year period observed. Youth with unknown or missing race ethnicity data experienced the lowest rates of maltreatment in foster care during the first and second years observed before experiencing a dramatic increase in the third year observed.

Table 5. Observed Performance by Region, Maltreatment in Care

County	18AB,FY18	19AB,FY19	20AB,FY20
Northern California	8.21	4.77	5.36
Bay Area	6.56	5.36	4.23
Central California	5.6	7.19	6.53
LA County	7.54	7.35	8.59
Southern California	8.77	8.86	7.64



Source: CFSR 4 Data Profile
Note: Region was determined based on Regional Training Academy (RTA) region specifications

Children/youth in the Bay Area region experienced lower rates of maltreatment in foster care during the three-year period observed than other regions of the state. Additionally, the Bay Area region's maltreatment rates are consistently trending down. Children/youth in the Southern California region experienced higher rates of maltreatment in foster care, on average, than other children/youth in the state during the three-year period observed.

The CDSS also examined the perpetrator relationship with the child for Maltreatment in Care (S1). 2020 data indicates that unmarried partners of parents represented the largest proportion of perpetrators of child maltreatment in care (27.9 percent of total victims). Mothers only (13.6 percent), two parents of known sex (10.4 percent), other relatives (non-foster parent) (9.5 percent), and nonrelative foster parents (9.4 percent) were also significant perpetrators of

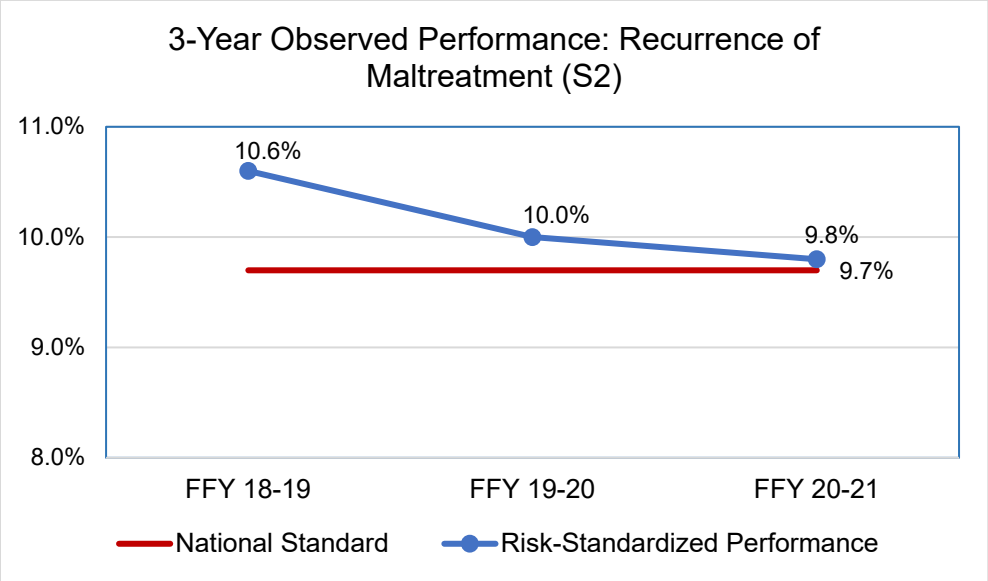
maltreatment in care. For 11.6 percent of total victims of maltreatment in care, the child's relationship to the perpetrator is unknown or missing.

Recurrence of Maltreatment (S2)

The Recurrence of Maltreatment (S2) data indicator measures the percent of children who were the subject of a substantiated or indicated report of maltreatment in a 12-month period who experienced a subsequent maltreatment within 12 months of the initial victimization. During the three-year period observed, California's risk-standardized rate of recurrence of abuse or neglect was not statistically different than the national standard, which is 9.7 percent. The chart below depicts California's performance across the three years. For the Recurrence of Maltreatment data indicator, a lower value is desired.

Table 6. Risk-Standardized Performance, Recurrence of Maltreatment

	FFY 18-19	FFY 19-20	FFY 20-21
National Standard	9.7%	9.7%	9.7%
Risk-Standardized Performance	10.6%	10.0%	9.8%



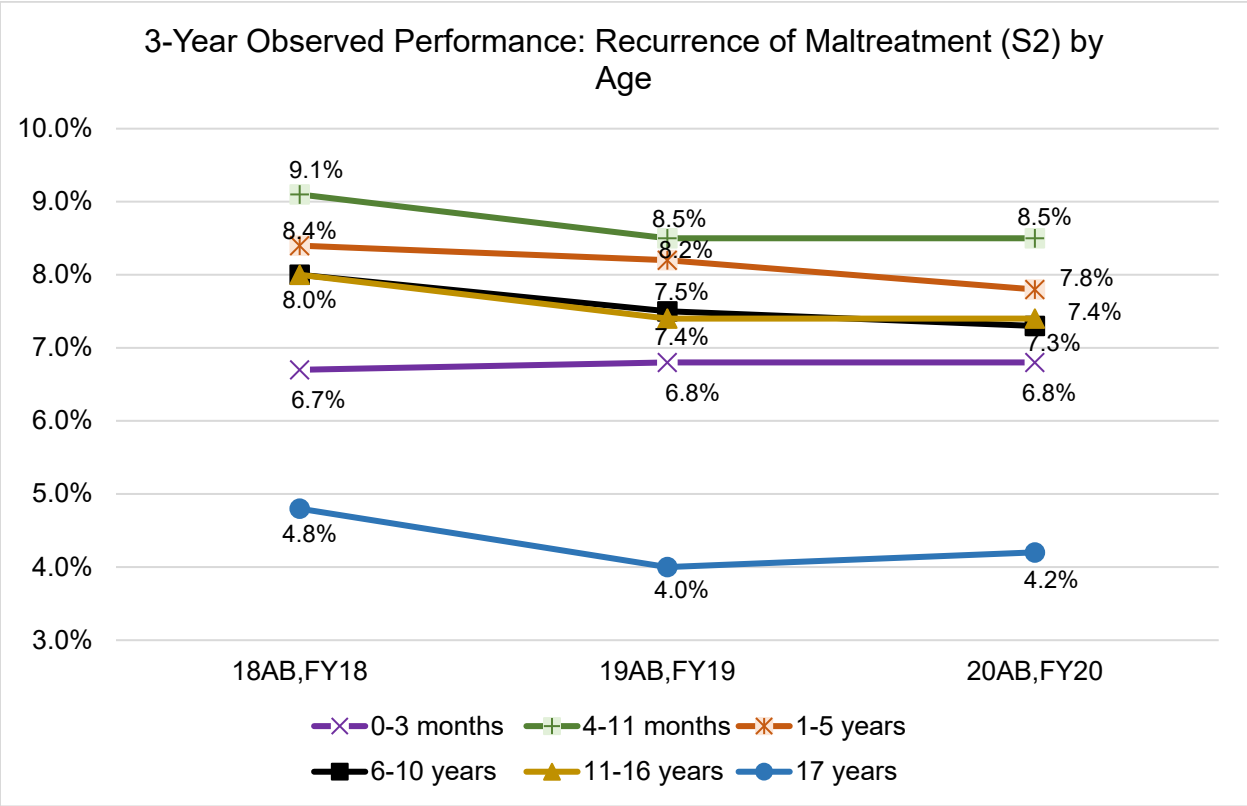
Source: CFSR 4 Data Profile

The CDSS also examined the Recurrence of Maltreatment data across several stratifications, including age, race/ethnicity, and region. The charts below depict California's observed performance across these subgroups (please note overall performance is risk-standardized while these stratifications are based on observed performance).

Table 7. Observed Performance by Age, Recurrence of Maltreatment

Age on 1st Day	18AB,FY18	19AB,FY19	20AB,FY20
0-3 months	6.7%	6.8%	6.8%
4-11 months	9.1%	8.5%	8.5%
1-5 years	8.4%	8.2%	7.8%

Age on 1st Day	18AB,FY18	19AB,FY19	20AB,FY20
6-10 years	8.0%	7.5%	7.3%
11-16 years	8.0%	7.4%	7.4%
17 years	4.8%	4.0%	4.2%



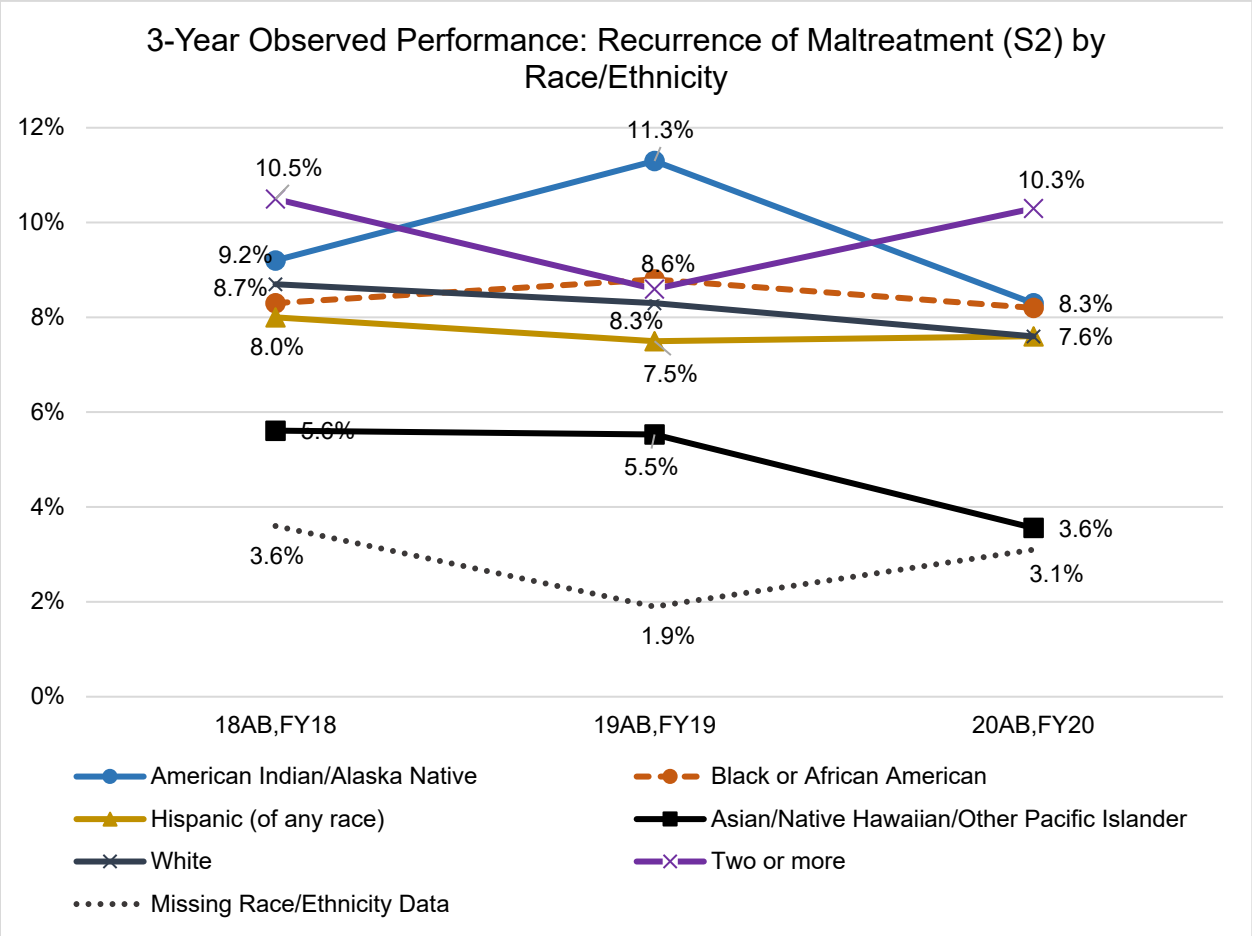
Source: CFSR 4 Data Profile

Youth aged 17 years experienced the lowest rate of maltreatment recurrence during the three-year period observed. Children aged four-11 months experienced the highest rate of maltreatment recurrence during the three-year period observed, compared to other age groups. Recurrence of maltreatment rates for children aged zero-three months stayed stable across the three-year period observed.

Table 8. Observed Performance by Race/Ethnicity, Recurrence of Maltreatment

Race/Ethnicity	18AB,FY18	19AB,FY19	20AB,FY20
American Indian/Alaska Native	9.2%	11.3%	8.3%
Asian	5.6%	4.7%	3.2%
Black or African American	8.3%	8.8%	8.2%
Hispanic (of any race)	8.0%	7.5%	7.6%

Race/Ethnicity	18AB,FY18	19AB,FY19	20AB,FY20
Native Hawaiian/Other Pacific Islander	*	11.4%	6.3%
White	8.7%	8.3%	7.6%
Two or more	10.5%	8.6%	10.3%
Missing Race/Ethnicity Data	3.6%	1.9%	3.1%

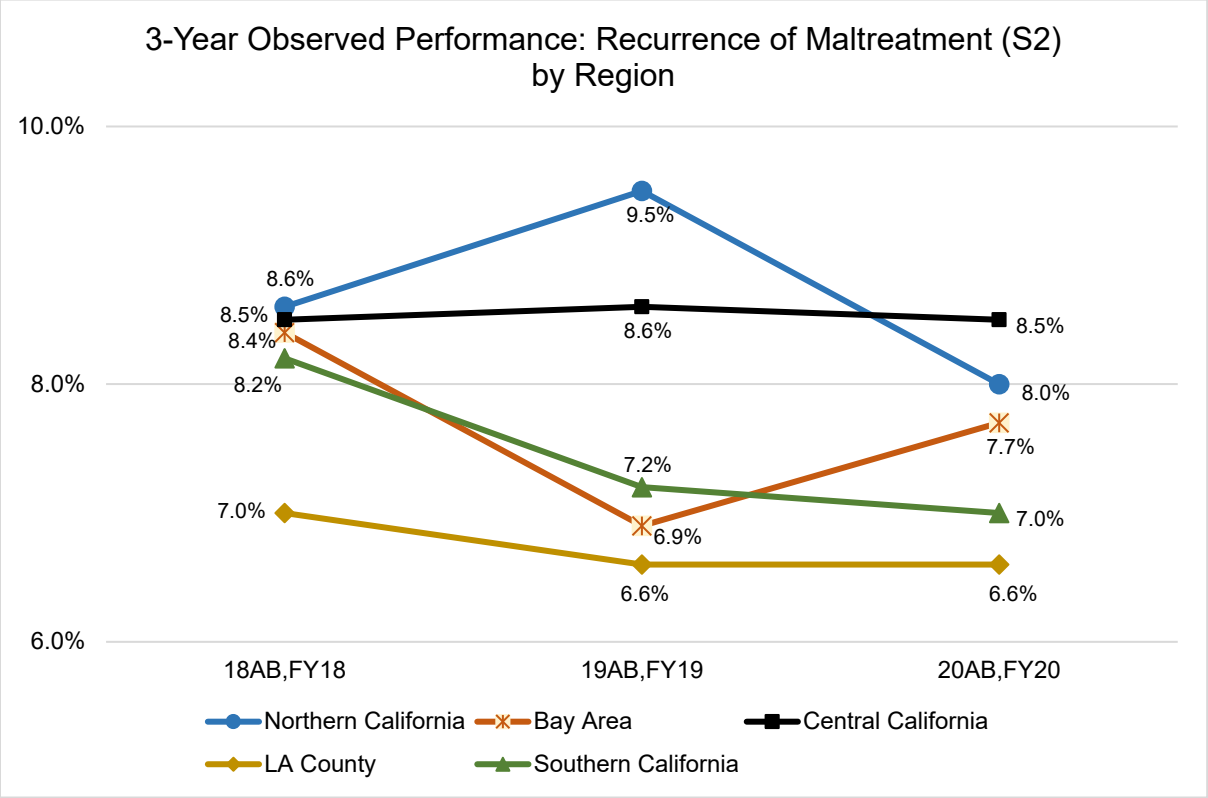


Source: CFSR 4 Data Profile

Youth with missing race/ethnicity data experienced the lowest rates of maltreatment recurrence during the three-year period observed. Youth who identified as Asian/Native Hawaiian/Other Pacific Islander experienced the second lowest rate of maltreatment recurrence during the three-year period observed and the rate of maltreatment recurrence for this group consistently decreased. Rates of maltreatment recurrence stayed relatively stable for both youth who identified as Hispanic and those who identified as Black.

Table 9. Observed Performance by Region, Recurrence of Maltreatment

County	18AB,FY18	19AB,FY19	20AB,FY20
Northern California	8.6%	9.5%	8.0%
Bay Area	8.4%	6.9%	7.7%
Central California	8.5%	8.6%	8.5%
LA County	7.0%	6.6%	6.6%
Southern California	8.2%	7.2%	7.0%



Source: CFSR 4 Data Profile
Note: Region was determined based on RTA region specifications

Children/youth in Los Angeles (LA) county experienced lower rates of recurrence maltreatment during the three-year period observed than other regions of the state. Children/youth in Northern California experienced higher rates of maltreatment recurrence on average than other children/youth in the state during the three-year period observed. Maltreatment recurrence rates remained stable for children in the Central California region.

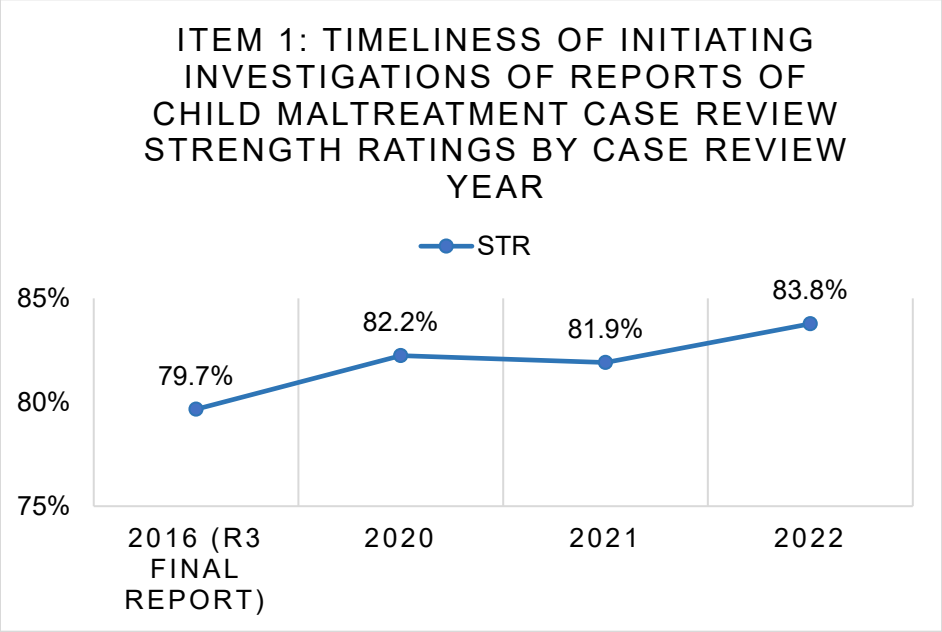
The CDSS also examined the perpetrator relationship with the child for Recurrence of Maltreatment (S2). 2020 data indicates that two parents of known sex (35.6 percent), mothers only (32 percent), and fathers only (16.5 percent) represent the largest proportions of perpetrators of initial maltreatment. When looking at the subsequent maltreatment, this trend is the same: mothers only (34.6 percent), (two parents of known sex (32.6 percent), and fathers only (11.8 percent) represent the largest proportions of perpetrators.

The California-Child and Family Services Review (C-CFSR) process is a tool for state program oversight in which counties do county self-assessments (CSAs) and develop system improvement plans (SIPs) and strategies for improvement (see Item 25 for additional information about the C-CFSR process). Some of the county-selected strategies align with the Statewide Data Indicators. Currently, 24 of California's 58 counties are working on strategies aligned with the Statewide Data Indicators designed to improve Safety Outcome 1 (see Item 25 for information about which counties). For example, popular strategies for improving Safety Outcome 1 include implementing differential response (DR), safety organized practice, and child and family teams (CFTs).

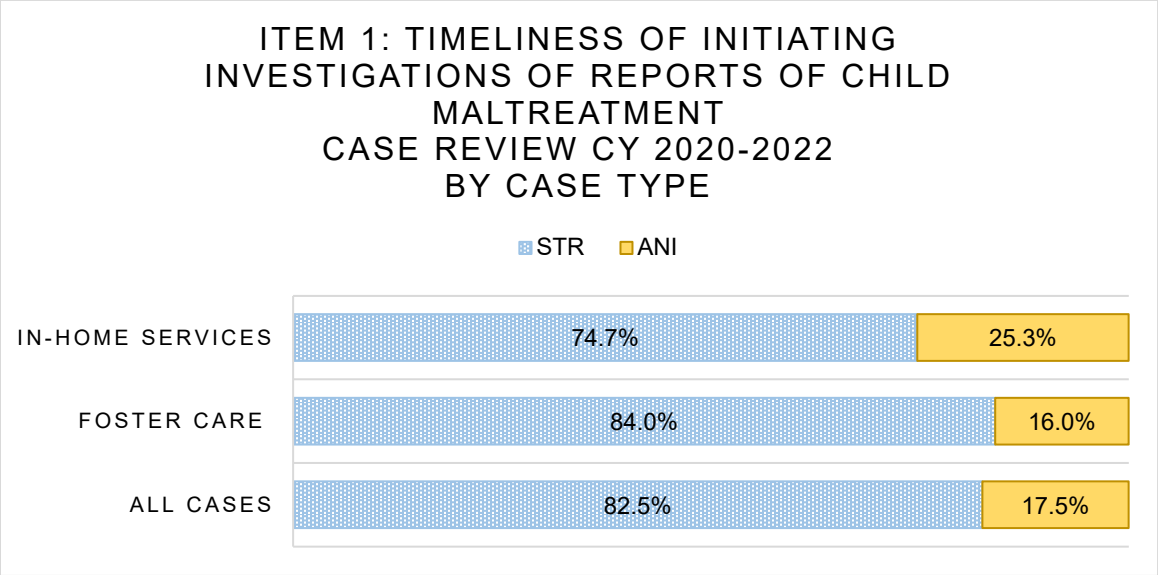
Safety Outcome 1: Children are first and foremost, protected from abuse and neglect.

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Throughout Section III: Assessment of Children and Family Outcomes, California's performance in Safety, Permanency, and Well-Being Outcomes containing Case Review Item Ratings is highlighted below. Performance in the following Case Review Item Rating tables show Strength Item Rating percentages for each item during the following time intervals: six-month period between April-September 2016 (during the establishment of California's Program Improvement Plan Baseline in CFSR Round 3) and Case Review Calendar Years 2020-2022. During the April-September 2016 Round 3 baseline period, a total of 160 cases were reviewed, rated, and finalized. Between Case Review Calendar Years 2020-2022, approximately 6,000 cases were reviewed, rated, and finalized throughout the State of California. Although each case may not be applicable to be rated in each item, a frequency of cases rated as strengths have been provided in the summary tables below. Additionally, for select items, a stratified item analysis of regional, age, and ethnicity performances have also been provided for items in which noteworthy observations have been identified. Frequency counts of stratified case review item data have been omitted due to overcounts produced in the CFSR Online Monitoring System Multi Item Data Analysis Tool.

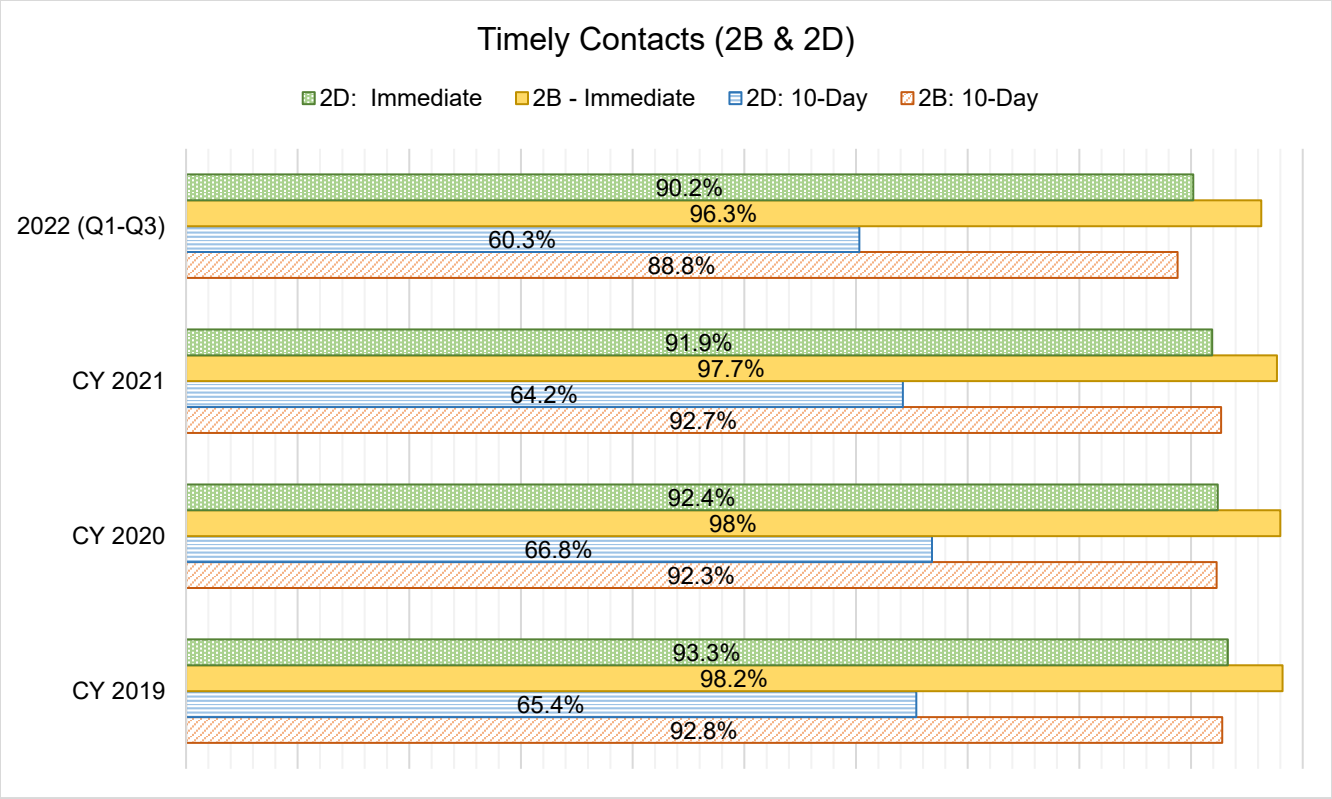


In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95% to be found in substantial conformity for this item. However, California's performance since the publishing of the 2016 Administration for Children and Families (ACF) Round 3 Final Report is trending in a positive direction, with a slight decrease from 82.2 percent in 2020 to 81.9 percent in 2021 but an increase to 83.8 percent in 2022.



Of all cases reviewed between Calendar Year (CY) 2020 and 2022, a smaller proportion of cases for children/youth receiving in-home services (74.7 percent) were rated as a strength on Item 1 when compared to cases for children/youth in foster care (84 percent).

The chart below summarizes the percentage of qualified contacts that were made in a timely manner for all referrals. The state goal for making timely contact in investigations is 90 percent. The state uses the "Timely Investigations" measure (2B) to determine the percentage of child abuse and/or neglect referrals that have resulted in a timely in-person investigation, counting both attempted and completed contacts. For Measure 2B, California has been exceeding this goal each year, except for the first three quarters of 2022, being slightly below at 88.8 percent. The current methodology for the Timely Investigations measure (2B) includes both attempted and completed visits. The measure defines an attempted visit as an in-person (physical) response where the caseworker has reason to believe the child will be found at the location visited but discovers the child is not there, and the caseworker documents the attempted visit correctly and timely in the Child Welfare Services/Case Management System (CWS/CMS). It is important to understand that if a contact is attempted, but no face-to-face contact was made, the caseworker is attempting to initiate the investigation, but the contact wasn't complete, so the investigation has not technically begun.



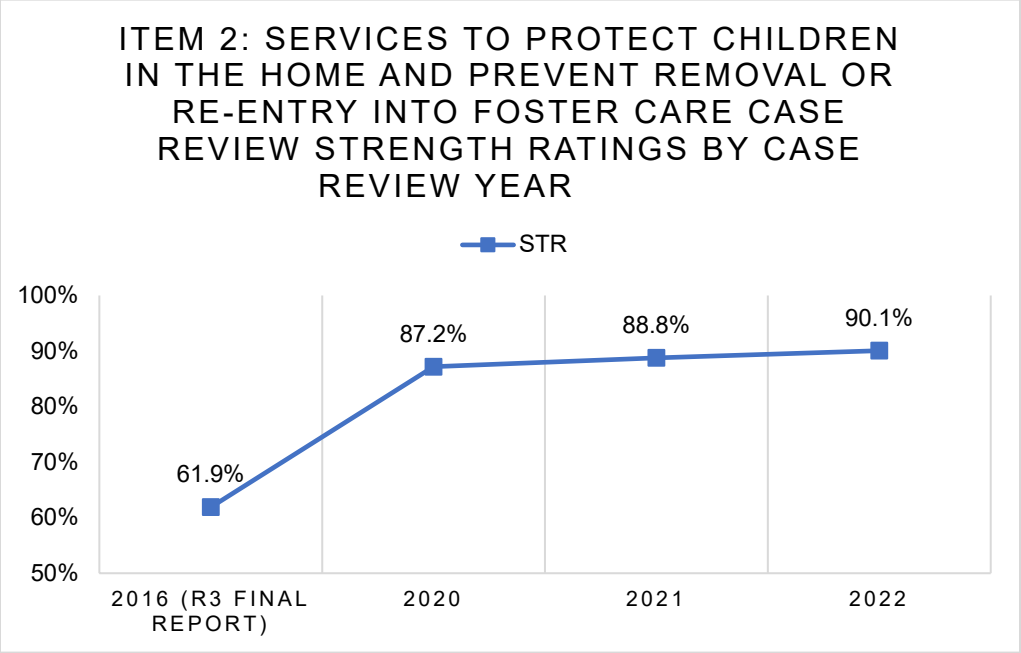
Source: Safe Measures – 2B Referrals by Time to Investigation (Was a qualified first contact made in a timely manner for all referrals?) and 2D Time to First Completed Contact (Whether a qualified contact occurred timely for immediate and ten-day referrals received during the selected quarter.) (CY, 2022)

The state uses the "Timely Investigations" measure (2D) to determine the percentage of child abuse and/or neglect referrals that have resulted in a timely in-person investigation, counting completed contacts only. As a result, Measure 2D tends to be lower than 2B on a consistent basis. As indicated in the below data, the state's rate of completed "in-person" contact has been consistently below the state's goal of 90 percent.

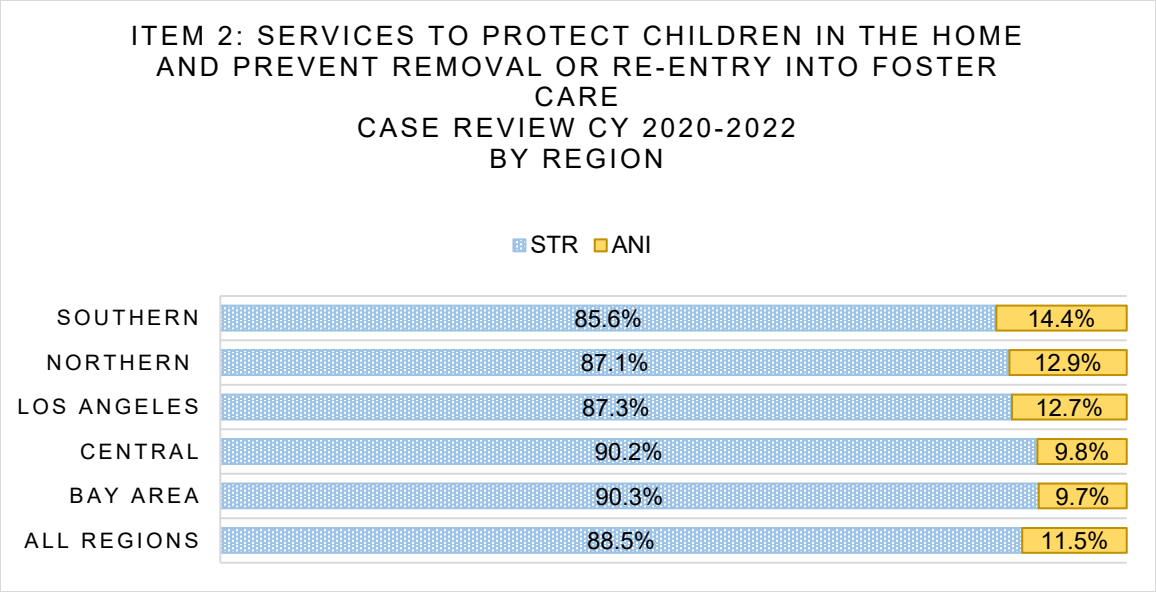
While attempted contacts are not necessarily the same as initiating an investigation, both measures, 2B and 2D are important data sets to study when considering the efforts being made to initiate timely investigations. Statewide case review data between CY 2019-2021 suggests the timeliness of initiating investigations of reports of child maltreatment is trending slightly upwards overall. There have been significant changes implemented over the past five years that support these improving trends and provide county child welfare services (CWS) agencies with additional supports and resources to continue to increase timely initiation and completion of emergency response child welfare investigations. The impact of the COVID-19 pandemic on caseworkers and case reviewers has likely stifled the amount of improvement that the CDSS would see in these numbers otherwise.

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. California's performance since the publishing of the 2016 ACF Round 3 Final Report is trending in a consistently positive direction, from 61.9 percent in Round 3 (2016) to 90.1 percent in 2022.



Of all cases reviewed between CY 2020 and 2022, a smaller proportion of cases for children/youth receiving services in the Southern California region were rated as a strength for Item 2 than in the Central California and Bay Area regions.

Upon review of statewide case review data for Item 2 between CY 2019-2021, an increase in the percent of services provided to children in their home to prevent removal or re-entry into foster care was noted. These positive trends occurred during the COVID-19 pandemic, which spiked during CY 2020. The pandemic had significant implications for families, especially those involved in the child welfare system. Many service providers were forced to immediately suspend or significantly reduce face-to-face service delivery, which proved challenging for many families when attempting to access the limited number of available supportive services. The CDSS is committed to ongoing monitoring this item to ensure counties are continuing to increase the rate that children are receiving services intended to keep them in their homes.

The CDSS recognizes that county child welfare services agencies are performing below the state's timely contact rate of 90 percent (based on Measure 2D), which subsequently impacts the state's requirement to complete an investigation and close a referral within 30 days.

Delivered Services

Data shows a significant decrease of roughly 60 percent in the level of delivered services for referrals that remain open beyond 30 days from initial contact. Referrals closed within 30 days deliver approximately 116,064 services to families each year. Referrals closed within 45 days deliver approximately 46,050 services to families each year. Referrals closed over 45 days deliver approximately 47,252 services to families each year.

It is important to note that the bulk of community-related/local agency referrals as well as mental health referrals are being completed at a higher rate for referrals closed within 30 days from initial contact. Service delivery for medically-related services, however, more than double for referrals closed within 45-60+ days from initial contact, which indicates it does take longer to successfully meet the medical needs of children and families.

Emergency Response Program Enhancement

The Budget Act of 2021 and 2022 each appropriated $50 million of state general funds for the purpose of enhancing a county child welfare services agency's existing Emergency Response (ER) program, resulting in a net increase of staff for hotline and investigative functions. In addition to using funds to increase the number of ER caseworkers, counties may also use this funding to increase supervisory and support staff, which make vital contributions to the ER workforce. The funding will enhance the ER workforce by increasing the number of ER staff and strengthening supervisory activities, which will support better quality investigations and improve outcomes for the children and families served.

Counties had the option to opt in or opt out of receiving these funds (issued in All County Letter [ACL] No. 22-02 and ACL No. 22-93). To better identify what the objectives of each county are and what strategies counties will utilize for funding, county agencies that chose to opt in were required to submit a county plan to the CDSS. Fifty-two of 58 county child welfare services agencies opted in to funding in State Fiscal Year (SFY) 21-22. Counties that opted in to receiving funds in SFY 21-22 were Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mendocino, Merced, Mono, Monterey, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Trinity, Tulare, Tuolumne, Ventura, Yolo, and Yuba. The Department is still in the process of collecting county responses regarding opting in to SFY 22-23.

The counties' selected strategies will support a decrease in ER staff turnover and increase ER retention as staff will feel valued and supervisors will feel appreciated in their work. Through these strategies, there will be an increase of administrative support positions so ER workers can focus more time on investigating child abuse and neglect, connecting families to community resources, developing and monitoring safety plans so children can remain in their home, collaborating with Indian Tribe(s) when an Indian child is involved, finding family-like placements when children must be removed on an emergency basis, etc. Also, increasing the number of prevention CFTs will better support the goal of decreasing foster care entries. By increasing engagement with families and increasing the amount of time an ER worker spends with families, better-quality, in-depth prevention interventions and connections to community resources can be implemented. Additionally, the ER enhancement funding strategies identified throughout the county's submitted plans will support timely investigations and assessment completion, in addition to increasing the quality of screening reports of child maltreatment and the fidelity of the completion of Structured Decision-Making (SDM®) assessment tools.

Office of Child Abuse Prevention Funding for Prevention

The Office of Child Abuse Prevention oversees various funding provided to counties to prevent the entry and re-entry of children into the child welfare system. Some of the funding is required for counties to use through legislation, while others are voluntary. Community-Based Child Abuse Prevention (CBCAP) is a federally funded child abuse prevention program, which counties voluntarily opt in to receive the funding. All 58 counties volunteered to receive CBCAP funding between 2019-2021. The CBCAP program is specifically authorized to foster the development of a continuum of preventive services for children and families through State and community-based collaborations and public-private partnerships.

Welfare and Institutions Code 16600-16605 codified into state law Promoting Safe and Stable Families, a federal program under Title IV-B, Subpart 2 of the Social Security Act for states to operate coordinated child and family services including:

- Community-Based Family Support services
- Family Preservation services
- Family Reunification services
- Adoption Promotion and Support services

Prevention Planning in Response to the Family First Prevention Services Act

The CDSS is in the pre-implementation planning phase to position counties and community-based organizations to provide services to families and prevent entry and reentry into the foster care system with the implementation of the Family First Prevention Services (FFPS) Program authorized by the Family First Prevention Services Act (FFPSA). The desired outcome is to shift from the current paradigm focus on reaction to a focus on prevention and early intervention with the goals of reducing incidences of abuse and neglect, decreasing entries into foster care, reducing disproportionality, addressing systemic and historical traumas, promoting the social determinants of health, and improving the lives of children, youth, and families.

The FFPSA extends services and supports to children and families at risk of entry or reentry into foster care, thereby increasing opportunities for success, safety, and long-term stability. In July of 2021, Assembly Bill (AB) 153 (Chapter 86, Statutes of 2021) codified FFPSA into State law and created California's Title IV-E Prevention Services Program (FFPS) as described in ACL No. 22-23 and All County Information Notice No. I-73-21.

The CDSS provides an adaptable framework for cross-sector collaboration and implementation of prevention services with AB 2083 (Chapter 815, Statutes 2018) to guide county and state interagency coordination for children and youth in foster care. This legislation directly aligns with the vision of the FFPSA to ensure each child and family is provided a trauma-informed prevention plan, rooted in EBPs. The legislation requires county Child Welfare, Probation, Behavioral Health departments, county Office of Education, and Regional Centers form Interagency Leadership Teams to create Memoranda of Understanding that will design, implement, or otherwise improve their System of Care for foster youth. Local Title IV-E agencies have been encouraged to align their local Comprehensive Prevention Plan (CPP) development and implementation with the System of Care (Assembly Bill 2083) framework for comprehensive prevention.

Stakeholder Engagement Efforts for Family First Prevention Services Act Part I Implementation

To create a Prevention Plan that reflects California's diverse population, the CDSS has engaged in a robust process with stakeholders, other state departments, agencies, counties, and Tribes, throughout the plan development.

Since the spring of 2019, the Department has convened various engagement collaboratives, webinars, stakeholder workgroups, advisory committees, and those with lived experience to capture the needs of California.

- In February 2021, the Department held a "Prevention Summit," designed to orient stakeholders to FFPSA and gauge their needs and readiness to implement prevention services.

- In 2021, the CDSS developed an FFPS Advisory Committee. The Advisory Committee held three meetings in November and December 2021. The committee of stakeholders, advocates, and system partners focused on the implementation aspects of California's Five-Year State Prevention Plan, which California submitted to the ACF on August 5, 2021.
- In August 2021, the CDSS held a two-day Statewide Child Abuse Prevention Planning Convening. The purpose of the virtual convening is to support and expand collaboration in promoting healthy, strong, and resilient children, families, and communities to increase positive outcomes. The participants included County Prevention Planning teams.
- In June 2022, the CDSS held a three-day Statewide Child Abuse Prevention Planning Convening. The participants included new Comprehensive Prevention Planning counties and existing County Prevention Planning teams. The objectives of the convening were to put FFPSA Part 1 in the context of Comprehensive Prevention Planning, provide support to counties around the Capacity & Readiness Assessments for the FFPS Program, learn from current Prevention Planning Counties, and gain an understanding of available technical assistance support.

The 4th Annual CDSS Tribal Consultation Summit, a formal government-to-government consultation was virtually held on September 22, 2021.

- On May 16, 2022, the CDSS held a Tribal government-to-government consultation, virtually. The purpose was to discuss the California Five-Year Prevention Plan and obtain feedback.
- On September 6, 2022 and October 28, 2022, the Department collaborated, virtually, with Tribes opting in to FFPS to provide feedback and suggestions on the development of a Tribal-specific CPP template.

Funding Prevention

The CDSS has further invested in prevention by providing $198 million in funding that supports efforts to expand to a full continuum of prevention services through the development of State Block Grant (SBG). The SBG provides additional funding for comprehensive prevention program activities including but not limited to:

- Administrative activities
- Prevention services
- Workforce development and training
- Support of culturally responsive programs and other secondary and tertiary EBP's that fill service gaps but are not yet included in the Plan
- Development of a quality comprehensive prevention continuum that maximizes funding for services to build capacity, program evidence, and a service array that supports families, reduces disproportionality, and prevents the entry of children into foster care

The FFPS program requires county child welfare, probation, behavioral health, Tribes, and other appropriate entities to produce a joint, written protocol between their agencies to determine what program is responsible for payment for a prevention service, in part or whole, following guidance and a model protocol developed jointly by the CDSS and the Department of Health Care Services. As of July 2023, 51 counties and two Tribes have opted into the FFPS program. To date, the CDSS has received 17 plans and of those plans, seven have been approved.

Pathways to Prevention Services

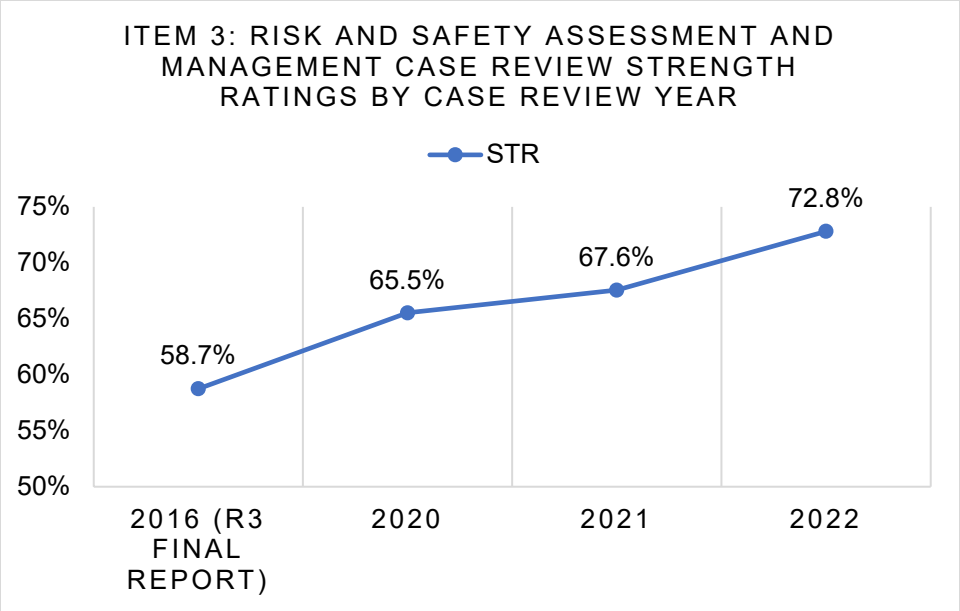
The CDSS has developed two main pathways by which families at risk and in need of prevention services can be identified and connected to intervention: the Title IV-E agency Pathway and the Community Pathway. The Pathways represent how vulnerable children and families may come to the attention of service providers and be approved for Title IV-E prevention services, while keeping families intact.

The Child Welfare Pathway for Title IV-E prevention services allows local child welfare agencies that are interfacing with children and families to identify, assess, and support families with prevention services directly. A Child Abuse Hotline is one access point. When the referral from the Hotline is assigned to an emergency response social worker, the family is contacted to investigate the allegation(s). If the investigation results in substantiated or inconclusive findings, yet a case is not opened, a child may be identified as a candidate for foster care eligible for Title IV-E Prevention Services and referred to available and appropriate prevention services under the community pathway described below. When direct involvement with the family by the local Title IV-E agency is necessary, Family Maintenance/Informal Supervision is another avenue by which families are eligible to receive voluntary or court-ordered services that can prevent entry into care and may be provided after reunification to prevent reentry.

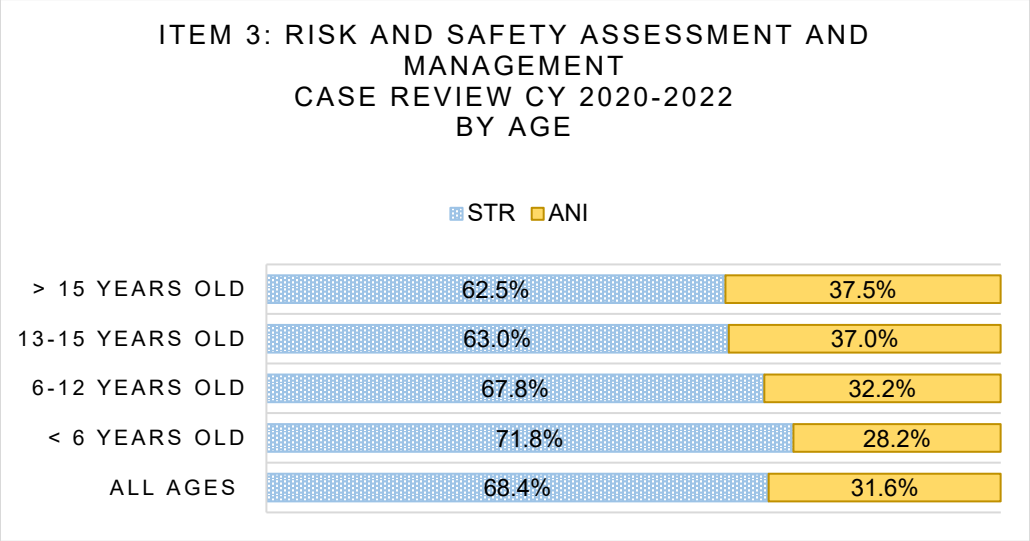
Struggling families, especially those residing in impoverished neighborhoods, often voluntarily seek support from public and private community agencies, such as faith-based organizations, schools, local athletic organizations, after-school programs, scouting organizations, etc. The use of a Community Pathway will involve engaging and strengthening connections between these organizations and local service providers that understand the needs of the community and provide direct services, such as community-based organizations, Family Resource Centers, or behavioral health agencies.

Differential or Alternative Response (DR/AR) is an optional program that some California counties employ. There is potential cross over of the referral, assessment and service planning protocols between DR and the prevention pathways listed above. The Community Pathway is like the DR Path 1 in that it aims to serve children and families outside of the child welfare system, and like the DR Path 2 in that the children and families served may be at a higher risk than the public. The Community Pathway determines these children and youth to be at imminent risk of foster care making them eligible for Title IV-E prevention services. Provisions of Title IV-E prevention services is at the counties option, and those who utilize DR will need to align their community and Title IV-E agency pathways with the paths they have created in their DR program to ensure that candidacy decisions are made by the Title IV-E agency and that reporting requirements and model fidelity are followed.

Item 3: Risk and Safety Assessment Management

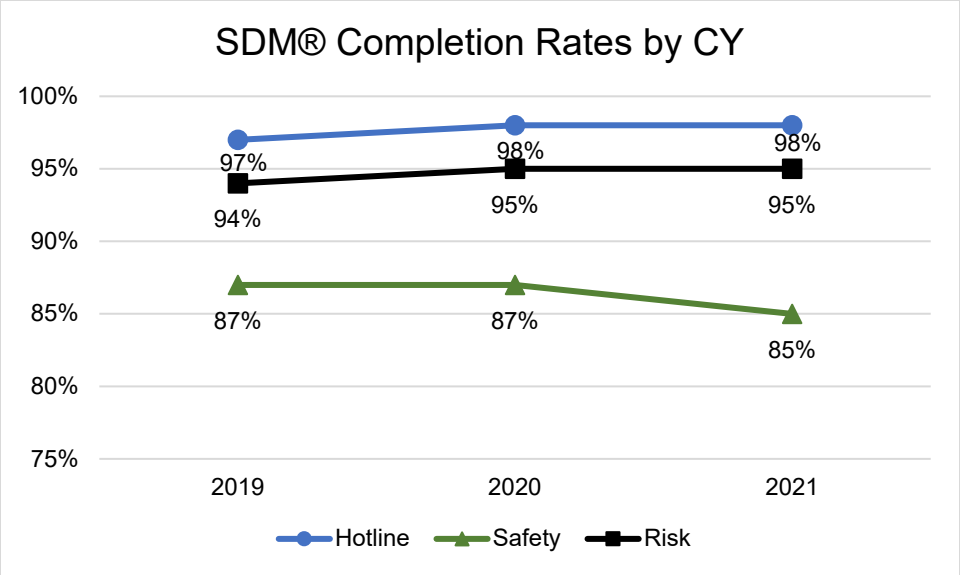


In each of the last three years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. Nonetheless, California's performance since the publishing of the 2016 ACF Round 3 Final Report has consistently improved. Between 2020 (65.5 percent) and 2022 (72.8 percent) performance improved by over 7 percent.



In each of the last three years (2020-2022 Case Review Calendar Year) of observable data, there was a negative relationship between a child/youth's age at case review date and a strength rating for Item 3. The older a child/youth got, the less likely their case was to receive a strength rating for this item.

Assessing for Safety and Risk



Source: The Structured Decision-Making System in Child Welfare Services May 2022 Report by CY, Evident Change

Risk Assessment completion rates include only substantiated and inconclusive investigations. Safety Assessment completion rates include assessments completed only for allegation households (as recorded on the Safety Assessment). The number of referrals has been increasing over the past two years, becoming closer to the number before the COVID-19 pandemic. The Safety Assessment completion rates appear lower than the other assessments, however, this can be attributed to 2021 changes made to the SDM® Hotline Tool. As a result, some referrals that require an in-person response are not eligible for the SDM® Safety Assessment.

ACL No. 17-107 was released to further clarify the statewide requirements for safety and risk assessments performed during emergency response investigations and throughout a case. The ACL provides direction to counties on the use and implementation of safety plans to maintain and protect a child in a caregiver's home, including appropriate safety planning criteria and the effective monitoring of safety plans by county caseworkers. Additionally, the ACL emphasizes if the child is or may be an Indian child, the safety plan must be developed in partnership with the Tribe and culturally relevant services must be included in the safety plan.

As part of the MPP Division 31-100 Regulations updates, a section on assessing for child safety and safety planning was added. This addition is necessary to clarify the statewide requirements for the use of comprehensive safety assessments and risk assessments to improve the quality of investigations and enhance services to families that help ensure the safety of children. This section explains that a safety assessment must be completed during the initial emergency response in-person investigation to determine whether safety threats are present and if a child can be safely maintained in their home or placement. This section specifies that county caseworkers must identify and address any immediate safety threats prior to leaving a child in their home or placement and provides clarifying definitions of immediate safety threats.

To track the completion of safety plans during an ER investigation, a "Special Projects Code (SPC) "S-Safety Plan Completed' was added to the CWS/CMS in November 2021. For referrals received and for whom an in-person investigation was initiated during the first 12 months of the SPC's implementation (between 11/1/2021 and 10/31/2022), this SPC was selected for 166 referrals. These referrals involved an unduplicated total count of 372 children and youth. As

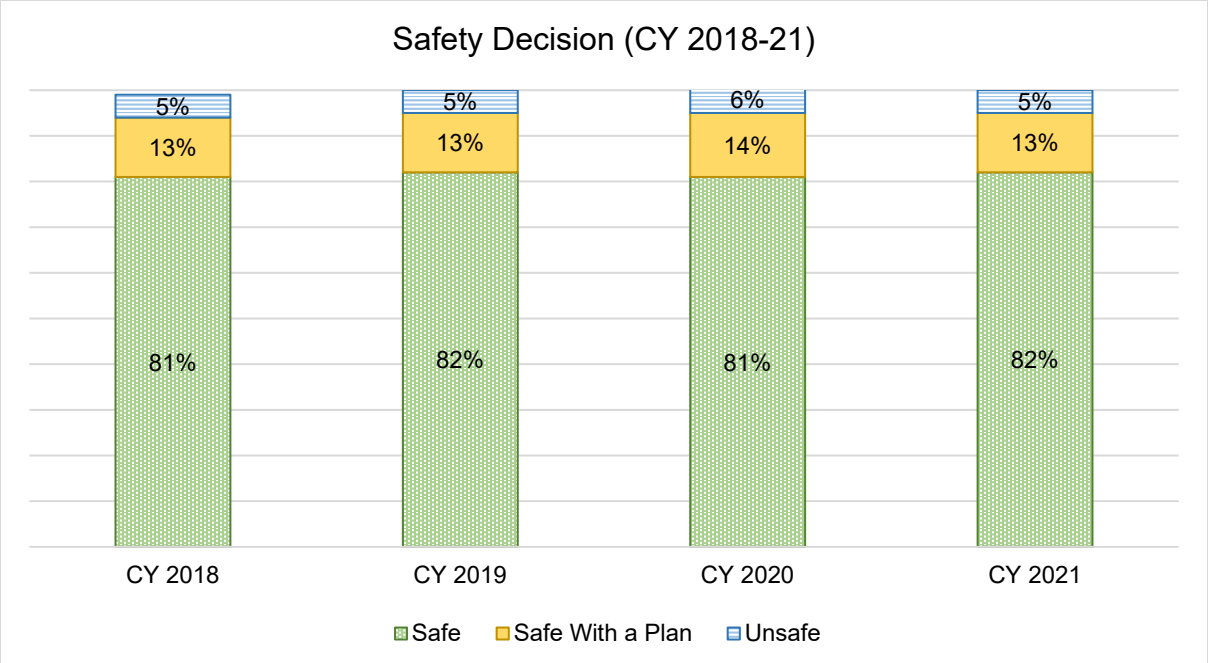
this is a new code in the case management system, it is yet to be determined if there has been significant impact of the quantity and quality of safety plan development with the implementation of the new accountability measure. The CDSS will continue to monitor and track whether this has contributed to better outcomes for children remaining in their home with a safety plan in place.

Statewide, case review trends for Item 3 suggest a positive trend in assessing for safety and risk. As mentioned in Safety Outcome 1, all California counties currently utilize the SDM® assessment system to conduct standardized child safety and risk assessments. To further analyze this trend, the Department has been looking at how the SDM® Safety and Risk Assessments are impacting caseworker decisions with families.

The SDM® Safety and Risk assessments are used during a maltreatment investigation to assess the immediate safety of children in their household and determine the likelihood of future system involvement. The SDM® Safety assessment is required for all referrals that are assigned for an in-person response and should be completed within two working days of the first face-to-face completed contact. The SDM® Risk assessment is required for all substantiated and inconclusive referrals and is also recommended to be completed on unfounded referrals; this requirement includes new assigned referrals on open cases. The SDM® Risk assessment should be completed after the SDM® Safety assessment has been completed and the worker has reached a conclusion regarding the allegation and prior to the decision to promote to a case or close without continuing services, which should be no later than 30 days from the first face-to-face completed contact.

Child welfare caseworkers use SDM® to recommend which children and families receive targeted service interventions with the goal of reducing subsequent maltreatment. These decisions are vital in achieving the continued safety and well-being of children and families throughout California while addressing safety and risk concerns.

The below chart shows statewide data of the amount of safety decisions that were safe, safe with plan, and unsafe, based on the SDM® Safety Assessment result. The proportion of investigations involving families assessed as safe with plan or unsafe fluctuated within one percentage point between CY 2018 and 2021.



Source: Evident Change SDM® Management Report, 2021

Table 14. Safety Decisions by Calendar Year

Calendar Year	Safe	Safe With a Plan	Unsafe
2018	81%	13%	5%
2019	82%	13%	5%
2020	81%	14%	6%
2021	82%	13%	5%

The below chart shows statewide data of the level of risk assessed for each family, which includes low, moderate, high, and very high. The number of investigations involving families assessed as high risk or very high risk varied greatly across counties.

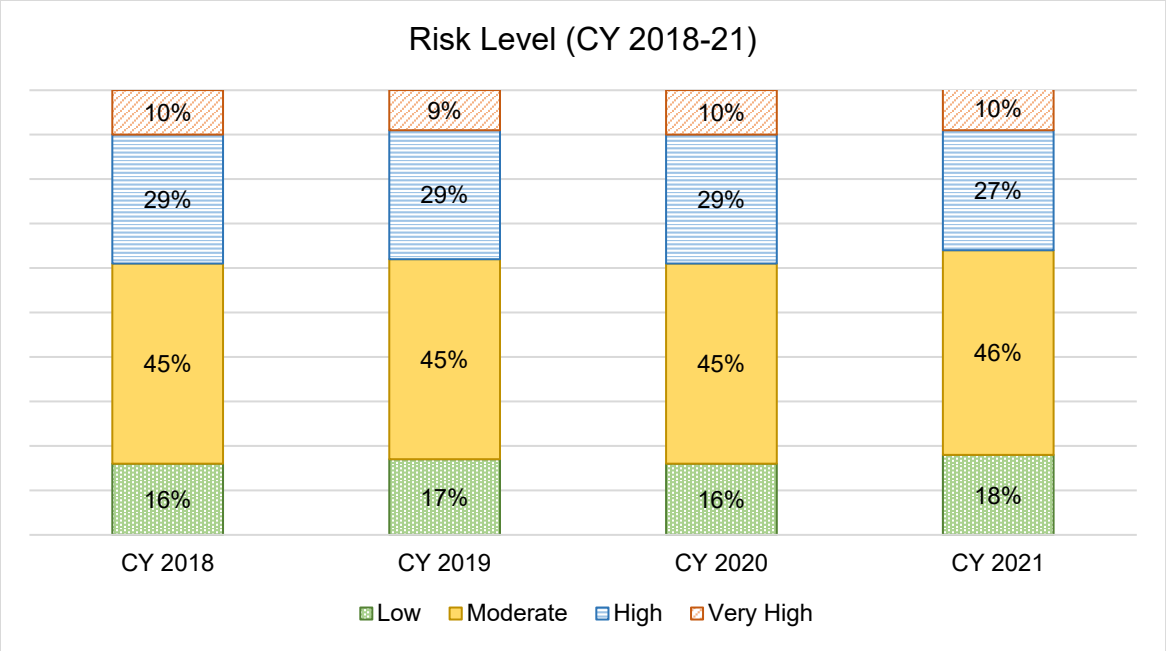


Table 15. Assessed Risk Level by Calendar Year

Calendar Year	Low Risk	Moderate Risk	High Risk	Very High Risk
2018	16%	45%	29%	10%
2019	17%	45%	29%	9%
2020	16%	45%	29%	10%
2021	18%	46%	27%	10%

Source: Evident Change SDM® Management Report, 2021

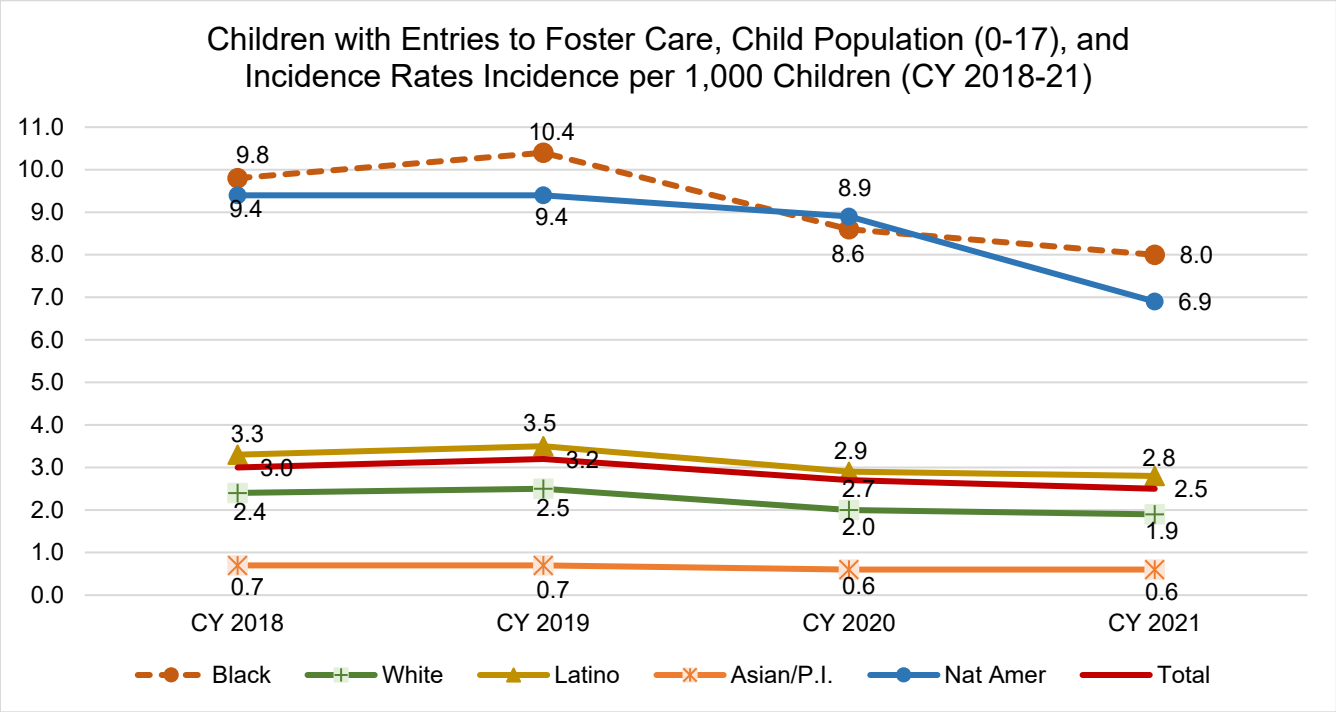
Technical Assistance for Assessment Completion

Targeted, data-driven technical assistance is provided to counties each Fiscal Year as part of the SDM® contract with Evident Change. The technical assistance is tailored to individual county needs and interests and is based on individual county performance. The Department also prioritizes technical assistance and outreach based on findings in the SDM® Management Reports and through discussions with counties and Tribes in the annual SDM® Core Team Meetings. These efforts support a data-informed, Continuous Quality Improvement approach to targeted support for specific counties showing need for improvement in key priority areas surrounding assessing for the safety and risk and children. The CDSS continues to collaborate with Evident Change to take a closer look at the county-to-county variances and determine which counties need targeted technical assistance and in what areas.

Assessing for Safety and Risk for Indian Children

The CDSS has been developing policy guidance around ensuring culturally relevant services are in place for Indian children and families to prevent removal from the home and/or to promote timely reunification. Active efforts are especially critical when families need to be connected to

services to stabilize the family and support resiliency to prevent removal as out-of-home placement still occurs more frequently for Native children than it does for the general population.



Source: California Child Welfare Indicators Project, 2022

Native families are more than three times as likely to have their children removed and placed in foster care than their White counterparts. Despite the advances achieved since 1978, especially regarding ICWA guidelines related to emergency placement of Indian children, additional guidance and support to the child welfare workforce remains a critical need. To help address this need, as part of the ICWA ACL series, the CDSS, with Tribal and county input, developed an ACL on emergency removals and emergency placements.

To address the rate of removals of Indian children, this ACL includes additional guidance to ensure counties are assessing safety and risk in partnership with the Tribe(s) while also addressing any identified risk and safety concerns to maintain the child safely in their home. A section was developed, with Tribal input, explaining that in certain circumstances, safety plans may include the use of a voluntary placement intended to offer a short-term placement option with a relative, extended family member, or other person. The purpose of this is to offer short-term care or respite while a parent works to resolve the identified safety threat such as a legal matter, an unsafe residence, or other situation. The ACL also provides an example, illustrating to the county how they can work with the family and Tribe, whenever possible, to create, document, and monitor a safety plan for the care of the child.

Assessing Safety in Congregate Care

Beginning in 2021, the CDSS contracted with Evident Change to customize the SDM® Safety Assessment for use in congregate care settings. Current versions of the Safety Assessment are designed for use only in a substitute care provider's home or parent/caregiver's household. When abuse or neglect allegations occur while a child is in an out-of-home setting, including congregate care, CWS agencies are required to determine if an in-person response is needed. Policy clarifies that CWS is responsible for investigating the suspected abuse or neglect as

necessary to ensure the immediate safety of the child(ren) in placement (ACL No. 05-09), regardless of whether another agency such as Community Care Licensing (CCL) is investigating the same allegation. During the discovery stage of the Safety Assessment update process, Evident Change conducted key informant interviews, case reviews, county surveys, Tribal social worker surveys, and administrative data analysis. From this, four major discovery findings were noted.

First, not all county child welfare agencies are evaluating referrals of maltreatment in congregate care for an in-person CWS response to assess child safety. From information shared during key informant interviews, the county survey, and discussions with counties during development team meetings, the CDSS and Evident Change learned that not all counties are aware of, or practicing, in alignment with policy requiring CWS response to allegations in congregate care settings. Some counties may be cross-reporting allegations of maltreatment in congregate care settings to CCL without properly evaluating them for in-person CWS response to assess for safety. This finding is supported by administrative data analysis conducted by Evident Change.

The second finding was that current data quality, documentation guidance, and infrastructure in CWS/CMS for documenting allegations in congregate care settings is limited and may compromise the ability to implement a structured Safety Assessment in these settings consistently and with fidelity.

Third, state policy on investigating allegations in congregate care is not centralized or consistently implemented. And fourth, current practice does not align with written policy, and state infrastructure does not appear to support regular review or follow up for areas of local practice that are out of compliance with state regulations.

A. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

State Response:
California is not in substantial conformity for Permanency Outcomes 1 and 2. Although California's risk-standardized performance on our Placement Stability (P5) data indicator was statistically better than national performance, our risk-standardized performance on the Permanency in 12 months (P1), 12-23 months (P2), 24+ months (P3), and Re-entry to Foster Care (P4) data indicators were worse than national performance and case review Items 4-11 were not rated as strengths in 95 percent or more of cases reviewed statewide in any of the last three calendar years (CYs).

Table 1. Case Review Item Ratings

	Federal Target	CY 2020 Performance	CY 2021 Performance	CY 2022 Performance
Item 4: Stability of foster care placement	95%	75.4% (n=1471)	78.3% (n=1382)	81.3% (n=1297)
Item 5: Permanency goal for child	95%	67.0% (n=1297)	68.5% (n=1200)	71.4% (n=1132)
Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	95%	53.3% (n=1040)	54.3% (n=959)	56.6% (n=903)
Item 7: Placement with siblings	95%	87% (n=1013)	86.2% (n=921)	88.8% (n=820)
Item 8: Visiting with parents and siblings in foster care	95%	55.8% (n=791)	55.4% (n=673)	61.4% (n=637)
Item 9: Preserving connections	95%	65.7% (n=1274)	66.5% (n=1166)	66.6% (n=1054)
Item 10: Relative placement	95%	70.6% (n=1350)	71.7% (n=1230)	73.9% (n=1142)
Item 11: Relationship of child in care with parents	95%	49.9% (n=611)	51.1% (n=545)	56% (n=494)

Statewide Data Indicators

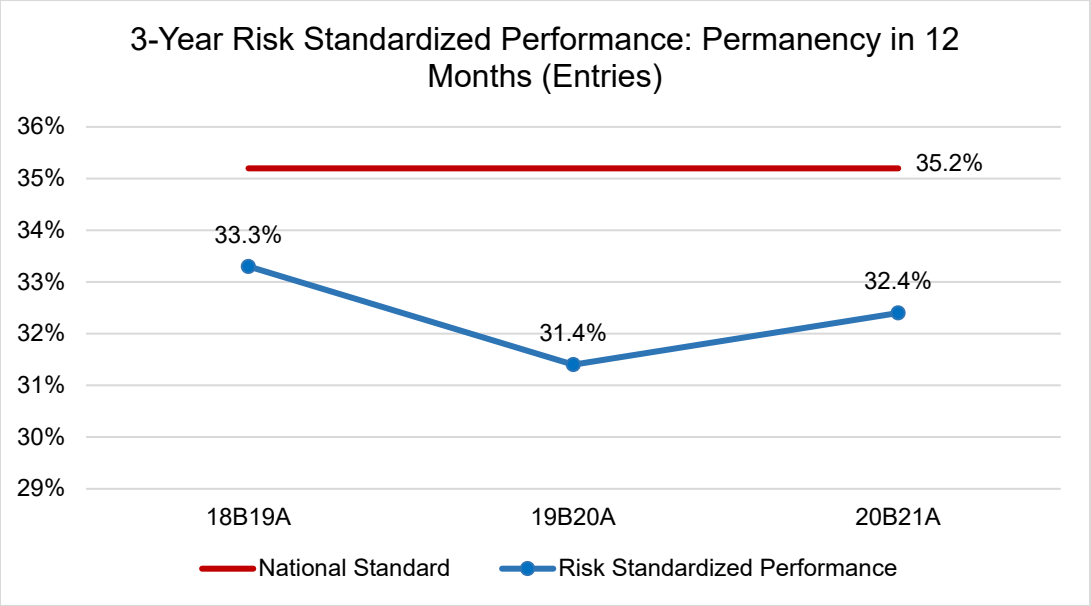
Please note that the overall performance for Statewide Data Indicators uses risk-standardized performance and the additional analyses stratified by subgroups use observed performance. Additionally, per California Department of Social Services (CDSS) de-identification policies, counts below 11 are masked and indicated with an asterisk (*). For additional information regarding CDSS data de-identification guidelines, please see the CDSS Data De-Identification Reference Guide.

Permanency in 12 Months (Entries) (P1)

California's risk-standardized performance for Measure P1: Exits to Permanency in 12 Months for Youth Entering Foster Care failed to meet the national standard of 35.2 percent during the past three years of available data. California came closest to meeting the national standard during the 201818B/201919A reporting period, in which 33.3 percent of youth entering foster care exited to permanency within 12 months. However, in the following year, this percentage dropped to 31.4 percent before climbing back to 32.4 percent in the most recent reporting year.

Table 2. Risk-Standardized Performance, Permanency in 12 Months (Entries)

	2018B/2019A	2019B/2020A	2020B/2021A
National Standard	35.2%	35.2%	35.2%
Risk-Standardized Performance	33.3%	31.4%	32.4%



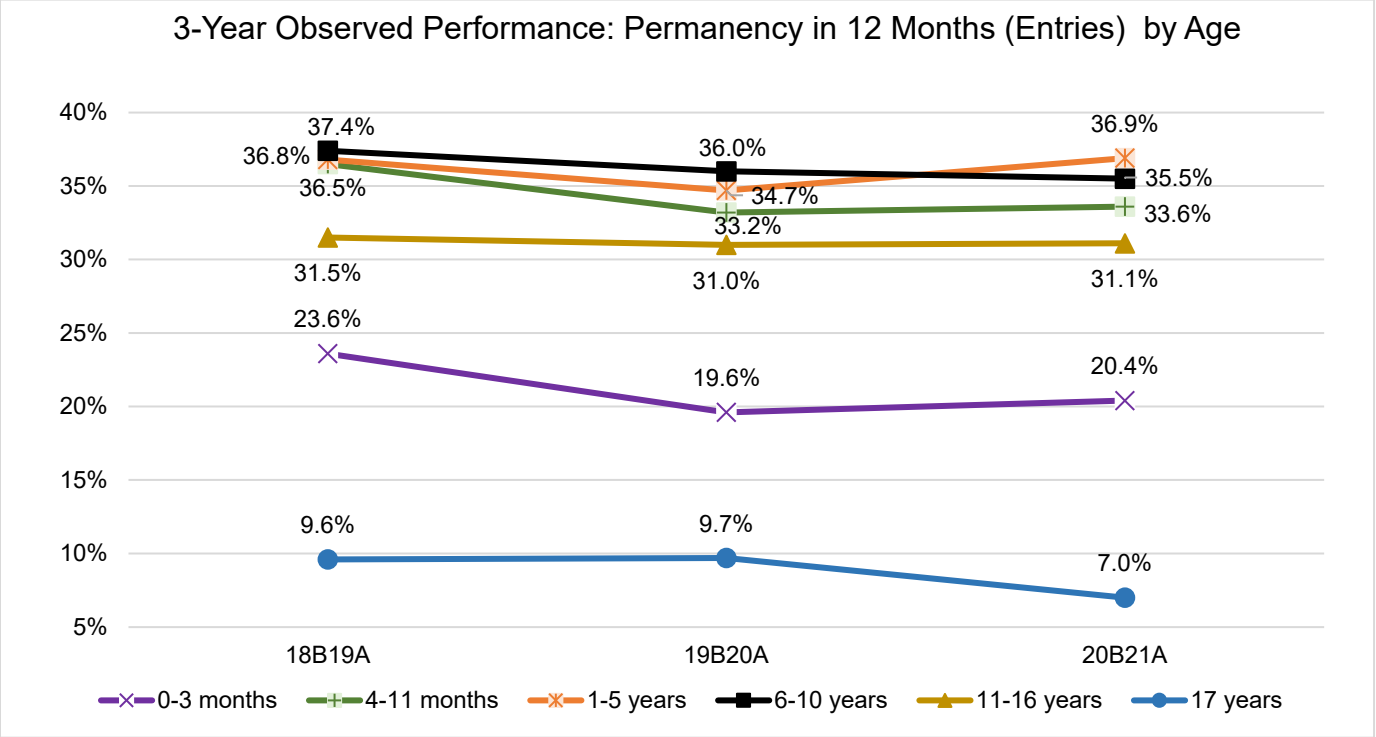
Source: Child and Family Services Review (CFSR) 4 Data Profile

The CDSS also examined the Exits to Permanency in 12 Months for Youth Entering Foster Care data across several stratifications, including age, race/ethnicity, and region. The charts below depict California's observed performance across these subgroups (please note overall performance is risk-standardized while these stratifications are based on observed performance).

Table 3. Observed Performance by Age, Permanency in 12 Months (Entries)

	2018B/2019A	2019B/2020A	2020B/2021A
0 - 3 months	23.6%	19.6%	20.4%
4 - 11 months	36.5%	33.2%	33.6%
1 - 5 years	36.8%	34.7%	36.9%
6 - 10 years	37.4%	36%	35.5%

	2018B/2019A	2019B/2020A	2020B/2021A
11 - 16 years	31.5%	31%	31.1%
17 years	9.6%	9.7%	7%



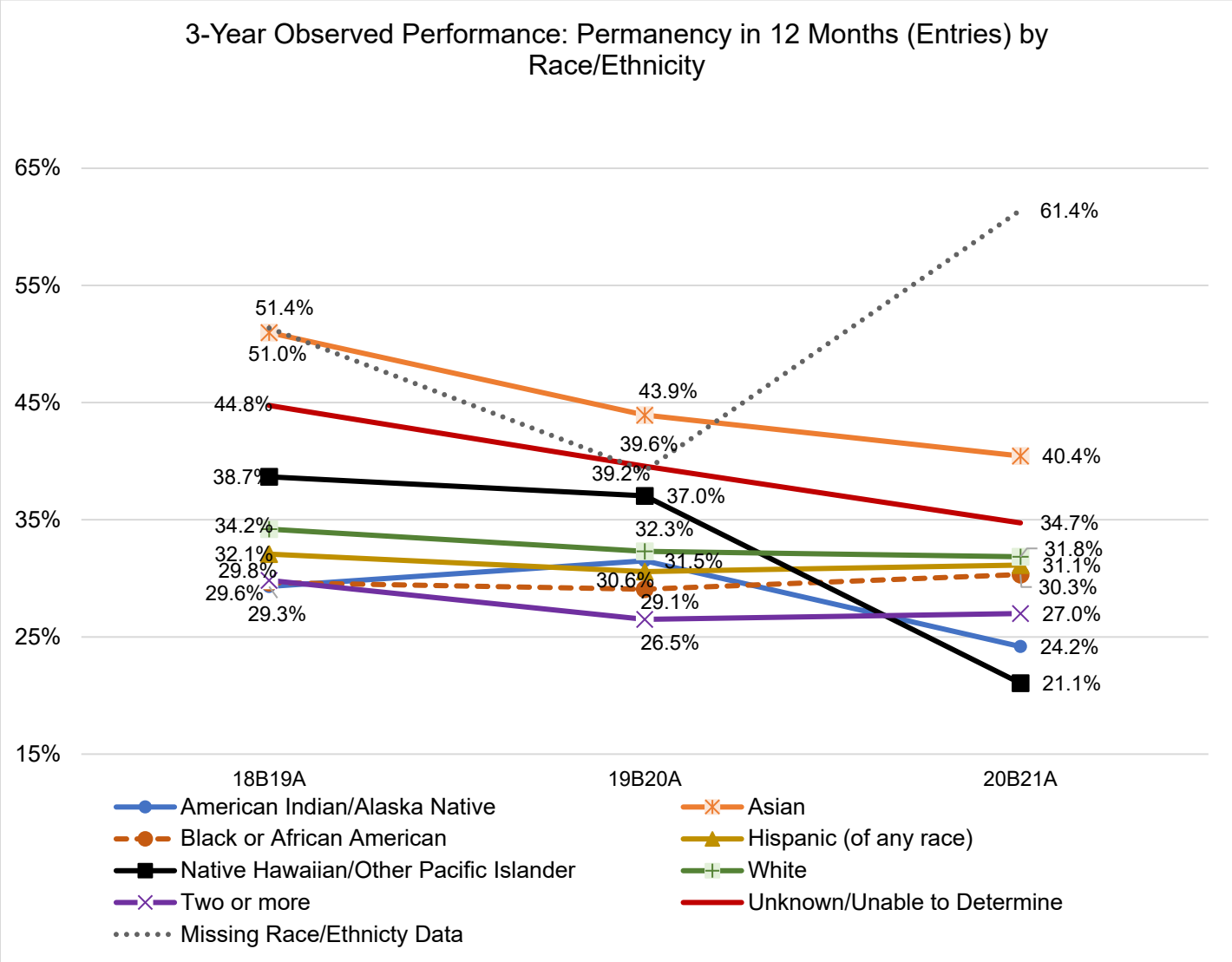
Source: CFSR 4 Data Profile

When California's observed performance on this measure is broken down by age, large differences in performance across age groups are observed. The oldest youth entering care, those 17 years of age, experienced the lowest percentage of exits to permanency, failing to hit ten percent in any of the past three year-long reporting periods and in the most recent period, 20B21A, the age group achieved permanency in only seven percent of cases. On the opposite end of the age spectrum, but also with relatively poor outcomes, was the zero- to three-month-old age group. Highest performance on this measure was observed in the four–11-month, one-five year, and six–ten-year age groups, who exited to permanency at rates in the low to high 30 percent range. Seventeen-year-olds were the only age group whose performance in the measure declined substantially in the most recent year.

Table 4. Observed Performance by Race/Ethnicity, Permanency in 12 Months (Entries)

	2018B/2019A	2019B/2020A	2020B/2021A
American Indian/Alaska Native	29.3%	31.5%	24.2%
Asian	51%	43.9%	40.4%
Black or African American	29.6%	29.1%	30.3%
Native Hawaiian/Other Pacific Islander	38.7%	37%	21.1%

	2018B/2019A	2019B/2020A	2020B/2021A
Hispanic (of Any Race)	32.1%	30.6%	31.1%
White	34.2%	32.3%	31.8%
Two or More Races	29.8%	26.5%	27%
Unknown/Unable to Determine	44.8%	39.6%	34.7%
Missing Race/Ethnicity Data	51.4%	39.2%	61.4%



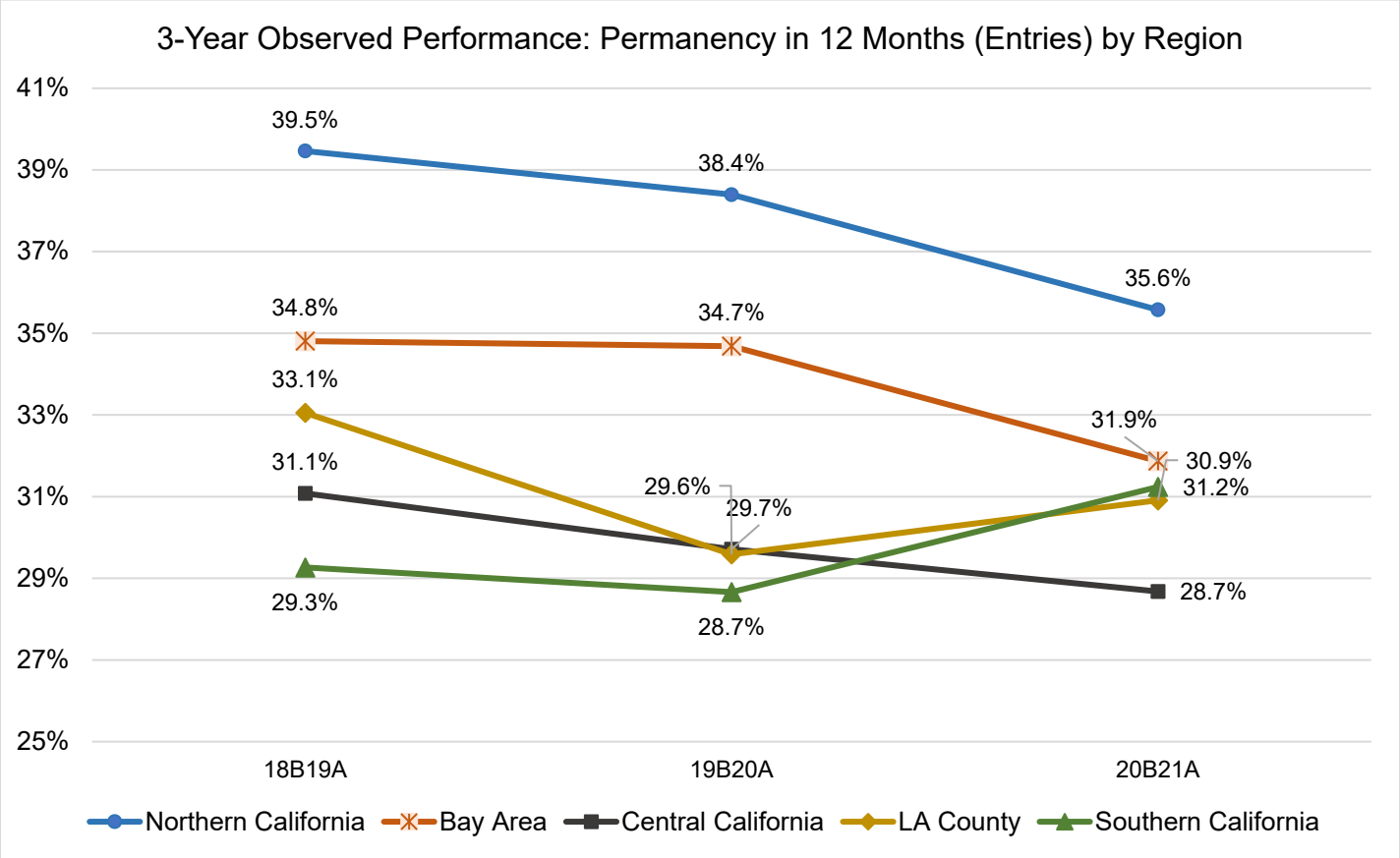
Source: CFSR 4 Data Profile

No race/ethnicity groups showed sustained improvement in exits to permanency for youth entering foster care during the past three years. Asian youth entering care exited to permanency at the highest rate, although the rate dropped each year during the reporting periods examined. White youth and Native Hawaiian/Pacific Islander youth showed relatively strong performance that also diminished over time. Large swings in the Native Hawaiian/Pacific

Islander racial group, like the one that occurred in the 2020B/2021A reporting period, should be looked upon with some skepticism, as that grouping consists of a very small number of youth in which small changes in counts can lead to large changes in percentages. Black youth and Hispanic youth showed relatively stable performance, with between 29.1 percent and 32.1 percent exiting to permanency within one year of entry.

Table 5. Observed Performance by Region, Permanency in 12 Months (Entries)

	2018B/2019A	2019B/2020A	2020B/2021A
Northern California	39.5%	38.4%	35.6%
Bay Area	34.8%	34.7%	31.9%
Central California	31.1%	29.7%	28.7%
LA County	33.1%	29.6%	30.9%
Southern California	29.3%	28.7%	31.2%



Source: CFSR 4 Data Profile

The Northern California Region was by far the strongest performer in this measure, followed by the Bay Area region, although both regions saw their performance drop about four percentage points between the 2018B/2019A reporting period and the most recent 2020B/2021A reporting period. Conversely, the Los Angeles County Region and Southern California region had weaker performance overall in terms of youth entering foster care who exited to permanency within one

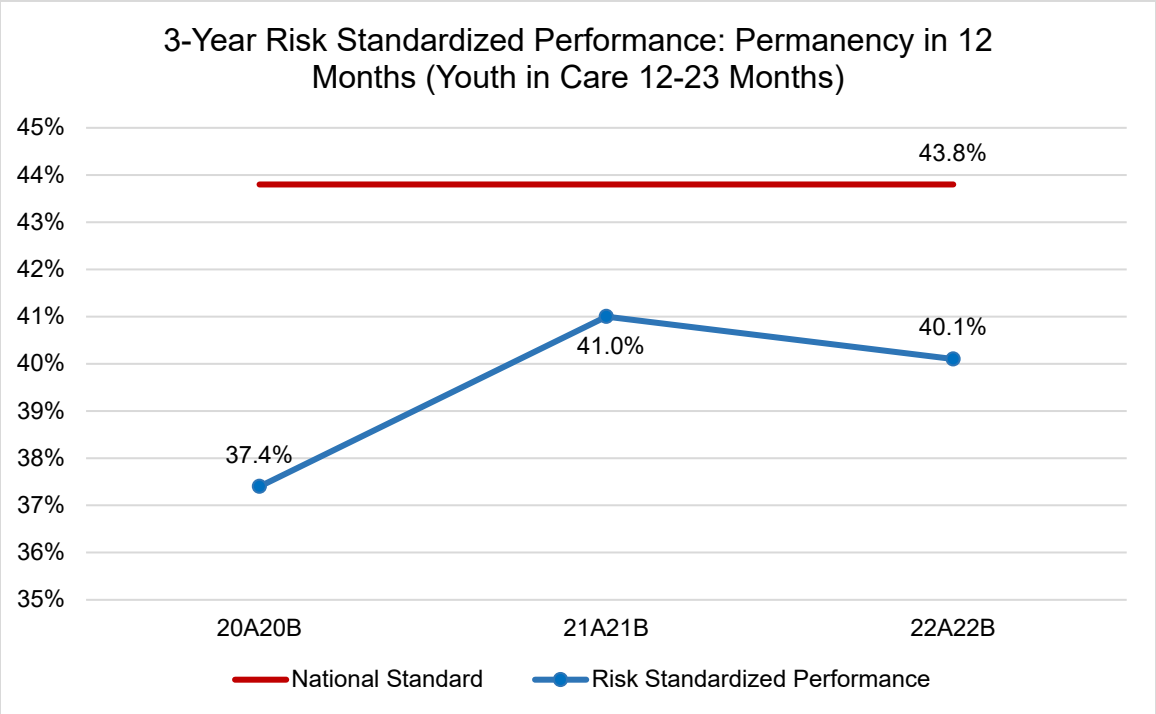
year, but their performance did increase rather than decrease in the most recent reporting period. The Central California Region was the second weakest performer in the 2018B/2019A reporting period and dropped steadily from there, exhibiting the weakest performance of all regions in the most recent 2020B/2021A reporting period.

Permanency in 12 Months (12-23 months) (P2)

California's risk-standardized performance for Measure P2: Exits to Permanency in 12 Months for Youth in Foster Care for 12-23 Months failed to meet the national standard of 43.8 percent during the past three years. The state's performance increased dramatically from 37.4 percent exiting to permanency in the 2020A/2020B reporting period to 41 percent exiting to permanency in the following year, before levelling off and decreasing slightly to 40.1 percent in the most recent reporting year, 2022A/2022B.

Table 6. Risk-Standardized Performance, Permanency in 12 Months (12-23 Months)

	2020A/2020B	2021A/2021B	2022A/2022B
National Standard	43.8%	43.8%	43.8%
Risk-Standardized Performance	37.4%	41%	40.1%

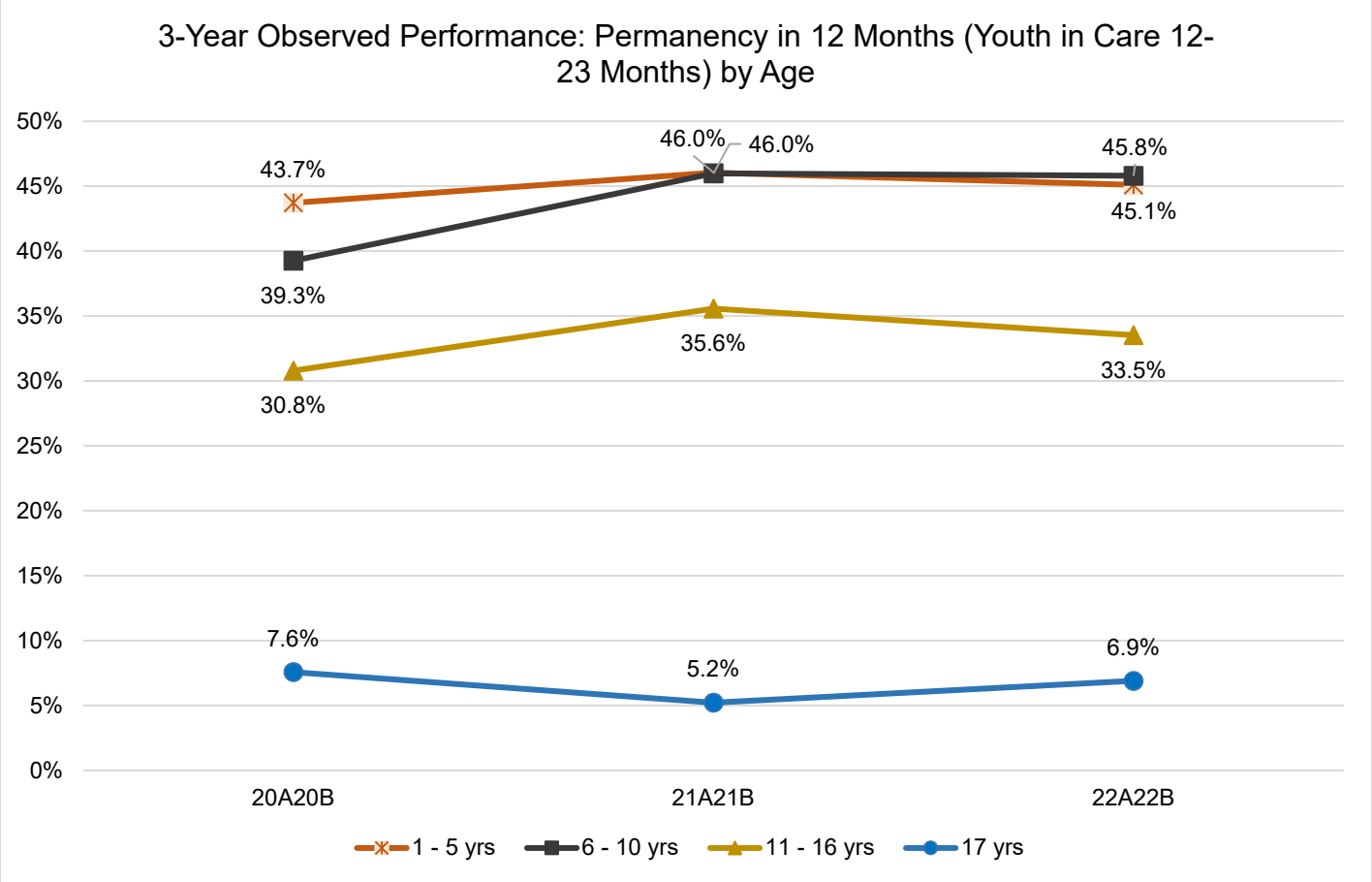


Source: CFSR 4 Data Profile

The CDSS also examined the Exits to Permanency in 12 Months for (Youth in Care 12-23 Months) data across several stratifications, including age, race/ethnicity, and region. The charts below depict California's observed performance across these subgroups (please note overall performance is risk-standardized while these stratifications are based on observed performance).

Table 7. Observed Performance by Age, Permanency in 12 Months (12-23 Months)

	2020A/2020B	2021A/2021B	2022A/2022B
1 – 5 years	43.7%	46.0%	45.1%
6 – 10 years	39.3%	46.0%	45.8%
11 – 16 years	30.8%	35.6%	33.5%
17 years	7.6%	5.2%	6.9%

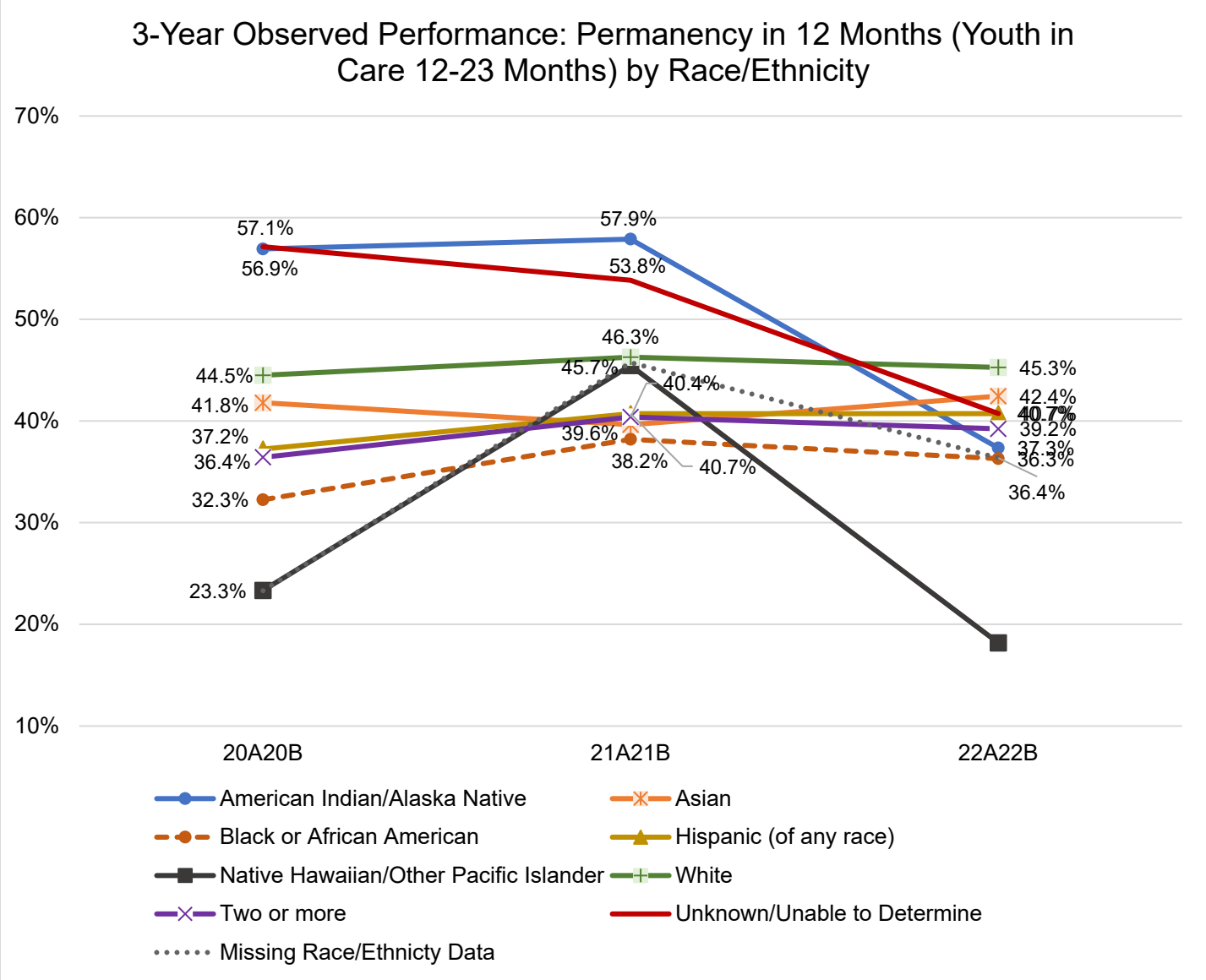


Source: CFSR 4 Data Profile

Table 8. Observed Performance by Race/Ethnicity, Permanency in 12 Months (12-23 Months)

	2020A/2020B	2021A/2021B	2022A/2022B
American Indian/Alaska Native	56.9%	57.9%	37.3%
Asian	41.8%	39.6%	42.4%
Black or African American	32.3%	38.2%	36.3%
Hispanic (of any race)	37.2%	40.7%	40.7%
Native Hawaiian/Other Pacific Islander	23.3%	45.5%	18.2%

	2020A/2020B	2021A/2021B	2022A/2022B
White	44.5%	46.3%	45.3%
Two or more	36.4%	40.4%	39.2%
Unknown/Unable to Determine	57.1%	53.8%	40.7%
Missing Race/Ethnicity Data	23.3%	45.7%	36.4%



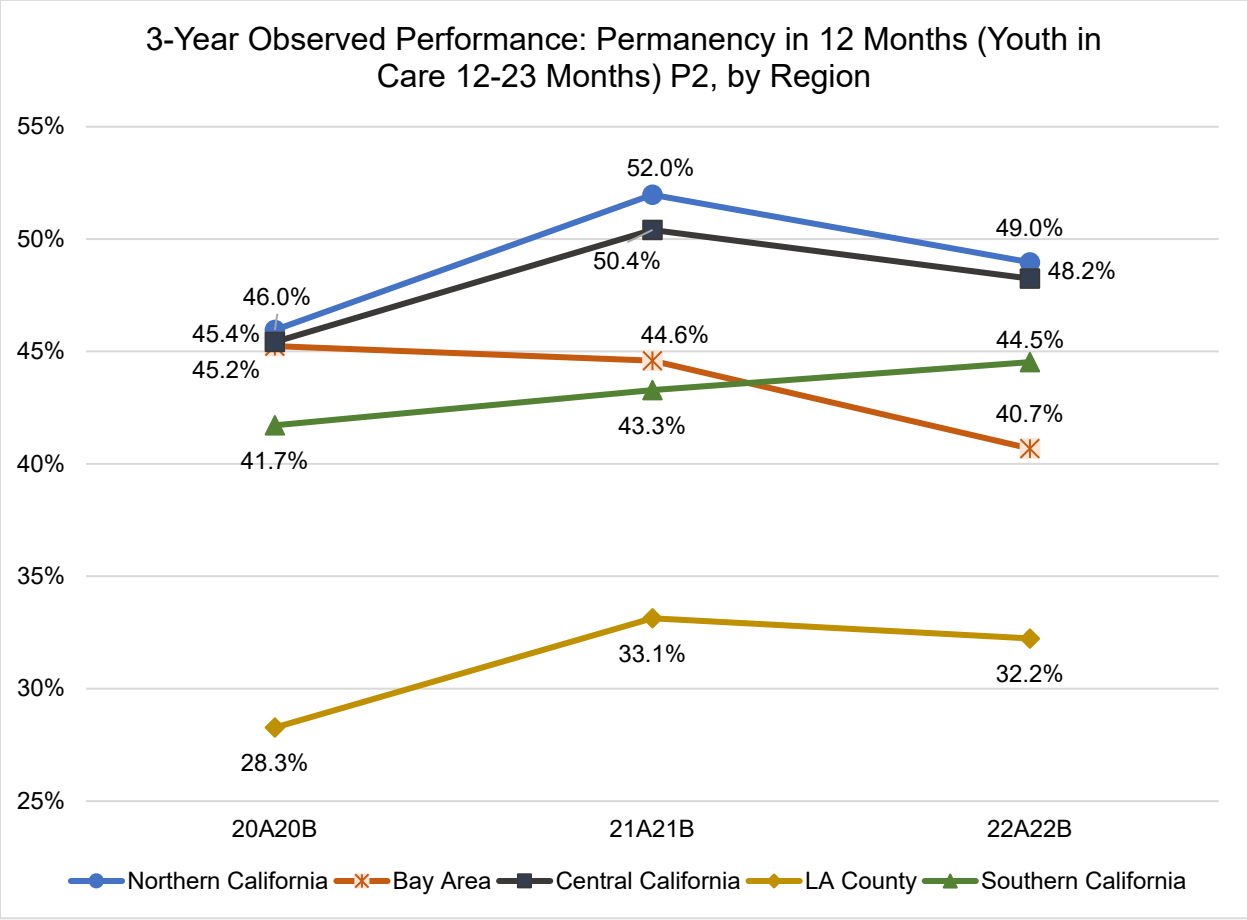
Source: CFSR 4 Data Profile

While breaking out performance of exits to permanency for youth in care 12-23 months by race provides a somewhat murky picture, there are a few notable trends. All racial groups besides Asian and Unknowable/Unable to Determine improved between the 2020A/2020B and 2021A/2021B reporting periods. Some groups, like American Indian/Alaskan Native and Native Hawaiian/Other Pacific Islander saw substantial decreases in the most recent reporting period,

2022A/2022B. It is important to note that conclusions are difficult to draw from this as the relatively small number of youths in these groups can mean large fluctuations in percentages even if the fluctuations in underlying counts are not as severe. Performance remained relatively stable for Asian, Black/African American, Hispanic, and White youth, especially in the most recent two reporting periods.

Table 9. Observed Performance by Region, Permanency in 12 Months (12-23 Months)

	2020A/2020B	2021A/2021B	2022A/2022B
Northern California	46.0%	52.0%	49.0%
Bay Area	45.2%	44.6%	40.7%
Central California	45.4%	50.4%	48.2%
LA County	28.3%	33.1%	32.2%
Southern California	41.7%	43.3%	44.5%



Source: CFSR 4 Data Profile

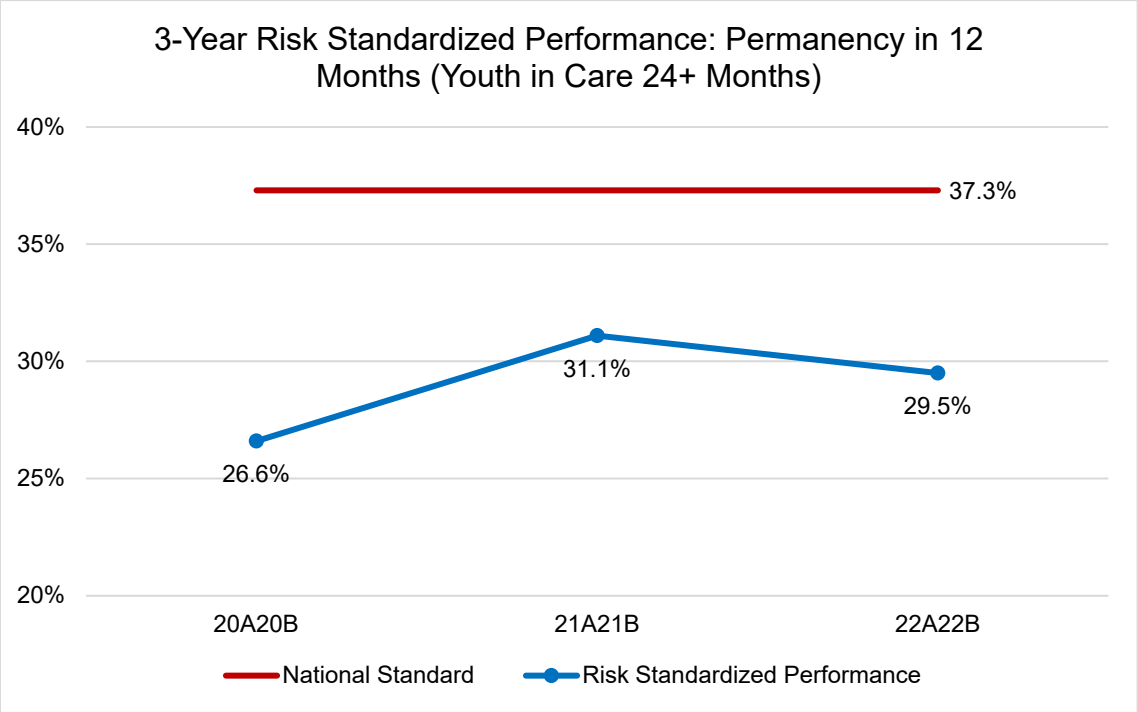
When examining this observable performance by region, the Los Angeles County region struggled to achieve permanency in a timely fashion for youth in care 12-23 months. Performance in this region lags substantially behind other regions. However, in FFY 21-22, CCWIP data indicates that Los Angeles had the sixth highest percent of relative/NREFM placements as the predominant placement type in the state and those placements are typically very stable. Northern California was the strongest performing region, followed very closely by Central California. The Bay Area Region began the 2020A/2020B reporting period with performance very close to Northern California and Central California but saw steady declines in the next two reporting periods. Conversely, the Southern California region improved strongly and consistently over all three reporting periods. All regions besides Southern California saw performance decline between the 2021A/2021B and 2022A/2022B reporting periods.

Permanency in 12 Months (24+ months) (P3)

Measure P3 is a determination of the percentage of youth in care 24 months or longer who exit to permanency within one year. Once again, California failed to meet the national standard of 37.3 percent for this item in all three most recent years of available data. Like in Measure P2, California saw dramatic improvement in Measure P3 from the 2020A/2020B reporting period to the 2021A/2021B reporting period, before performance decreased once again in the most recent reporting period, 2022A/2022B.

Table 10. Risk-Standardized Performance, Permanency in 12 Months (24+ Months)

	2020A/2020B	2021A/2021B	2022A/2022B
National Standard	37.3%	37.3%	37.3%
Risk-Standardized Performance	26.6%	31.1%	29.5%

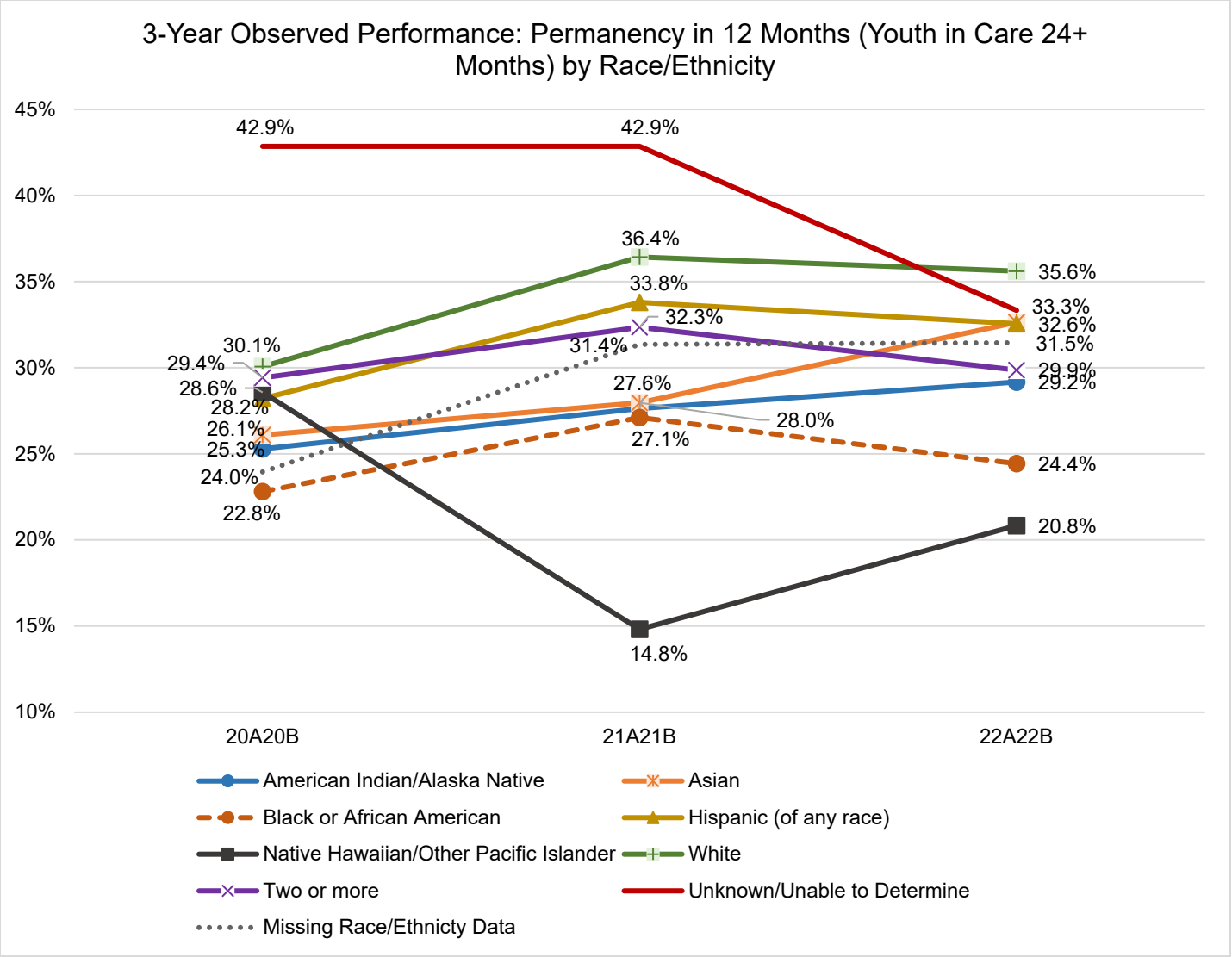


Source: CFSR 4 Data Profile

The CDSS also examined the Exits to Permanency in 12 Months (Youth in Care 24+ Months) data across several stratifications, including race/ethnicity and region. The charts below depict California's observed performance across these subgroups (please note overall performance is risk-standardized while these stratifications are based on observed performance).

Table 11. Observed Performance by Race/Ethnicity, Permanency in 12 Months (24+ Months)

	2020A/2020B	2021A/2021B	2022A/2022B
American Indian/Alaska Native	25.3%	27.6%	29.2%
Asian	26.1%	28.0%	32.6%
Black or African American	22.8%	27.1%	24.4%
Hispanic (of any race)	28.2%	33.8%	32.6%
Native Hawaiian/Other Pacific Islander	28.6%	14.8%	20.8%
White	30.1%	36.4%	35.6%
Two or more	29.4%	32.3%	29.9%
Unknown/Unable to Determine	42.9%	42.9%	33.3%
Missing Race/Ethnicity Data	24.0%	31.4%	31.5%



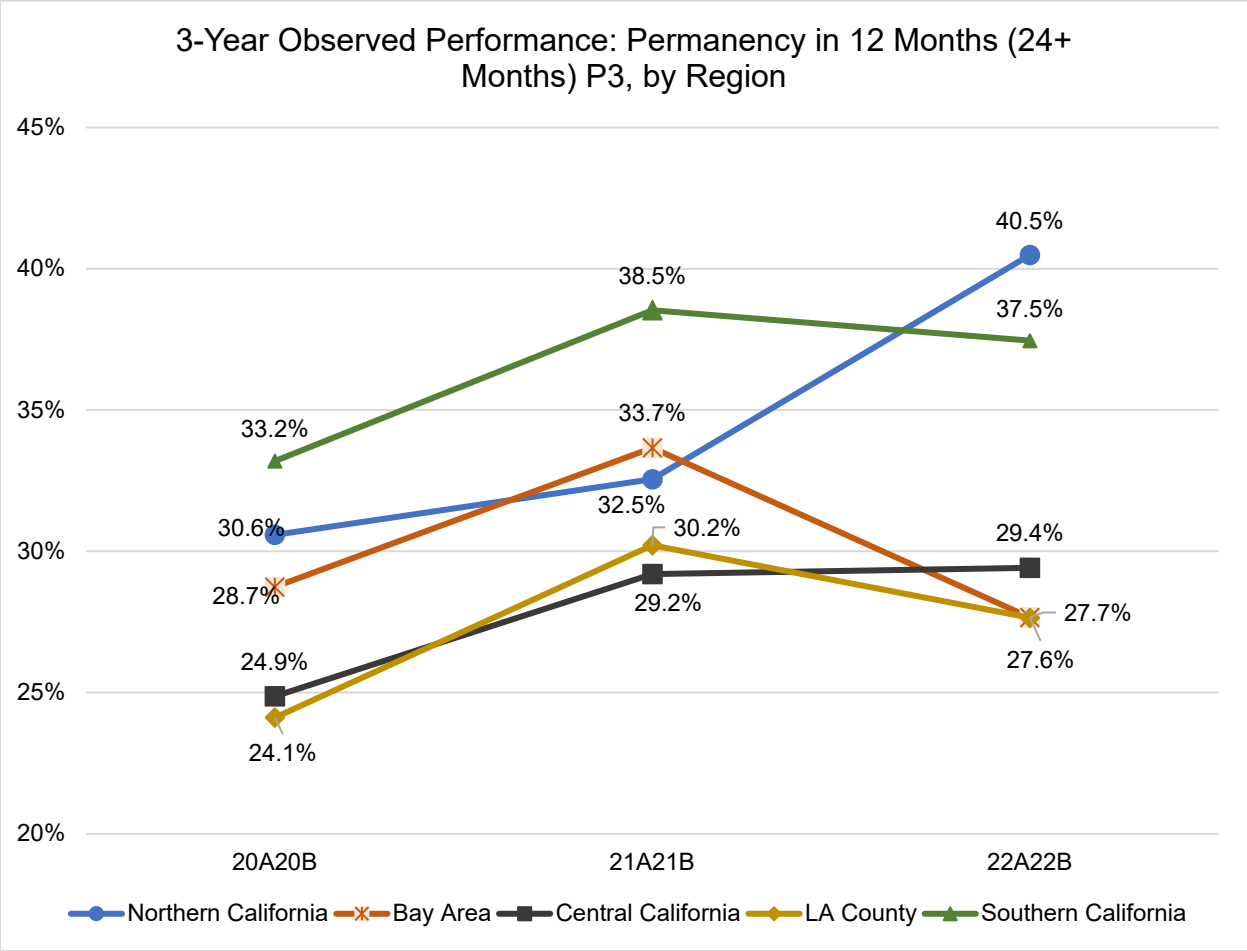
Source: CFSR 4 Data Profile

When breaking out California's observed performance on Measure P3 (exits to permanency in 12 months for youth in care 24 months or longer), several trends become apparent. For instance, youth of all identifiable races besides Native Hawaiian/Other Pacific Islander (whose low counts have already been explained prior), saw an increase in performance between the 2020A/2020B and 2021A/2021B reporting periods. American Indian/Alaska Native and Asian youth continued to trend upward into the 2022A/2022B reporting period, whereas youth of all other identifiable races experienced lower performance in the 2022A/2022B reporting period. White youth appear to experience the highest performance overall, followed closely by Hispanic youth, Asian youth, and youth who identify with two or more races. Black/African American youth and Native Hawaiian/Other Pacific Islander lag other groups.

Table 12. Observed Performance by Region, Permanency in 12 Months (24+ Months)

	2020A/2020B	2021A/2021B	2022A/2022B
Northern California	30.6%	32.5%	40.5%

	2020A/2020B	2021A/2021B	2022A/2022B
Bay Area	28.7%	33.7%	27.7%
Central California	24.9%	29.2%	29.4%
LA County	24.1%	30.2%	27.6%
Southern California	33.2%	38.5%	37.5%



Source: CFSR 4 Data Profile

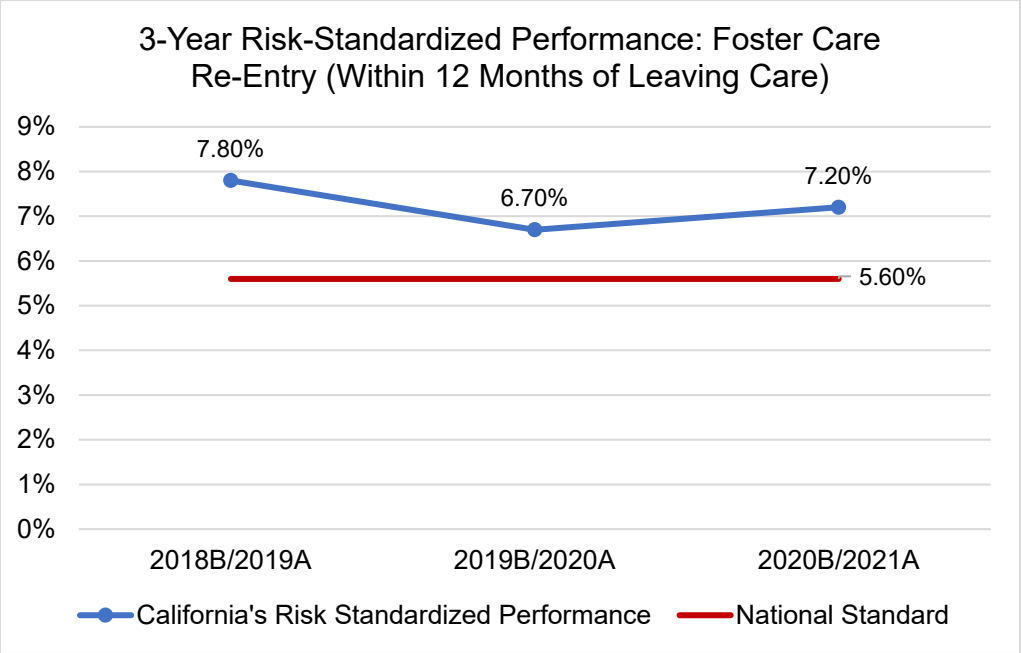
When breaking out California's observed performance for youth in care 24 months or longer who exit to permanency within 12 months, a clear and dramatic upswing is observed between the 2020A/2020B reporting period and the 2021A/2021B reporting period. Perhaps the most notable observation beyond that is Northern California's continued improvement in the form of a massive leap in performance between 2021A/2021B and the most recent 2022A/2022B reporting period. During this time, Central California saw a modest increase in performance while all other regions experienced a decrease.

Re-entry to Foster Care (P4)

Re-entry to foster care rates declined when comparing youth who exited in 2019B/2020A to youth you exited in 2018B/2019A. While re-entry increased slightly for youth exiting the following year, those exiting in 2020B/2021A still had lower re-entry rates than those exiting in 2018B/2019A. While California has not met the national standard for this item, the state is moving closer toward this goal. For the Re-Entry to Foster Care data indicator, a lower value is desired.

Table 13. Risk-Standardized Performance, Re-Entry to Foster Care

	2018B/2019A	2019B/2020A	2020B/2021A
National Standard	5.6%	5.6%	5.6%
Risk-Standardized Performance	7.8%	6.7%	7.2%



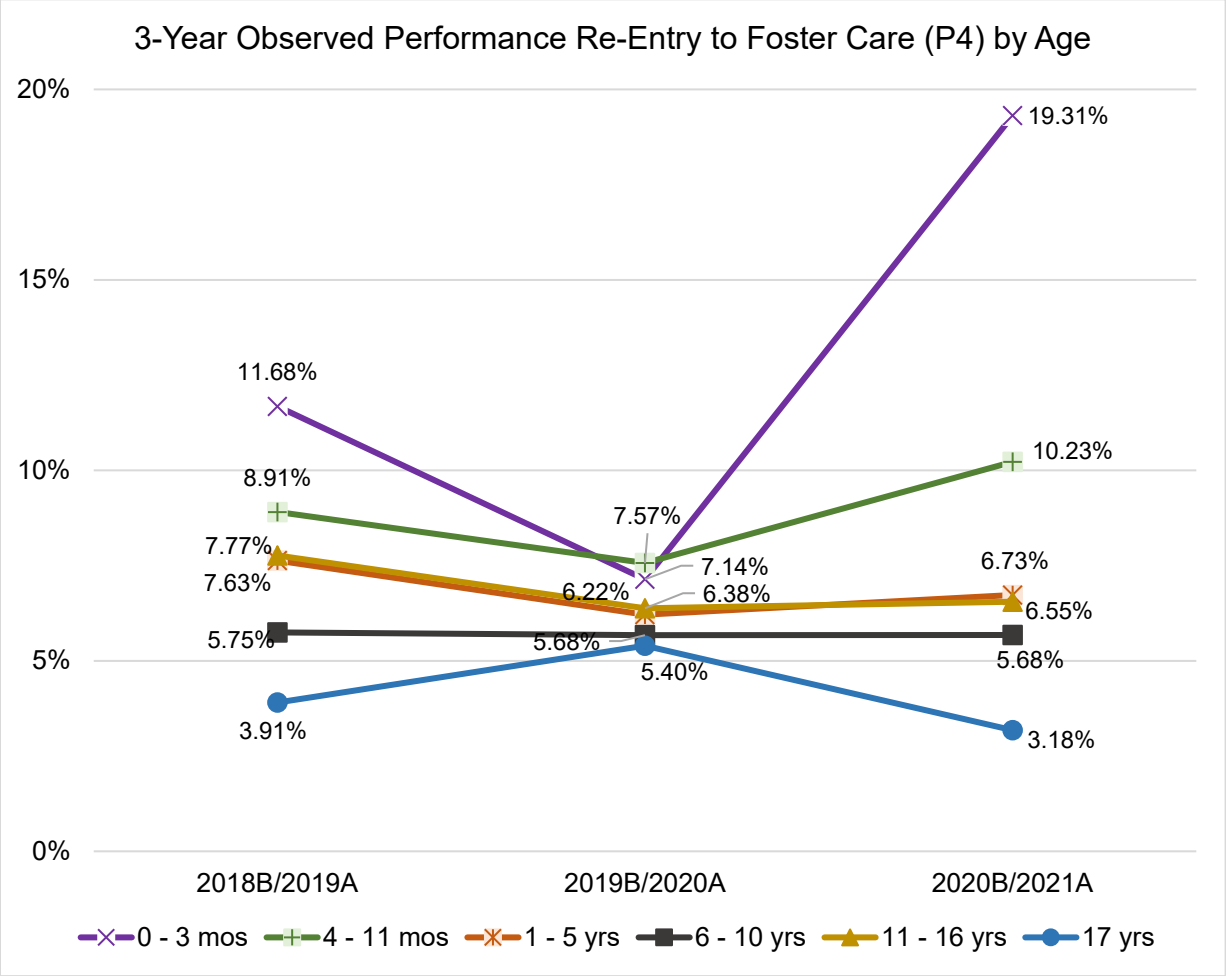
Source: CFSR 4 Data Profile

The CDSS also examined the Foster Care Re-Entry data across several stratifications, including age, race/ethnicity, and region. The charts below depict California's observed performance across these subgroups (please note overall performance is risk-standardized while these stratifications are based on observed performance).

Table 14. Observed Performance by Age, Foster Care Re-Entry

	2018B/2019A	2019B/2020A	2020B/2021A
0 – 3 months	11.68%	7.14%	19.31%
4 – 11 months	8.91%	7.57%	10.23%
1 – 5 years	7.63%	6.22%	6.73%
6 – 10 years	5.75%	5.68%	5.68%

	2018B/2019A	2019B/2020A	2020B/2021A
11 – 16 years	7.77%	6.38%	6.55%
17 years	3.91%	5.4%	3.18%

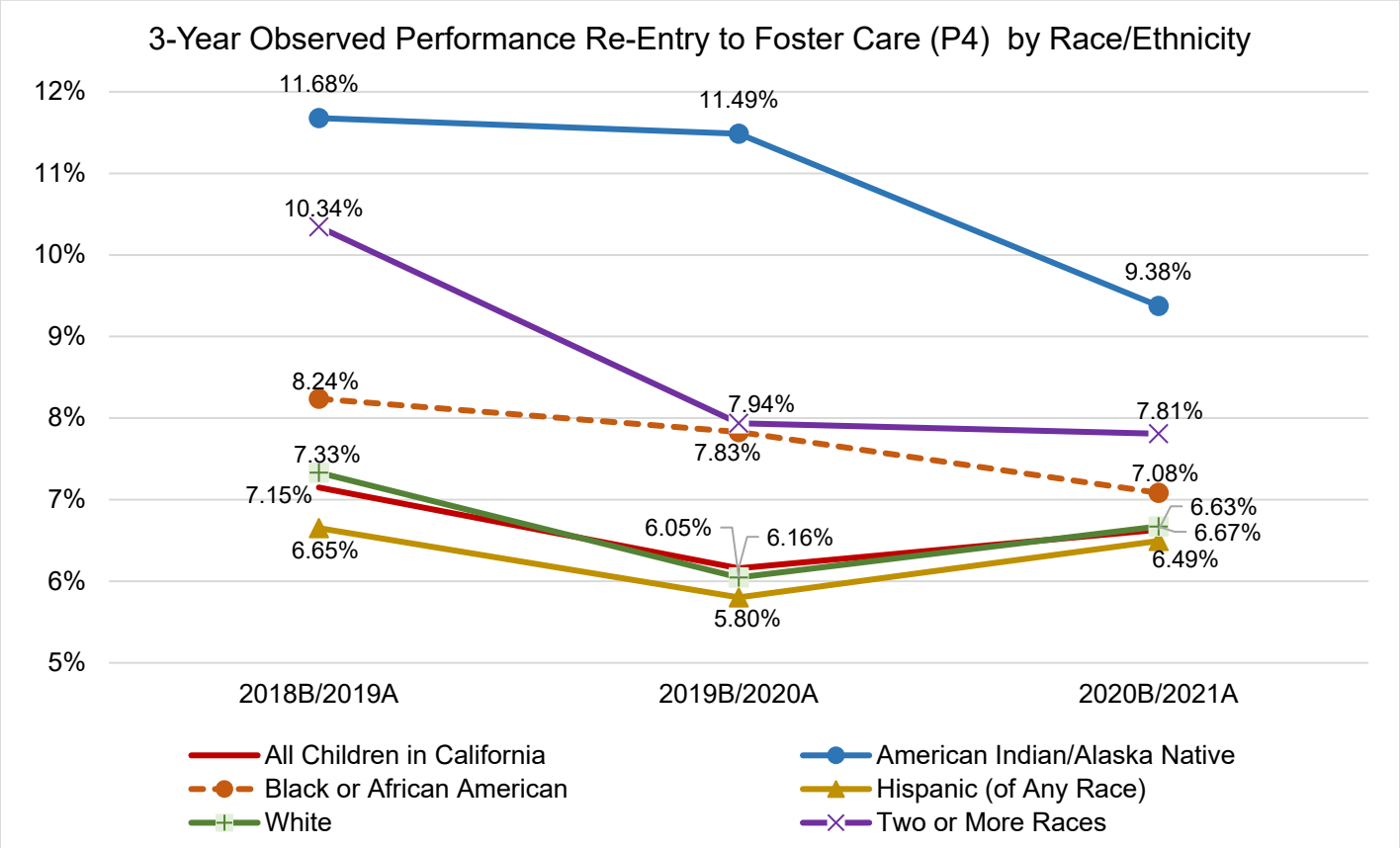


Source: CFSR 4 Data Profile

For those entering foster care between the ages of one and five or 11 and 16, there were notable declines in re-entry over the three-year period. Re-entry also declined for the six-to-ten-year-olds over this period, although the shift was less pronounced. While re-entry declined for those under the age of one in 2019B/2020A compared to the prior year, re-entry dramatically increased for this group in 2020B/2021A. The opposite trend was observed for 17-year-olds, who saw an increase in re-entry in 2019B/2020A compared to the prior year and then a decrease in re-entry for 2020B/2021A. However, there are a very small number of observations for the 17-year-olds, making it unclear whether these trends are simple the result of year-to-year variation. For those under the age of one, especially the zero-three months-old category, the number of observations is also small in comparison to other groups.

Table 15. Observed Performance by Race, Foster Care Re-Entry

	2018B/2019A	2019B/2020A	2020B/2021A
All Children in California	7.15%	6.16%	6.63%
American Indian/Alaska Native	11.68%	11.49%	9.38%
Asian	*	*	*
Black or African American	8.24%	7.83%	7.08%
Native Hawaiian/Other Pacific Islander	*	*	*
Hispanic (of Any Race)	6.65%	5.80%	6.49%
White	7.33%	6.05%	6.67%
Unknown/Unable to Determine or Missing	*	*	*
Two or More Races	10.34%	7.94%	7.81%



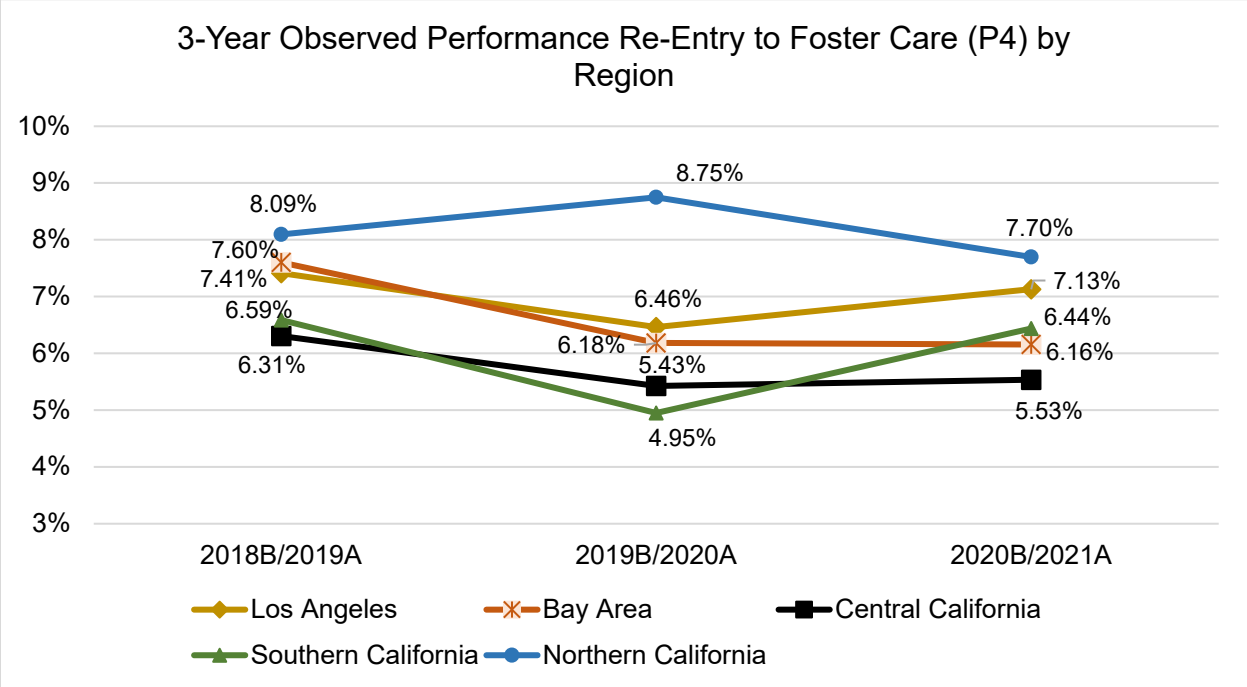
Source: CFSR 4 Data Profile

The foster care re-entry rates by race/ethnicity shows unique trends. For Hispanic and White children, there was a decline in re-entry for those who exited care during 2019B/2020A compared to those who exited care during 2018B/2019A. The re-entry rate for Hispanic and White children increased for those who exited during 2020B/2021A but remained at a lower level in comparison to those who exited care during 2018B/2019A. For both groups, it appears

that there was a drop in re-entry associated with the beginning of the COVID-19 pandemic and the re-entry rates increased the following year but did not return to the levels observed in 2018B/2019A. For Black or African American children, American Indian/Alaskan Native children, and children with Two or More races, the re-entry rates declined for both years. The disparities in re-entry rates narrowed during this period for Black, Native American, and Multi-racial children. It is unclear whether these trends were driven by the COVID-19 pandemic, policy changes, or another mechanism. Due to the small number of observations per year, data on Asian, Native Hawaiian/Other Pacific Islander, and those whose race/ethnicity data is listed as Unknown or Missing have been suppressed in keeping with the CDSS Data De-Identification Guidelines.

Table 16. Observed Performance by Region, Foster Care Re-Entry

	2018B/2019A	2019B/2020A	2020B/2021A
Los Angeles	7.41%	6.46%	7.13%
Bay Area	7.6%	6.18%	6.16%
Central California	6.31%	5.43%	5.53%
Southern California	6.59%	4.95%	6.44%
Northern California	8.09%	8.75%	7.7%



Source: CFSR 4 Data Profile

Examination of foster care re-entry rates by region demonstrates that most regions saw a decrease in re-entry for those who exited in 2019B/2020A compared to the prior year, followed by a slight increase for those that exited in 2020B/2021A. However, the re-entry rates for youth exiting care in 2020B/2021A remained lower than those exiting care in 2018B/2019A. COVID-19 may have contributed to some of these changes, with more youth not in school and away

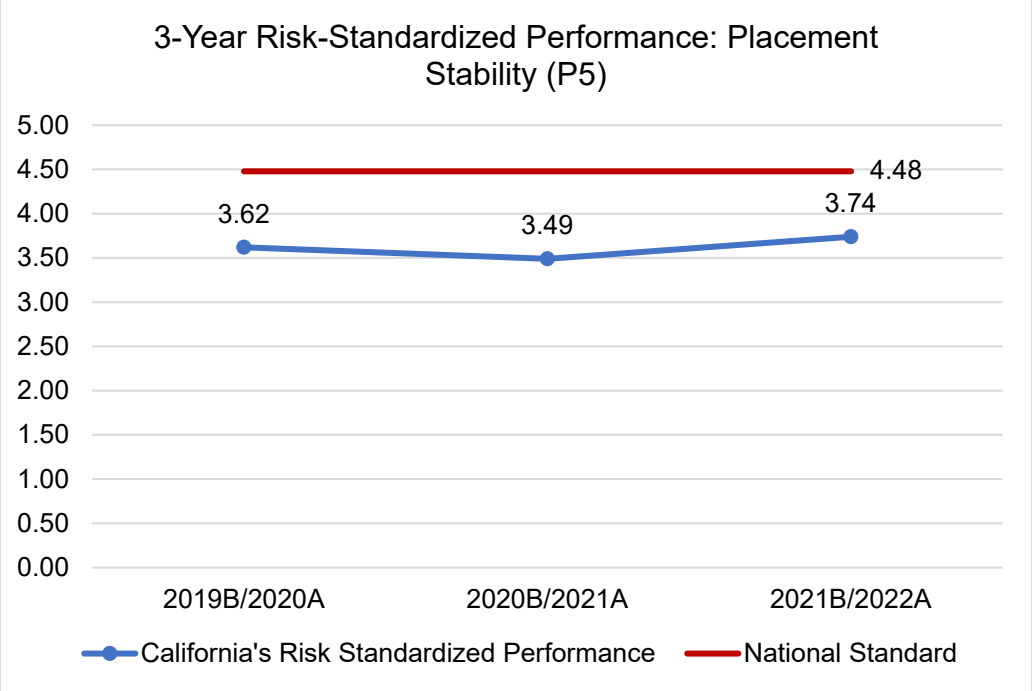
from mandated reporters. Northern California is the one region that saw higher re-entry rates for those exiting during 2019B/2020A. There are many counties included in the Northern California region, some of which have fewer than one exit per year. The chart below includes counties with 30 or more exits per year across each year as well as a weighted average of re-entry rates for counties with fewer than 30 exits per year across all three years. Some of the Northern Region's more populous counties saw higher re-entry rates during the COVID-19 pandemic, including Humboldt County, Sutter County, Butte County, Yolo County, and Sacramento County. Interestingly, small counties with fewer than 30 exits also saw higher re-entry rates in 2019B/2020A on average. It appears that re-entry was challenging for many Northern counties, and this was true for some rural and urban counties.

Placement Stability (P5)

California's performance on placement stability (or placement moves per 1,000 days in care) remained well below the national standard. For the Placement Stability data indicator, a lower value is desired. While there was a decrease (or improvement) in the number of placement moves per 1,000 days in care from 2019B/2020A to 2020B/2021A, this number increased in 2021B/2022A to a higher level than observed in 2019B/2020A. These trends may have been influenced by the COVID-19 pandemic.

Table 17. Risk-Standardized Performance, Placement Stability

	2019B/2020A	2020B/2021A	2021B/2022A
National Standard	4.48	4.48	4.48
Risk-Standardized Performance	3.62	3.49	3.74



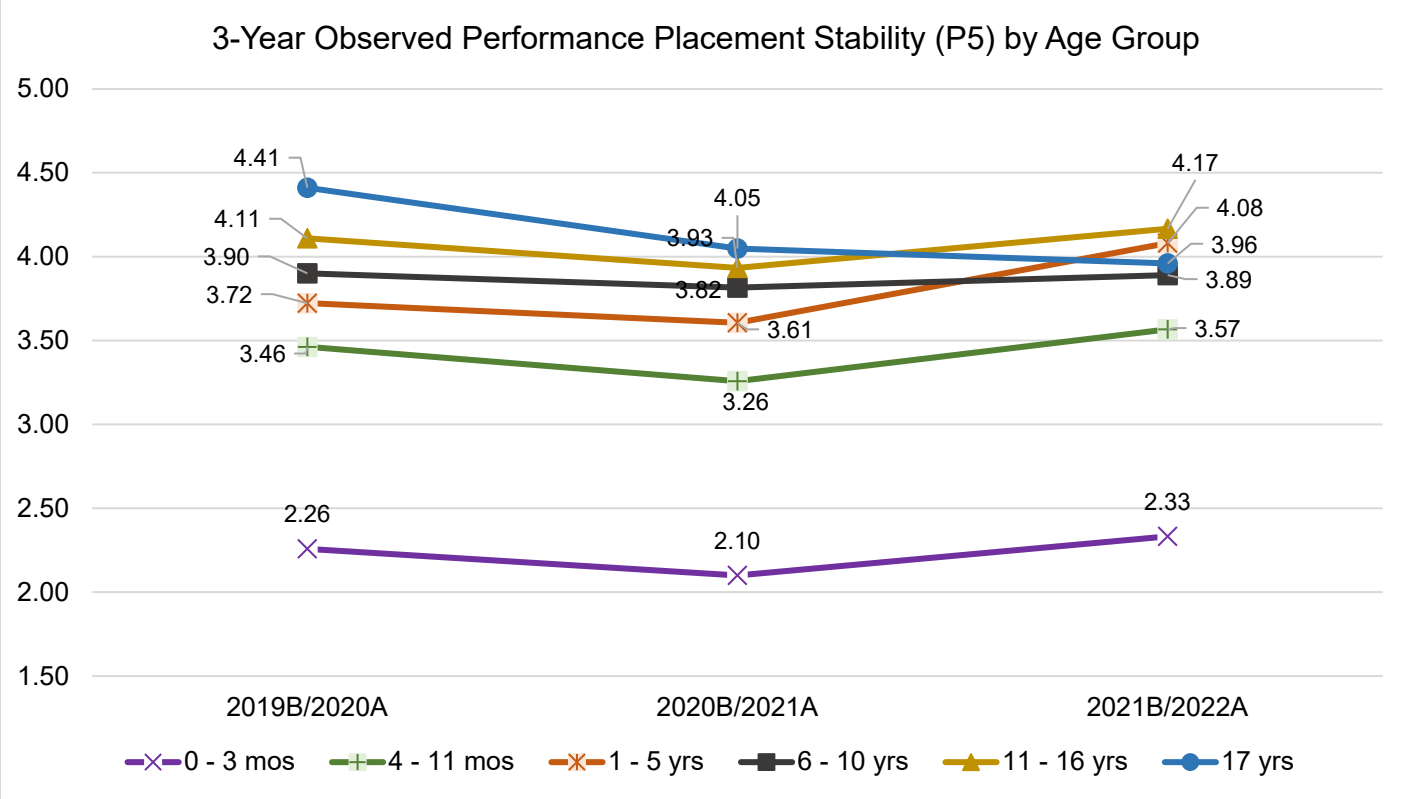
Source: CFSR 4 Data Profile

The CDSS also examined the Placement Stability data across several stratifications, including age, race/ethnicity, and region. The charts below depict California's observed performance

across these subgroups (please note overall performance is risk-standardized while these stratifications are based on observed performance).

Table 18. Observed Performance by Race, Placement Stability

	2019B/2020A	2020B/2021A	2021B/2022A
0 - 3 months	2.26	2.10	2.33
4 - 11 months	3.46	3.26	3.57
1 - 5 years	3.72	3.61	4.08
6 - 10 years	3.90	3.82	3.89
11 - 16 years	4.11	3.93	4.17
17 years	4.41	4.05	3.96

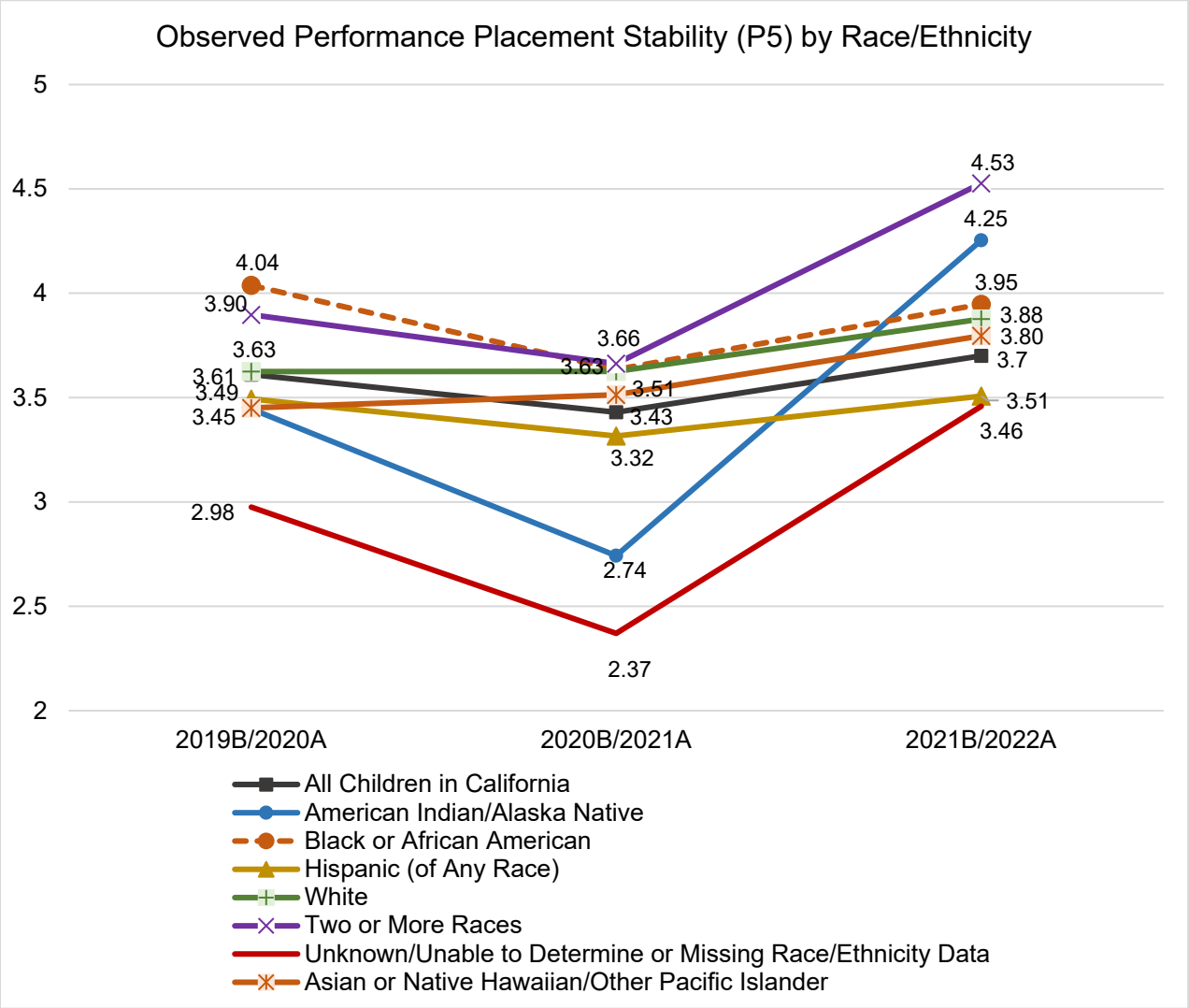


Source: CFSR 4 Data Profile

The trends by age group were similar across this period, with all groups seeing a decline in moves per 1,000 days in care for those who entered in 2020B/2021A compared to 2019B/2020A and most groups seeing an increase in moves per 1,000 days in care for those who entered care in 2021B/2022A. Youth who were 17 at entry saw a steady improvement in placement stability across this three-year period. On the other hand, one-five-year-old children entering care had poorer placement stability in 2021B/2022A compared to the previous two years.

Table 19. Observed Performance by Race, Placement Stability

	2019B/2020A	2020B/2021A	2021B/2022A
All Children in California	3.61	3.43	3.70
American Indian/Alaska Native	3.45	2.74	4.25
Black or African American	4.04	3.63	3.95
Hispanic (of Any Race)	3.49	3.32	3.51
White	3.63	3.63	3.88
Two or More Races	3.90	3.66	4.53
Unknown/Unable to Determine or Missing Race/Ethnicity Data	2.98	2.37	3.46
Asian or Native Hawaiian/Other Pacific Islander	3.45	3.51	3.80

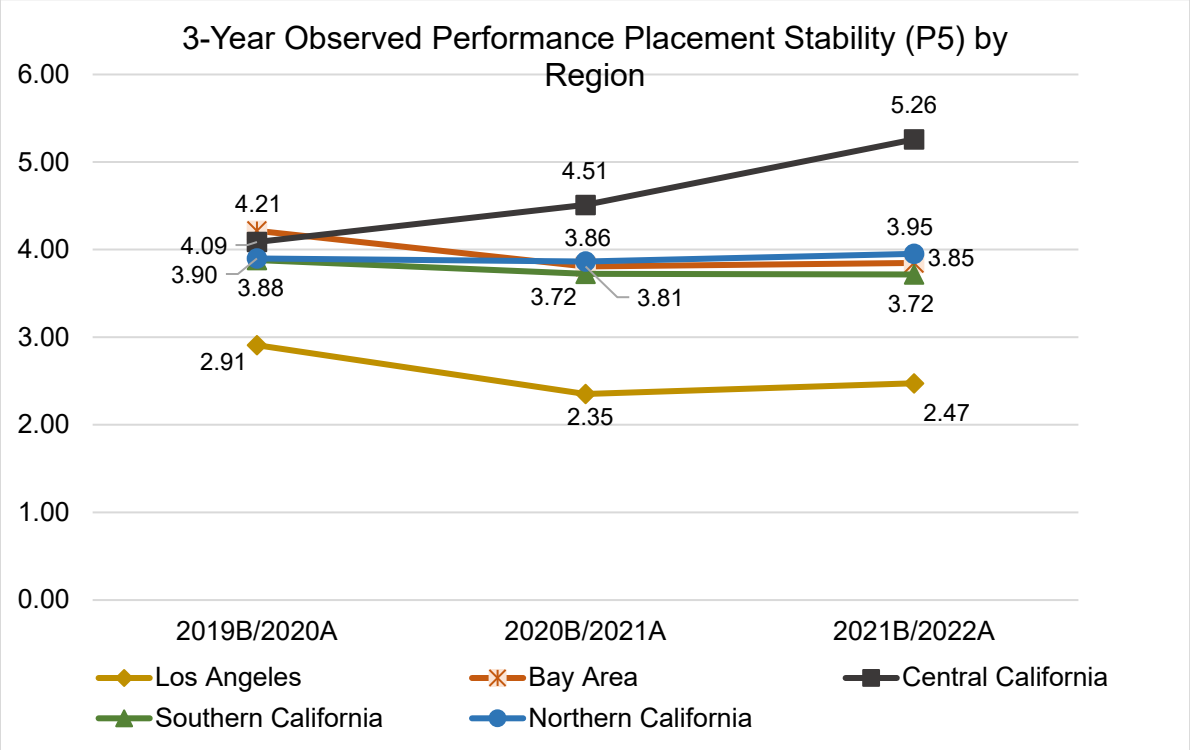


Source: CFSR 4 Data Profile

For California foster youth overall and most racial/ethnic subgroups, placement moves (per 1,000 days in care) declined slightly for those who entered care during 2020B/2021A compared to 2019B/2020A and then increased during 2021B/2022A. For almost all groups, placement moves were higher for those who entered during 2021B/2022A compared to those who entered during 2019B/2020A. The improvement in placement stability during 2020B/2021A may have been influenced by the COVID-19 pandemic. Black or African American children are the only group that had a smaller number of placement moves per 1,000 days in care in 2021B/2022A compared to 2019B/2020A. While placement stability worsened for California overall in 2021B/2022A compared to 2019B/2020A, the difference in performance between Black and White youth was reduced. American Indian/Alaskan Native youth had a more pronounced decline in placement moves for those entering care in 2020B/2021A and a more pronounced increase in 2021B/2022A. The small number of youth who are American Indian/Alaskan Native means that there may be greater year-to-year variation in trends.

Table 20. Observed Performance by Region, Placement Stability

	2019B/2020A	2020B/2021A	2021B/2022A
Los Angeles	2.91	2.35	2.47
Bay Area	4.21	3.81	3.85
Central California	4.09	4.51	5.26
Southern California	3.88	3.72	3.72
Northern California	3.90	3.86	3.95



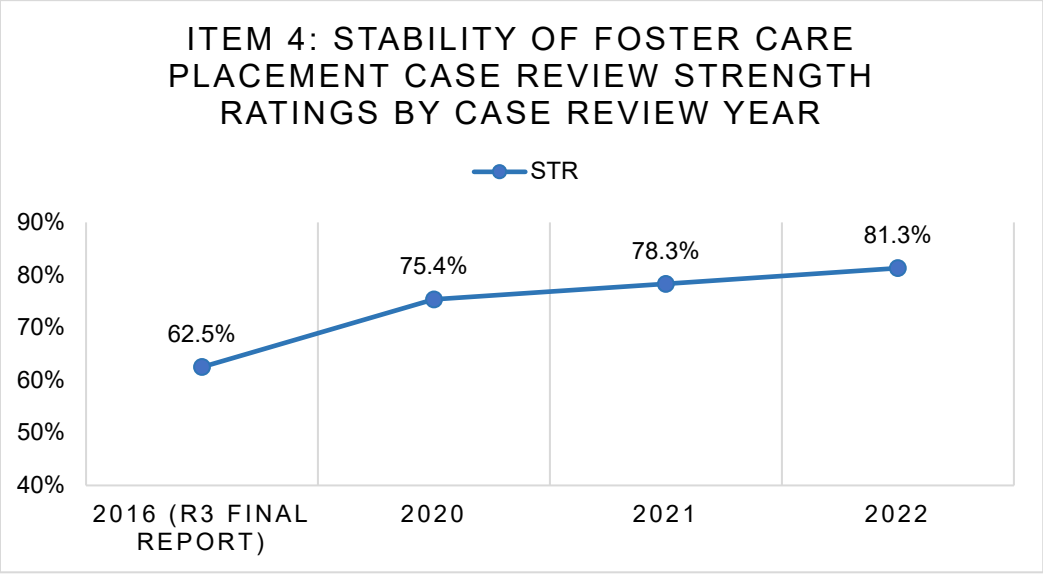
Source: CFSR 4 Data Profile

Analysis by region suggests that the higher number of placement moves for those entering care in 2021B/2022A may be influenced by regional or county trends. All regions, except Central California, had a smaller number of placement moves for those entering care in 2020B/2021A in comparison to 2019B/2020A. For the Bay Area, Southern California, and Los Angeles, placement moves either stayed the same or increased slightly for 2021B/2022A in comparison to 2020B/2021A but remained below the number of placement moves observed in 2019B/2020A. Northern California observed placement moves in 2021B/2022A that were slightly higher than 2019B/2020A. However, Central California showed a very different trend. Placement moves increased dramatically for both 2020B/2021A and especially 2021B/2022A.

The California-Child and Family Services Review (C-CFSR) process is a tool for state program oversight in which counties do county self-assessments (CSAs) and develop system improvement plans (SIPs) and strategies for improvement (see Item 25 for additional information about the C-CFSR process and the county SIP strategy breakdown). Some of the county-selected strategies align with the Statewide Data Indicators. Currently, 54 of California's 58 counties are working on strategies aligned with the Statewide Data Indicators designed to improve Permanency Outcome 1. For example, some popular strategies include implementing or improving Child and Family Teams (CFTs), improving family finding and engagement, and implementing enhanced foster family recruitment strategies.

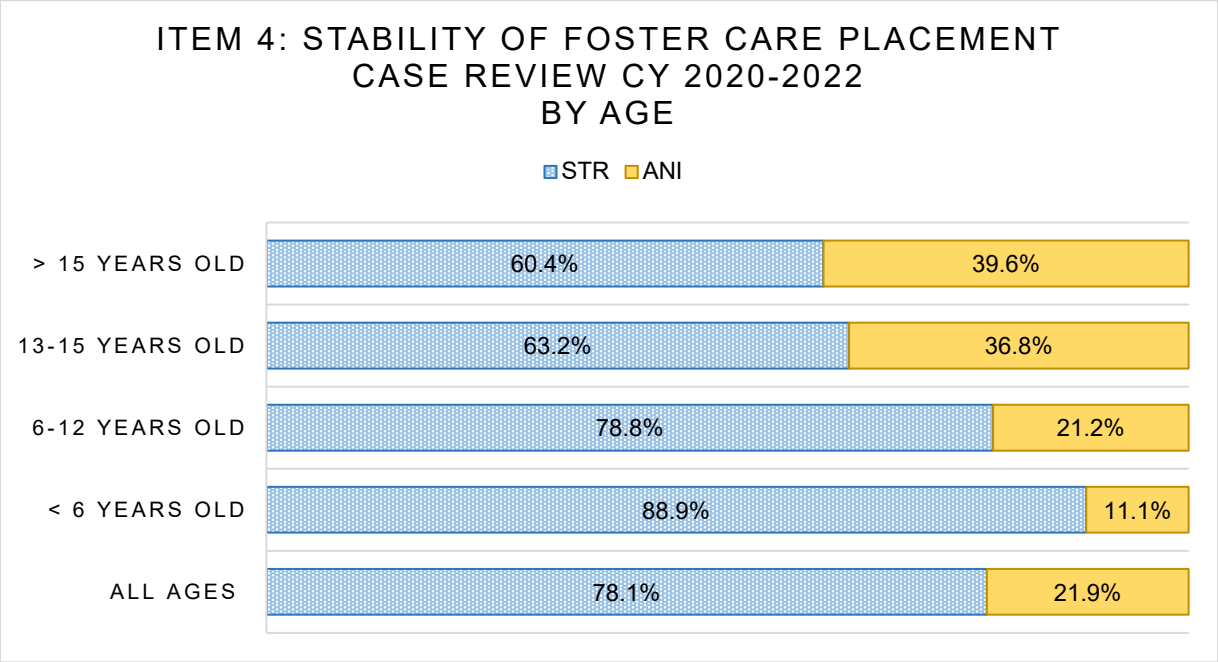
Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 4: Stability of Foster Care Placement

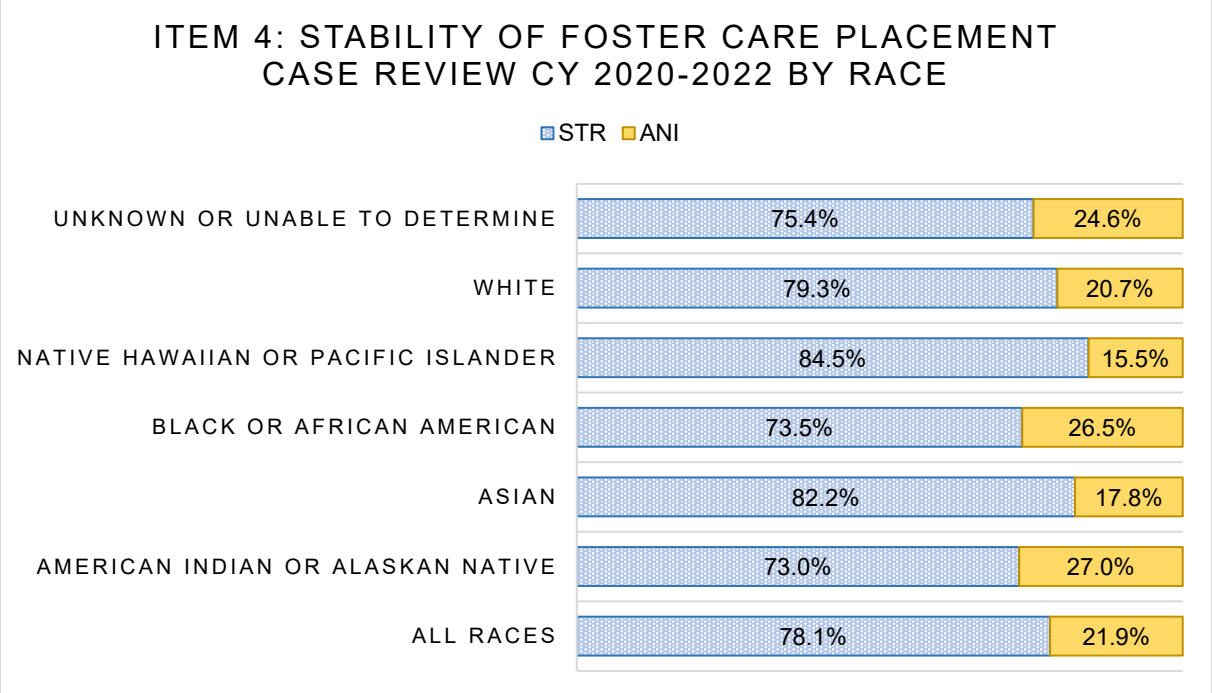


In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. However, California's performance since the publishing of the 2016 Administration for Children and Families (ACF) Round 3 Final Report is trending in a

positive direction, beginning with a significant increase to 75.4 percent in 2020 and continuing to trend upward to 81.3 percent in 2022.



Of all cases reviewed between 2020 and 2022, the proportion of children aged 16 or older whose cases received a strength rating for Item 4 is smaller (60.4 percent) than all other age groups. When compared to children younger than six (88.9 percent), this is a 28.5 percent difference. Like other Case Review Items, age seems to have a negative relationship with cases receiving a strength rating for Item 4.



Of all cases reviewed between 2020 and 2022, a smaller proportion of cases for American Indian or Alaskan Native (73.0 percent) children and Black or African American (73.5 percent) children were rated as a strength on Item 4 than other groups. When compared to Asian (82.2 percent) children, this is a difference of almost nine percent.

In 2015, California passed the landmark legislation, Assembly Bill (AB) 403, which drew together numerous existing and new reforms to the child welfare system to ensure that when children are removed from their own families, they are supported with a broad continuum of programs and services tailored to their individual needs. Under the reform, emphasis and investments have been placed to ensure that youth are supported in the least restrictive home-based setting when possible, and that reliance on residential care is limited to circumstances when the child requires residentially based, short-term interventions designed to enable the child's successful transition into a permanent home-based family placement. This reporting period, calendar year (CY) 2019 to 2021, encompasses observable successes and areas of growth needed under this reform. Noting that this timeframe also includes the implementation of the Family First Prevention Services Act (FFPSA) as well as the global COVID-19 pandemic.

System Integration to Support Placement Stability

Youth engaged in the child welfare system, and especially those requiring a higher level of care, are often engaged with multiple systems, education, health, regional services, etc., which can present significant issues which may delay or limit the effectiveness of any service. To support the integration of the systems serving youth to align and be responsive to the individual needs of children and their families, AB 2083 (Chapter 815, Statutes of 2018) was passed. This legislation requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. An MOU tool additionally was developed to support local systems in the development of these procedures/policy.

AB 2083 additionally established a cross departmental workgroup to engage, and per the statute, to establish a multi-agency analysis of the identified gaps in meeting the needs of children with complex needs. This analysis focused heavily on the unique needs of children in foster care including with respect to permanency. The multi-agency analysis report incorporated evaluation of a variety of quantitative and qualitative data sources, including data from technical assistance provided by the State and multi-departmental matched data. The key findings within the report included:

- Siloed practices in planning and delivering services are a major actionable cause of the gaps and inefficiencies in how systems assess and respond to the needs of children and families holistically.
- Implementation of trauma-focused program models within the system of care is incomplete across the state in terms of the availability of trained professionals, evidence-informed assessments, and evidence-informed intervention models.
- A statewide gap exists in programming with specialized competencies capable of serving the needs of children, youth, and families who have multiple co-morbidities or cross-system needs.
- Children and families need more proactive and holistic services across systems to stabilize children in their own families and communities, and to reduce the incidence of foster care.

As stated above, this report, and the data therein, has advised the CDSS and system partners to develop strategies to address the issues identified, which are listed below. To view the full report, please view the Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma

State Level Technical Assistance

Since the inception of the Continuum of Care Reform, the CDSS has engaged with stakeholders regularly and provided technical assistance proactively to support implementation and, when requested, to support a county with a child-specific need, or the local community to support their overall continuum [All County Letter (ACL) No. 21-119]. The following technical assistance types seek to support the placing entity in helping youth attain appropriate placement and, when possible, maintain placement by collaboratively engaging local partners to address barriers.

Child-Specific Technical Assistance Calls

When a county or Tribal placing agency is experiencing barriers to placement and stability, and has exhausted all known local resources, the placing agency or any other system partner may request a Technical Assistance (TA) call to be facilitated by the CDSS or the State System of Care team. The goal of a Child-Specific TA call is to support the local team with child-specific case recommendations and to identify appropriate services to stabilize placement and meet the needs and permanency goals of youth in foster care or at risk of entering foster care.

University of California Davis TEAM Case Consultations

The CDSS provides Case Consultations to improve the quality of life and placement stability for youth with neurodevelopmental disorders and psychiatric comorbidity, including autism, attention-deficit/hyperactivity disorder, traumatic brain injury, post-traumatic stress disorder, depression, and more. The University of California (UC) Davis TEAM specializes in child and adolescent psychiatry from the MIND Institute at the UC Davis School of Medicine. Services include diagnostic clarification, medication and treatment recommendations, resources, and strategies to stabilize the youth.

Data indicates that 59 percent of youth referred to the TEAM program were at risk of placement disruption. Data also indicates that of youth referred to the TEAM program, 23 percent were African American, 23 percent Hispanic, 24 percent Caucasian/Hispanic, 18 percent Caucasian, 6 percent African American/Hispanic, and 6 percent African American/Caucasian.

Data indicates that 64 percent of youth referred experienced improved outcomes, 43 percent of youth served experienced placement stabilization outcomes, and 7 percent experienced permanency outcomes.

Dr. Haleigh Scott (Ascend Diagnostic & Support Services)

Designed to improve the quality of life and placement stability for youth with Intellectual and Developmental Disabilities (IDD) and their families, Case Consultations are tailored to fit the needs of the youth and can include strengthening collaboration and teaming with system of care partners, individual coaching of family or team members to develop connection and trust with the youth and manage youth behaviors, strategies for modifying mental health interventions to meet the needs of youth with IDD and trauma, strategies to preserve placement or assist with transitioning the youth, and other resources.

Since the start of the contract in June 2020, the program has received approximately 31 referrals. The table below displays a breakdown on current case status. Overall, youth have

ranged in age from between the ages of five to 20 years old. There are nine cases in progress and four that have completed services.

Table 25. Referrals Received

In Progress	9
Closed Case Consultation and Services Complete	4
Closed Case Consultation Services Incomplete	1
Closed Case Consultation Only	12
Closed Ineligible	5
Total Number of Youth	31

Data presented at the June 2022 Partnerships for Well-Being Institute includes the following preliminary data (n=15). Of the youth referred for case consultation, 37 percent identified as Hispanic, 37 percent identified as African American, 16 percent identified as mixed race, and 10 percent identified as Caucasian. Furthermore, 87 percent of youth referred implemented Dr. Scott's recommendations and 69 percent saw improved outcomes.

Policy Strategy Responses

The following programs and technical assistance offerings have been implemented to address the identified issues and gaps related to permanency outcomes.

Children's Crisis Continuum Pilot Program

AB 153 (Chapter 86, Statutes of 2021) required the CDSS, jointly with the Department of Healthcare Services (DHCS), to administer a request for proposal (RFP) process to select counties or regional collaboratives of counties to participate in the Children's Crisis Continuum Pilot Program (CCCPP). The CCCPP seeks to stabilize placement for youth with complex needs and support youth permanency outcomes by providing a framework for a highly integrated continuum of care for foster youth with high acuity needs with the goal of keeping youth in families and eliminating the need for placement of foster youth in out-of-state facilities. The CDSS was appropriated approximately $61.3 million to disburse to select counties to implement the CCCPP.

One of the primary goals of the CCCPP is improving the quality of care for foster youth with complex care needs until and following achievement of permanency. The CCCPP aims to create a continuum of care for foster youth experiencing a behavioral health crisis that can meet their emergent needs allowing them to return to a less restrictive setting with supports and services in place to prevent re-escalation. A primary component of the CCCPP's model is a well-staffed intensive transition planning team that streamlines assessment and treatment planning across the continuum of care and ensures continuity between placement and treatment, transition, and permanency planning. The CDSS will be able determine the CCCPP's impact on a range of permanency outcomes after the program begins implementation.

Complex Care Capacity Building Funding

AB 153 provided $43.3 million in funding to both county welfare agencies and probation departments to support counties with establishing a high-quality continuum of care designed to support foster children/NMDs in the least restrictive setting, consistent with the child/NMD's permanency plan. Counties were required to complete and submit a Self-Evaluation for Complex Care Capacity Building to determine where there are gaps in their continuum of care and then develop a Complex Care Capacity Building Proposal to describe how they will fill those

gaps with the funding provided. As of July 2023, eight proposals have been submitted and four have been approved.

Child-Specific Requests for Exceptional Needs

AB 153 makes available funds that implement recommendations of child-specific assessments, evaluations, enhanced care planning or ongoing technical assistance that identify exceptional needs to support individual children in foster care within California in the least restrictive setting. $18.1 million dollars were allocated to counties for child-specific requests and was made available to the counties by request.

Assembly Bill 2083: Children and Youth System of Care

AB 2083, described above, created the Child and Youth System of Care State Technical Assistance Team to support local Children and Youth System of Care implementation through the provision of child- or youth-specific technical assistance to help identify gaps in placement types, services, and other issues with the placement and service options available to county child welfare agencies and county probation departments for children and youth in foster care who have experienced severe trauma.

Table 22. Age groups served through System of Care State technical assistance meeting, December 2021 – June 2022

Age of Youth at the Time of the Call	Percent of Each Age Group
Ages 7 – 11	16%
Ages 12 – 14	35%
Ages 15 – 17	46%
Ages 18 – 19	2%

Table 23. Identified gaps and barriers to placement stability reported for youth served by System of Care State technical assistance meetings, December 2021 – June 2022

Types of Gaps for Placement	Percent of Identified Gaps for Placement
Access to specialized services: Commercially Sexually Exploited Children, Intellectual/Developmental Disabilities/Mental Health, Sexual Orientation and Gender Identity and Expression, Substance Use Disorder, Tribal, etc.	16.8%
Linkage and coordination to appropriate mental health services	14.4%
Access to Qualified Residential Therapeutic Program (QRTP) (14-day notices, denials, lack of capacity for specialized needs)	13.6%
Lack of Intensive Services Foster Care home	11.5%
Lack of CFT	9.6%
Integrated services delivery across systems	8.8%
Lack of Therapeutic Foster Care home	7.5%
Access to appropriate regional center services (services and setting options)	5.9%
Lack of Foster Family Home	4.0%
Lack of enrollment and lack of attendance in school	3.7%

Types of Gaps for Placement	Percent of Identified Gaps for Placement
Access to a higher level of care than an acute setting like a Mental Health Rehabilitation Center, Psychiatric Health Facility, or Institution for Mental Disease	2.4%

Table 24. Barriers to Placement Identified by System of Care Partners

Barriers to Placement Identified by System of Care Partners	Percent of Each Barrier
Specialty Mental Health Services not provided	10.4%
No system individually meets the youths' needs	9.9%
CFT not comprehensive	9.7%
Complexities in serving child/youth involve multiple systems' services	9.4%
Lack of cross-system competency	8.5%
Regional center residential options limited based on the complex needs of the child/youth	7.7%
Substance Use Disorder	7.7%
School attendance	5.6%
Individualized Education Program is not up to date	5.1%
Lack of systems working together	4.6%
Lack of system partners communicating and talking with one another	3.6%
Youth/Family voice not present or heard	3.6%
Parents are unable to have youth in the home due to youth's level of need	3.4%
Interagency Placement Committee not functioning optimally	1%
Youth has been in a locked setting for an extended amount of time exceeding 1 year	1%
Presumptive Transfer (PT) (placing agency did not notify Mental Health Plan of PT)	1%
Lack of youth engagement in services	1%
Provisionally licensed Short-Term Residential Therapeutic Program (STRTP)	1%

Assembly Bill 1811: Trauma Informed Training to Reduce Law Enforcement Intervention

AB 1811 (Committee on Budget, Chapter 35, Statutes of 2018) appropriated a total of $5 million dollars and authorized statewide training and community-based, culturally relevant, trauma-informed services to reduce law enforcement involvement with youth residential facilities. The CDSS released a Request for Proposal (RFP) on March 23, 2022 and has identified a lead agency to fulfill the RFP requirements and has begun a contract with the McKinley Children's Center. The CDSS will work with the selected training contractor to monitor performance and to collect youth data outcome and justice system measures including:

Table 25. Youth Data Outcomes and Justice System Measures Monitored

Youth Outcomes	Justice System Measures
Exits to families from congregate care	Frequency of law enforcement responses to facilities for low-level offenses
Improvement in youth health and well-being	Number of charges resulting from law enforcement responses
School and community stability	Days youth spend in detention
Educational attainment	Youth placement in congregate care
Employment opportunities	School and placement disruption
	Facility staff turnover

The training program will improve placement stability and outcomes for foster youth in youth residential facilities through the delivery of community resources and the reduction of law enforcement calls. Facility staff and law enforcement will receive training and ongoing technical assistance in trauma-informed approaches and diversion protocols to better manage challenging behaviors and symptoms of trauma before law enforcement is contacted. The training program also pursues collaborative, data-driven efforts to advance effective policy and practice to address racial disproportionalities for youth experiencing mental or behavioral health crises resulting in a law enforcement interaction, through a focused expansion of trauma-focused alternative interventions.

Family Urgent Response System

AB 79 (Chapter 11 Statutes of 2020) established the implementation of the Family Urgent Response System (FURS), a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability for the purposes of preserving the relationship of the caregiver and the child or youth; providing developmentally appropriate relationship conflict management and resolution skills; stabilizing the living situation; mitigating the distress of the caregiver or child or youth; connecting the caregiver and child or youth to the existing array of local services; and promoting a healthy and healing environment for children, youth, and families. FURS is intended to have multiple positive effects on the lives of children, youth, and caregivers, including:

- Preventing placement disruptions and preserving the relationship between the child or youth and their caregiver
- Preventing the need for a 911 call or law enforcement involvement and avoiding the criminalization of traumatized youth
- Preventing psychiatric hospitalization and placement into congregate care
- Promoting healing as a family

The CDSS implemented the FURS statewide hotline on March 1, 2021. The FURS county mobile response services were to be implemented on March 1, 2021, unless an extension request was submitted and approved following the guidance in ACL No. 20-89. The state statutory requirement for all county mobile response systems to be implemented by July 1, 2021, remained in effect. As a result, full implementation of the California Family Urgent Response System occurred on July 1, 2021.

Within the first year of the FURS program, utilization of the hotline and mobile response steadily increased as observed in month-to-month comparisons. A total of 4,252 calls were made to the hotline from the launch of the hotline on March 1, 2021, to June 30, 2022, with 991 of those

calls going to an in-person mobile response. Approximately 23 percent of all calls are referred to counties for a mobile response. An impressive 39 percent of calls were stabilized at the hotline without requiring any additional referrals to other services including mobile response. Another 13 percent of callers were provided referrals to other services, while 25 percent of callers either disconnected or declined services (this group includes all the callers who may have called to test the hotline or to ask questions about the service but were not necessarily calling for direct service from the FURS hotline). A total of 1,429 calls to the hotline came from caregivers while there were 756 calls from current and former foster youth. Of the 756 youth callers, approximately 76 percent of the callers identified themselves as associated with Child Welfare agencies as compared to 2.5 percent of callers identifying themselves as Probation youth. The largest group of youth callers fell into the 18-21-year-old category (37.7 percent) with the next largest age group being the 11-15 age group at 31 percent and followed by the 16-17 age group (16.8 percent). Approximately 7 percent of youth callers were age 10 and younger.

Placement Change Requirements

The CDSS collaborated with California Youth Connection to provide guidance (ACL No. 19-26 and ACL No. 22-100) on working with Resource Families to maintain youth in placement until they can successfully reunify or establish permanency. This guidance was needed to ensure that caseworkers were deeply engaged with the child and the resource families to minimize or alleviate any barriers or concerns with placement of the child to remain in the home.

The table below shows that for child welfare services (CWS), placements remained relatively consistent, with some improvement in Calendar Year (CY) 2020. The reasons why are unclear, although the COVID-19 pandemic may have had some impact on trying to maintain placements with more diligence. The data also shows that for probation youth, placement stability was best achieved during CY 2019, prior to the COVID-19 pandemic, and more moves began to occur from CY 2020-2021.

Table 26. Child Welfare Placement Moves Per 1,000 Days

	JAN2019-DEC2019	JAN2020-DEC2020	JAN2021-DEC2021
Under 1	2.70	2.48	2.76
1-2	3.91	3.48	4.07
3-5	3.89	3.58	4.38
6-10	4.03	3.56	3.88
11-15	4.32	3.92	4.11
16-17	4.30	4.04	4.10
Total	3.76	3.39	3.76

Source: Child Welfare Indicators Project (CCWIP) P5: Placement Stability

Table 27. Probation Placement Moves Per 1,000 Days

	JAN2019-DEC2019	JAN2020-DEC2020	JAN2021-DEC2021
Under 1	.	.	.
1-2	.	.	.
3-5	.	.	.
6-10	.	.	.
11-15	1.35	1.70	1.61

	JAN2019-DEC2019	JAN2020-DEC2020	JAN2021-DEC2021
16-17	1.03	1.33	1.42
Total	1.16	1.48	1.48

Source: CCWIP P5: Placement Stability

Family First Prevention Services Act Part IV

Court reporting/case planning

AB 153 (Chapter 86, Statutes of 2021) requires additional documentation in the child welfare and/or probation case plan to demonstrate permanency planning that includes the child and family as outlined in ACL No. 21-114. AB 153 requires additional court oversight for STRTP placements, including court hearings within 45 calendar day, and in no event later than 60 calendar days from the start of each new STRTP placement, and ongoing status review and permanency requirements as outlined in ACL No. 21-114.

Qualified Individual

FFPSA Part IV requires that any child engaged in the foster system being considered for placement in an STRTP must be independently assessed by a Qualified Individual (QI) prior to any placement, other than an emergency placement of a foster child, as a condition of Title IV-E funding eligibility. FFPSA establishes requirements regarding who may perform the functions of the QI, with the express intent to ensure the qualifications and independence of this role in making a determination regarding the necessity of a child's placement into a QRTP. The activities of the QI have been funded in California as an Intensive Care Coordination (ICC) activity under Medi-Cal Specialty Mental Health Services. Under the authority in WIC 4096(h), the CDSS and DHCS determined the QI must be a Licensed Mental Health Professional (LMHP), or be a registered, waivered, or a trained professional who is working under the clinical supervision of an LMHP.

The QI completes a full specialty mental health assessment and report, using the Child Adolescent Needs and Strengths (CANS) tool as part of the assessment to:

1. Assess the strengths and needs of the child and determine if those needs can be met in a family-based setting. If not, determine the most effective and appropriate level of care for the child in the least restrictive environment that is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child, and
2. Develop a list of child specific short and long term mental and behavioral health goals.

Nursing Requirement

The CDSS procured the 24/7 Short-Term Residential Therapeutic Program (STRTP) Nurse Hotline which seeks to ensure that STRTP providers can support the physical health needs of children/NMDs in placement, and especially for those with special health care needs. From December 1, 2021 to December 31, 2022, the hotline received 98 calls and the outcomes and data are collected from the hotline's monthly triage reports. Triage data is disaggregated into the following components:

Table 28. Triage data components

Number of Calls	Call Type
48	E-1 Calls: Patient can be treated at home: Indicates that education was given and able to be accomplished over the phone
26	E-2 Calls: Patient needs to see Primary Care Physician (PCP) within 24 hours-3 days: Indicates that education was given but more care was needed beyond telephonic education
22	E-3 Calls: Patient needs to call Emergency Medical Services, go to Emergency Room, or call Primary Care Physician now or see Health Care Provider within 4 hours: Indicates patient is low or out of critical medication or Durable Medical Equipment and needs immediate assistance

Active Supportive Intervention Services for Transition Specialized Permanency Support

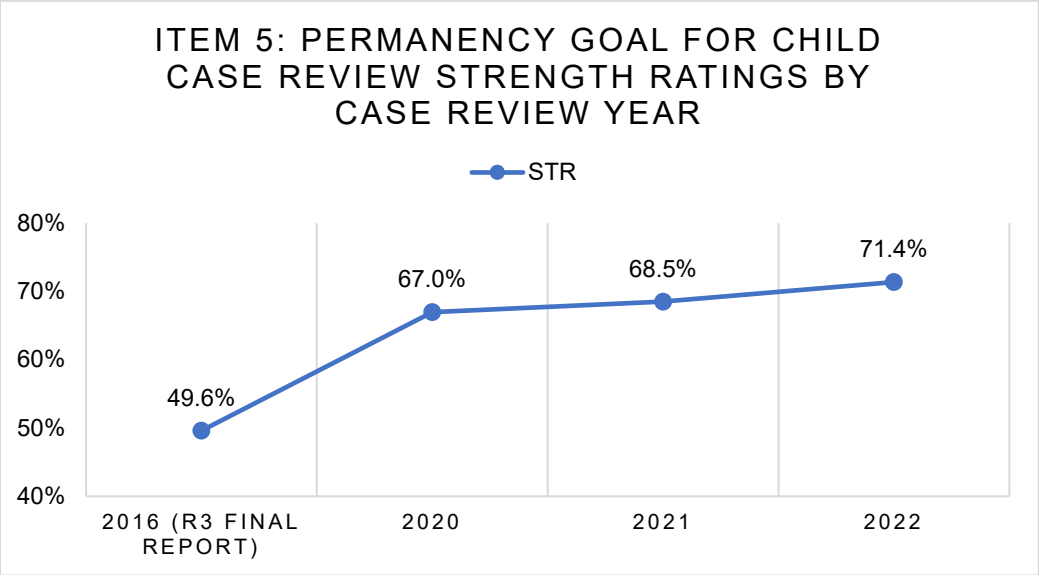
The Active Supportive Intervention Services for Transition/Specialized Permanency Services are available to all 58 counties and include the following services:

- Monthly webinars
  - Thirty-six webinars related to permanency have been completed
- Specialized permanency support and coaching
  - Thirteen counties have received coaching
- Child-specific case consultations to support permanency-focused agency practices

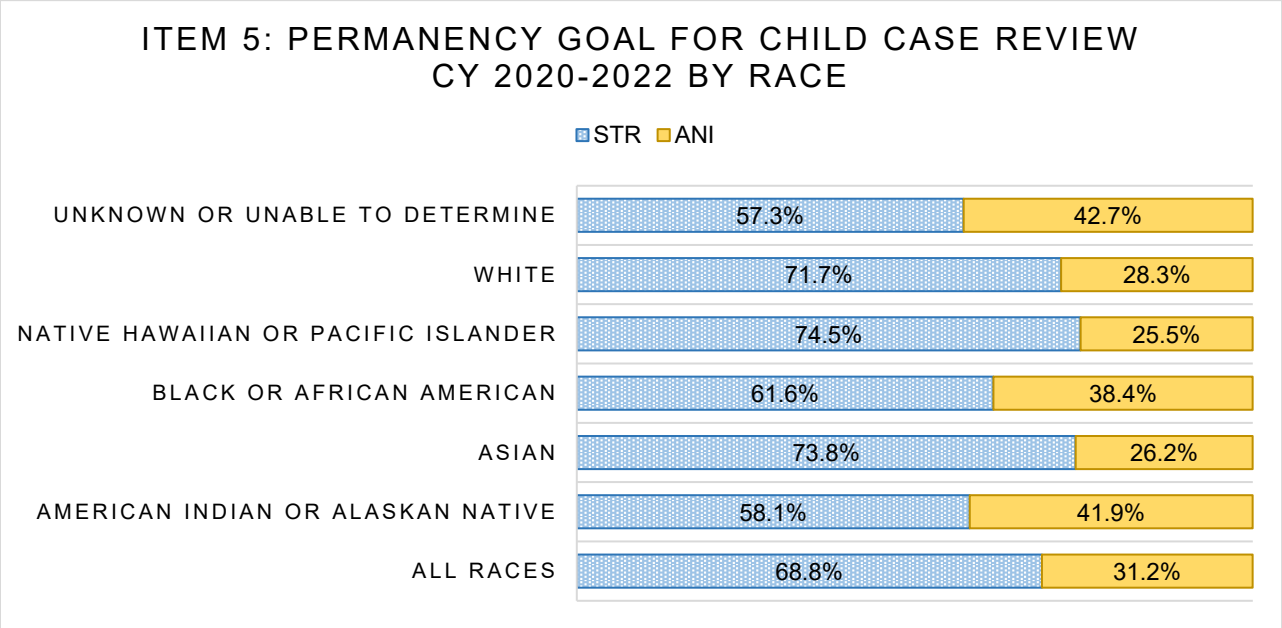
Table 29. Child-Specific Case Consultation/Coaching

Year Served	Number of Youth Served
2019	23
2020	10
2021	10
2022	9

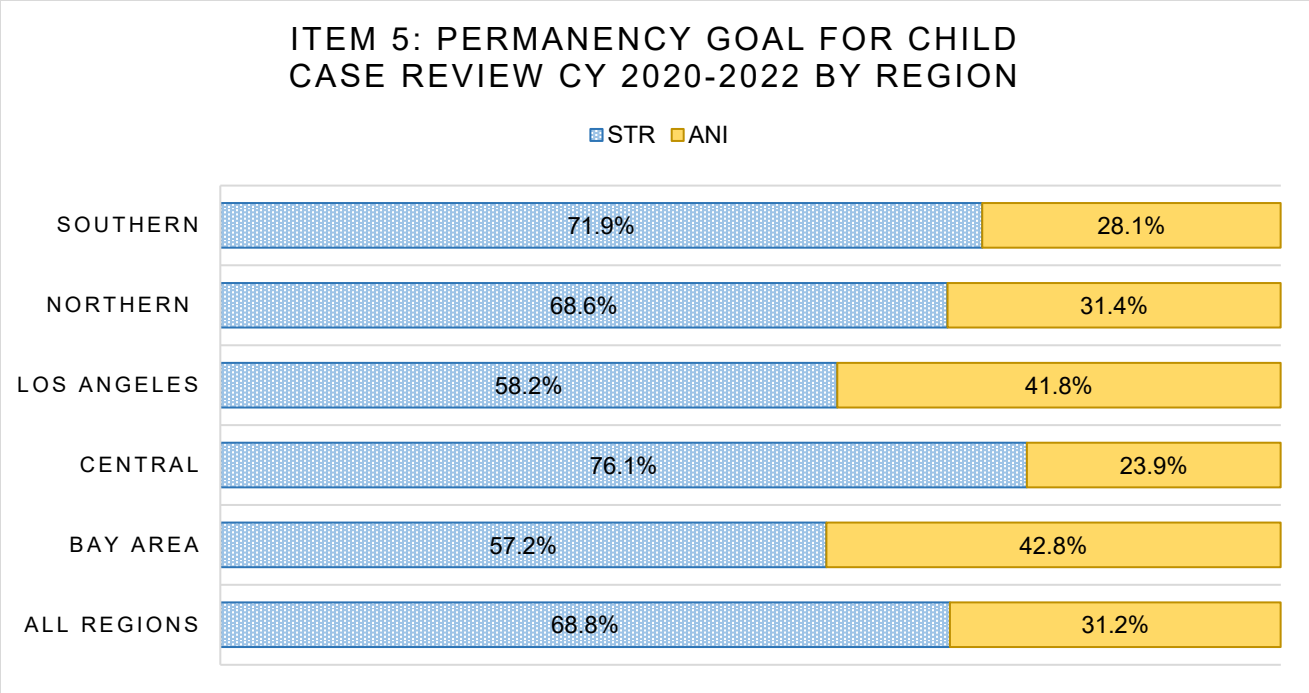
Item 5: Permanency Goal for Child



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. However, California's performance since the publishing of the 2016 ACF Round 3 Final Report is trending in a positive direction, with a nearly 20 percent increase from 49.6 percent in Round 3 to 67 percent in 2020 and continuing to trend positively up to 71.4 percent in 2022.



Of all cases reviewed between 2020 and 2022, a smaller proportion of cases for American Indian or Alaskan Native (58.1 percent) children were rated as a strength on Item 5 than all other identified races/ethnicities. When compared to Native Hawaiian or Pacific Islander (74.5 percent) children, this is a difference of over 16 percent. Additionally, children with an unknown or unable to determine race/ethnicity (57.3 percent) had the smallest proportion of cases rated as a strength than any other group.



Of all cases reviewed between 2020 and 2022, a smaller proportion of cases for children/youth receiving services in Los Angeles (58.2 percent) and the Bay Area (57.2 percent) were rated as a strength for Item 5 when compared to other regions. The Central region (76.1 percent) had that largest proportion of cases rated as a strength.

California has improved guidance on concurrent planning and permanency through a series of new statewide standard curriculum and policy guidance. AB 1544 (Chapter 793, Statutes of 1997) provided promising practices for concurrent planning during the life of a case. The All County Information Notice (ACIN) No. I-23-04 was disseminated to counties to assist in concurrent planning and permanency planning for child and families.

The provisions of the Strengthening Families Act were signed into state law on October 1, 2015 through Senate Bill (SB) 794 (Chapter 425, Statutes of 2015). SB 794 allows California to implement these provisions and remain in compliance with the federal Title IV-E State Plan; ACL No. 16-28 provides a breakdown of permanency goals and the requirements to achieve those goals of returning home, adoption, Tribal customary adoption, legal guardianship, fit and willing relatives and Another Planned Permanent Living Arrangement (APPLA).

In 2019, ACL No. 19-87 was developed to clean-up previous guidance regarding caseworker visits, and incorporates the state's Integrated Core Practice Model to support the continued quality improvement needed in this area of services. This guidance is to reiterate and clarify the expectations of social workers and probation officers for completing monthly visits with children in out of home placement. This ACL builds upon previous ACLs and ACINs regarding caseworker visits. This letter included the requirements for ACL No. 16-28 above regarding permanency goal discussions.

The CDSS noticed that the five regional training academies did not have a consistent training or guidance on current planning and permanency development of a case. In 2020, with

partnership between the CDSS and the California Social Worker Education Center, the following two statewide trainings replaced the previous different trainings.

Principles of Concurrent Planning is the first course in the standardized statewide Continuing Training series. The state has recorded that inappropriate permanency goals are common and that the lack of parent engagement and robust reunification efforts result in children and youth who are in out-of-home care longer than necessary. The Principles of Concurrent Planning curriculum was created to help address these concerns.

Concurrent Planning: Conversations and Documentation is the second course in the standardized statewide Continuing Training series. This course aims to improve practice by highlighting what activities are involved in concurrent planning, exploring how to prepare for and engage in those activities, and providing practical tools to ensure that work is consistently and accurately recorded in appropriate documentation. This course also provides skill practice activities to solidify these concepts into real world practice change.

Judicial Resources and Technical Assistance Reviews

Judicial Review and Technical Assistance (JRTA) reviews are conducted across the state annually. The JRTA reviews are provided by the Judicial Council of California (JCC). JRTA provides both onsite and remote site visits. Site visits may include observation of courtroom proceedings, meetings with judicial officers, court staff, attorneys, juvenile probation staff, and child welfare staff to discuss the preliminary results of the review and distribute educational materials, and the forwarding of written summaries of review results. Quarterly reports are provided to the CDSS. Reports include counties visited that quarter, number of site visits and summaries, and findings of site visits. In addition to the onsite reviews, JRTA also works with the CDSS to provide trainings for topics such as FFPSA and provides assistance at the CDSS's request for special projects, such as assistance in reviewing court documents during a county Title IV-E review.

Preliminary evidence from JRTA reviews was provided by the JCC for one large Southern California county, two small Northern California counties, and one large Bay Area county. Ensuring that the agency established appropriate permanency goals for the child in a timely manner varied across these counties. In the large Southern California county, reunification was the permanency outcome for most cases and youth were frequently returned to their parents after completing their rehabilitative goals (usually within 12 months of removal). However, achieving permanency for probation youth was difficult due to lack of committed caretakers. JRTA found that there was a serious problem with the permanent plan orders in this large Southern California county. For a variety of reasons, the permanent plan order was not made correctly in more than 50 percent of the hearings where it was required. They noted that more family finding efforts should be part of the record.

In the two small Northern California counties, permanency goals were timely except when hearings were contested. Similarly, for the large Bay Area county, permanency plans were found to be legally accurate most of the time in dependency court cases. However, for delinquency court cases in that same county, permanency plans were found to be legally inaccurate in nearly 80 percent of cases. Examples of reasons given were that:

- The permanency plan finding was not modified pending the selection and implementation hearing.
- The court ordered APPLA, and the child is not the right age.

- Court order permanent plan of placement in a Supervised Independent Living Placement (SILP) at several hearings
- Court ordered placement in SILP when the youth was in APPLA and placed in regional center placement; no compelling reasons listed
- Treated a hearing as permanency hearing with an out of home placement order and plan of placement with a fit and willing relative, when the relative is the legal guardian and the permanent plan should be to return home, as the child was returning home that day (was on an extended visit.)
- Several hearings had the following as the permanent plan: "The minor is eligible for AB 12 nonminor dependent services after dismissal from probation."
- The incorrect permanent plan
- At several hearings, the court ordered placement with a fit and willing relative although the child was still in a STRTP and had not finished programming.

County Survey Results

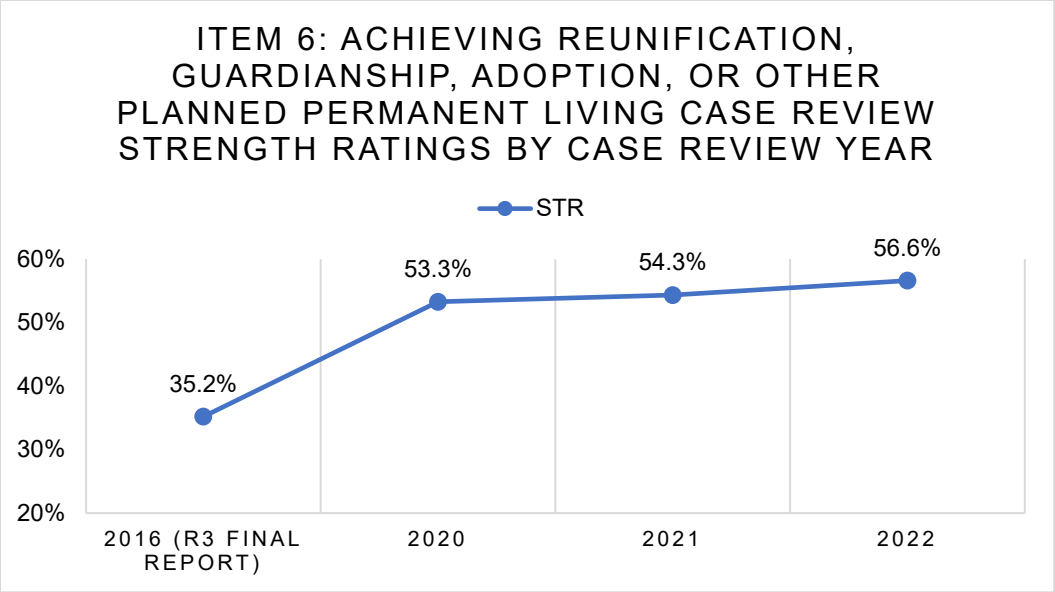
The CDSS distributed an open-ended survey to county child welfare services (CWS) and probation staff asking about barriers to establishing appropriate permanency goals for a child in a timely manner and factors that help them successfully establish permanency goals for a child in a timely manner. Responses represent case reviewers, social workers, Resource Family Approval (RFA) staff, and quality assurance staff from child welfare agencies in 24 different counties. Respondents indicated several barriers to timely permanency goal development, including but not limited to:

- Court delays
- Needing better engagement with families
- Staff needing more/better training
- Staffing issues
- Placement disruptions
- Needing better planning
- Coordination with adoptions and the CDSS

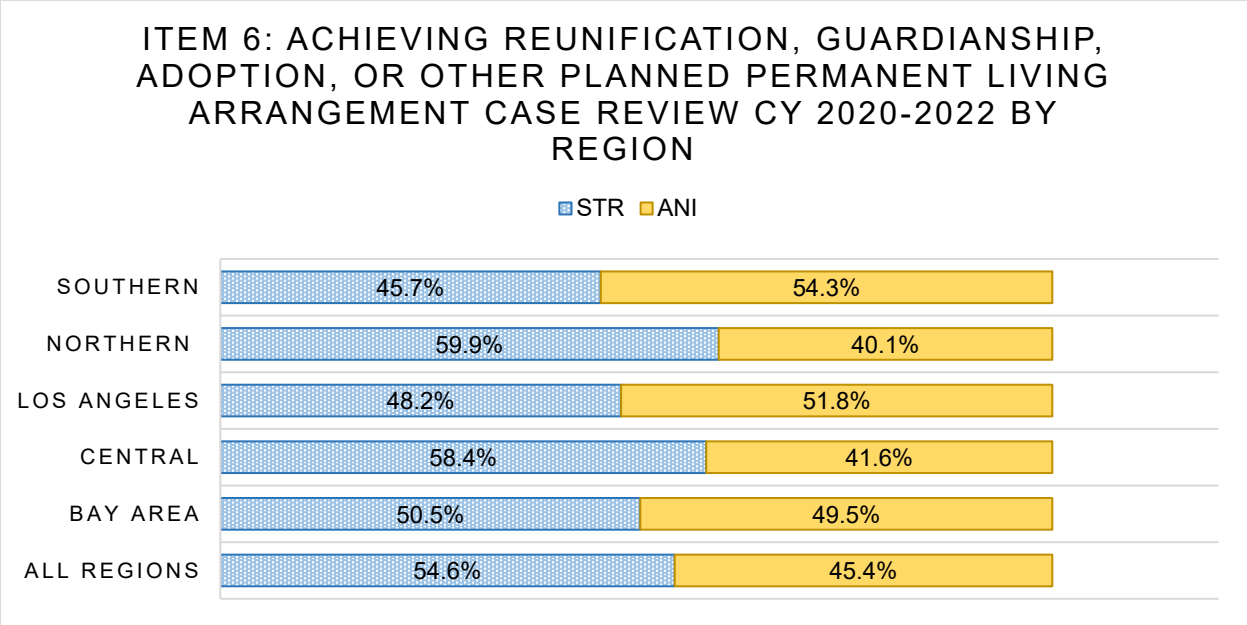
Respondents also identified several factors that help them successfully establish timely permanency goals, including but not limited to:

- Concurrent planning
- CFTs
- Identifying relatives early
- Conducting needs assessments early
- Collaborating with relatives
- Communicating and planning with the parents early and often
- Successful trainings and experienced staff
- Courts operating timely
- Coordination between CWS units
- Having clear policies in place

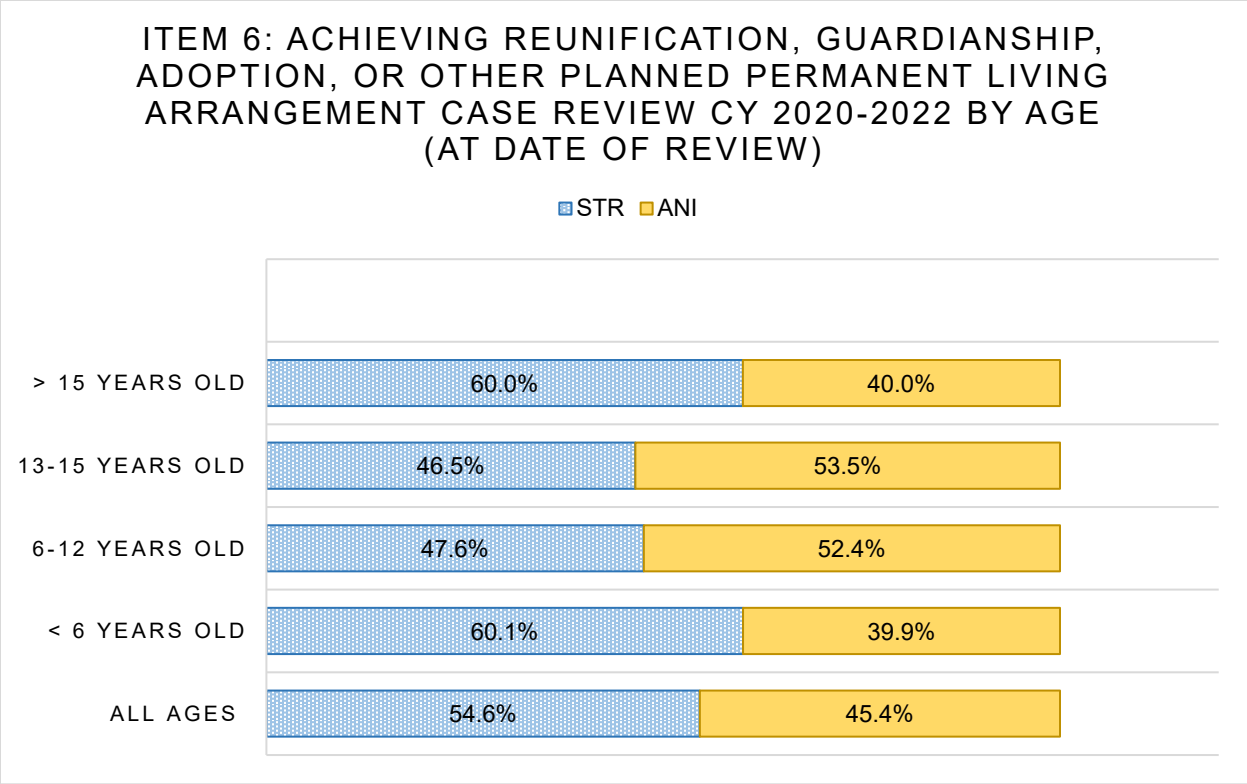
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanency Living Arrangement



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. California's performance since the publishing of the 2016 ACF Round 3 Final Report is trending in a positive direction, with a nearly 20 percent increase from 35.2 percent in Round 3 to 53.3 percent in 2020 and trending positively up to 56.6 percent in 2022.



Of all cases reviewed between 2020 and 2022, a smaller proportion of cases for children/youth receiving services in the Southern region (45.7 percent) were rated as a strength for Item 6 when compared to other regions. The Northern (59.9 percent) and Central (58.4 percent) regions had the largest proportion of strength ratings in the state.



Of all cases reviewed between 2020 and 2022, children/youth aged 16 or older (60 percent) and children younger than six years-old (60.1 percent) had a larger proportion of their cases rates as a strength for Item 6 than other age groups. This is different from many other case review items where older youth have a smaller proportion of their cases rated as a strength.

There is newly developed guidance on raising the standard for caseworkers to prove clear and convincing evidence rather than preponderance of the evidence in their court reports to ensure reasonable services. This legislation does not apply to probation youth, although the CDSS have provided data for that population to show their status below.

The purpose of this new guidance was to inform county welfare departments of the changes made by AB 2866 (Chapter 165, Statutes of 2022). AB 2866 added "clear and convincing evidence" as the standard of proof by which a juvenile court judge must find that reasonable services were provided or offered to a parent or legal guardian at the juvenile dependency review hearings held pursuant to Welfare and Institutions Code (WIC) 366.21(e), WIC 366.21(f), and WIC 366.22(a) during reunification.

The practical impact of AB 2866 is the need for as much information and documentation of services in the 18-month review report as there already should be in the six and 12-month review reports. The heightened standard of proof for reasonable services findings does not mean that more services must be provided for services to be considered reasonable, but rather that more detailed information or stronger evidence may be needed to prove that reasonable services have been provided. While preponderance of the evidence means "more likely than not," clear and convincing evidence is a heightened standard of proof. It requires a finding of high probability, or evidence so clear as to leave no substantial doubt and the unhesitating agreement of every reasonable mind.

As described above, the clear and convincing evidence standard already applies to the reasonable services finding at the six and 12-month review hearings. What is new is that the clear and convincing evidence standard now applies to the reasonable services finding at the 18-month review hearing as well. Thus, the practical impact of AB 2866 is the need for as much information and documentation of services in the 18-month review report as there already should be in the six and 12-month review reports.

The caseworker must provide detailed information in the child's case plan *Services Delivery Log* and/or the Child Welfare Services contact notes to demonstrate to the judge the services that have been provided to the family. In addition, the caseworker should attach these logs and/or notes to the court report to provide clear and convincing evidence to the court.

The data for CWS below shows that while the overall numbers of youth who achieve permanency within 12 months of entering care have decreased, the achievement of permanency vs. not achieving permanency has remained consistent in the data. This suggests that the CDSS are not making concerted efforts with regards to achieving permanency goals for youth.

Table 30. Youth who achieve permanency within 23 months by Exit Reason, CY 2019, CWS

Exit Reason	Permanency	No Permanency	Total
Adoption	184	0	184
Emancipation	0	44	44
Guardianship	236	0	236
No Exit in Time	0	17,868	17,868
Other	0	212	212
Reunification	7,880	0	7,880
Total	8,300	18,124	26,424

Source: SafeMeasures

Table 31. Youth who achieve permanency within 23 months by Exit Reason, CY 2020, CWS

Exit Reason	Permanency	No Permanency	Total
Adoption	187	0	187
Emancipation	0	40	40
Guardianship	259	0	259
No Exit in Time	0	15,177	15,177
Other	0	156	156
Reunification	6,530	0	6,530
Total	6,976	15,373	22,349

Source: SafeMeasures

Table 32. Youth who achieve permanency within 23 months by Exit Reason, CY 2021, CWS

Exit Reason	Permanency	No Permanency	Total
Adoption	136	0	136
Emancipation	0	40	40
Guardianship	216	0	216
No Exit in Time	0	14,502	14,502
Other	0	207	207

Exit Reason	Permanency	No Permanency	Total
Reunification	6,056	0	6,056
Total	64,08	14,749	21,157

Source: SafeMeasures

For probation, the data below demonstrates that the overall counts of youth entering care and exiting within 12 months has been reduced by over half between CY 2019-21. This could be attributed to COVID-19 pandemic-related state and local ordinances and California's juvenile justice system realignment, which began in 2021 with SB 823, and governs reasons to arrest and need for the higher level of WIC 602 probation supervision and treatment.

Table 33. Youth who achieve permanency within 23 months by Exit Reason, CY 2019, Probation

Exit Reason	Permanency	No Permanency	Total
Adoption	1	0	1
Emancipation	0	0	0
Guardianship	1	0	1
No Exit in Time	0	964	964
Other	0	592	592
Reunification	306	0	306
Total	308	1556	1,864

Source: SafeMeasures

Table 34. Youth who achieve permanency within 23 months by Exit Reason, CY 2020, Probation

Exit Reason	Permanency	No Permanency	Total
Adoption	0	0	0
Emancipation	0	4	4
Guardianship	3	0	3
No Exit in Time	0	649	649
Other	0	301	301
Reunification	254	0	254
Total	257	9,54	1,211

Source: SafeMeasures

Table 35. Youth who achieve permanency within 23 months by Exit Reason, CY 2021, Probation

Exit Reason	Permanency	No Permanency	Total
Adoption	0	0	0
Emancipation	0	0	0
Guardianship	0	0	0
No Exit in Time	0	492	492
Other	0	163	163
Reunification	145	0	145
Total	145	655	800

Source: SafeMeasures

Judicial Resources and Technical Assistance Reviews

Preliminary evidence from JRTA reviews was provided by the JCC for one large Southern California county, two small Northern California counties, and one large Bay Area county. In the large Southern California county, most foster youth reunify within 12 to 18 months and relative placements are often achieved. In one of the small Northern California counties, permanency for older youth is not being achieved. Reasonable efforts findings were made appropriate but could have been better supported in the record during reunification and ongoing and intensive efforts for APPLA cases are not being made. In the large Bay Area county, both dependency and delinquency courts saw some issues with not achieving permanency. Some reasons noted were that:

- The child has not completed programming.
- Conflicting orders from the court's minute order and the orders the court adopted by the agency.
- There was no evidence in the report that the agency was working with the family to return the child home.
- There were no intensive and ongoing efforts documented in the report or on the minute order nor was there any evidence of compelling interests.

Adoptions

The data below represents the number of adoption finalizations that took place in CY 2019, 2020, and 2021.

Table 36. Number of adoption finalizations, CY 2019-2021

Calendar Year	# Of Adoption Finalizations*
2019	7,031
2020	5,640
2021	6,326

Note: Due to the COVID-19 pandemic in 2020, there was a brief downturn in adoptions. Court hearings eventually were moved to a virtual platform and adoption finalizations resumed.
Source: CCWIP

The CDSS conducted analysis on Onsite Review Instrument data from two large counties (Los Angeles and Alameda, both urban), two medium sized counties (San Mateo, urban and Shasta, rural) and two small counties (Nevada and Mendocino, both rural) between case review years 2019 and 2021. The trends appeared to be similar in all sized counties.

Alameda (33 cases)

- 10 Strength ratings
- 23 Needs Improvement ratings

Los Angeles (80 cases)

- 26 Strength ratings
- 54 Needs Improvement ratings

San Mateo (12 cases)

- Six Strength ratings

- Six Needs Improvement ratings

Shasta (28 cases)

- 13 Strength ratings
- 15 Needs Improvement ratings

Nevada (21 cases)

- 14 Strength ratings
- Seven Needs Improvement ratings

Mendocino (41 cases)

- 21 Strength ratings
- 20 Needs Improvement ratings

Areas Needing Improvement

The following examples from case review resulted in delays and continuance in the court process, which resulted in a dependent not achieving permanency in a timely manner:

- Services/resources/referrals were not provided or started in a timely manner to the dependent or others associated with the case (i.e., birth parents, extended family, and/or resource parents). Sometimes as a result in delays of services, dependents had placement moves due to the resource parents not being equipped with supports or services to handle trauma related, challenging behaviors.
- County Social Worker (CSW) not properly making active efforts to locate or notice birth parents or others associated with the dependent's case. At times, CSW either made no attempts to locate, notice, or made very limited efforts such as ***one*** phone call or e-mail.
- CSW not completing or missing assessments, paperwork, and documentation or sometimes when assessment were completed, they were completed incorrectly.
- CSW not completing required face-to-face visits or interviews.
- CSW not properly following or completing ICWA requirements.
- Permanency had not been properly determined/assessed.
- COVID-19 related delays in court due to court being canceled and rescheduled for a later time.
- Specific to Los Angeles (LA) county, at times it appeared the CSW had several Needs Improvement trends versus other counties where it appeared the CSW struggled with one or two aspects of their caseload requirements.

Areas needing improvement according to stakeholders included:

- Need for more mental health service providers who are adoption competent.
- Need for more services for youth with complex care needs.
- Need for more adoptive families using recruitment and retention.

Strengths

The following examples were strengths identified in the case review record:

- CSW completed assessment, paperwork, and documentation in a timely and proper manner.
- Noticing of court hearings/rights/info related to the case and attempts to locate parents or people associated in a dependent's case were done in a timely and proper manner. These attempts included, but were not limited to phone, E-mail, mail, or in-person. In some cases, the CSW attempted to notice or locate birth parents through all these mechanisms (i.e., phone, e-mail, mail, or in-person), therefore; the CSW was able to show their *diligent and continued* noticing and contact efforts.
- CSW provided continuous education and/or referral/access to services when deemed appropriate and needed for a dependent or others associated with the case.
- CSW was available via phone or email and consistent with interviews/face-to-face contact with dependent and others associated with the case.
- Removed barriers to services or court hearings by providing access to transportation services/vouchers.
- Having Child and Family Team meetings (CFTs).

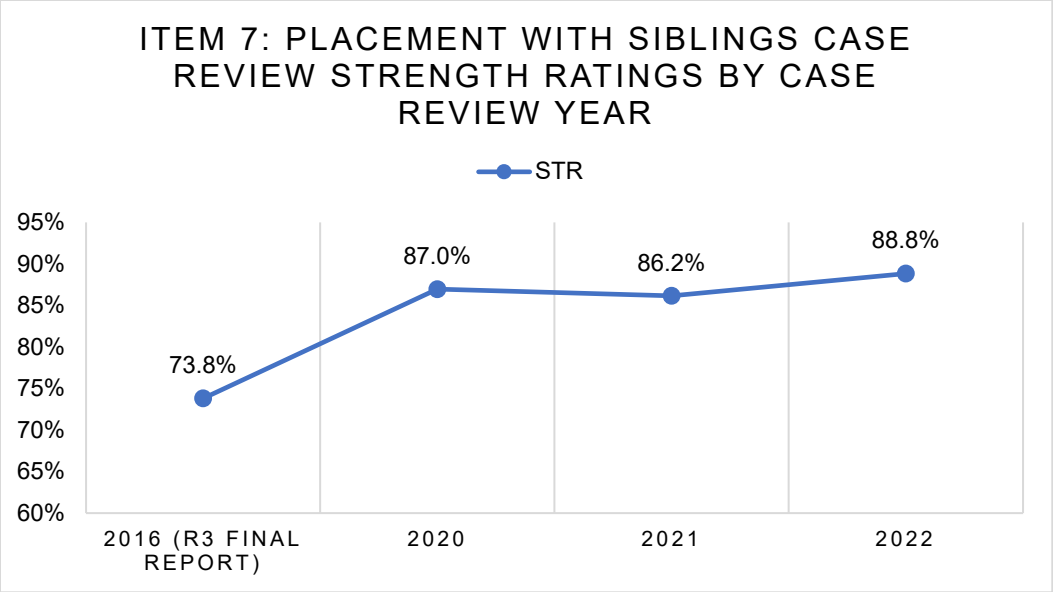
Strengths according to stakeholders:

- During the Period Under Review, there has been more placement stability due to higher rate of kinship adoptions.
- Youth voice/input due to increased CFTs and assessments.
- Level Of Care Protocol ensures individual needs are met.
- Expansion of family finding leads to more lifelong connections for kids.

California utilizes concurrent planning, RFA, CFTs, the Child and Adolescent Needs and Strengths assessment tool, the Parent-Child Suitability Summary, and FURS to help facilitate permanency living arrangements for children and youth.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

Item 7: Placement with Siblings



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. California's performance since the publishing of the 2016 ACF Round 3 Final Report is trending in a positive direction, with a slight decrease year over year from 87.0 percent in 2020 to 86.2 percent in 2021, but increasing to 88.8 percent in 2022

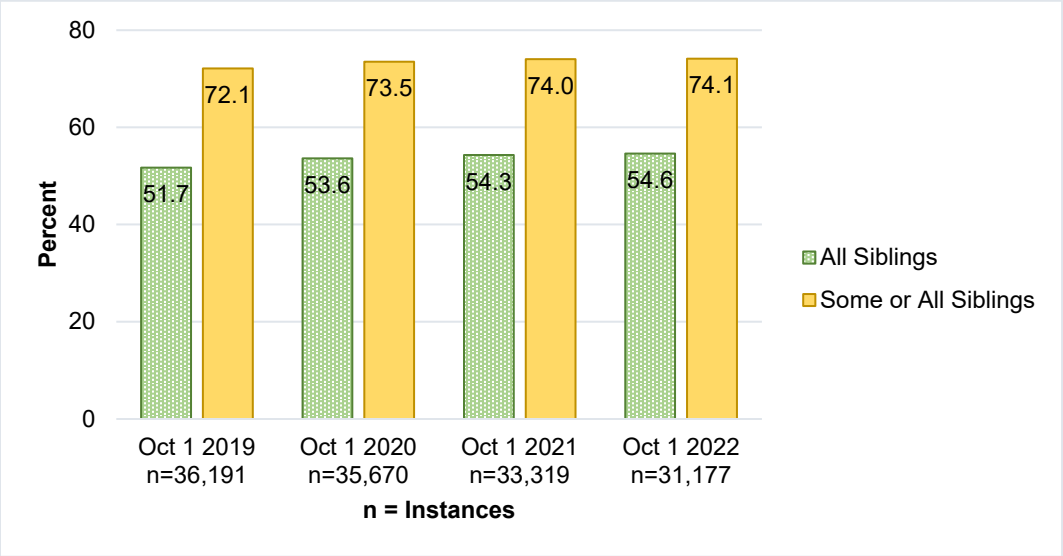
The data below demonstrates that California is currently placing all siblings together in 60.6 percent of cases. Current guidance provided to county caseworkers regarding placement of sibling sets was established through ACL No. 15-100. The court making an order for an out-of-home placement of a child under WIC 361.2 is required to consider the nature of the relationship between the child and any siblings and the appropriateness of developing or maintaining the sibling relationships. Efforts must be made to place siblings together and if they are not placed together, to provide frequent visitation. AB 743 (Chapter 560, Statutes of 2010) amended California statute to be consistent with federal law to require a social worker to make diligent efforts to place children together, unless it would be "contrary to the safety and well-being of any of the siblings" to make those efforts. In addition, siblings not placed together must be provided visitation unless the social worker documents the reason why visitation would be contrary to the safety or well-being of any of the siblings and the court finds by clear and convincing evidence that sibling interaction is contrary to the safety or well-being of either child. The law also added the visitation requirements for non-dependent siblings in the physical custody of the parent.

The CCWIP point-in-time data (Measure 4A: Siblings in Child Welfare Supervised Foster Care) below demonstrates that point-in-time counts of all siblings, aged zero-17, placed together in child welfare supervised foster care has been slowly increasing (3.5 percent) between FFYs 2019 and 2022 for child welfare cases. The CDSS does not have equivalent data for our probation youth currently.

Table 37. Point-in-Time Siblings in Child Welfare Supervised Foster Care, 0-17, FFY

	Oct 1, 2019	Oct 1, 2020	Oct 1, 2021	Oct 1, 2022
Youth Aged 0-17	57.1%	59.1%	60.4%	60.6%

Source: CCWIP, Siblings in Child Welfare Supervised Foster Care, Aged 0-17



Source: CCWIP, Siblings in Child Welfare Supervised Foster Care, Aged 0-20

For siblings in child welfare supervised foster care, siblings are placed together in foster care at the following rates:

- As of October 1, 2019: 51.7 percent were placed with all siblings and 72.1 percent were placed with some or all siblings.
- As of October 1, 2020, 53.6 percent were placed with all siblings and 73.5 percent were placed with some or all siblings.
- As of October 1, 2021, 54.3 percent were placed with all siblings and 74 percent were placed with some or all siblings.
- As of October 1, 2022, 54.6 percent were placed with all siblings and 74.1 percent were placed with some of all siblings.

County Survey Results

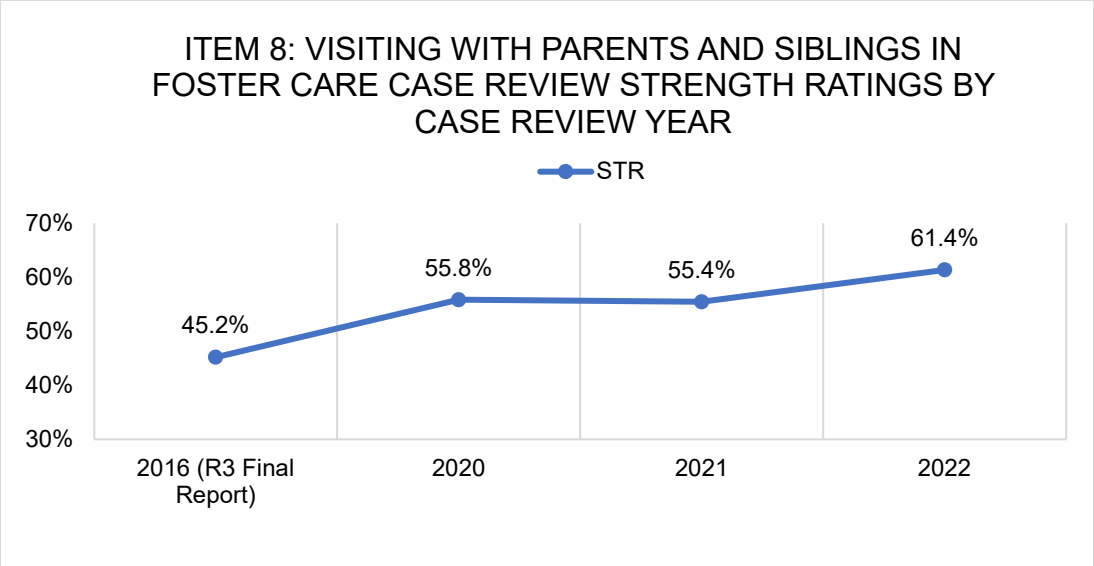
The CDSS distributed an open-ended survey in April 2023 to county CWS and probation staff asking about barriers to placing siblings together and factors that help them successfully place siblings together. The survey was open and collecting responses for two weeks. Responses represent case reviewers, social workers, RFA staff, and quality assurance staff from child welfare agencies in 24 different counties, including Los Angeles. Respondents indicated several barriers to placing siblings together, including but not limited to:

- Large sibling sets.
- Not enough resource family homes.
- Resource parent limitations (e.g., age or gender limitations).
- Differing needs between siblings.
- High cost of living in the county/lack of resources for resource families.
- Strict relative placement policies.
- Lack of culturally diverse resource families.
- One child being bonded with foster parents and wanting to stay with them rather than be moved to be placed with siblings.
- Funding delays.

Respondents also identified several factors that help them successfully place siblings together, including but not limited to:

- Relative placements.
- Having a dedicated placement unit.
- Prioritizing placing siblings together.
- Offering supportive resources to resource families and relatives.
- Successful training, which leads to the success of permanency staff.
- Siblings all being young.
- Sibling sets being smaller.
- Placing far outside of the county.
- Court oversight.
- Fast emergency placements.

Item 8: Visiting with Parents and Siblings in Foster Care



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. California's performance since the publishing of the 2016 ACF Round 3 Final Report is trending in a positive direction, with a slight decrease from 55.8 percent in 2020 to 55.4 percent in 2021 but continuing to trend positively back up to 61.4 percent in 2022.

Visitation and family engagement guidance has been provided to caseworkers through ACL No. 15-100, described above. The STRTP Interim Licensing Standards (ILS) Version 4 requires STRTP providers to promote continued relationships between children and parents/siblings. To support and promote a youth's relationships, the STRTP Interim Licensing Standards Version 4 (Section 87022.1 (b) (13)) requires that a QRTP facilitate outreach and participation of family members in a youth treatment program. The STRTP must facilitate participation of family members in the child's treatment program, including but not limited to the needs and services plan, the transition plan, and plan for aftercare services. The STRTP must also facilitate outreach to the family members of the child, including siblings, document how the outreach is

made, including contact information, and maintain contact information for any known biological family and nonrelative extended family members of the child. Additionally, the STRTP must document how family members will be integrated into the treatment process for the child, including post discharge, and how sibling connections are maintained. The STRTP Interim Licensing Standards (ILS) Version 4 seeks to promote services to achieve permanency. Per ILS Section 87078.1(a)(5), the STRTP must provide youth with services to achieve permanency, including supporting efforts to reunify or achieve adoption or guardianship and efforts to maintain or establish relationships with parents, siblings, extended family members, Tribes, or others important to the child or nonminor dependent, as appropriate.

County Survey Results

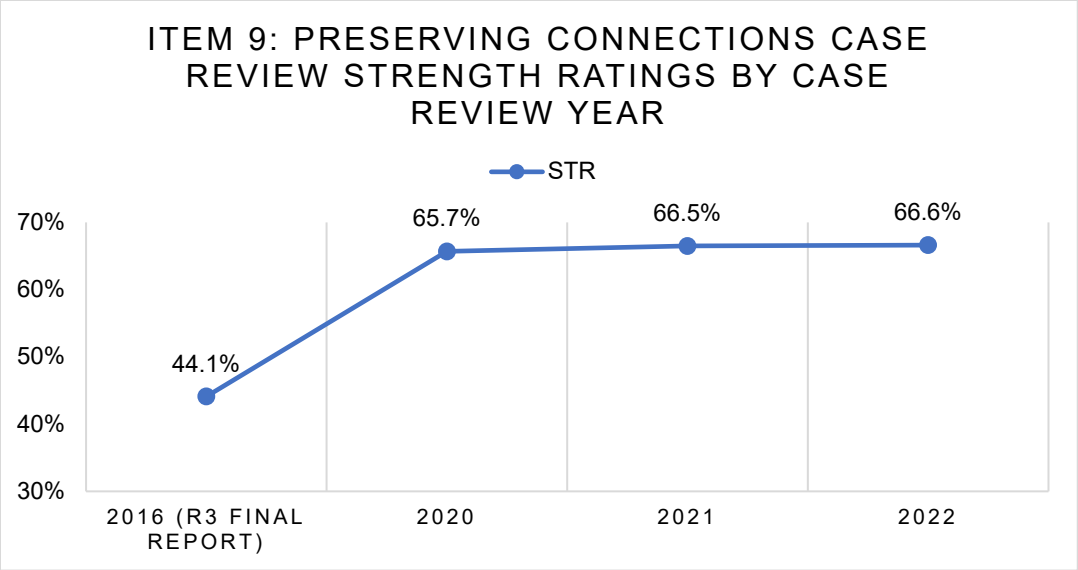
The CDSS distributed an open-ended survey in April 2023 to county CWS and probation staff asking about barriers to facilitating visitation between a child in care and their parents and siblings and factors that help them facilitate visitation between a child in care and their parents and siblings. The survey was open and collecting responses for two weeks. Responses represent case reviewers, social workers, RFA staff, and quality assurance staff from child welfare agencies in 24 different counties, including Los Angeles. Respondents indicated several barriers to facilitating visitation between a child in care and their parents and siblings, including but not limited to:

- Not having enough staff to facilitate or supervise visitation.
- Limitations relating to transportation to and from visitation.
- Scheduling conflicts.
- Location limitations (e.g., not enough indoor facilities, only having one visitation room, facility being far away from placement).
- Lack of father involvement.
- Lack of communication.
- Strict policies requiring siblings and parents to visit at the same time.
- Lack of supportive resources.
- Not having a progressive plan to move from supervised to unsupervised and social worker apprehension about doing so.

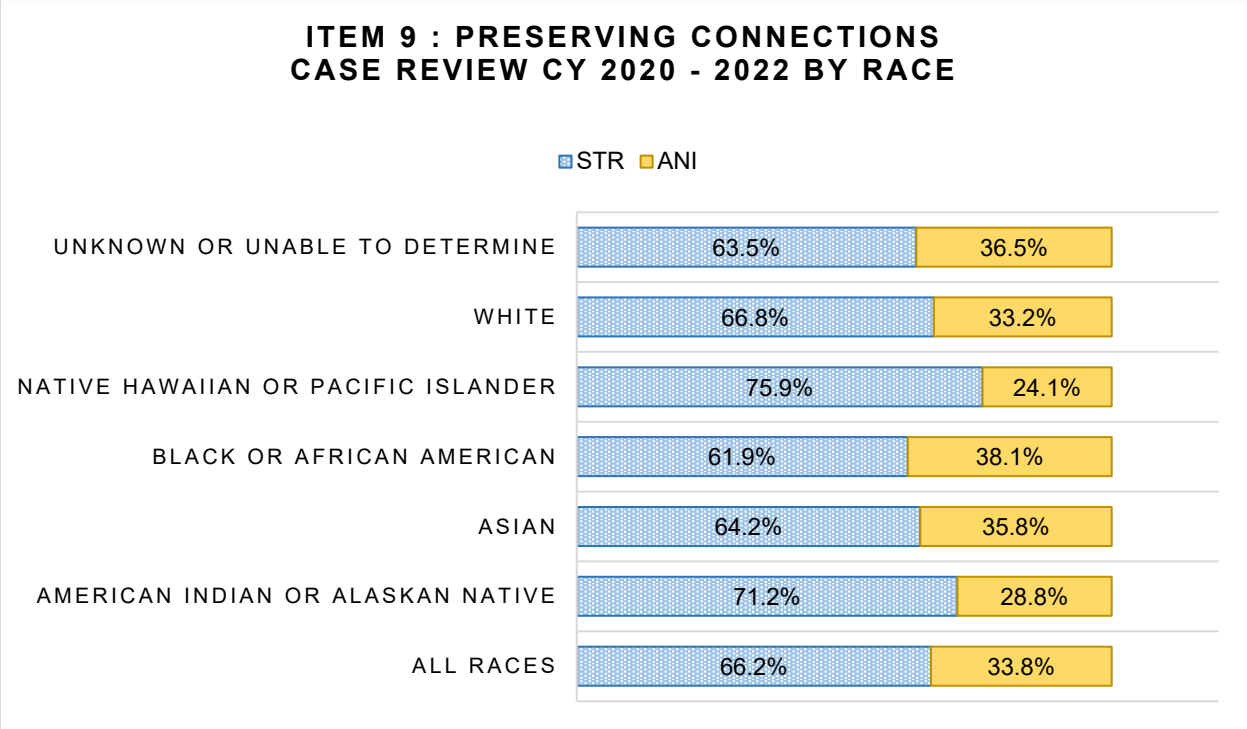
Respondents also identified several factors that help them successfully facilitate visitation between a child in care and their parents and siblings, including but not limited to:

- Having relatives supervise visitation.
- Relative placements.
- Prioritizing visitation.
- Good communication between agency, parents, and caregiver.
- Having a supportive caregiver.
- Video visits.
- Having dedicated visitation staff.
- Utilizing 3rd party visitation services.
- Court and supervisor oversight.
- Having good parent participation.
- Using facilities with extended hours.

Item 9: Preserving Connections



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. California's performance since the publishing of the 2016 ACF Round 3 Final Report is trending in a positive direction, with a slight increase year over year from 65.7 percent in 2020 to 66.5 percent in 2021 and 66.6 percent in 2022.



Of all cases reviewed between 2020 and 2022, a smaller proportion of cases for Black or African American (61.9 percent) children were rated as a strength on Item 9 than all other race/ethnicities. When compared to Native Hawaiian (75.9 percent) children, the group with the highest percentage strength ratings, this is a difference of 14 percent.

Visitation & Extended Family Engagement in Short-Term Residential Therapeutic Program

ACL No. 15-100 and Division 31-345 of the Manual of Policies and Procedures state that the social worker/probation officer shall arrange for visits between the child and the grandparents, as determined in the child's case plan, for children receiving court-ordered family reunification services. The STRTP Interim Licensing Standards Version 4 requires that an STRTP continue to preserve a youth's connections to siblings, family members and relatives, and other individuals through visitation. ILS Section 87072 (d)) requires that a QRTP assure youth are assured visitation from siblings, family members, and relatives (unless prohibited by a court order), in addition to authorized representatives and other visitors.

ACL No. 23-02 provides counties with instructions and guidance regarding Flexible Family Supports and Home-Based Foster Care funding provided by AB 179, the Budget Act of 2022. AB 179 appropriated $50 million in one-time funding available for expenditure until June 30, 2025, for County Welfare Departments, County Probation Departments, and participating Tribes that elect to access the funds to increase home-based family care and provide additional resources to children and youth in foster care, and their foster caregivers. The funding is intended to increase the use of home-based family care and provide increased support to children and youth to maintain important familial and cultural connections.

Placement of Indian Children

The Indian Child Welfare Act (ICWA) of 1978 established placement preferences for Indian children, requiring that placements of Indian children are made according to the prevailing social and cultural standards of the Indian community. Placing Indian children based on these standards of the Indian community in which the parent or extended family members of an Indian child reside or with which social and cultural ties are maintained, preserve the child's ties to the Tribe, family, and community. In response to Tribes' concerns regarding barriers they face when attempting to assert the Indian community standards into homes approved according to State standards and/or when placement determinations are made by county placing agencies, the CDSS held scoping sessions with Tribes on October 15, 2020, and with county agencies on December 11, 2020. A Placement Workgroup was convened on August 12, 2021, and these standing Placement Workgroup meetings currently occur on a quarterly basis. These meetings focus on a work plan developed by the workgroup, addressing identified objectives related to the placement of Indian children.

Tribally Approved Homes Compensation Program

Federally recognized Tribes can approve or license their own homes to increase the pool of available foster and adoptive Tribal homes. This allows Indian children to be placed in homes according to the prevailing social and cultural standards of the Indian community and allows the child to maintain social and cultural ties. Although an Indian child's Tribe is instrumental in the recruitment and approval of Tribal homes, they do not receive the state funding that county child welfare and probation agencies receive. The California legislature responded by authorizing appropriations to assist eligible Tribes with funding for the support of approving Tribally approved homes, establishing the Tribally Approved Homes (TAH) Compensation Program.

Initially introduced in AB 1862 (2022), the TAH Compensation Program and its provisions were enacted by AB 207 (Chapter 573, Statutes of 2022) and codified at WIC 10553.13. he adjusted allocation shall be based on a methodology considering the number of Indian children in foster

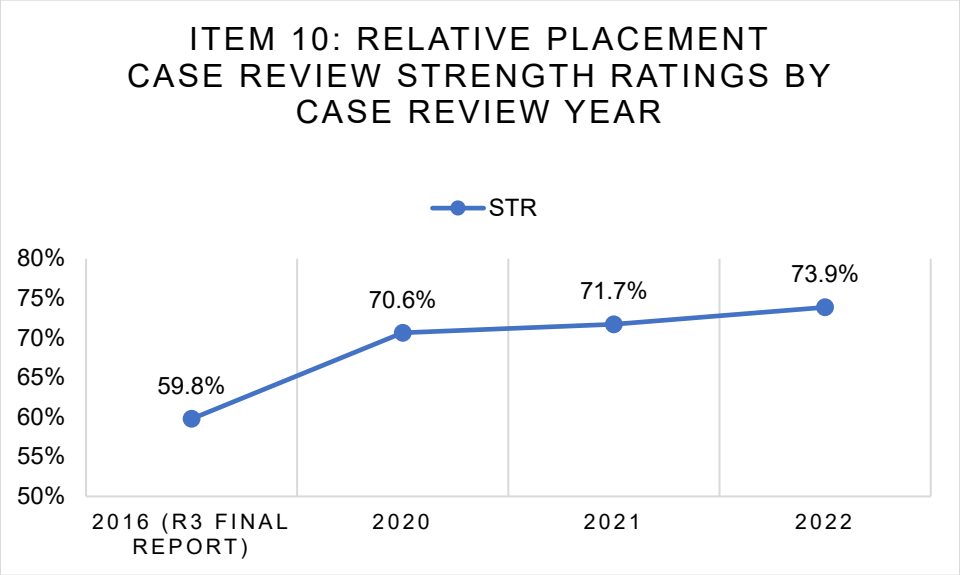
care or prospective adoptive placements through the juvenile court, determined in consultation between Tribes and the CDSS.

Tribal Dependency Representation (TDR) Program
In SFY 2022-2023, California allocated $4.1 million to the Office of Tribal Affairs (OTA) to administer the first ever publicly funded Legal Representation program for Tribes to ensure equity and inclusion. Although parents and children have access to publicly funded legal representation as parties in a juvenile dependency proceeding (WIC 317), Tribes have not historically been extended access to publicly funded legal representation despite being a party to Indian child custody proceedings. The TDR Program provides funding to assist any federally recognized Indian Tribe located in California.

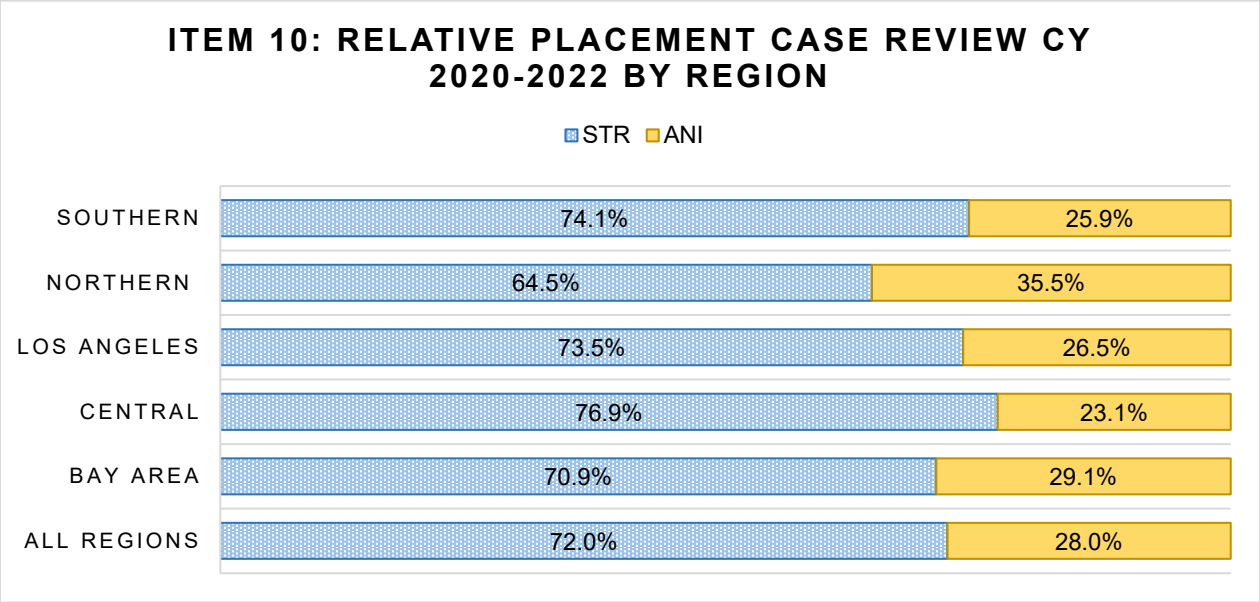
The Center for Excellence in Family Finding, Engagement, and Support
The CDSS has contracted with University of California, Davis to launch the Center for Excellence in Family Finding, Engagement, and Support (CFE) to support efforts to keep children and youth connected to their biological and extended families. The CFE will provide multi-tiered, culturally appropriate training and technical assistance. This may include but is not limited to conducting evidence-based, organization-specific assessments of implementation activities, and strengthening trauma-informed practices and programs related to family finding and engagement.

The CFE will provide training and technical assistance for counties and Tribes that have opted to participate in the Center for Excellence in Family Finding, Engagement, and Support (EFFES) program. Specialized trainings and support will be available to county welfare agencies, probation departments, participating Tribes, and foster care providers to enhance their practices, policies, and efforts for family finding, support, and engagement. The CFE will also provide training on how to engage children and young people in the family finding process. All trainings will utilize family finding and engagement and permanency subject matter experts.

Item 10: Relative Placement



The chart above demonstrates that in each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for Item 10: Relative Placement. However, California's performance since the publishing of the 2016 ACF Round 3 Final Report is consistently trending in a positive direction.



Of all cases reviewed between 2020 and 2022 (Case review Calendar Year), a smaller proportion of cases for children/youth receiving services in the Northern region (64.5 percent) were rated as a strength for Item 10 when compared to other regions by between 5 and 10 percent.

Through AB 207 (Chapter 573, Statutes of 2022), the CDSS in partnership with UC Davis have begun development and implementation of the Center of Excellence in Family Finding, Engagement and Support (EFFES) towards a kin-first culture system shift to support caseworkers and families (see Item 9). Currently, it is an optional program for child welfare services and probation departments.

The EFFES program funding must be used for specialized permanency services and supports that augment existing funding. Funds may not supplant funds for existing family finding and engagement programs; however, counties and Tribes may use funds to expand their existing programs. The funded activities shall include any of the activities described in WIC 16546.5(e).

Additionally, ACL No. 17-65 (Chapter 890, Statutes of 2016) enhanced the guidance for caseworkers to identify, locate and notifying relatives. WIC 309(e)(1) requires that when a child is removed from his or her home due to abuse or neglect, the social worker must, within 30 days, conduct an investigation to identify and locate the child's grandparents, adult siblings, and other adult relatives of the child. The social worker is also required, within 30 days of the child's removal, to notify all located relatives (except those known to have a history of family or domestic violence) in writing, and (if appropriate) orally, of the child's removal, and to provide information related to becoming a caregiver for the child.

WIC 361.3(a) requires that preferential consideration be given to a request for placement by a relative of a dependent child and lists criteria to be used when assessing whether placement with a relative is appropriate. WIC 361.3(b) states that when more than one relative makes a request for placement, each relative must be considered and evaluated based on the criteria listed in WIC 361.3(a). Further, WIC 361.3(c)(2) lists the relatives who are given preferential consideration for placement but should not be construed to limit which relatives should be assessed pursuant to WIC 361.3(a) upon request.

The CCWIP data below indicates that between FFY 18-19 and FFY 21-22, relative or Non-Related Extended Family Member (NREFM) placements as first placement type increased an average of 3.8 percent, with just over 33 percent of all first child welfare placements being with a relative or NREFM in FFY 21-22.

Table 38. Relative/NREFM Placements, Percent of First Placements, FFY, CWS

Placement Type	FFY18-19	FFY 19-20	FFY-20-21	FFY 21-22
	%	%	%	%
Relative/NREFM	29.3	32.1	34.2	33.1

Source: CCWIP, Entries to Foster Care, Child Welfare

The CCWIP data below indicates that between FFY 18-19 and FFY 21-22, relative or NREFM placements as first placement type increased by 2.1 percent, with 8.4 percent of all first probation placements being with a relative or NREFM in FFY 21-22.

Table 39. Relative/NREFM Placements, Percent of First Placements, FFY, Probation

Placement Type	FFY18-19	FFY 19-20	FFY 20-21	FFY 21-22
	%	%	%	%
Relative/NREFM	4.8	6.4	6.0	8.4

Source: CCWIP, Entries to Foster Care, Probation

The CCWIP data below indicates that between FFY 18-19 and FFY 21-22, relative or Non-Related Extended Family Member (NREFM) placements as the predominant placement type increased an average of 3.6 percent, with just under 48 percent of all predominant child welfare placements being with a relative or NREFM in FFY 21-22. The predominant placement type is the placement type category that comprises more than 50 percent of the days spent in foster care during a placement episode.

Table 40. Relative/NREFM Placements, Percent of Predominant Placement Type, FFY, Child Welfare

Placement Type	FFY18-19	FFY 19-20	FFY 20-21	FFY 21-22
	%	%	%	%
Relative/NREFM	44.5	47.4	49.1	47.7

Source: CCWIP, Entries to Foster Care, Child Welfare

The CCWIP data below indicates that between FFY 18-19 and FFY 21-22, relative or Non-Related Extended Family Member (NREFM) placements as the predominant placement type increased an average of 2 percent, with just over 7 percent of all predominant child welfare placements being with a relative or NREFM in FFY 21-22.

Table 41. Relative/NREFM Placements, Percent of Predominant Placement Type, FFY, Probation

Placement Type	FFY18-19	FFY 19-20	FFY 20-21	FFY 21-22
	%	%	%	%
Relative/NREFM	3.5	4.8	4.5	7.1

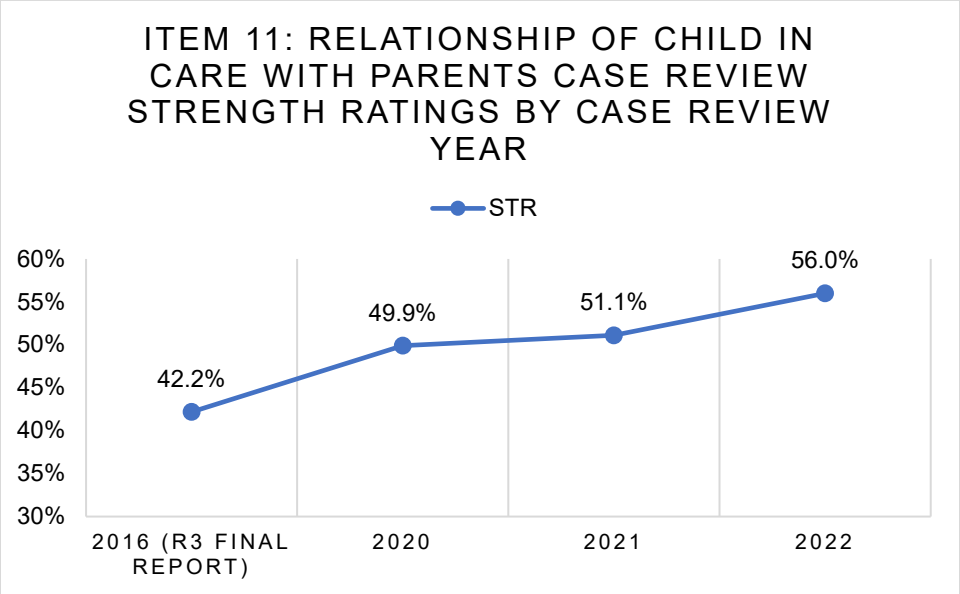
Source: CCWIP, Entries to Foster Care, Child Welfare

Additionally, data from CCWIP indicates that placement with a relative or NREFM is more stable than with other placement types in California. Between April 1, 2020, and March 31, 2021, the percent of children still in care at 12 months who were still in their first placement with a relative/NREFM was 70.2 percent versus the 24.3 percent of children in another placement type who were still in their first placement. Similarly, between April 1, 2020, and March 31, 2021, the percent of children still in care at 24 months who were still in their first placement with a relative/NREFM was 60.2 percent versus the 18.3 percent of children in another placement type who were still in their first placement.

Senate Bill 354

SB 354 (Chapter 687, Statutes of 2021) removed several barriers to placement with relatives. One of the biggest changes was the expanded eligibility for criminal record exemption requests, allowing for more child specific RFA for relatives of a child. The bill clarified state laws regarding the juvenile court's authority to place children with relatives. Essentially, courts can authorize placement with a relative, regardless of the status of any criminal exemption or resource family approval, if the court finds that the placement does not pose a risk to the health and safety of the child. It expanded eligibility to the Approved Relative Caregiver funding to include relatives with whom the court authorizes placement when the placement is ineligible for emergency caregiver funding or Aid to Families with Dependent Children – Foster Care payments due to the denial of RFA. Additionally, it clarified that counties assist relatives and NREFMs with obtaining necessary provisions for an emergency placement of a relative child.

Item 11: Relationships of Child in Care with Parents



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. However, California's performance since the publishing of the 2016 ACF Round 3 Final Report is consistently trending in a positive direction.

The CDSS has continued to reiterate with caseworkers regarding ICWA requirements for active efforts. Active efforts are required to prevent breakup of the Indian family. Evidence of the active efforts must be provided to the court. What constitutes active efforts is assessed on a case-by-case basis. However, active efforts are to be conducted in a manner that considers the "prevailing social and cultural values and way of life of the Indian child's Tribe." Active efforts must use the available resources of extended family, the Tribe, Tribal and other Indian social service agencies, and individual Indian caregiver service providers. County caseworkers continue partnership with Tribal representatives to add separate types of cultural visits with parents that are positive for the family as whole.

B. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

State Response:

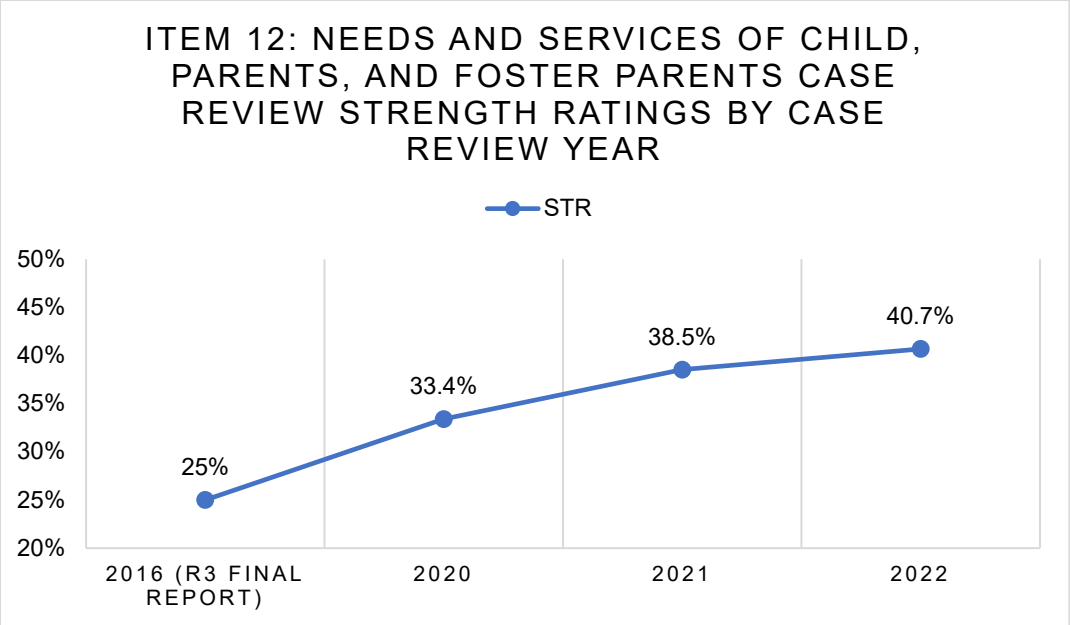
California is not in substantial conformity with Well-Being Outcomes 1, 2, and 3. Case review Items 12-18 were not rated as strengths in 95 percent or more of cases reviewed statewide.

Table 1. Case Review Item Ratings

	Federal Target	CY 2020 Performance	CY 2021 Performance	CY 2022 Performance
Item 12: Needs and services of child, parents, and foster parents	95%	33.4% (n=744)	38.5% (n=779)	40.7% (n=747)
Item 12A: Needs assessment and services to children	95%	75.3% (n=1678)	78.3% (n=1584)	79.6% (n=1461)
Item 12B: Needs assessment and services to parents	95%	33.1% (n=624)	33.5% (n=555)	36.9% (n=531)
Item 12C: Needs assessment and services to foster parents	95%	70.4% (n=1283)	75.4% (n=1245)	75.7% (n=1134)
Item 13: Child and family involvement in case planning	95%	43.0% (n=882)	44.7% (n=823)	47.3% (n=760)
Item 14: Caseworker visits with child	95%	70.1% (n=1562)	70.9% (n=1433)	74.0% (n=1358)
Item 15: Caseworker visits with parents	95%	32.3% (n=579)	30.1% (n=477)	34.2% (n=468)
Item 16: Educational needs of the child	95%	76.0% (n=1270)	75.3% (n=1145)	77.8% (n=1038)
Item 17: Physical health of the child	95%	54.1% (n=1112)	53.8% (n=995)	57.5% (n=954)
Item 18: Mental/behavioral health of the child	95%	69.5% (n=1119)	67.7% (n=865)	71.6% (n=811)

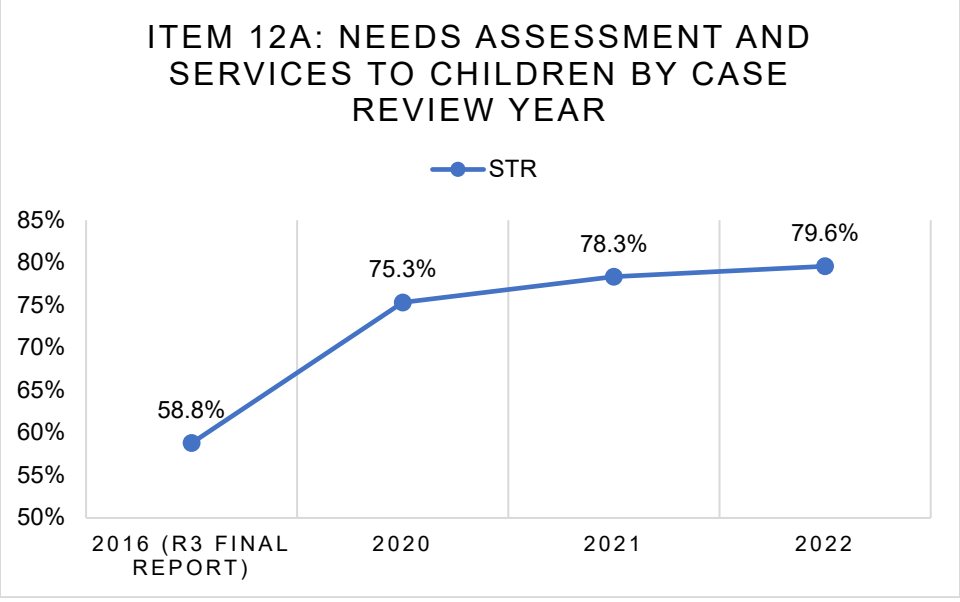
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

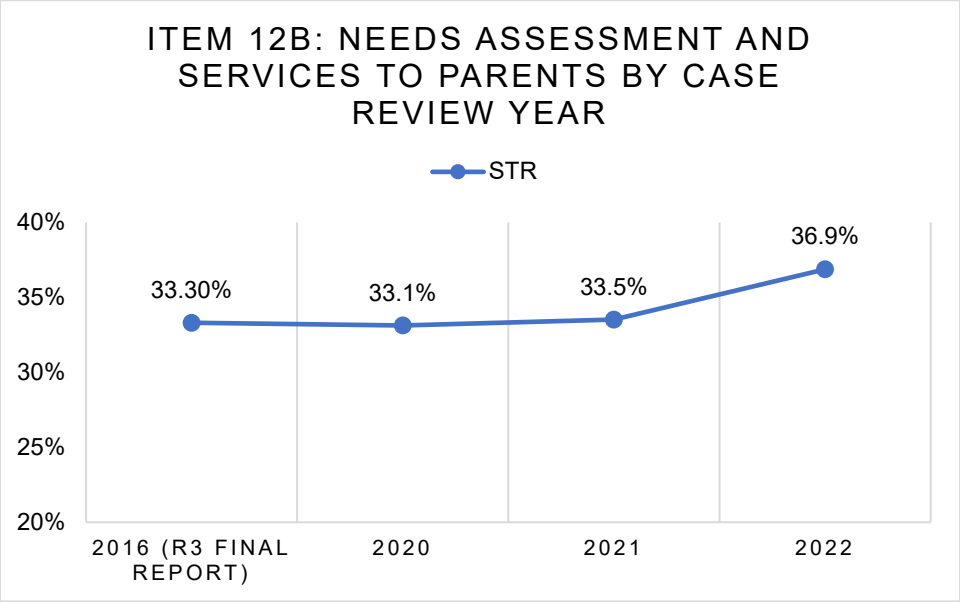
Item 12: Needs and Services of Child, Parents, and Foster Parents

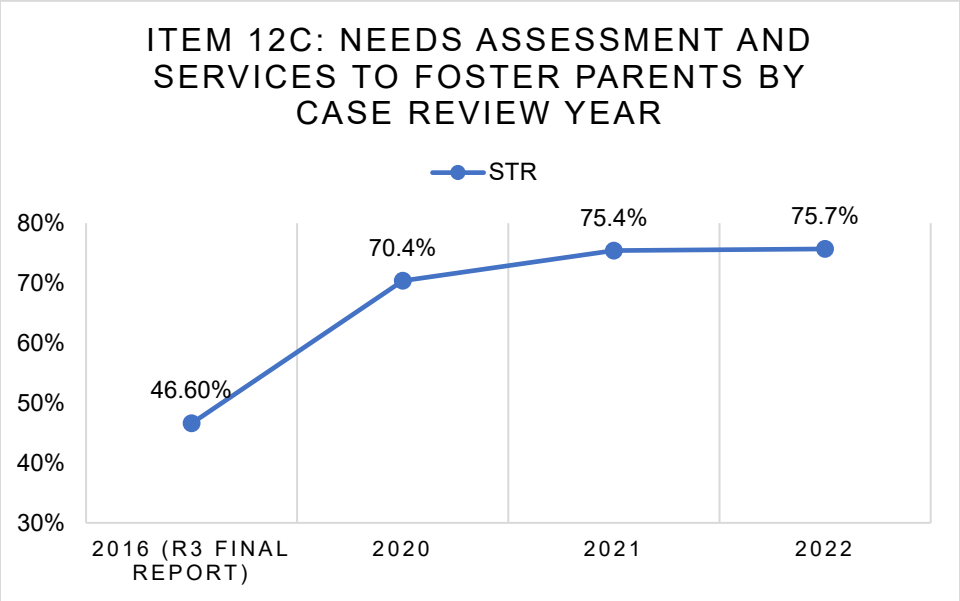


In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. California's performance since the publishing of the 2016 Administration for Children and Families (ACF) Round 3 Final Report is trending in a consistently positive direction, from 25 percent in Round 3 (2016) to 40.7 percent in 2022.

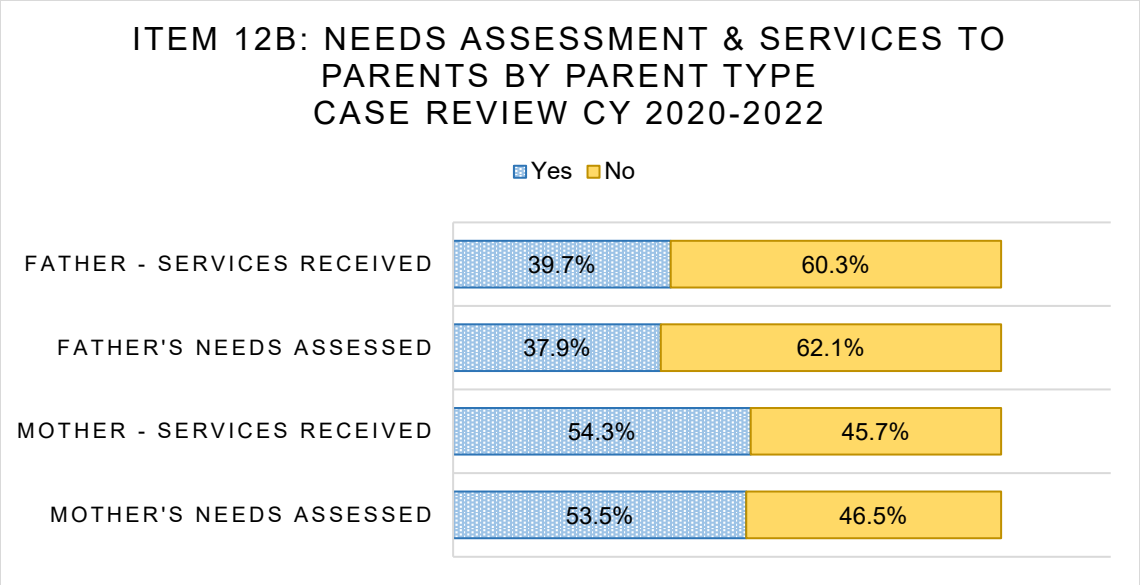
The California Department of Social Services (CDSS) also assessed California's performance for Item 12 by subgroup (12A, 12B, and 12C). Looking at the data this way, 12B, needs assessment and services to parents, is rated as a strength in cases reviewed significantly less often that 12A and 12C, which brings down the average of Item 12 overall.



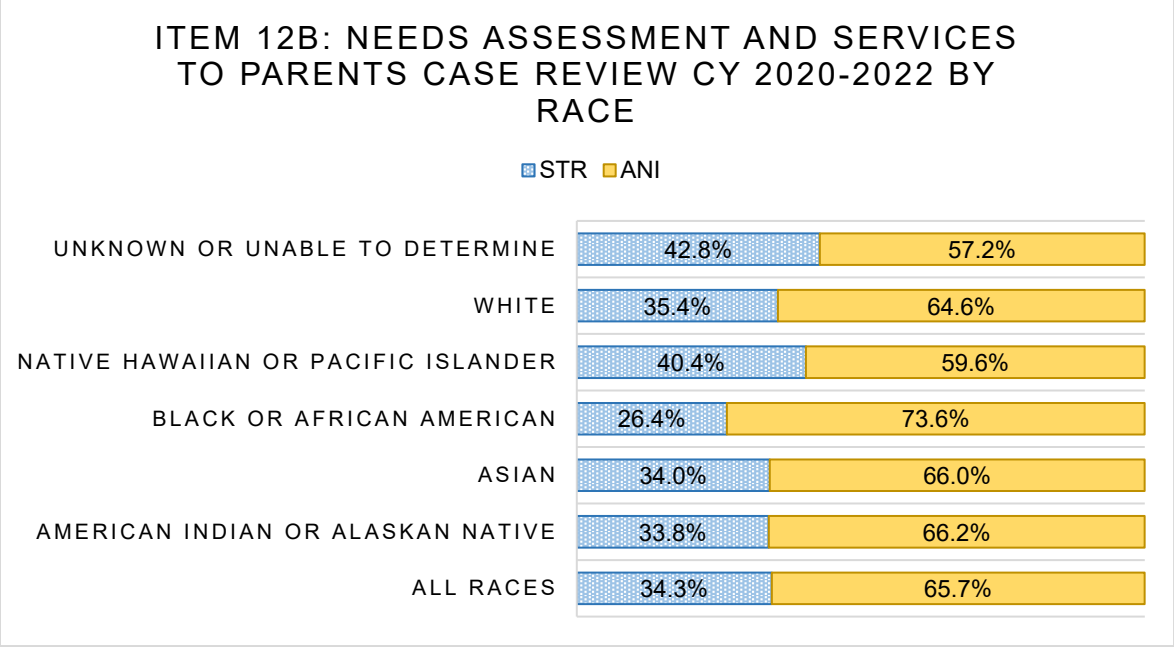




Further exploration of Item 12B indicated that certain subgroups were less likely to have cases rated as a strength for needs assessment and services to parents based on the cases reviewed between Calendar Year (CY) 2020-2022.

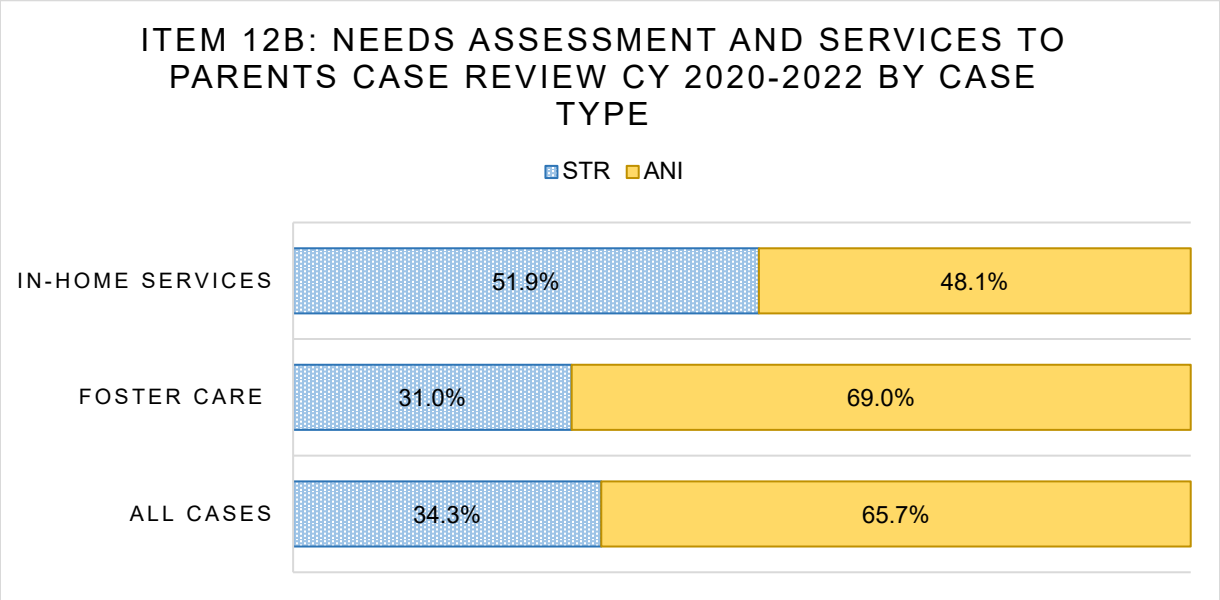


Looking at Item 12B by parent type (mother/father) indicates that, of all the cases reviewed between 2020 and 2022, fathers' needs assessments (37.9 percent) are rated as a strength significantly less often than mothers' needs assessments (53.5 percent)—a difference of nearly 16 percent. Furthermore, nearly 15 percent fewer cases reviewed rated fathers receiving services as a strength (39.7 percent) compared to mothers receiving services (54.3 percent). There are several factors that could contribute to this disparity. For example, it is possible that it is difficult to locate fathers. Additional analysis is needed to determine the most likely cause.



Of all the cases reviewed between 2020 and 2022, cases involving Black or African American children (26.4 percent) received the smallest proportion of strength ratings for Item 12B. Cases involving Native Hawaiian or Pacific Islander children (40.4 percent) received the largest

proportion of strength ratings for Item 12B. This is a difference of 14 percent between the two race/ethnic groups.



Of all the cases reviewed between 2020 and 2022, a smaller proportion of cases for youth in foster care services (31 percent) were rated as a strength on Item 12B compared to youth receiving in-home services (51.9 percent). This is a difference of nearly 21 percent between case types.

The CDSS has long standing Manual of Policies and Procedures (MPP) Division 31 guidance regarding assessment of the needs of children, parents, and caregivers in case plans. The CDSS recognized it needed to update and consolidate the multitude of policy guidance and incorporate the Integrated Core Practice Model (ICPM) behaviors to better assist caseworkers in engaging with youth during their one-on-one visits. That same policy guidance can be used for the parents as well. The caseworkers can provide additional supports and services during those in-person visits to ensure the parent and the youth are receiving the necessary and reasonable services to meet their needs and alleviate the conditions that brought them to the attention of county welfare services or probation services. While the focus for our probation youth is initially the crime they committed, once the family is receiving family reunification services, the family needs to be treated in a holistic way to alleviate the situation that brought the youth into juvenile court. The CDSS has reiterated strongly in the probation Quality Caseworker Visits that parents are a vital component to connect with, serve, and provide the necessary reasonable services to heal the family.

Additionally, the CDSS recognizes that a comprehensive assessment process that results in the identification and prioritization of individualized services and supports is critical to informing an effective case plan. Thus, the assessment process must align with the fundamental principle of the ICPM that states that agencies serving children and youth must collaborate effectively to engage and surround the child and family with needed services, resource, and supports.

The Child and Family Team (CFT) and the Child and Adolescent Needs and Strengths (CANS) tool processes are rooted in both elevating the youth and family voice and preferences, and foundationally requiring cross system collaboration to assist with determining the needs and

services of the child, youth, nonminor dependent (herein referred to as youth), parents, and caregivers. All trainings, materials, convenings, and policy guidance provided regarding the implementation and furthering of the CFT and CANS processes were developed under the framework of the ICPM. To date, available data is limited due to the use of the functionality of the Child Welfare Services/Case Management System (CWS/CMS). There are efforts underway to build and improve upon CFT and CANS data through the Child Welfare Services-California Automated Response and Engagement System (CWS-CARES).

Child and Family Teams

A CFT is a group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the youth and their family, and to help achieve positive outcomes for safety, permanency, and well-being. The experiences, viewpoints, and voices of youth and families are important in assessing their strengths and needs and providing appropriate services and supports to meet those identified. The CFT includes the youth and family and their formal and informal support network and is the foundation for ensuring these perspectives are incorporated throughout families' involvement in child welfare and juvenile probation. In this practice, it is important to distinguish between the CFT and the meetings, which are a primary way the team shares responsibility for assessing strengths and needs, coordinating care, and delivering services. The CFT is not only a source of support for the youth and parents, but also for the caregiver and rest of the team.

CFTs seek to:

- Recognize children or youth/nonminor dependents and families as the experts in their lives.
- Develop plans to meet the goals of children or youth/nonminor dependents and families based on the results of the CANS.
- Value and respect the culture of the children or youth/nonminor dependents and families.
- Foster independence and begin transition planning from the beginning of care.
- Plan and coordinate to ensure there is only one process for the children or youth/nonminor dependents and families.
- Ensure the plan of action and services are aligned among service providers and identified through the CANS tool.
- Ensure One child, One team, One shared CANS.

Wraparound and Child and Family Teams

Wraparound programs also provide CFT meetings, often to the same children being served by child welfare. Although California's intent is for youth and families to have one CFT, this is often not the case, thus leading to multiple case plans and lack of communication throughout the team. Stakeholders have reported families feeling overwhelmed by multiple and duplicative meetings and often feeling confused by their separate goals. Additionally, it has been identified that California's children in care are not being adequately assessed for mental health services, thus not meeting their needs, and creating barriers to appropriate and timely access to mental health services. Efforts need to be made to improve the coordination and collaboration between county child welfare workers, system partners, and children and families.

To address this, the CDSS has established a new Wraparound/CFT Think Tank Workgroup (see Section 1 for more information) to explore the connection and connectivity of the CFT and Wraparound process. This group works to identify the barriers related to these systematic

factors to ensure a unified and consistent process and practice so that families are well served. The workgroup is exploring the barriers related to CFTs and Wraparound and establishing ways to ensure fidelity and improve the conformity of meetings, as well as engagement and communication with families.

Once the CFT/Wraparound Workgroup has completed their identification of barriers and has developed their recommendations, they can inform statewide guidance for county caseworkers and providers regarding the expectations of communication and coordination regarding the provision of effective CFTs. It is hoped that this guidance will help ensure one child, one team, one CANS, and lead to the improvement of family involvement in case planning, increased assessments to children and families, as well as improve the likelihood of them receiving the appropriate services and supports to prevent removal when appropriate or lessen their stay in care.

Child and Family Team Meeting Completion Rates

CFT meeting completion rates were aggregated from SafeMeasures for all clients in placement with a case open for at least seven days in the time frame from December 1, 2022, to December 31, 2022. The data demonstrates whether a CFT meeting was completed within three or six months from the last CFT meeting, depending on their required frequency.

Data extracted from SafeMeasures from December 1, 2022, through December 31, 2022, demonstrates the following:

- Out of a total of 49,396 CFT meetings completed, 16,594 (33.6 percent) were on time regardless of child attendance.
- Out of 16,594 CFT meetings completed on time, the child attended 10,696 (64.5 percent) of them.
- Out of a total of 49,396 CFT meetings completed, 30,292 (61.3 percent) CFT meetings were overdue.

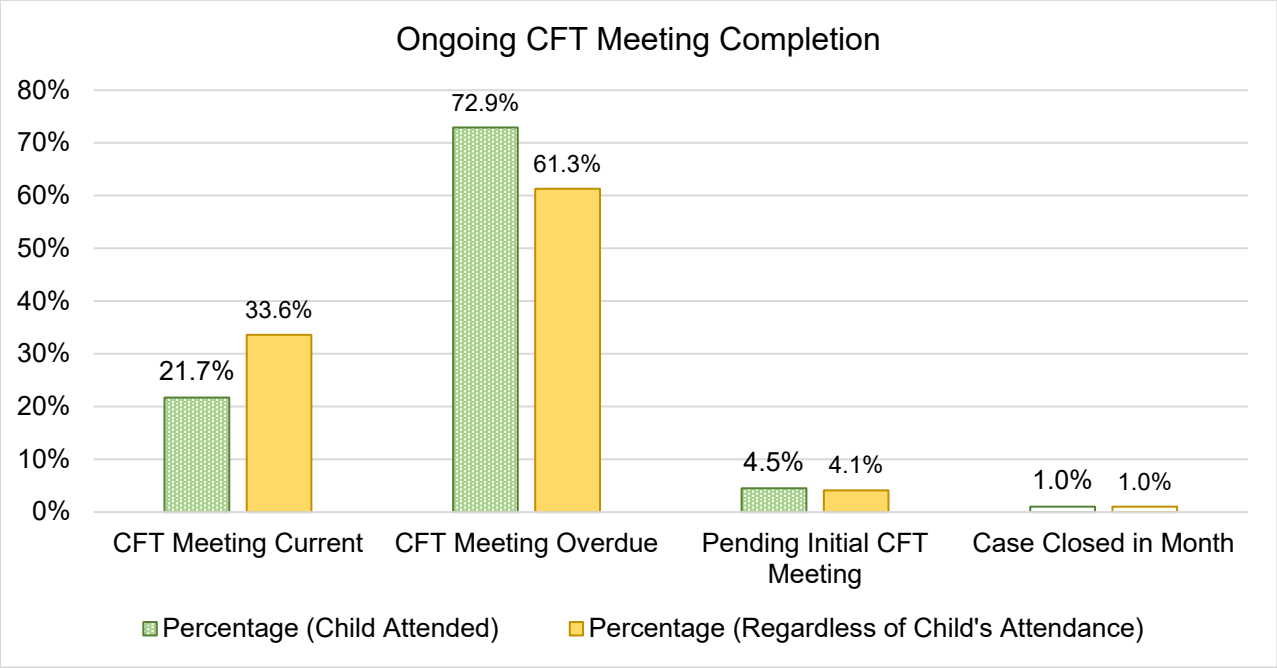


Table 2. Child Participation in CFT Meetings

Ongoing CFT Meeting Completion	Count (Child Attended)	Percentage (Child Attended)	Count (Overall Regardless of Child's Attendance)	Percentage (Overall Regardless of Child's Attendance)
CFT Meeting Current	10,696	21.7%	16,594	33.6%
CFT Meeting Overdue	35,985	72.9%	30,292	61.3%
Pending Initial CFT Meeting	2.230	4.5%	2,025	4.1%
Case Closed in Month	485	1.0%	485	1.0%
Total	49,396	100%	49,396	100%

Data Source: SafeMeasures
Includes: All clients with a placement and open for at least seven days in the selected month (December 1, 2022, to December 31, 2022)
Methodology: This data looks at all clients in placement in the selected timeframe, with a case open for at least seven days in the time period, and if a CFT meeting was completed within three or six months from the last CFT meeting dependent on their frequency need. CFT meetings may occur more frequently. For example, if the needs of the youth and family are such that CFT meetings are planned to occur monthly, then "monthly" will be the determined frequency.
Note: The Count and Percentage "Overall Regardless of Child's Attendance" data differs from California state requirements in that youth are required to be participants in the CFT meeting. However, the CDSS is aware that in some situations, it may not be appropriate for the child to attend the CFT meeting and have created a system change to begin capturing the various reasons a youth may not be in attendance to provide meaningful guidance and technical assistance, as demonstrated in Item 13's Data and Outcomes section.

Child and Family Team Meetings by Responsible Agency

To illustrate the number of children who received a CFT meeting by the responsible agency, data was extracted from the CWS/CMS. Between the reporting period of October 1, 2019, through September 30, 2022, the data indicates the following:

- Between October 1, 2019, and September 30, 2020, 17,191 of the 22,082 (77.9 percent) children in County Welfare received CFT meetings. The number of children in county welfare who received CFT meetings declined to 14,831 of 20,827 (71.2 percent) between October 1, 2020, and September 30, 2021. Between October 1, 2021, and September 30, 2022, the number of children in county welfare who received CFT meetings decreased slightly to 12,774 of 18,869 (67.7 percent).
- Between October 1, 2019, and September 30, 2020, 878 of the 1,327 (66.2 percent) children in probation received CFT meetings. The number of children in probation who received CFT meetings increased to 640 of 891 (71.8 percent) between October 1, 2020, and September 30, 2021. Between October 1, 2021, and September 30, 2022, the number of children in probation who received CFT meetings decreased slightly to 422 of 614 (68.7 percent).

One limitation of the aggregated data is that it only indicates the number of children who obtained CFTs. The data does not show if the CFT meeting particularly addressed the needs of the children, youth, parents, and/or resource parents, though this is a common reason for assembling a CFT meeting.

Table 3. Children Who Received CFT Meetings by Responsible Agency, Federal Fiscal Year (FFY) 19-20

Case Responsible Agency	Did not Receive a CFT	%	Received a CFT	%
County Welfare	4,891	22.1	17,191	77.9
Probation	449	33.8	878	66.2
Total	5,340	22.8	18,069	77.2

Table 4. Children Who Received CFT Meetings by Responsible Agency, FFY 20-21

Case Responsible Agency	Did not Receive a CFT	%	Received a CFT	%
County Welfare	5,996	28.8	14,831	71.2
Probation	251	28.2	640	71.8
Total	6,247	28.8	15,471	71.2

Table 5. Children Who Received CFT Meetings by Responsible Agency, FFY 21-22

Case Responsible Agency	Did not Receive a CFT	%	Received a CFT	%
County Welfare	6,095	32.3	12,774	67.7
Probation	192	31.3	422	68.7
Total	6,287	32.3	13,196	67.7

Data Source: CWS/CMS as of January 25, 2023

Note: The Children Who Received CFT Meetings by Responsible Agency tables above include children and youth who entered foster care during Fiscal Year 2019/2020, 2020/2021, and 2021/2022. These tables do not include children and youth who were in care for less than 60 days, based on their longest placements that started during the quarter.

Children, Parents, and Resource Parents in Child and Family Team Meetings

The CFT includes the child, youth, parents, and resource parents, as well as the people they have agreed will participate on their team who will help and support them and assist in determining a plan to help them achieve change in their lives while looking at their identified strengths and needs. This includes figuring out options and making decisions about the activities, interventions, services, and supports that will help them achieve success, and monitoring how well that plan is working by tracking their strengths and needs utilizing the CANS. The CFT is also involved in changing the plan when interventions and strategies do not work as envisioned and deciding when the youth and/or family is ready to transition away from the intensive support of the service systems. CFT meetings are held has a primary practice to keep the team informed and to discuss and determine appropriate services, resources, and ways to support the youth's, parents', and resource parents' needs. Therefore, it is critical to have the participation of the youth, parents, and resource parents during the meetings.

To demonstrate the number of children, parents, and resource parents who attended CFT meetings, data was retrieved from CWS/CMS. Between October 1, 2019, and September 30, 2022, the data indicates the following:

- CFT meetings for children aged six to 20 had higher levels of child, parent, and resource parent attendance than CFT meetings for children aged zero to five.
- In CFT meetings for both children aged zero to five and for children aged six to 20, the following trends were observed:
    - Child attendance increased slightly from October 1, 2019, to September 30, 2022.
    - The attendance of both the biological mother and the biological father both increased slightly from October 1, 2020, to September 30, 2021, but declined slightly from October 1, 2021, to September 30, 2022.
    - Resource parent attendance increased marginally from October 1, 2019, to September 30, 2022.

Again, the aggregated data is limited in that it reveals the number of children, parents, and resource parents who attended the CFT, but not whether they felt their needs were addressed during that meeting.

Table 6. CFT Meetings Attendees, FFY 19-20

Key Role Attendees	Count for 0–5-year-olds	% for 0–5-year-olds	Count for 6–20-year-olds	% for 6–20-year-olds
Child	5,367	13.3%	12,135	30.1%
Bio Mother	11,078	27.5%	12,526	31.1%
Bio Father	5,964	14.8%	5,983	14.8%
Other Parent/Guardian	818	2.0%	1,576	3.9%
Resource Parent	7,419	18.4%	7,997	19.8%
Total CFT Meeting Count	17,581	100%	22,755	100%

Table 7. CFT Meetings Attendees, FFY 20-21

Key Role Attendees	Count for 0–5-year-olds	% for 0–5-year-olds	Count for 6–20-year-olds	% for 6–20-year-olds
Child	4,513	13.5%	10,082	30.2%
Bio Mother	9,602	28.8%	10,440	31.3%
Bio Father	5,321	15.9%	5,343	16.0%
Other Parent/Guardian	601	1.8%	1,218	3.7%
Resource Parent	6,668	20.0%	6,913	20.7%
Total CFT Meeting Count	14,601	100%	18,767	100%

Table 8. CFT Meetings Attendees, FFY 21-22

Key Role Attendees	Count for 0–5-year-olds	% for 0–5-year-olds	Count for 6–20-year-olds	% for 6–20-year-olds
Child	3,914	14.2%	8,382	30.4%
Bio Mother	7,870	28.6%	8,451	30.7%
Bio Father	4,250	15.4%	4,057	14.7%
Other Parent/Guardian	538	2.0%	1,020	3.7%
Resource Parent	5,596	20.3%	6,289	22.8%
Total CFT Meeting Count	12,014	100%	15,542	100%

Child and Adolescent Needs and Strengths Tool

In 2018, the CDSS and the Department of Health Care Services (DHCS) selected the CANS to be used with the CFT process to guide case planning and placement decisions for child welfare, as outlined in All County Letter (ACL) No. 18-09. The single assessment process creates and establishes an authentic partnership with children, youth, and families, which results in coordinated and integrated plans that are individualized to address the unique needs of each youth, parent, and caregiver. Additionally, the use and implementation of the CANS by county child welfare and behavioral health departments as a mental health and substance use disorder screening and functional tool advances the efforts already underway through Pathways to Well-Being (previously known as Katie A.).

The CANS is a multi-purpose tool developed to assess well-being, identify a range of social and behavioral healthcare needs, and support care coordination, collaborative decision-making, and monitoring the outcomes of individuals, providers, and systems. Completion of the CANS assessment requires effective engagement using a teaming approach. The CANS must be informed by the CFT members, including the youth, parents, and caregivers. The CANS results must be shared, discussed, and used within the CFT process to assist in determining strengths and needs, and to support case planning and care coordination.

The CANS results are intended to inform the CFT in several key areas, including but not limited to:

- Determining if the child, youth, or Nonminor Dependent (NMD) has unmet behavioral health or substance use needs.
- Determining educational needs.
- Identifying any immediate support needs of the family or care provider, such as coaching or respite care.
- Developing a comprehensive plan to support safety, permanency, and well-being.
- Identifying strengths to build upon.

Child and Adolescent Needs and Strengths Tool Data Reports and Visualizations

The CDSS contracted with Opeeka (formally the Mental Health Data Alliance) to host a series of "Open mic" focus groups to identify needed CANS data reports and visualizations to provide meaningful information to help support service decisions. These focus groups included various stakeholders, including several county, Tribal, and provider supports throughout California, and

took place weekly from June 10, 2020, until July 31, 2020. The reports and visualizations will be developed within applicable system partners to provide meaningful information to help support information sharing and monitoring of child and family outcomes. A total of five reports were identified by the focus group**:**

- Child and Youth Strengths Report,
- Child and Youth Needs Report,
- Caregiver Early Childhood Report,
- Caregiver Child Youth Report, and a
- Group Report.
    - The CANS Group Report is a dashboard or report which shows 1) A summary of local and statewide changes in needs resolved and strengths built, and 2) the most frequent needs identified and resolved, strengths identified and built, and potentially traumatic experiences identified for families served by a program, agency, county, or state.

These reports will provide valuable data pertaining to CANS information entered within the CWS-CARES. These reports will allow for further CANS discussion and engagement within the context of caseworker monthly visits and during the CFT. In addition, these reports are aimed to track CANS progress over time.

The CDSS continues to actively work with partners to generate CANS reports (individual and aggregate) to track improvements and needs over time at the system and individual client level through Evident Change's SafeMeasures system. The reports will assist the CFT in identifying appropriate services that support healing and well-being and developing action items and recommendations that provide for supportive, trauma-informed, transition planning. At this time, CANS timeliness reports have been developed and are available to counties. These reports aim to assist social workers in the timely completion and tracking of both initial and ongoing CANS for children and youth assigned to their caseload. Work is currently underway to develop additional CANS data reports for use by the state and by counties. Current available data is limited and the CDSS is unable to report on the top needs and strengths identified at a state or local level. However, the CDSS continues to work closely with the CARES team to ensure adequate reporting mechanisms are in place within the future system.

Child and Adolescent Needs and Services Data within Child Automated Response and Engagement System

Regarding data and outcomes, a point in time data extraction from the CARES-Live was conducted. The data represents the "Number of CANS entered into CARES-Live by Year." The extracted data demonstrated the following:

- The number of CANS reports entered into CARES-Live has increased from 27,692 in 2020 to 51,447 in 2021, and to 68,394 in 2022.
- In the reporting period from January 1, 2019, to January 22, 2023, 91.6 percent of all initial CANS reports recorded into CARES-Live were overdue.
- In the reporting period from December 1, 2022, to December 31, 2022, 35.1 percent of all continuing CANS reports entered in CARES-Live were finished on time, 50.8 percent were missing, and 13.4 percent were pending.
- While there has been an increase in the number of CANS entered into CARES from 2020 to 2022, CDSS does not have data to reflect who participated in the completion of the CANS or if parents, youth, and caregivers feel it adequately and accurately portrayed

their strengths and needs. Additionally, while the CANS is required for all youth involved within the Child Welfare System, CFT practice is only required for those placed in foster care.

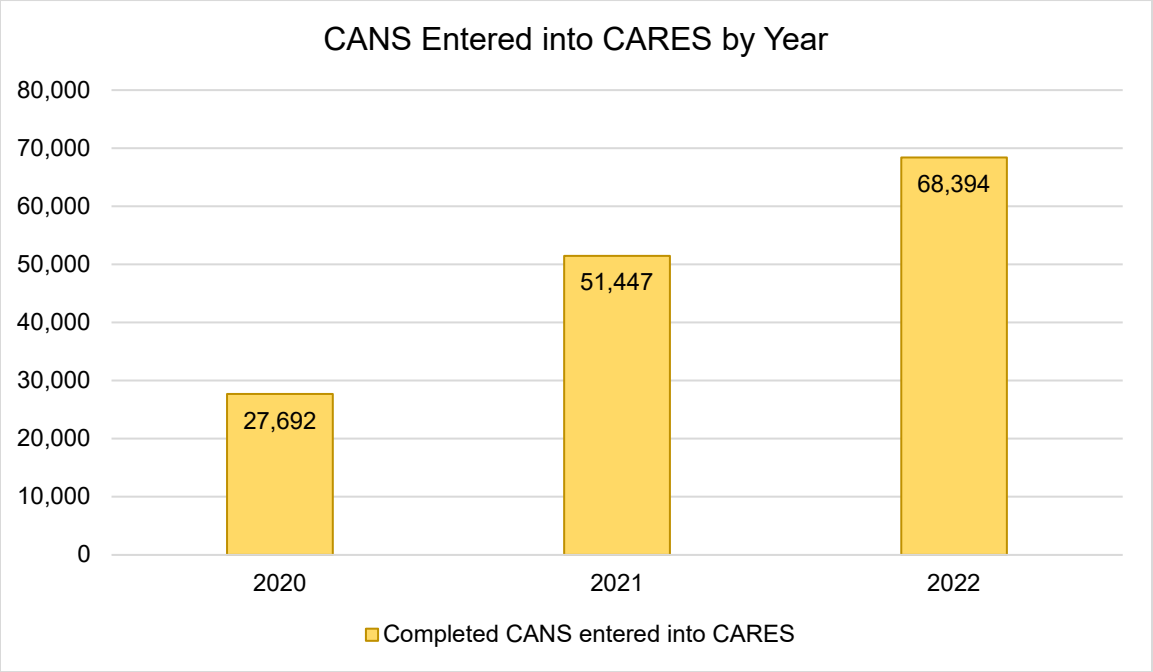


Table 9. CANS Entered into CARES by Calendar Year

Year	Completed	Deleted	In Progress	Total
2020	27,692	3,982	1,465	33,139
2021	51,447	397	2,178	54,022
2022	68,394	236	3,391	72,021
Total	147,533	4,615	7,034	159,182

Data Source: Data reflects CANS entered into CARES-Live.

Barriers to Assessing the Needs of Children, Parents, and Foster Parents

Barriers to Available Data

It is also important to clarify that any county's lack of available data should not necessarily be taken to mean that children are not receiving a CANS assessment. Low or unavailable CANS data for counties is potentially an indication of a need to improve reporting mechanisms, as opposed to a reflection of an absence of direct service provision.

The use of new technology such as the development of CWS-CARES will strengthen the state's use of data to support teaming, community programs, and families' progress. It is imperative that continuous quality improvement (CQI) and data driven decisions are on the forefront of workers' minds when they develop prevention-focused safety plans, coordinated service and case plans, and transition goals.

Further, discussions with county child welfare and behavioral health agencies indicate that local processes and practices vary across the state, and CANS assessments may be completed by social workers, mental health clinicians, private behavioral health providers, or other certified

individuals. The CDSS is working to ensure that the tools and mechanisms that will allow us to report on these and other measures specified in statute are available through the future of the CARES project.

The COVID-19 Layer: Effects on Child and Adolescent Needs and Strengths and Child and Family Teams

On March 4, 2020, California Governor Newsom issued a Proclamation of a State of Emergency ("Proclamation") for California in response to the COVID-19 in California. Since that time, based on enhanced risk to vulnerable Californians and the fast rate of spread, the State implemented multiple preventive actions, including the statewide stay at home order. At this time, the CDSS altered CFT policy to allow meetings to be conducted using alternative options, including videoconference or teleconference technology (ACL No. 20-25). The data and outcomes indicate that CFT meetings and attendance decreased slightly despite efforts to mitigate the consequences of the stay-at-home order.

Families and youth needed extra support as they navigated this unprecedented crisis and disruption. The CFT process continued to serve as an essential strategy to ensure families and providers could continue caring for youth and that the county is aware of the practical and emotional needs of caregivers and youth during this time. The CFT also served as a critical point of communication, support, and response for circumstances when a youth, caregiver, or staff became exposed to COVID-19. Further, locating alternative placements for children was extremely challenging, and the CFT was an essential strategy to preserve the ability of families and providers to care for children.

In order for CFT meetings to continue to serve as this support to youth, parents, caregivers, and the rest of the team, the CDSS recognized that successfully engaging children and families during this time would be difficult and released guidance based on recommendations from the Regional Training Academies and the Center for Innovation in Population Health (Praed Foundation) to allow virtual CFTs to continue to prioritize the needs of the child and family during the statewide stay at home order.

The Virtual CFT Facilitation Guide (included within ACL No. 20-25) recommended that meetings should begin with the child and family to ensure that their voice drives the agenda and tone of the meeting. The document also suggests that participants should be given time to address what is working and what is not working in their plan, and that youth and family feedback should be incorporated into service plans, particularly in respect to technical difficulties. The Virtual CFT Facilitation Guide further stated that remote meetings should focus on the child and family's immediate needs, and that a plan for regular communication regarding extended educational disruptions, family contact and visitation, changing behavioral health needs, and other effects of disruptions should be established. Additionally, the facilitators should ensure that meeting notes and action plan are shared right away following the meeting so that everyone has a shared understanding of next steps.

Early Childhood (Zero-Five)

In California, children ages five years and under, and especially infants, enter foster care at disproportionately higher rates than older children, as seen in the 2019-2021 tables below. Traumatic life experiences and disrupted attachments that many children and their families in the California foster care system experience elevate the risk for developmental, health, emotional, and behavioral challenges. For young children in foster care, the impacts of trauma

and disruptions in caregiver attachment occur within the context of rapid brain development during this developmental stage, emphasizing the need for early intervention.

The Child and Youth System of Care Team (CYSOCT) Assembly Bill (AB) 2083: Children and Youth System of Care Update to the Multiyear Plan Legislative Report (2023) identifies children's and families' need for more proactive and holistic services across systems to stabilize children in their own families and communities to reduce the incidence of foster care. Most recently, and in a systems-integration approach for children and families involved with the child welfare system, the DHCS has partnered with the CDSS to standardize and streamline access to trauma-informed and streamlined care. Effective January 1, 2022, all children in child welfare will meet criteria for an assessment in the Specialty Mental Health Services (SMHS program) based on the trauma, grief, and loss associated with child welfare involvement.

With the creation of the Early Childhood and Systems Integration Unit (ECSIU), the CDSS is further committing internal and external resources to support the work of understanding and mitigating the impact of trauma for young children in the child welfare system. As presented in the subsequent section, "Neuroscience of Trauma: Services," the CDSS has an ongoing and evolving focus on early childhood interventions and services, with the foundational approach of in-depth neuroscience to trauma-informed care. Current projects focusing on early childhood led by the ECSIU include:

- The CDSS, in partnership with the University of California at Davis Resource Center for Family-Focused Practice (RCFFP), is actively creating the Child Abuse Prevention and Treatment Act (CAPTA) curriculum
- The CDSS is developing data capability in the CWS/CMS to accurately capture the number of clients in referrals affected by drug use, alcohol use, mental health needs, and domestic violence as contributing factors of abuse or neglect. This information will lead to more accurate understanding of the need, availability, and access to responsive services.
- As noted in Item 16, the CDSS and the Department of Developmental Services (DDS) formed a workgroup (see Section I) to explore and create strategies to increase the number of referrals of young children in foster care with completed developmental screenings and increase numbers of those screened referred to services.
- Child-specific Technical Assistance as part of the System of Care services offered to counties
- Safe Babies Court pilot exploration, in partnership with RCFFP.

Neuroscience of Trauma: Services

The CDSS has received ongoing feedback that current resources, services, and family-based settings are not equipped to meet the most complex needs of all the children and youth in care. This feedback is consistently received from counties, providers, and stakeholders as well as child-specific technical assistance calls facilitated by the CDSS. Additionally, as noted in Item 25, the *Child and Youth System of Care Team (CYSOCT) AB 2083: Children and Youth System of Care Update to the Multiyear Plan Legislative Report (2023)* evaluates the service array and delivery system for children and youth in foster care, with recommendations provided to address the identified areas of improvement. One of the "Key Connections" cites recommendations to increase trauma-informed supports across settings, providers, families, and caregivers through the utilization of trauma-informed approaches and treatment models.

With the goal of operationalizing the expansion of trauma-informed care knowledge and skills to providers and staff who interact with children and families, the CDSS is working with neuroscience subject matter experts to explore forms of technical assistance and training for systemic changes, as well as for field staff and providers. As part of the initial efforts to impart in-depth neuroscience and trauma understanding statewide, the CDSS is partnering with the RCFFP and neuroscience expert consultants to offer trauma-informed technical assistance consultations for counties submitting capacity building plans responding to funding available through Assembly Bill 153, which supports new or expanded programs, services, practices, and training.

Since commonly used interventions through programs such as Wraparound and Intensive Services Foster Care (ISFC) often rely on higher level functioning in the brain, these services can be an ineffective place to start treatment or target initial interventions. With a deeper understanding of the connection between neuroscience and trauma, providers can better understand behaviors seen in the context of brain development, so that children, youth, and families receive the most appropriate and impactful services to achieve healing, well-being, and permanency.

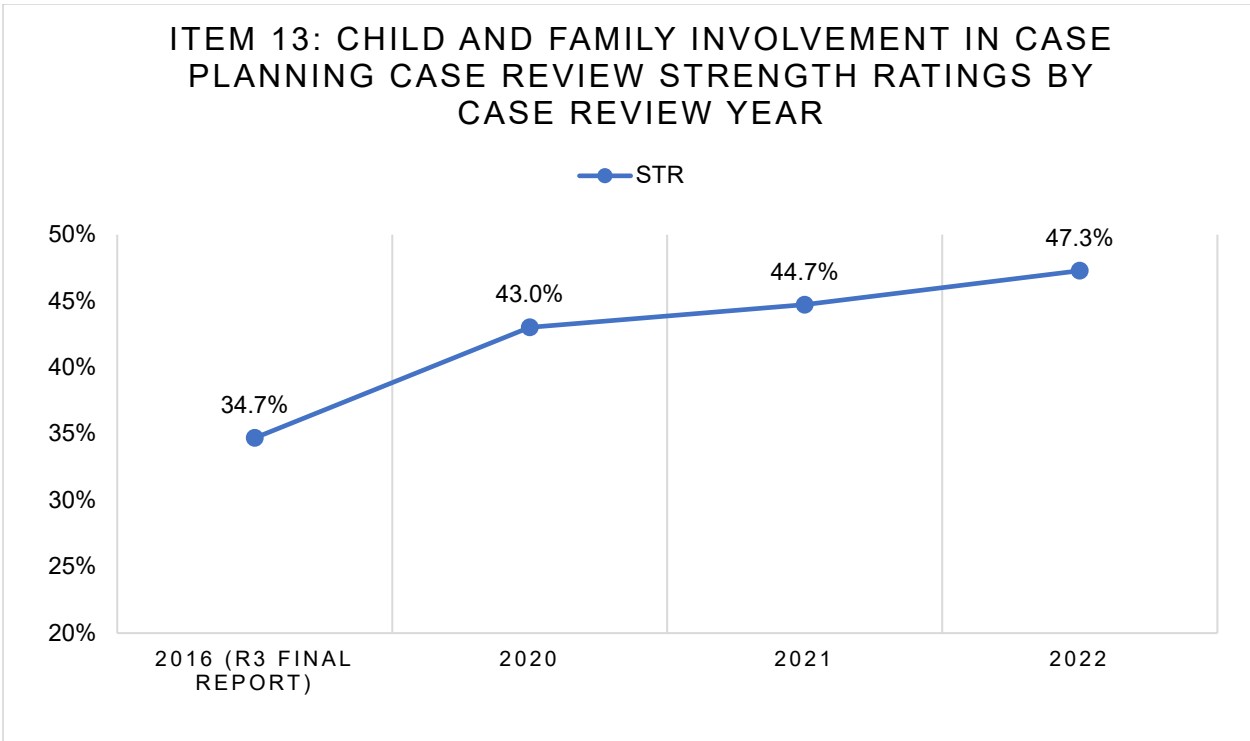
Child and Adolescent Needs and Strengths and the Latent Class Analysis

To develop a more comprehensive approach to identifying and communicating individual family strengths and needs, the CDSS partnered with the Center for Innovation in Population Health (IPH), formally known as the Praed Foundation, to develop a decision support model to inform the development of a foster care rate structure. In the development of the tool, IPH conducted a Latent Class Analysis (LCA) for foster youth in California. The LCA identifies groups common needs of youth and groups them into classes. The LCA developed presented different classes or profiles of foster youth in California. The identification of the different latent classes of youth in California has benefited multiple levels of the California child welfare system.

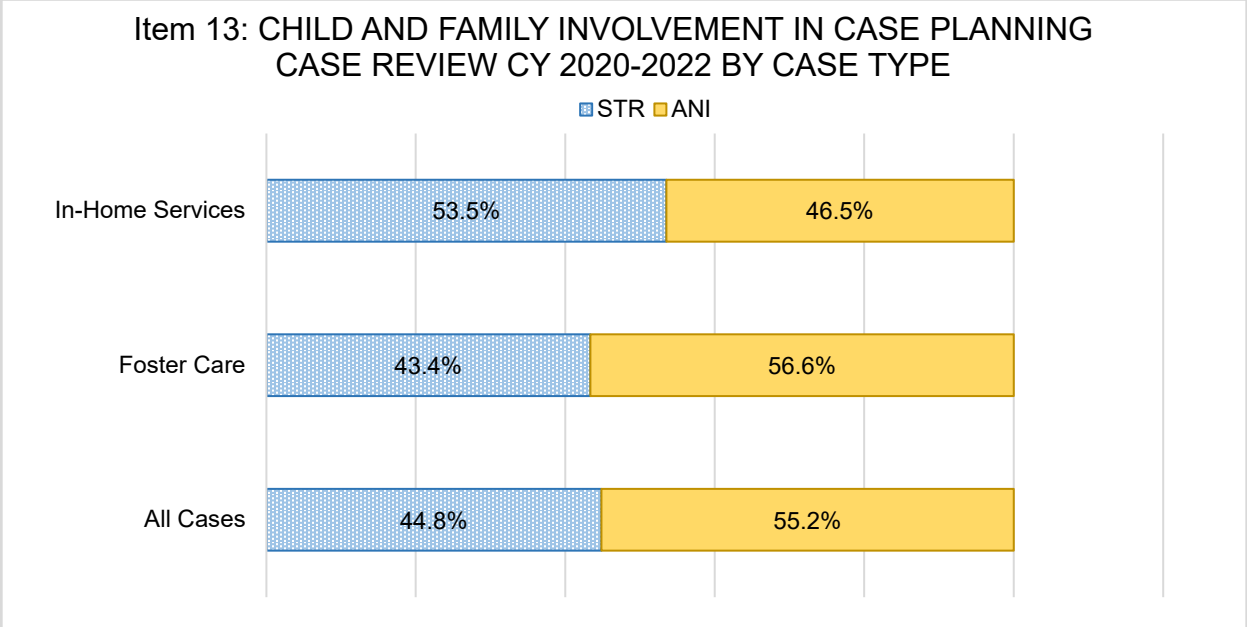
Initially, the LCA conducted over the larger foster care population depicted different classes which provided a birds-eye-view of strengths, needs, and their distribution over the larger California foster care population. This allowed the CDSS to be mindful of the needs of foster youth as well as the volume of youth present in each latent class when providing technical assistance to counties. Additionally, IPH had begun developing specific data sets for each county that has submitted up to date data into CARES, which can be compared to the larger California foster care data set. This comparison allows counties gain insight into needs and gaps present in their current foster care service structures. In a direct application from a social workers perspective, the LCA also lends itself as a communication tool to inform members of the CFT where a youth lies within the larger LCA and profiles. This information directly supports the CFT in identifying services and building a consensus for these services in addition to supports, and appropriate rate structures for the youth and family.

Please see Item 30 for data related to Integrated Practice-Child and Adolescent Needs and Strengths Assessment LCA and relevant data for Complex Care.

Item 13: Child and family involvement in case planning

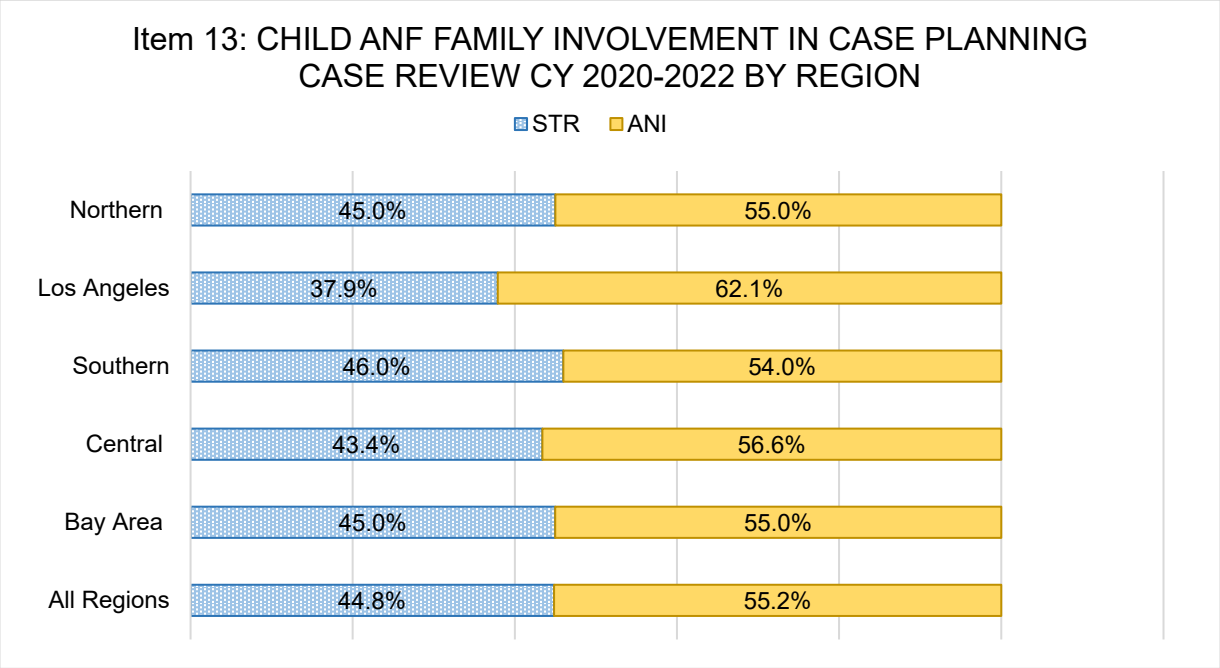


In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. California's performance since the publishing of the 2016 ACF Round 3 Final Report is trending in a consistently positive direction, from 34.7 percent in Round 3 (2016) to 47.3 percent in 2022.



Of all the cases reviewed between 2020 and 2022, a smaller proportion of cases for youth in foster care services (31 percent) were rated as a strength on Item 12B compared to youth

receiving in-home services (51.9 percent). This is a difference of nearly 21 percent between case types.



Of all the cases reviewed between 2020 and 2022, cases involving children receiving services in the Los Angeles (LA) region received the smallest proportion (37.9 percent) of strength ratings when compared to all other regions. The Southern region received the largest proportion of strength ratings (46 percent), which is a difference of 8.1 percent.

It has been a long-standing policy that parents and children are to be involved in case planning. The CFT helps drive the case planning for the family. The initial and foundational regulation for engagement with the parent specifically regarding their progress on the case plan is MPP Division 31-325.1, which requires in-home, in-person visits once per calendar month. The social worker shall arrange for contact, as determined in the case plan, for each parent/guardian.

The purpose of social worker contacts with the parent(s)/guardian(s) named in the case plan is to achieve the following objectives:

- Verify the location of the parent(s)/guardian(s) and assess the functioning of the parent(s)/guardian(s) as it pertains to meeting the child's basic and special care needs, and the safe maintenance of the child in the home.
- Gather information to assess the effectiveness of services provided to meet the needs of the parent(s)/guardian(s), to monitor the progress of the parent(s)/guardian(s), and to meet identified goals.
- Establish and maintain a helping relationship between the social worker and the parent(s)/guardian(s).
- Counsel the parent(s)/guardian(s) as to current placement and progress.

The CDSS undertakes efforts to engage children, mothers, and fathers of both voluntary and non-voluntary child welfare case planning processes on an ongoing basis. The specific

avenues to engage children and families involved in both voluntary and non-voluntary cases consists of policy guidance and technical assistance to support the utilization of Wraparound and CFT models.

Child and Family Teams Survey

The CDSS offers an online CFT survey to assess participants' perceptions of the meeting's usefulness, inclusivity, and overall satisfaction for parents, foster parents, and youth. The survey determines whether respondents believe they can freely participate and contribute to the CFT process in a way that is appropriate to their role and relationship with the youth, and whether their ideas and suggestions are used to support the youth's case plan goals and strategies. It also asks if participants are encouraged to talk about the youth's strengths. It is hoped that participation in these discussions will help youth, parents, and foster parents identify services that best meet their strengths and needs as identified by the CFT and the use of the CANS tool. Unfortunately, the CDSS-issued CFT survey has not been adopted by all counties and does not appear to be used often. From 2018 to 2022, there have been a limited number of surveys completed, with approximately 1,402 (145 youth and 1,257 other CFT participants) responses total.

Of the other CFT participant responses, 82.29 percent of survey respondents reported that their ideas and suggestions were used to support the youth's case plan goals and strategies. Furthermore, 72.44 percent of youth survey respondents expressed they felt their ideas and suggestions were used to help develop their case plan goals and strategies and 77.17 percent felt their team talked about what they did well. The majority of other CFT participants (88.10 percent) said they were able to participate and contribute freely to the CFT process in a manner appropriate to their role and relationship with the youth, and 77.95 percent of youth reported they were also able to participate and contribute freely to the CFT process. Regarding whether the CANS tool was discussed during their CFT meeting, youth expressed that his occurred 55.20 percent of the time, while other CFT participants reported it occurred 22.97 percent of the time. It is hoped that the free discussion and contribution of the youths' and families' goals and strategies encourage the identification of appropriate services that meet the needs of parents, foster parents, and youth.

As stated, several factors limit the CFT survey's utility in determining whether the CFT aids in identifying services that meet the needs of the child and family. Currently, the CFT survey does not explicitly ask if the CFT helps children, foster parents, and parents in identifying services that meet their needs and case plan goals. Survey participation is also limited because the survey is not automated and there are no incentives for completion. Moreover, responses are not reflective of all counties, as most surveys were received from Glenn, San Joaquin, Los Angeles, and Riverside Counties. The CDSS is striving to improve the survey to better assess the CFT's role in identifying services appropriate to youths', parents', and foster parents' needs, and collaborating with CARES-Live on survey automation.

Furthermore, the CDSS has reviewed data related to reasons for CFT members being absent from CFT meetings. The data below extracted from CWS/CMS from federal fiscal years (FFYs) 2019-20, 2020-21, and 2021-22, show elevated percentages of youth ages zero to 13 that have been absent from CFT meetings for the specific reason of "age" in addition to other factors for the absence of children and youth from CFT meetings. Additionally, qualitative data findings from county engagement shows the reasons youth are excluded from CFTs meetings is mostly due to local county practices and policies. Since the CDSS has identified these qualitative and quantitative data findings, the CDSS has issued policy guidance with an accompanying CFT

engagement guide in ACL No. 21-105 to address the elevated levels of absence of younger youth. On January 21, 2022, the CDSS and practice experts hosted a recorded webinar to illustrate the guidance through direct practice tips and strategies for increasing participation in the CFT.

Data from CWS/CMS across FFYs 2019-20, 2020-21, and 2021-22 indicates that the younger a child is, more absences from CFT meetings are observed due to the child's age, developmental reasons, or inappropriate subject matter. "Other" or missing data are also notable when a child is younger. As children age, more absences from CFT meetings are observed due to the child/youth declining or refusing, inappropriate subject matter, scheduling conflicts, or the child/youth has absconded from care.

Limitations

Although technical assistance and services to support the implementation of CFTs and Wraparound is available to support counties in implementing programs, either court mandated or non-court mandated cases (voluntary cases or family maintenance), state general funds are not currently allocated for the implementation of prevention CFTs for counties. Some California counties do utilize county funds to implement prevention CFT meetings for emergency response and family maintenance cases to mitigate removals and court involvement.

While data collected regarding CFT implementation is extracted from CWS/CMS, there may be discrepancies in data, as some counties contract with community providers for CFT facilitation. In these circumstances, providers must relay facilitation information to their county worker for data entry into CWS/CMS. With the development of CARES, subject matter experts are mindful of data collection efforts and needs and are working towards building a program that will promote both comprehensive and accurate data entry and reports that measure well-being and improvement towards goals over time.

Additional data is needed to increase accurate evidence in the case file to demonstrate the agency made a concerted effort to involve the parents and children in the case planning process on an ongoing basis. The CDSS continues to make efforts to both promote and document these efforts through technical assistance and actively informing reporting capabilities within the CWS-CARES automation build.

Wraparound

Although Wraparound has played a key role with family and youth engagement, challenges have been identified and new strategies are being developed and implemented to address them. Wraparound is a strengths-based planning process that occurs in a team setting to engage with children, youth, and their families. Wraparound shifts the focus away from a traditional service-driven, problem-based approach to care and instead follows a strengths-based, needs-driven approach. Revised California Wraparound Standards require child and parent involvement in case planning by:

- Improved teaming and working relationships
- Increased collaborative decision-making processes
- Increased children's and youth's voice
- Increased family engagement in collaborative safety and case planning

The application and implementation of the California Wraparound Standards and the draft Wraparound CQI and Evaluation Plan will allow the CDSS to support implementation of the

Wraparound process statewide, evaluate effectiveness, identify the need for technical assistance and training, and promote communication within the service delivery and research and evaluation fields.

Since Round 3 of the Child and Family Services Review (CFSR), challenges with assessing family and youth engagement with Wraparound have been identified. The CWS/CMS does not accurately reflect the number of families and youth receiving Wraparound services statewide due to lack of consistent data entry using the special

One of the key tasks in the application of California Wraparound Standards is the development and refinement of the California Wraparound evaluation and CQI plan. Prior to a full statewide implementation of a CQI plan, the California Wraparound Evaluation and CQI Pilot Project was developed and is at the initial stage of execution. Through the California Wraparound Evaluation and CQI Pilot Project, the CDSS will learn how to support optimal Wraparound implementation, and adapt current practices as needed to promote high-quality implementation. It will help guide and shape statewide evaluation and CQI policies and practices and gain access to new data sources to learn about both implementation success and youth/family outcomes.

Safety Organized Practice

The Safety Organized Practice (SOP) Backbone Committee is committed to improving family engagement in case planning using SOP tools and strategies. The committee partners with the CDSS, Regional Training Academies (RTAs), and California counties to improve the use of SOP tools and strategies to support this effort.

The SOP Backbone Committee develops goals and objectives annually to enhance statewide practice. In state fiscal year (SFY) 2020-21, it developed the following specific goal, which carried over into SFYs 2021-22 and 2022-23, related to supporting practice improvement of CFSR:

- Item #13: Identify SOP tools and techniques that can be used statewide to engage families in assessment, safety planning, initial and ongoing case plan development, aftercare planning (including concurrent planning and permanency transitions).
- The SOP Backbone Committee identified opportunities to review data and information sharing to stay informed on how counties are doing with family engagement to identify areas of need. It was determined that obtaining quantitative and qualitative data that accurately measures effectiveness of family engagement strategies is difficult.
- A county SOP survey was completed to identify the impact of the use of SOP tools/strategies to increase child/parent collaborative involvement in case planning. Sixteen counties reported that they saw the most impact through utilizing Child and Family Team Meetings to consistently create *Harm and Worry/Danger Statements*. Thirteen counties identified progress in the use of *Solution-Focused Questions* when engaging with families. Seven Counties reported increased impact with families while utilizing customized, behaviorally based case planning. Nine counties reported that safety planning with families and their safety network was a strength in their SOP implementation.

New tools were also added to the SOP Toolkit to support child/parent involvement in case planning. These include *Solution-Focused Questions* to engage parents and support them

creating their own behavioral objectives for their case plan and the updated Three Questions tool that can be copied and added directly to the case plan. Additional tools that were added to support quality engagement with families in case plan development include an SOP/CANS Quick Guide, which aligns SOP and CANS using a team-based approach.

Child and Family Teams

Since the implementation of CFTs in California, as described in Item 12, the CDSS has engaged in multiple implementation efforts in collaboration with partners and other key stakeholders. In 2018, a CFT and CANS implementation team was created to enhance state outcomes related to CFTs and CANS implementation. The team meets regularly to address barriers to CFT and CANS implementation as well as receive updates from the following working subgroups: Communications, Messaging, and Networking; Data and Outcomes; Policy; and Workforce Development, and Training.

In 2020, a series of statewide and regional convenings were conducted to guide child welfare, juvenile probation, and behavioral health representatives in completing county-specific as-is mappings of their CFT/CANS implementation plans and policies and identifying any barriers and gaps to full implementation.

In 2022, a statewide survey was collected to allow counties to specify where individual CFT/CANS implementation support was needed. Statewide survey results were combined to inform the planning for "Children and Families at the Center: Fulfilling the Vision of CANS informed CFT Practice" convening which took place in December 2022. Moving forward, the CDSS, in collaboration with system partners, is actively working towards a path for more comprehensive implementation of CANS-informed CFTs via learning collaboratives, technical assistance, and guidance for practice expectations on a state, regional, and individual county level.

Mother, Father, Child Engagement Efforts

While the CDSS has provided an avenue for mothers, fathers, and children to be involved in the case planning process, the CDSS has also made concerted efforts to both inform and engage family members in the CFT process. Through the CFT/CANS implementation workgroup, the communications, messaging, and networking subgroup has developed a series of deliverables to promote CFT engagement for various members of the child and family team. All members of the CFT contribute to the richness of the CFT experience, which is why it is essential to build engagement. The communications workgroup has developed CFT brochures for youth, CFT brochures for parents, and CFT brochures for professionals to build awareness and engagement of the CFT process. Short videos have also been developed as part of the "what's in it for me" video series to build engagement for youth, teens, first time adult participants, child welfare professionals, behavioral health professionals, and juvenile probation department professionals. These deliverables have been part of an effort to promote a multisystem engagement campaign to promote the implementation of a robust CFT/CANS process to inform service delivery.

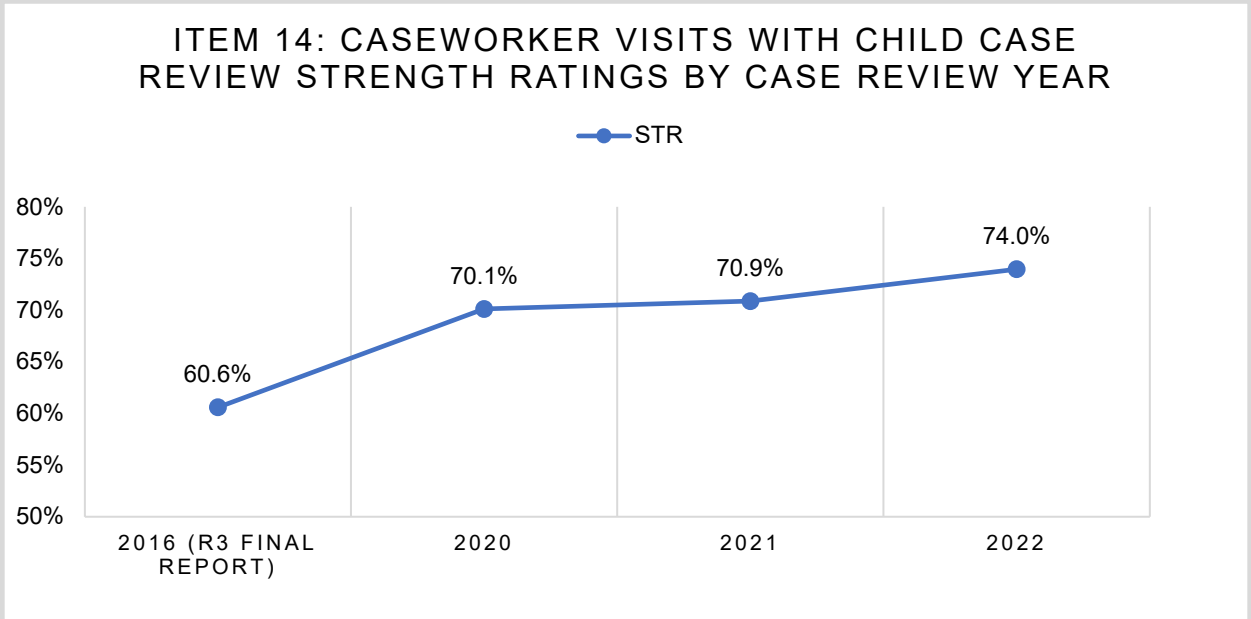
To further promote engagement, the CDSS also issued ACL No. 21-205, which includes the C*hild and Family Team Meeting; Child, Youth, and Family Engagement Guide* which is a tool for facilitators to foster inclusion and participation for child, youth, and family members that may present with barriers to full involvement in the CFT process.

Engaging Tribes:
In cases where it is known, or there is reason to know, the child is an Indian child, the CFT meeting must be held within 30 days of entry into foster care in order for the dispositional hearing to occur within the time required by Welfare and Institutions Code (WIC) 224.2(i)(1) and WIC 352(b). Furthermore, a representative from the Indian child's Tribe is required to be included for all CFTs for cases involving an Indian child. In cases where petitions under section 300, 601, or 602 may be filed for child, inquiries into whether a child may be an Indian child should be made beginning with initial contact pursuant to WIC 224.2(a).

Policy Updates
The CDSS has made efforts to increase the quality of our data related to the implementation of CFTs and CANS by making updates to CWS/CMS and implementing policy guidance:

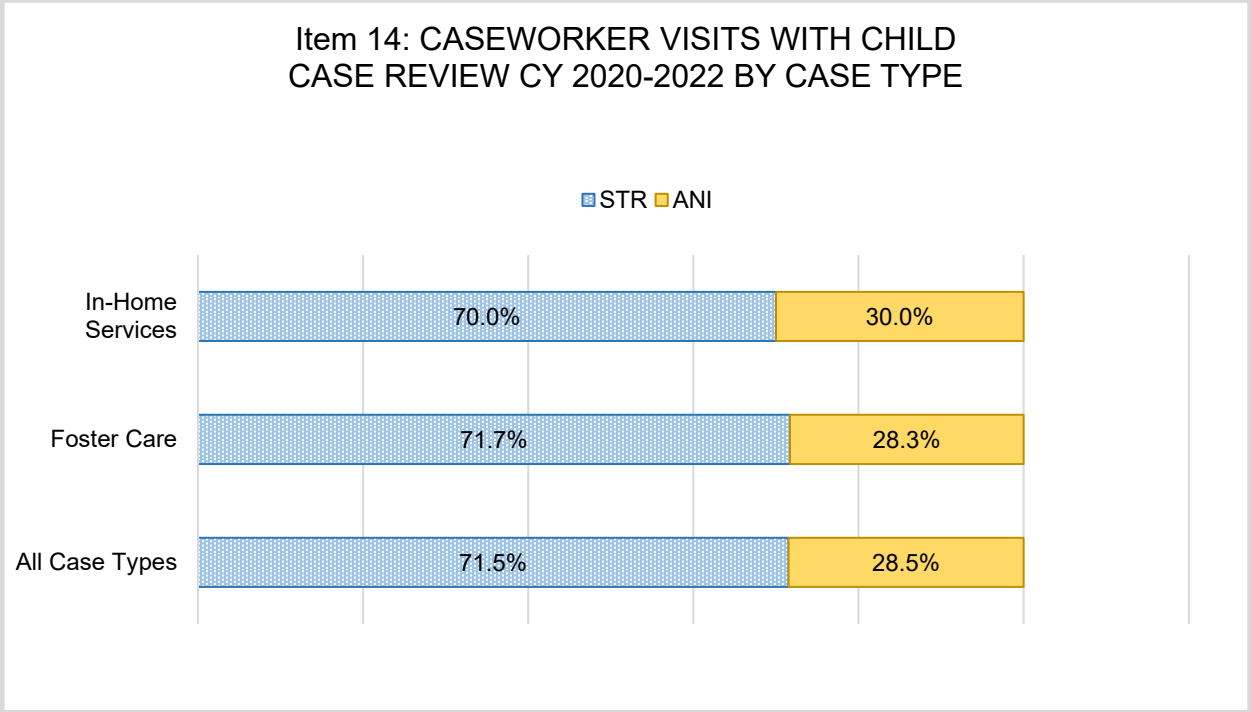
- ACL No. 17-104: The system and guidance updates associated with this ACL provide guidance for documenting the occurrences of child and family team meetings in CWS/CMS.
- ACL No. 21-105: This ACL presents system and guidance updates that allows case workers to provide an explanation to why a youth was not in attendance at the CFT meeting.
- ACL No. 21-27: This ACL provides guidance to counties related to the CANS implementation requirements as well as the requirement to document CANS data into CARES-Live.
- ACL No. 22-73: In this ACL, the CFT meeting summary and action plan template is presented to support the recording of agreements reached in the CFT which includes the voices of youth and parents. This template can be attached to the case plan when submitted to the court for review.

Item 14: Caseworker visits with child



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in

substantial conformity for this item. California's performance since the publishing of the 2016 ACF Round 3 Final Report is trending in a consistently positive direction, from 60.6 percent in Round 3 (2016) to 74 percent in 2022.



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, there was not a notable difference in the percentage of strength ratings between caseworker visits with a child when the child was in foster care (71.7 percent) versus when they were receiving in-home services (70 percent).

In 2019, the CDSS distributed clarifying policy guidance on quality caseworker visits with the child through ACL No. 19-87 and infused the ICPM to support caseworkers in engagement, assessment, and teaming with the youth during the minimal one time per month in-person visits with children in out of home placement. Currently, child welfare staff receive training on Quality Caseworker Visits through CORE training.

The CDSS has partnered with the California Probation Officers Chief Association to jointly facilitate and develop a Quality Caseworker Visit Training that has been very successful for the Probation Officers. The CDSS recognized that this training needed to be tailored to their specific needs and language to satisfy and support the state requirements for these visits under child welfare. This course was offered during the pandemic to ensure all new Probation Officers and Supervisors were trained on the requirements of these visits.

The chart below shows the change since the last FFY report. Included is videoconferencing for the entire FFY, as allowed by the federal government. The percent visited was down to 92.74 percent (from 93.76 percent last year). The percent visited in home also decreased from 91 percent to 86.88 percent.

While the overall percentage decreased in the last three FFYs, from 2019 to 2022, this was in part due to the COVID-19 Pandemic, which affected caseworker coverage of cases when infected. Additional difficulties included ensuring youth had the technology to communicate by

video conference with the caseworkers and navigating the local county and state public health orders.

Table 12. Federal Monthly Caseworker Visits, FFY 18-19

Minor Count	Number of Months Open	Number of Visit Months	Percent Visited	Percent Not Visited	Number of Visits in Residence	Percent Visited in Residence	Percent Visited Out of Residence
67,614	540,268	512,724	94.90%	5.10%	408,959	79.76%	20.24%

Table 13. Federal Monthly Caseworker Visits, FFY 19-20

Minor Count	Number of Months Open	Number of Visit Months	Percent Visited	Percent Not Visited	Number of Visits in Residence	Percent Visited in Residence	Percent Visited Out of Residence
65,115	547,259	513,096	93.76%	6.24%	449,544	87.61%	12.39%

Note: CWS/CMS data extracts

Table 14. Percent of Timely Caseworker Visits – Out of home CWS by Ethnicity

	OCT 2018-SEP 2019	OCT 2019-SEP 2020	OCT 2020-SEP 2021	OCT 2021-SEP 2022
Black	95%	81.8%	88.7%	91.3%
White	94.5%	79%	85.6%	89.6%
Latino	96.3%	81.7%	89.4%	92.5%
Asian/Pacific Islander	96%	79.3%	87.5%	89.8%
Native American	90.3%	77%	81.9%	85.2%
Missing	95.9%	84.5%	92%	92.3%
Total	95.6%	81.1%	88.4%	91.5%

Source: California Child Welfare Indicators Project (CCWIP) Process Measure 2F

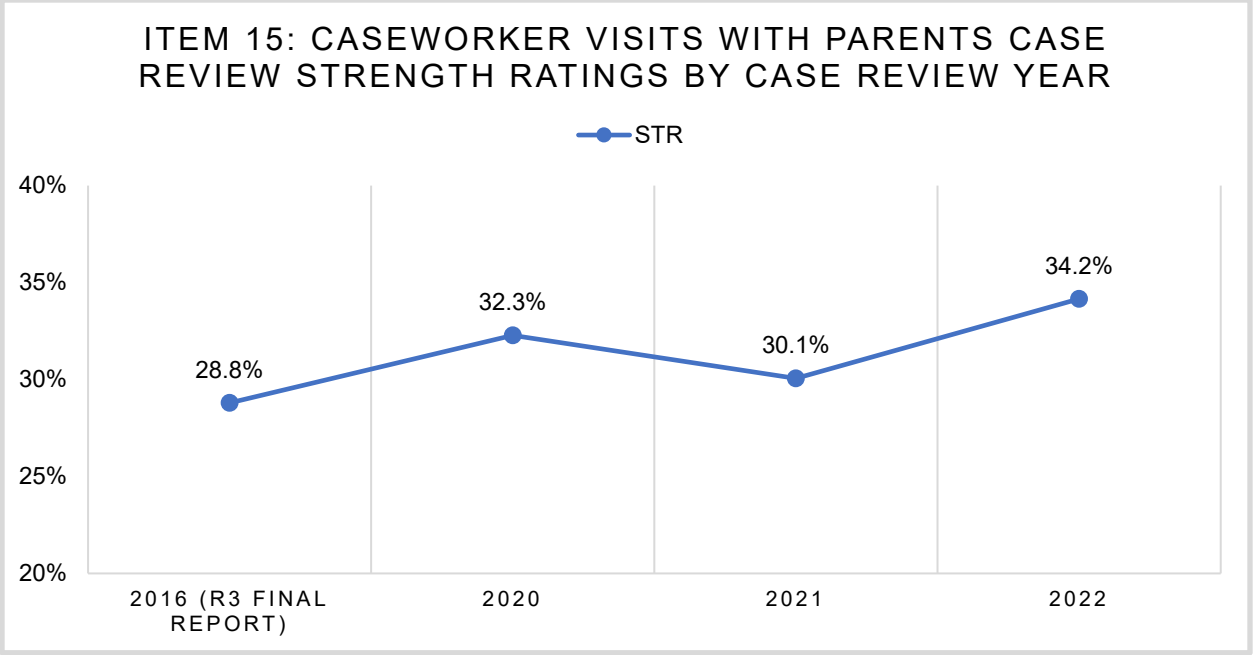
Table 15. Percent of Timely Caseworker Visits – Out of home Probation by Ethnicity

	OCT 2018-SEP 2019	OCT 2019-SEP 2020	OCT 2020-SEP 2021	OCT 2021-SEP 2022
Black	82.4%	68.7%	68.3%	68.8%
White	89.2%	71%	73.9%	84.9%
Latino	85.4%	73.2%	75.4%	73.4%
Asian/Pacific Islander	88%	65.7%	64%	84.6%
Native American	87.1%	77.2%	76%	88.6%
Missing	90.8%	68.3%	70.4%	83%
Total	85.4%	71.5%	73.1%	75.1%

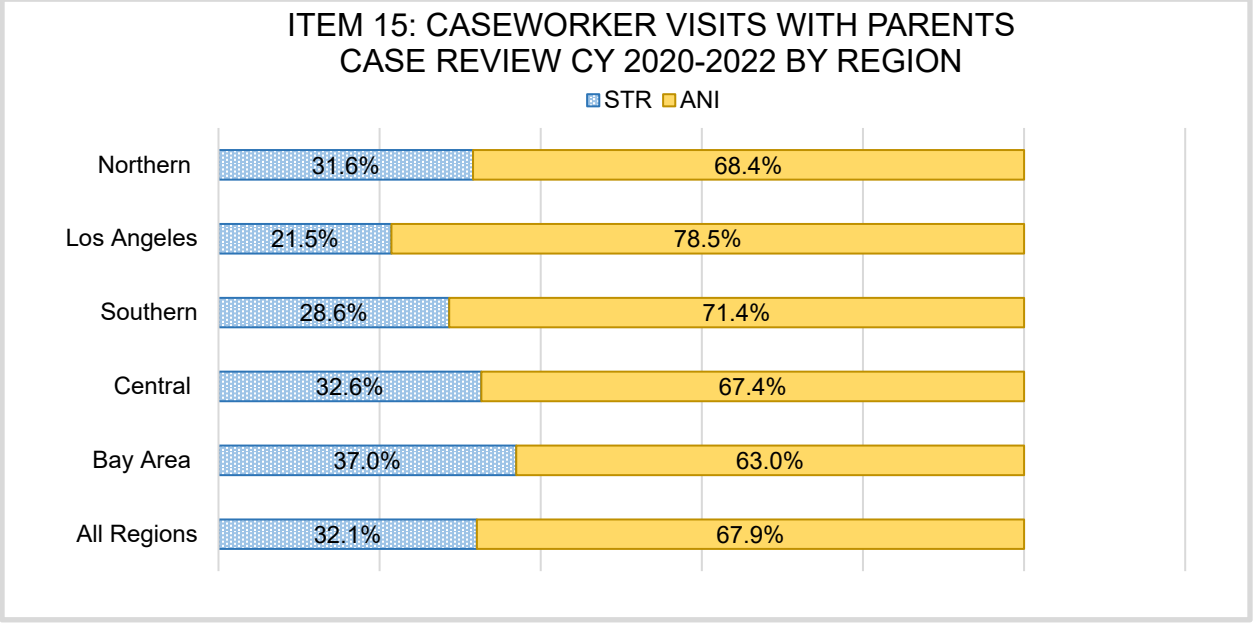
Source: CCWIP Process Measure 2F

For both the CWS and probation populations, percent of timely caseworker visited declined during the height of the COVID-19 pandemic. Though rates of timely caseworker visits have not entirely recovered, they were improving during the FFY 2021-22.

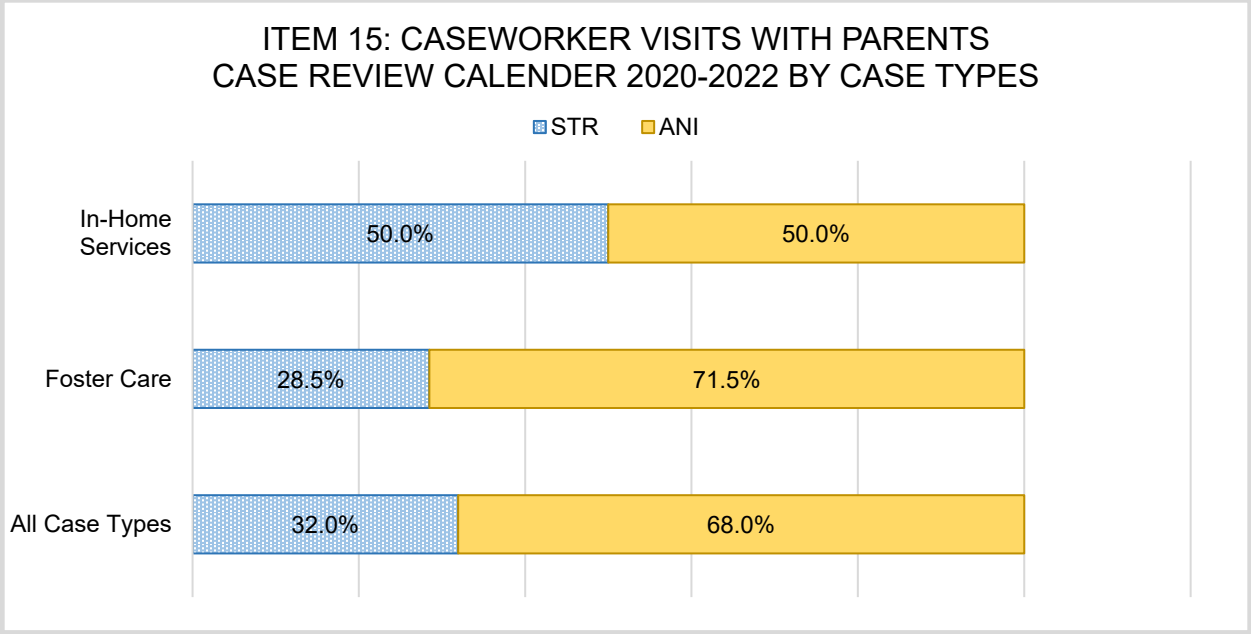
Item 15: Caseworker visits with parents



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. California's performance since the publishing of the 2016 ACF Round 3 Final Report is trending in a positive direction overall. In Round 3 (2016) the strength rating for Item 15 was at 28.8 percent. It increased to 32.3 percent in 2020, dipped down to 30.1 percent in 2021 but then increased to 34.2 percent in 2022.



Of all the cases reviewed between 2020 and 2022, cases involving children receiving services in the LA region received the smallest proportion (37.9 percent) of strength ratings when compared to all other regions. The Southern region received the largest proportion of strength ratings (46 percent), which is a difference of 8.1 percent.



Of all the cases reviewed between 2020 and 2022, a smaller proportion of cases for youth in foster care services (28.5 percent) were rated as a strength on Item 15 compared to youth receiving in-home services (50 percent). This is a difference of 21.5 percent between case types.

Pursuant to Division 31-325 regarding visits with parents, the caseworker is required to have in-person visits with the parents to discuss their case, case plan deliverables, and needs. The regulations do provide exceptions to the in-person visit with a written or telephonic notification. Furthermore, there are other professionals who may visit with the parent once per-month. The caseworker is not required to do an in-person visit.

While ACL No. 19-87 established the most up to date policy guidance of what is not only required by law, but it infused the principles of the ICPM behaviors (the six ICPM Practice Behaviors are foundation, assessment, engagement, teaming, service planning and delivery, and transition) for caseworkers to meet the quality needs of these visits with children. It could also be used for engagement and assessment of the parents on their in-person visits. The CDSS are unable to assess for quality of the visit with the parents without going into the specified case note for a review.

Table 16. Monthly Social Worker Contacts with Parents/Guardians of Children in Family Reunification (Minors zero-17 years old as of the beginning of each month), Child Welfare Supervised

Federal Fiscal Year	Minor Count	Number of Months Open[1]	Number of Months Parent Contact was Made	Percent of Months Contacted	Number of Contacts In-Person[2]	Percent of Contacts In-Person	Number of Contacts by Phone or Written[3]	Percent of Contacts by Phone or Written
FFY 2019	40,348	237,920	187,826	79%	158,798	85%	29,028	15%
FFY 2020	38,881	253,099	195,231	77%	128,310	66%	66,921	34%
FFY 2021	37,916	229,014	177,235	77%	120,292	68%	56,943	32%
FFY 2022	33,751	202,940	154,741	76%	112,980	73%	41,761	27%

Source: CWS/CMS 2022 Q4 Extract
Notes:
1) The number of months open reflects episodes that were open for the entire month with a service component of Family Reunification that was active for the entire month.
2) When both an In-Person and Phone/Written contact is made within the same month, the monthly contact is counted as In-Person.
3) Includes completed contacts by telephone, written, e-mail, and video chat.

Monthly contacts with parents/guardians have consistent, although the method was adjusted to also allow for video conferencing during the global pandemic by the Administration of Children and Families to ensure were meeting the need of our families while keeping the county staff, parents, children, and caregivers safe and healthy.

Due to the pandemic and California under stricter in-person contact during FFY's 2019-2021, the number of contacts completed by telephone, written, email or video chat went increased by 19 percent during FFY 2020 and only decreased by 2 percent in FFY 2021 due to continued strict conditions of the State and Local Departments of Public Health.

Table 17. Monthly Social Worker Contacts with Parents/Guardians of Children in Family Reunification (Minors 0-17 years old as of the beginning of each month), Probation Supervised

Federal Fiscal Year	Minor Count	Number of Months Open[1]	Number of Months Parent Contact was Made	Percent of Months Contacted	Number of Contacts In-Person[2]	Percent of Contacts In-Person	Number of Contacts by Phone or Written[3]	Percent of Contacts by Phone or Written
FFY 2019	2,838	15,878	4,228	27%	3,001	71%	1,227	29%
FFY 2020	2,509	14,784	3,810	26%	1,872	49%	1,938	51%

Federal Fiscal Year	Minor Count	Number of Months Open[1]	Number of Months Parent Contact was Made	Percent of Months Contacted	Number of Contacts In-Person[2]	Percent of Contacts In-Person	Number of Contacts by Phone or Written[3]	Percent of Contacts by Phone or Written
FFY 2021	1,753	10,939	2,755	25%	1,208	44%	1,547	56%
FFY 2022	1,358	8,165	1,916	23%	1,133	59%	783	41%

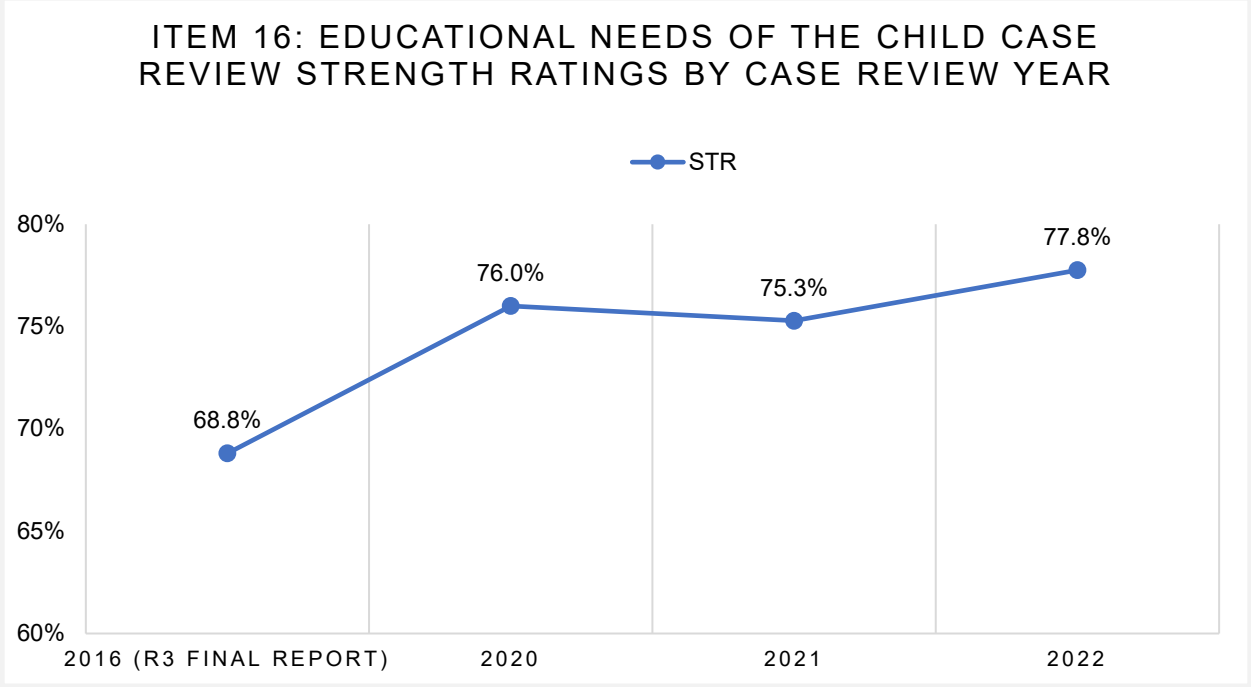
Source: CWS/CMS 2022 Q4 Extract
Notes:
1) The number of months open reflects episodes that were open for the entire month with a service component of Family Reunification that was active for the entire month.
2) When both an In-Person and Phone/Written contact is made within the same month, the monthly contact is counted as In-Person.
3) Includes completed contacts by telephone, written, e-mail, and video chat.

This data is not complete as far as the contact with the parents within CWS/CMS. Due to the approximate 11 different Probation data systems across the State of California, which account for all juvenile probation youth, where much of this data is housed and they are not now required to input the visits with parents in CWS/CMS. The Probation departments are required to input their visitation with youth in CWS/CMS, and they are also required by Division 31-325 to visit or contact parents while in Family Reunification and document they have done so to the Juvenile Court.

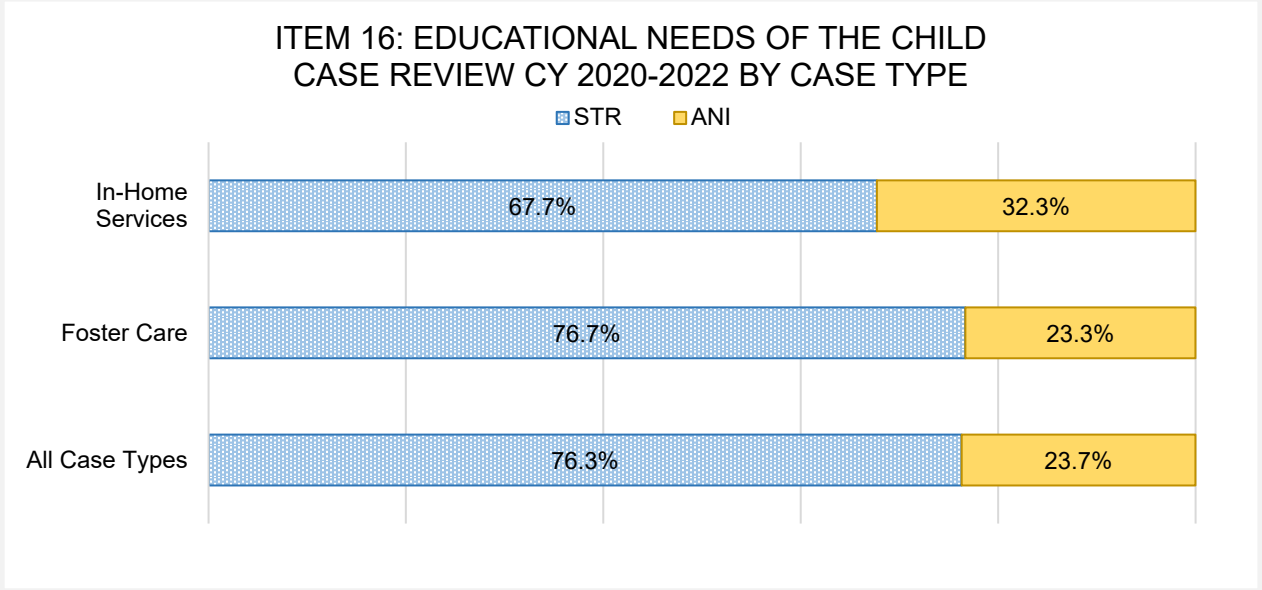
Just like the child welfare visits with parents, the data for probation indicates during the pandemic, written, telephonic, video conferencing and email increased by 21 percent from FFY 2019-2020, and increased an additional 5 percent during FFY 2021. The CDSS is unable to speak to the quality of these visits for either child welfare or probation parents/guardians with their caseworkers.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

Item 16: Educational needs of the child



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. California's performance since the publishing of the 2016 ACF Round 3 Final Report is trending in a positive direction overall. In Round 3 (2016) the strength rating for Item 16 was at 68.8 percent. It increased to 76 percent in 2020, dipped down to 75.3 percent in 2021 but then increased to 77.8 percent in 2022.



Among the cases pulled and reviewed between 2020-2022 (Case Review Calendar Year) by Case Type, Educational Needs of the Child was rated as a strength in 76.7 percent of foster care cases, while Educational Needs of the child was only rated as a strength in 67.7 percent of cases receiving In-Home Services.

According to the California Department of Education's Data Quest, for the 2019-2020 school year, students in foster care had a school stability rate of 65.8 percent compared to 92 percent of all students statewide. For the 2020-2021 school year, students in foster care had a stability rate of 71.8 percent compared to 92.3 percent statewide.

In 2019-2020, African American students in foster care had a school stability rate of 58.4 percent, American Indian/Alaska Native students in foster care had 63.3 percent, and Hispanic/Latino students in foster care had 67.9 percent compared to all students in foster care with a statewide stability rate of 65.8 percent. African American students fall 7.4 percent below average with American Indian/Alaska Native students falling 2 percent below average.
In the 2020-2021 school year, African American students in foster care had school stability rates of 67.2 percent, American Indian/Alaska Native students in foster care had 72.2 percent, and Hispanic/Latino students in foster care had 74.5 percent compared to the statewide rate of 71.8 percent for students in foster care. There is a 92.3 percent statewide average for all students. African American student stability rates fall below average for students in foster care. Stability rates improved but that may indicate COVID-19-related changes due to increased distance learning opportunities that resulted in fewer school changes.

Placement changes for foster youth contribute to more frequent school changes, a decrease in school stability, and a decrease in the youth remaining in their school of origin.

Foster care rights Assembly Bill 175

In 2019, AB 175 was signed into law and expanded the existing Foster Youth Bill of Rights, incorporating a number of rights for foster youth that existed in other areas of law under the Welfare & Institutions Code, including from the Education Code, such as the following:

To attend school, to remain in the child's school of origin, to immediate enrollment upon a change of school, to partial credits for any coursework completed, and to priority enrollment in preschool, afterschool programs, a California State University, and each community college district, and to receive all other necessary educational supports and benefits, as described in the Education Code.

The CDSS has been an active participant in the education discussions of the California Foster Youth Education Task Force and the Improving Educational Outcomes for Children in Care workgroup, which focuses on increasing school stability through empowering youth in foster care, educating youth about their educational rights, and maintaining youth in their school of origin, consistent with the provisions regarding transportation and school of origin in Every Student Succeeds Act.

Practice guidance to include Tribal representatives is included in ACLs. ACL No. 22-36 discusses the importance of the social worker or probation officer collaborating and consulting with the Tribal representative when the child or youth is an Indian child to meet the educational needs of the child or youth. In addition to having information about the child or youth that may not be available to the social worker or probation officer, the Tribal representative may know of additional Tribal or federal educational programs or services available to the child or youth. CFT meetings are to be used to discuss the youth's educational needs and services. ACL No. 22-36 provides guidance that educational rights need to be considered during the development of the youth's education plans and should be discussed in CFT meetings. All County Information Notice (ACIN) No. I-37-21 provided guidance to utilize a variety of teaming approaches of agencies that serve the foster children, including CFTs, individualized education

programs (IEPs), student study teams, and individualized program plans that can be utilized to identify and support the needs of the individual child and family.

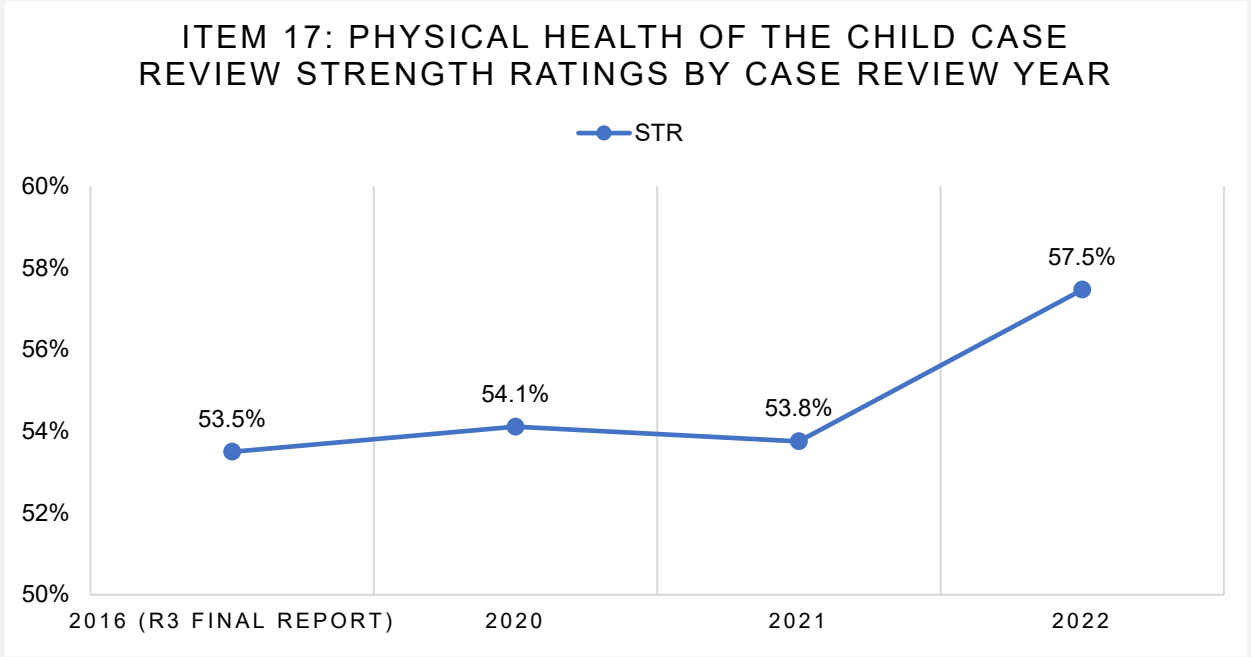
Early Childhood: Early Intervention Services

The CAPTA and the Individuals with Disabilities Education Act both mandate that children are referred to early intervention programs and, through the California Early Intervention Services Act, state authority is established to develop an early intervention system reflective of federal requirements. The DDS is charged with planning, developing, implementing, and monitoring the statewide early intervention services system. The CDSS coordinates with the DDS in the delivery of early intervention services for children in foster care.

In 2022, the DDS and the CDSS began joint efforts to identify and mitigate the barriers of children in foster care receiving timely evaluations, assessments, and access to early intervention services. This led to the creation of the Delayed Developmental Assessments for Children in Foster Care Workgroup, which is composed of subject matter experts from the CDSS and the DDS. The intent of the workgroup is to clarify the process for referral and consent for children in foster care with the goal of addressing broader issues related to delays in youth in foster care accessing Early Start. The CDSS and the DDS have worked to identify county child welfare agencies and regional centers with exceptional partnerships and referral processes to Early Start to better understand the issue.

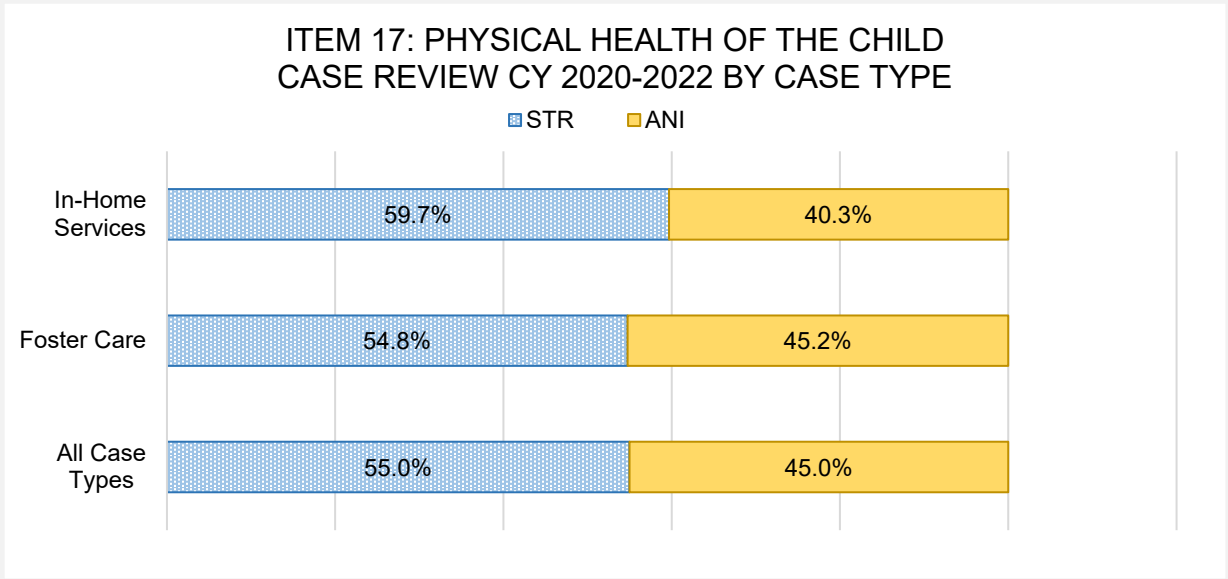
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Item 17: Physical health of child



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. California's performance since the publishing of the 2016

ACF Round 3 Final Report is trending in a positive direction overall. In Round 3 (2016) the strength rating for Item 17 was at 53.5 percent. It increased to 54.1 percent in 2020, dipped down to 53.8 percent in 2021 but then increased to 57.5 percent in 2022.



Among the cases pulled and reviewed between 2020-2022 (Case Review Calendar Year) by Case Type, Physical Health of the Child was rated as a strength in only 54.8 percent of foster care cases, while Physical Health of the child was rated as a strength in 59.7 percent of cases receiving In-Home Services. This is a difference of nearly five percent.

Public Health Nurses (PHNs) work directly with CWS social workers and the Juvenile Probation Department probation officers to provide health care coordination activities for children in foster care. CWS, Probation, and PHNs work to ensure that all children in foster care receive the required medical and dental exam within 30 days of entry or placement, as well as continuing routine medical and dental exams, as stated in the Health and Safety Code 124025-124110 and MPP Division 31-206.36 - .361

Timely Health and Dental Exams

The tables below provide the percentage of children meeting the schedule for Child Health and Disability Prevention Medical and Dental Exams between July 2019 through September 2021.

Table 18. Children Who Have Received a Timely Medical Exam, by SFY

	JUL 2019 – SEPT 2019	JUL 2020 – SEPT 2020	JUL 2021 – SEPT 2021
Received a timely medical exam	75%	68.7%	71.3%
Did not receive a timely medical exam	25%	31.3%	28.7%
Total	100%	100%	100%

Data Source: CWS/CMS 2022 Quarter 3 Extract. CCWIP reports retrieved Jan 17, 2023, from University of California at Berkeley California Child Welfare Indicators Project website.

Table 19. Children Who Have Received a Timely Dental Exam, by SFY

	JUL 2019 – SEPT 2019	JUL 2020 – SEPT 2020	JUL 2021 – SEPT 2021
Received a timely dental exam	67.4%	61.1%	62.8%
Did not receive a timely dental exam	32.6%	38.9%	37.2%
Total	100%	100%	100%

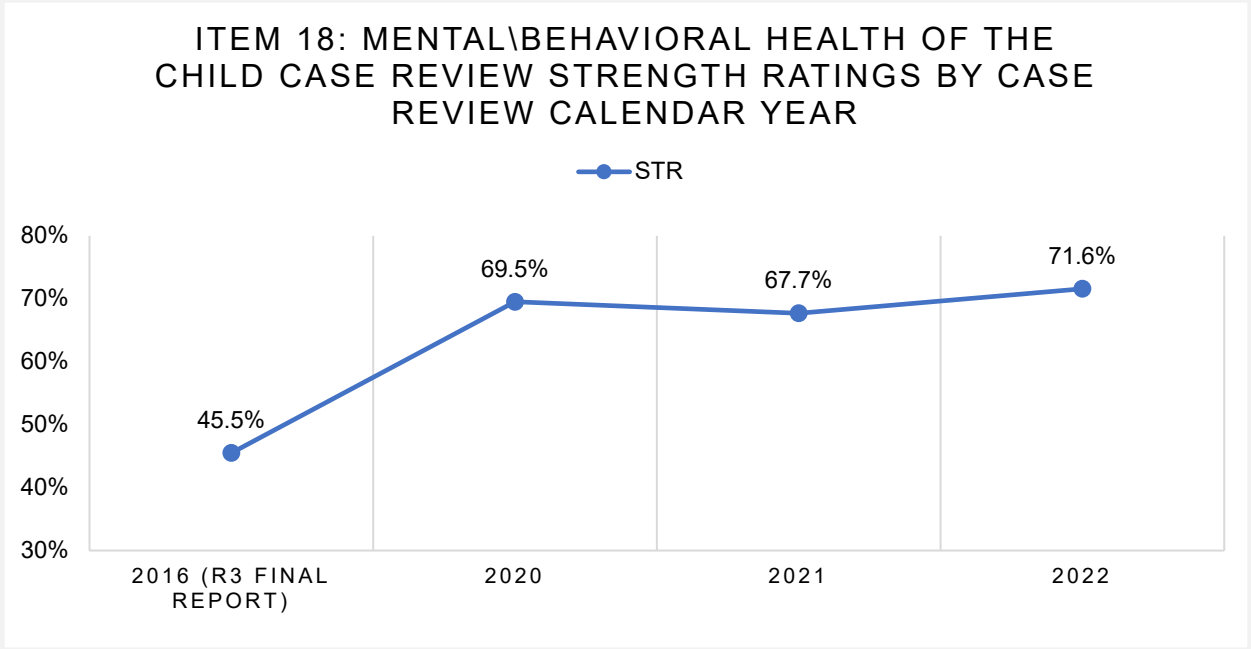
Data Source: CWS/CMS 2022 Quarter 3 Extract. CCWIP reports retrieved Jan 17, 2023, from University of California at Berkeley California Child Welfare Indicators Project website.

The data shows a slightly higher percentage of youth who did not receive timely medical and dental exams for foster youth in July 2020 - September 2021. This may be due to the COVID-19 Pandemic and statewide issues with accessing medical and dental services during the first round of shutdowns which occurred in March of 2020. In a national poll, The Impact of COVID-19 on Youth from Foster Care (May 2020), approximately 82 percent (502 of the 612 respondents) reported that they have health care insurance. However,18 percent did not have health care or were unsure whether they had it. About 15 percent said were having trouble getting medical care, 16 percent said they are without needed medication, and 9 percent didn't have technology or internet to do telehealth visits.

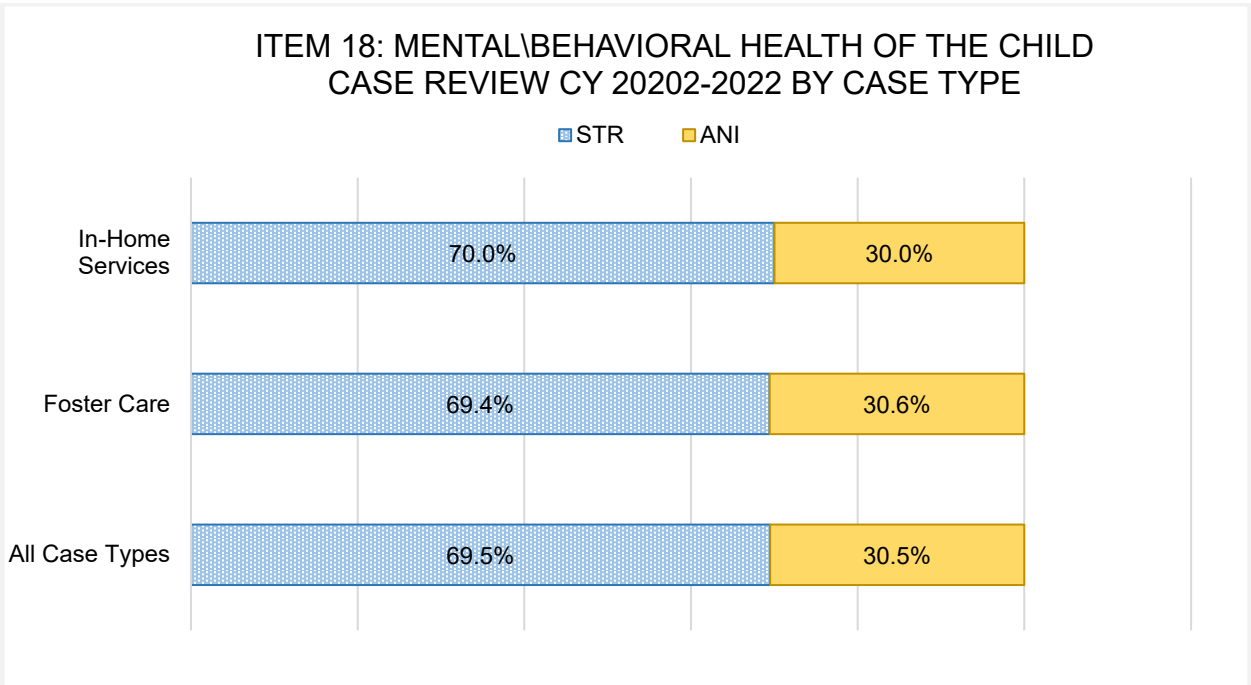
The CDSS received questions about how county case management workers (i.e., social workers and probation officers) can properly document, protect, and share information pertaining to a youth/NMD's reproductive or sexual health. ACIN No. I-06-20 (January 27, 2020) introduced new resources developed by social workers, probation officers, and public health nurses describing best practices for protecting the privacy of sensitive health information and performing the necessary care and coordination required of a youth/NMD's case. It also emphasized how to best address these issues in a way that upholds the rights of the youth/NMD and decreases barriers to reproductive and sexual health care.

ACL No. 21-20 (February 19, 2021) provided county child welfare social workers, juvenile probation officers, resource families, and Tribally approved homes with updated guidance and instructions regarding routine medical and dental care and required initial 30-day medical exam requirements during the COVID-19 pandemic.

Item 18: Mental/behavioral health of the child



In each of the last three reported years (2020-2022 Case Review Calendar Year) of observable data, California did not meet the national performance threshold of 95 percent to be found in substantial conformity for this item. California's performance since the publishing of the 2016 ACF Round 3 Final Report is trending in a positive direction overall. In Round 3 (2016) the strength rating for Item 18 was at 45.5 percent. It increased to 69.5 percent in 2020, dipped down to 67.7 percent in 2021 but then increased to 71.6 percent in 2022.



Among the cases pulled and reviewed between 2020-2022 (Case Review Calendar Year) by Case Type, there was not a notable difference between cases in which children were placed in

foster care (69.4 percent) versus cases where children were receiving in-home services (70 percent) in terms of strength ratings for the Mental/Behavioral Health of the Child.

Appropriate Oversight of Prescription Medications for Mental/Behavioral Health Issues

The CDSS analyzed case review data for Item 18B of the Onsite Review Instrument to determine how often appropriate oversight of prescription medications for mental/behavioral health issues is taking place in California. The table below shows the results among cases pulled and reviewed between 2020-2022 (Case Review Calendar Year).

Table 20. Case Review Item 18B Responses, Case Review Years 2020-2022

	Yes	No	N/A	Totals
2020	16.60% (n=266)	4.50% (n=72)	78.90% (n=1268)	100% (n=1606)
2021	17.24% (n=221)	4.84% (n=62)	77.92% (n=999)	100% (n=1282)
2022	16.59% (n=188)	4.59% (n=52)	78.82% (n=893)	100% (n=1133)

Note: Case Review Item 18B asks, "For foster care cases only, during the period under review, did the agency provide appropriate oversight of prescription medications for mental/behavioral health issues?"

The table above includes only cases with a response for Item 18B. Of those cases, the table does include cases where Item 18B was determined not to be applicable. However, when we look only at cases where Item 18B *was* determined to be applicable, "yes" was selected for over 75 percent of cases reviewed between 2020 and 2022. Additional qualitative analysis of Case Review data is needed to determine for whom and why appropriate oversight is not being provided in the other ~20 percent of applicable cases.

Presumptive Transfer

Presumptive transfer means that when a child in foster care is placed outside of their county of jurisdiction, the responsibility to provide or arrange and pay for SMHS transfers from the mental health plan (MHP) in the county of jurisdiction to the MHP in the county of residence. This transfer occurs as a matter of law (WIC 14717.1), and is supported by joint policies (ACL No. 17-77, ACL No. 18-60) of the CDSS and the DHCS. Presumptive transfer was implemented in July 2017 to overcome barriers to care experienced by children in foster care placed outside of their county of jurisdiction. Historically, these barriers meant that children placed in out-of-county settings had less access to SMHS than their in-county peers. These barriers were due to complex administrative requirements, rigid financial systems, and other nonclinical factors that arise in California's mental health system when one county needs to serve a child living in a different county. Transferring the responsibility for a child's SMHS to the MHP of the county in which a child resides eliminates these barriers by ensuring the responsibility remains in the same county where the child resides.

In July 2017 when presumptive transfer was implemented, 24.2 percent of children in out of home placement were placed in out-of-county settings. In July 2023, the most recent period for which data is available, 23 percent of children in out-of-home placement were placed in out of county settings. To understand if presumptive transfer has been effective at reducing or eliminating barriers to care for this population, data is needed on the provision of SMHS. The CDSS is engaged in efforts to clarify requirements and secure a formal agreement with DHCS regarding data for this population. Data regarding the provision of SMHS to children placed out-

of-county compared to children placed in-county is the best way to understand the impact this law has had.

California Advancing and Innovating Medi-Cal

California's current mental health process established under Katie A. requires that mental health screenings occur at intake and annually. When referred, children receive an assessment to determine if they meet medical necessity criteria and identify specific medically necessary interventions. This process is being updated under California Advancing and Innovating Medi-Cal (CalAIM). CalAIM seeks to: (1) Identify and manage comprehensive needs through whole person care approaches and social drivers of health; (2) Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform; and (3) Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility. AB 133 aims to implement various components of the CalAIM initiative as specified in WIC 14184.402.

The DHCS released Medi-Cal's Foster Care Strategies in November 2022, which further describes how CalAIM seeks to address the challenges in meeting the mental health needs of children and youth in foster care. Under CalAIM, children in child welfare will meet criteria for SMHS based on the trauma associated with child welfare involvement. They do not have to demonstrate impairment or meet diagnostic criteria to qualify for an assessment and medically necessary SMHS. Medical necessity has been updated to clarify that mental health services that sustain, support, or improve mental health conditions are considered medically necessary. California Advancing and Innovating Medi-Cal's (CalAIM) "no wrong door" policy facilitates access to appropriate mental health services, no matter where the beneficiary starts accessing care. This ensures that beneficiaries can maintain treatment relationships with providers without interruption. Managed care plans (MCPs) will be mandatory in 2024, and there have been steps taken by counties to begin this transition. MCPs will have a foster care liaison to support the coordination of services among the physical, behavioral, dental, developmental, and social services delivery systems. The use of activity stipends for youth in child welfare to access activities that support emotional and social well-being is also being explored through the CalAIM efforts. The CDSS and the DHCS are working to collaboratively develop and implement CalAIM policy changes and benefit expansions for children and families involved in child welfare.

Qualified Individual

California implemented the Family First Prevention Services Act (FFPSA) Part IV on October 1, 2021. The FFPSA Part IV establishes new requirements for placements in child care institutions to be eligible for Title IV-E FFP with the aim of limiting reliance upon such settings and making certain any placement in congregate care is necessary. California has implemented the Qualified Individual (QI) as a licensed clinician that does a full specialty mental health assessment using the CANS tool as part of the assessment. The QI assesses the strengths and needs of the child, determines if those needs can be met in a family-based setting, and provides recommendations for services for each child.

Currently, there is not data currently being collected to determine how the QI is working and if this process is limiting the reliance on congregate care settings. California is developing a data collection and evaluation piece as part of a QI CQI process. This process with provide important information on well-being outcomes and adequate services to meet the mental health needs of the children being considered for placement into congregate care. It will also be used to help assess gaps in services within the continuum of care.

Federal and State law state a QI assessment needs to be completed for each placement into a Short Term Residential Therapeutic Program. The counties have experienced the need to complete multiple QI assessments for the same children within a short period of time due to frequent movement amongst this population.

Implementation of the QI within counties has presented some challenges, including:

1) Federal and State law state requires a QI assessment to be completed for each placement into a Short Term Residential Therapeutic Program (STRTP). The Administration for Children and Families (ACF) has clarified a placement change is one licensed residential facility to another.
2) Children with complex needs, who are being considered for placement into or have been placed into an STRTP, frequently experience unplanned disruptions in placements due to the system of care's inability to meet the needs of the child. These frequent placement disruptions result in frequent QI assessments, and possibly within a short period of time, thus impacting timeliness of QI assessment completion prior to the placement or within 30 days of a subsequent placement. Additionally, multiple assessments, or updates to assessments, may be required when a placement disruption occurs prior to the completion of another QI assessment. In these circumstances, the CDSS worked with ACF to clarify that a completed QI assessment can be updated for the new placement, but still must include all the required elements of QI assessment. Guidance is forthcoming regarding this issue.
3) Counties face challenges regarding information sharing and understanding what can and cannot be shared between a HIPPA-covered entity (MHPs) and non-HIPPA covered entities (CWS, probation, courts). There are situations where the child or parent does not sign a Release of Information for the QI to receive information or talk to others that are part of the child's life. Confidentiality around what needs to be shared with whom has also been a challenge. The CDSS, DHCS, and the Judicial Counsel of California are collaborating to develop language and guidance for the sharing of information and confidentiality challenges.
4) There are challenges when the QI is not able to interview the child during the assessment. There are several situations the child may not talk to the QI or not be available for the QI to interview. This presents a challenge for the QI to be able to provide a full and meaningful assessment without input from the child.
5) Another challenge is centered around initiating and completing the QI assessment and to claim funding for the assessment for youth who are in detention facilities. Billing for any Medi-Cal services, including the assessment, is a challenge for youth who are residing in a juvenile detention facility at the time when the QI starts the assessment, as federal law prohibits claiming of Medicaid for individuals in locked facilities. State law requires the QI assessment to be done prior to placement, unless it is an emergency placement, which must be completed within 30 days of placement. When youth are in detention facilities, the QI *referral* is made prior to placement. However, the QI assessment may not be initiated until a placement order from the court is issued, or even after the child has been placed into an STRTP as a result of the federal funding exclusion.
6) Implementation challenges exist for tribally designated QIs not authorized as a Medi-Cal provider to bill Medi-Cal for the assessment. Another challenge is the potential lack of individuals associated with the tribes that meet the QI minimum qualifications.

The CDSS and the DHCS have provided technical assistance to the counties and associations since October 2021. The counties and associations stated these calls were beneficial as they implemented the QI. The CDSS and the DHCS have established FFPSA email inboxes for counties which provided them the ability to ask questions at any time. County-specific Technical Assistance (TA) is offered and has been provided when a county has specific questions or implementation needs that cannot be answered by email.

The CDSS has also had calls with the ACF to receive TA and provide that information to the counties and associations.

Consultative Technical Assistance: University of California Davis TEAM Case Consultations

The CDSS provides telehealth case consultations to improve mental health and behavioral health services for current and former foster youth with neurodevelopmental disorders and psychiatric comorbidity. Services include diagnostic clarification, medication and treatment recommendations, resources, and strategies to stabilize the youth. Virtual telehealth consultations are available on a statewide basis to county child welfare agencies, probation departments, and youth service providers, and 17 child welfare and probation departments have accessed services between October 2021 – May 2023.

Data from case consultations between October 2021 – March 2023 indicates that 64 percent of youth referred experienced improved outcomes. Nearly 36 percent of youth served experienced improved response to treatment, therapy, and medication and 50 percent experienced improved social behaviors.

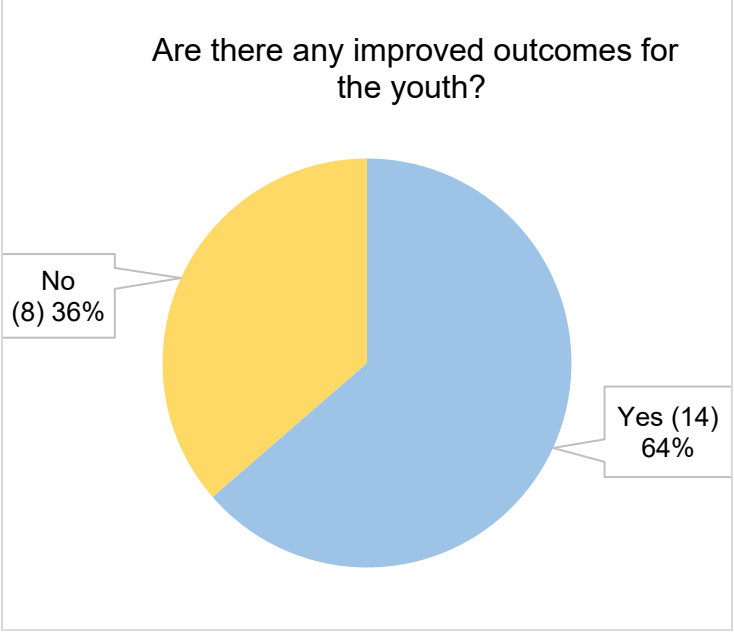


Table 21. Are there any improved outcomes for youth?

Response	Count	Percent
Yes	14	63.6%
No	8	36.4%
Total	22	100%

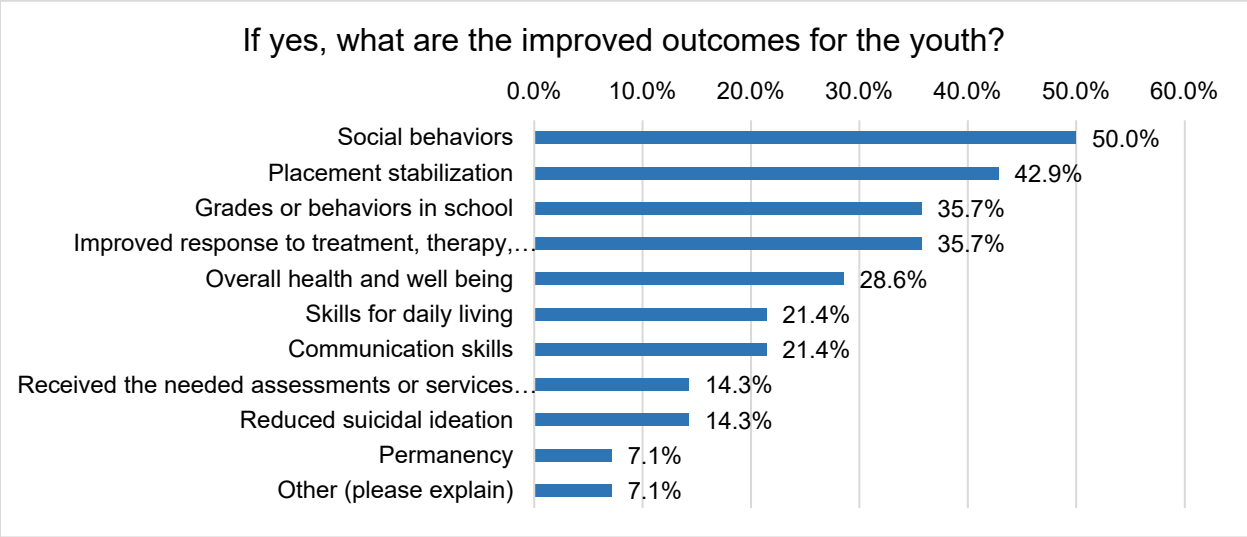


Table 22. If yes, what are the improved outcomes for the youth?

Improvement	Count	Percent
Social behaviors	7	50%
Placement stabilization	6	42.9%
Grades or behaviors in school	5	35.7%
Improved response to treatment, therapy, medication, and/or other supports	5	35.7%
Overall health and well-being	4	28.6%
Skills for daily living	3	21.4%
Communication skills	3	21.4%
Received the needed assessments or services they previously didn't have access to	2	14.3%
Reduced suicidal ideation	2	14.3%
Permanency	1	7.1%
Other	1	7.1%

Ascend Diagnostic & Support Services

The CDSS provides consultative services with Dr. Haleigh Scott designed to improve mental health and behavioral health services for youth with Intellectual and Developmental Disabilities (IDD) whom are either engaged in the child welfare system, or who are at risk of entering, and their families. Case Consultations will be tailored to fit the needs of the youth and may include strengthening collaboration and teaming with system of care partners, individual coaching of family or team members to develop connection and trust with the youth and manage youth behaviors, strategies for modifying mental health interventions to meet the needs of youth with IDD and trauma, strategies to preserve placement or assist with transitioning the youth, and other resources. Generally, the team continues to meet with Dr. Haleigh Scott monthly and may continue two to six months or more as needed to assist partners and caregivers with stabilizing the youth.

Preliminary data indicates that in 2022, 69 percent of youth referred for case consultations with Dr. Haleigh Scott experienced improved outcomes, 22 percent of youth served experienced improved overall health and well-being, 33 percent experienced improved social behaviors and 22 percent experienced improved behaviors with self.

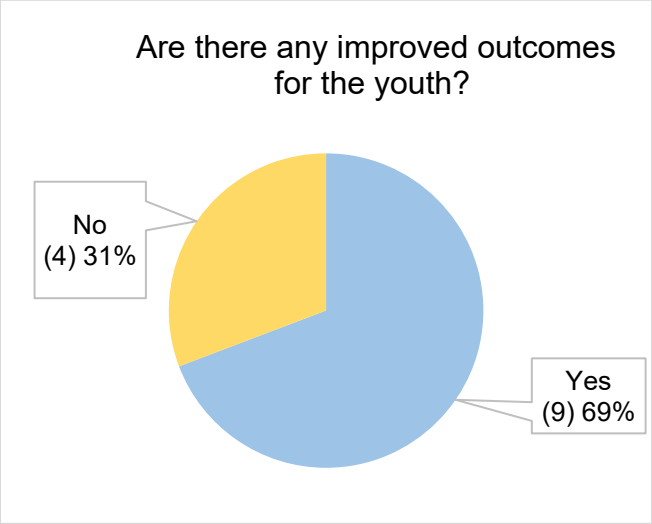


Table 23. Are there improved outcomes for youth?

Response	Count	Percent
Yes	9	69.2%
No	4	30.8%
Total	13	100%

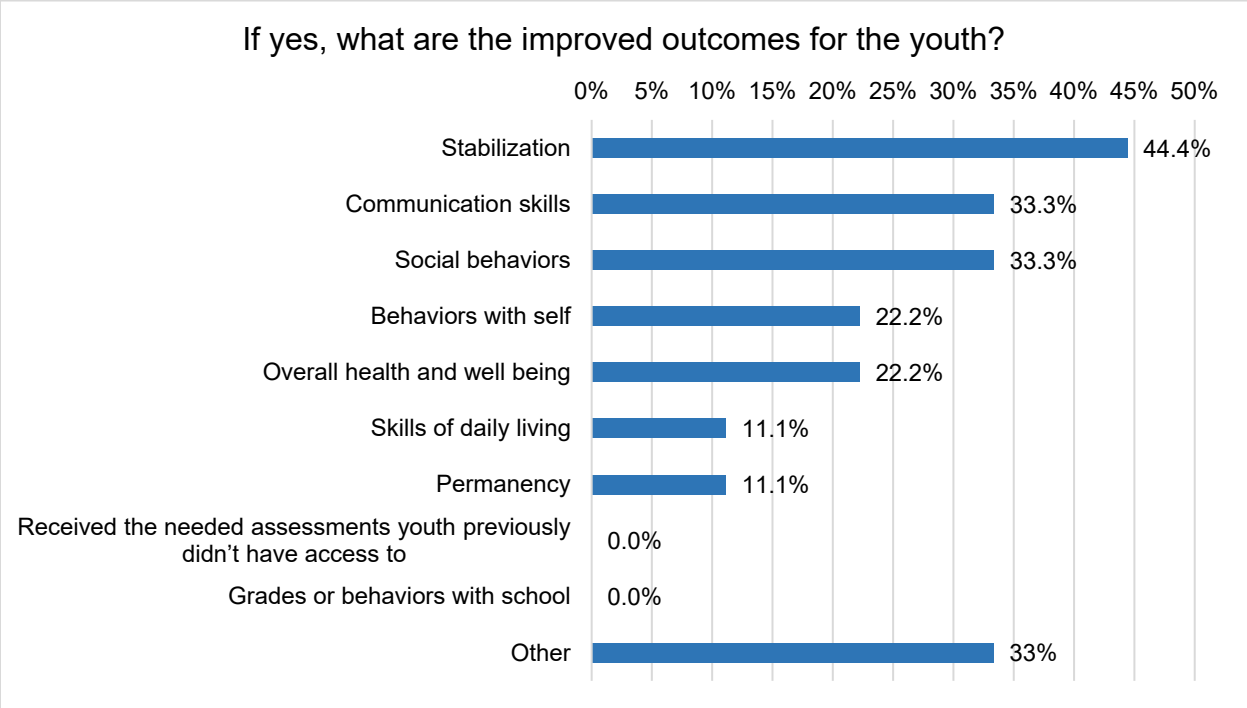


Table 24. If yes, what are the improved outcomes for youth?

Improvement	Count	Percent
Stabilization	4	44.4%
Communication skills	3	33.3%
Social behaviors	3	33.3%
Behaviors with self	2	22.2%
Overall health and well-being	2	22.2%
Skills of daily living	1	11.1%
Permanency	1	11.1%
Received the needed assessments youth previously didn't have access to	0	0%
Grades or behaviors with school	0	0%
Other	3	33.3%

Intensive Services Foster Care (ISFC) is a placement-based service that can be provided to youth in home-based foster care. This service provides additional training to the caregiver, so they can support the youth in placement. Additional services and supports are provided to the youth and caregiver based on their needs. These services include paraprofessional staff to support the youth and family as well as core services such as mental and behavioral support or other services as identified in the youth's case plan or individual needs and services plan.

Section IV: Assessment of Systemic Factors

The statewide assessment includes a review of 18 items associated with 7 systemic factors that are used to determine the CFSR ratings for substantial conformity for each factor. For CFSR Round 4, the expectation is that the statewide assessment team will use relevant, well-constructed, valid, and defensible evidence that speaks to how well each systemic factor requirement functions across the state.

The Children's Bureau recognizes that in many states the information systems that house data submitted to the federal government for AFCARS and NCANDS also contain a wealth of administrative data that could be considered when evaluating the systemic factors. Where possible, the CB recommend that states make use of these and other available data sets to demonstrate systemic factor functionality.

Whether quantitative or qualitative evidence is used to demonstrate the functionality of systemic factor items, states are strongly encouraged to use systematic processes to assess state performance, include explanations regarding how well the data and/or information characterizes statewide functioning, and provide information regarding the scope of the evidence used.

If the federal review team determines that the statewide assessment does not conclusively demonstrate substantial conformity, the team may collect additional information through stakeholder interviews during the onsite phase of the CFSR. Stakeholder interviews on the Service Array and Case Review systemic factors, jointly conducted by the federal-state team, will be held in all states.

States are encouraged to review the CFSR Round 3 Systemic Factors report for examples of the combination of evidence used to demonstrate systemic factor functioning in Round 3, and the CB information briefs developed for each systemic factor (https://www.acf.hhs.gov/cb/report/systemic- factors-results-cfsrs-2015-2018) that provide additional ideas and suggestions for demonstrating functionality.

A. Statewide Information System

Item 19: Statewide Information System

For this item, provide evidence that answers this question:

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

State Response:

Statewide Information System is an area of strength in California.

Statewide Information System Data

California's current statewide information system, Child Welfare Services Case Management System (CWS/CMS), is readily used by child welfare workers on an ongoing basis to identify the status (placement type), demographics, location, and goals for the placement of children who are currently in foster care. The table below shows the total number of children in foster care, as extracted from CWS/CMS, for three points in time during the past three years and percentage of children missing information for the categories of status (placement type), location, demographics, and case plan goals.

Table 1. Total number of children in foster care, point-in-time, FFY

Category	October 1, 2020	October 1, 2021	October 1, 2022
Total Number of Children in Care	62,199	59,756	54,764
Percentage of Records Missing Status (Placement Type)	0%	0%	0%
Percentage of Records Missing Location	Less than 1% (0.0016%)	Less than 1% (0.0016%)	Less than 1% (0.0018%)
Percentage of Records Missing Age/Date of Birth	0%	0%	0%
Percentage of Records Missing Sex at Birth	Less than 1% (0.02%)	Less than 1% (0.01%)	Less than 1% (0.02%)
Percentage of Records Missing Ethnicity	Less than 1% (0.93%)	Less than 1% (0.8%)	Less than 1% (0.96%)
Percentage of Records Missing Case Plan Goals	7.4%	6.5%	6.2%

Data Source: CWS/CMS 2022 Quarter 3 Extract

Potential Reasons for Differences in the Total Number of Children in Foster Care from Various Data Sources

The total number of children in foster care as found in CWS/CMS and shown above in the data table above match with the total number of children in foster care for the same points in time in the data reported on the University of California, Berkeley (California Child Welfare Indicators Project [CCWIP]) website. However, the total number of children reported on SafeMeasures are different for the corresponding months because of the differences in the methodology. SafeMeasures reflects the number of children for a given month and year, i.e., October 2020, October 2021, and October 2022, instead of point-in-time count for each of these months, used to create data tables on the CCWIP's website.

Disaster Mapping Tool

Information in CWS/CMS can also be used to assist counties during a state declared natural disaster in locating affected and endangered foster care children through SafeMeasures' "Disaster Mapping Tool". The tool allows counties to search an area on a map to locate each child within the searched area that is currently in placement. The tool also provides counties with information regarding the child's address, case number, facility type, and age. This data regarding the whereabouts and the status of the children is highly reliable, updated daily, and can be accessed by all counties.

Areas of Strength

The following section highlights the areas of strength that demonstrates how the California Department of Social Services (CDSS) is in conformity with this systemic factor.

Children and Family Services Division Information/Data Governance

The CDSS has a robust Children and Family Services Division (CFSD) information/data governance structure in place to achieve organizational data literacy as well as maximize the value of our information collected and maintained in the statewide information system. The CFSD information governance is a collaborative effort involving all functional areas within the division and other partners. To support the vision and goals of CFSD data governance, the CDSS created the CFSD Data Governance Committee, which promotes and sponsors CFSD data governance practices and decisions as well as establishes CFSD information ownership parameters and community of practice of program data stewards to identify issues, share knowledge, and mature Information Governance practices. The CFSD Program Data Stewards are subject matter experts and points of contact for data programs they oversee, ultimately responsible for defining, managing, and preserving the integrity of departmental or division data.

Comprehensive Child Welfare Information System Data Quality Efforts/Initiatives

Several recent Department-led efforts and initiatives have improved the collection and quality of data maintained in California's Comprehensive Child Welfare Information System (CCWIS). The section below highlights a few key efforts, but please refer to the CDSS' CCWIS Data Quality Plan for a more comprehensive overview of data quality efforts.

Stakeholder Engagement

To ensure that our statewide child welfare information system is capable of accurately tracking the status, demographic characteristics, location, and goals for the placement of every child who is currently in foster care, requires ongoing collaboration from key data stakeholders across the system. The CCWIS Data Quality Plan provides a comprehensive list of key stakeholders and their roles in ensuring data quality within our current and future information system. These stakeholders include representatives from the CDSS, Child Welfare Digital Services, Executive

Leadership Team, CFSD Data Governance Committee, CFSD Programs, CDSS Research, Automation, and Data Division, Counties, Title IV-E Tribes, and Child Welfare Contributing Agencies.

To improve the quality of data in CWS/CMS, several communication venues have been developed to engage our key data stakeholders, including but not limited to, the Data Quality Workgroups/Workshops, Regional User Groups, Oversight Committee, Program Impact Advisory Committee, Technical Advisory Committee, CDSS System Change Request (SCR) Prioritization Committee, and The Data Committee. Each of these meetings/workgroups have a unique focus on data quality by working with specific set of stakeholders. Please refer to CCWIS Data Quality Plan for more information on details of each of the stakeholders' meetings/workgroups to improve CWS/CMS data quality.

In addition, to ensure California's future CCWIS, known as Child Welfare Services – California Automated Response and Engagement System (CWS-CARES), further improves our state's compliance with this systemic factor, there are many different venues of stakeholder engagement while CWS-CARES is being developed. Some of these venues include but are not limited to the Core Constituent Participation (CCP) meetings, Tribal Core Constituents (TCC) meetings, and the Indian Child Welfare Act Adoption and Foster Care Analysis and Reporting System (ICWA AFCARS) Steering Committee Meetings. The CCPs involve counties being assigned to a process area and assisting with the design, development, and implementation of Child Welfare Services-Child Automated Response and Engagement System (CWS-CARES). TCCs include the two Title IV-E Tribes – Yurok and Karuk - that are in the process of signing a Memorandum of Understandings (MOU) to participate in frequent meetings in guiding the CDSS with the planning, developing, and implementing CARES. The ICWA AFCARS Steering Committee Meetings provide feedback and inclusion of Tribal practice into the development of the new system to ensure that the ICWA AFCARS data elements are built into the system and are supportive of improving practice in supporting ICWA involved youth and families.

User Experience of the Statewide Information System

The CDSS solicits end users' (Counties, Tribes, Research teams at the CDSS, and Community Care Licensing) experience through many communication channels, including but not limited to Regional User Groups, Data Quality Workgroups, biennial data quality reviews, Core County and Tribal Constituent meetings, ICWA AFCARS Steering Committee meetings, and CARES Analytics Workgroup meetings. One of the focus areas from these meetings is to collect pain points related to all aspects of the user experience with the existing system. This includes a collection of pain points that may directly or indirectly be related to end users' ability to accurately collect, report, and identify data on the status, demographics, location, and goals for the placement for children in foster care in a timely manner. The collection of user perspective pain points has led to existing system enhancements within CWS/CMS and their inclusion in a list of considerations while developing CWS-CARES. The examples below demonstrate the significance of collecting these pain points as they relate to user experience and the actions taken by the CDSS to address these pain points:

1. During the core constituent meetings, discussion on pain points related to the limitation on the list of values for race, ethnicity, and Sexual Orientation, Gender Identity, and Expression (SOGIE) data within CWS/CMS led to working sessions with various subject matter experts including county social workers, county consultants, and research teams at the CDSS. These discussions subsequently informed the development of Race and Ethnicity model as well as SOGIE data model for CWS-CARES. The new model will have many more options for users of the system to accurately capture the race,

ethnicity, and SOGIE related data for children in their care within CWS-CARES.

2. Other examples of pain points that are collected in different types of meetings with different users of CWS/CMS that may have an adverse impact on user's ability to collect and accurately identify some of the demographics, placement, location, and case plan data include; tedious documentation and data entry within CWS/CMS, difficult record search features resulting in unreliable and inaccurate results, too many options to enter the same data in many places of the system leading to inconsistencies within the same data, too many options to enter unstructured data, lack of knowledge among some county staff to determine when to keep the placement open if the child is absent without leave, etc. All these pain points can potentially lead to delay in data entry or creation of duplicates and/or missing, inaccurate, or inconsistent data on demographics, case plan goals, and placement type within CWS/CMS.

In the next phase of the Biennial Data Quality Reviews starting in June 2023, the CDSS plans to increase their outreach efforts including leveraging the biennial data quality reviews to collect feedback from system users related to collection and quick identification of the four data components within the statewide information system that are asked in the Item 19 for children in foster care. In addition, the CDSS plans to conduct case file reviews for a selected sample of cases per county. The case file reviews will be done by comparing case file data from counties against the data in CWS/CMS. The goal of the case file reviews is to improve completeness, timeliness, and accuracy of data being entered into CWS/CMS.

Biennial Data Quality Reviews

Starting in 2021, the CDSS began conducting biennial CWS/CMS Data Quality Reviews for all 58 California counties to improve the quality of case management data including the data required for federal reporting. The biennial data quality review process includes meeting with the county single-point-of contact and providing a walk-through of the educational and training materials/resources including the provision of training to access and use of data quality reports using various platforms such as CWS/CMS, Safe Measures, CDSS County Extranet, and CWS/CMS Data Quality Portal. Counties are given a Self-Assessment Survey to assess their performance/compliance in three different areas as it relates to complete, timely, and accurate data in CWS/CMS:

1. Training and education
2. Policies, procedures, and business processes
3. CWS/CMS data clean-up and data quality improvement efforts/tools

The self-assessment survey results are used by the CDSS to develop a Data Quality Maturity Model and Areas of Focus Document that evaluates and provides suggestions for improving the county's current data quality practices. To guide and quantify how counties plan to improve their data quality practices/procedures, counties submit an Action Plan based on the assessment of their internal practices. The County Action Plan includes a list of action items identified in areas of data quality roles and responsibilities, data quality improvement efforts and tools, training and education, and policies, procedures, and business processes. In addition, the county provides a detailed description of all action steps, expected outcomes/measures of success, and timeframes for when the county plans to complete the action items. The CDSS has provided a detailed analysis of self-assessment surveys, county action plans, and the results on data quality performance for data elements relevant to Child and Family Services Review (CFSR) in the following section.

Biennial Data Quality Reviews Results

County Data Quality Practices Assessment

Based on the observations made by the CDSS and results collected through self-assessment surveys, the following are the top two best practices, at the essential level of data quality maturity, identified across all counties within California to ensure the quality of data in CWS/CMS:

1. New employees receive on-the-job training and education related to CWS/CMS data entry.
2. Roles and responsibilities for entering data into CWS/CMS were clearly defined.

In addition, the top two areas needing improvement to meet the essential level of data quality maturity for counties across the state are:

1. A significant number of counties had not signed up for automatic data cleansing activities available on the Child Welfare Services (CWS) Data Quality Portal.
2. A significant number of counties' employees had not received training on CWS/CMS Data Quality Navigation Tools to identify and remediate data quality issues for AFCARS and National Youth in Transition Database (NYTD).

County Action Plans/Recommendations Analysis

After the analysis of county action plans and recommendations made by the CDSS in Post-Review Letters, the following are the top data quality improvement priorities identified across the state for both Child Welfare and Probation:

1. Reduction of error rates for AFCARS data elements, starting with the ones that have the highest error rate.
2. Reduction of error rates for NYTD data elements, starting with the education related data elements that have the highest error rates.
3. Counties to provide training to their staff on complete, timely, and accurate entry of data in CWS/CMS and maintaining data quality.
4. Counties to sign-up for data cleansing activities in the CWS Data Quality Portal, especially the automatic cleansing activities.
5. Counties to appoint a Data Quality Analyst (DQA) and develop a practice of having DQAs participating in Data Quality Workgroups and Data Quality Workshops offered by the Department on a regular basis.

Impact of Biennial Data Quality Reviews on Data Quality Performance

The tables below compare the data quality performance of selected AFCARS Foster Care and Adoption data elements before and after the biennial data quality reviews. The tables below include baseline data displaying the number of counties with missing data error rate above 10 percent along with the baseline average statewide missing data error rates for selected data elements during the 2021A Submission Period (pre-biennial data quality reviews) and the current number of counties with missing data error rates above 10 percent along with its current statewide missing data error rates for the same data elements during the 2022B Submission Period (post biennial data quality reviews).

The first table indicates some improvement in the missing data error rates for data elements related to demographic characteristics for child welfare after the biennial data quality reviews.

The second table displays the improvement in missing data error rates for selected AFCARS data elements for probation as compared to missing data error rates prior to the review with exception of “Case Plan Goals”.

Table 2. Comparison of Baseline and Current Data Quality Performance for Child Welfare AFCARS Data Element Categories

AFCARS Data Element Category	Baseline Number of Counties with Missing Data Error Rate Above 10% (AFCARS 2021A Submission)	Current Number of Counties with Missing Data Error Rate Above 10% (AFCARS 2022B Submission)	Baseline Average Statewide Missing Data Error Rate (AFCARS 2021A Submission)	Current Average Statewide Missing Data Error Rate (AFCARS 2022B Submission)
Child's Race *FC *DE #8	3	2	5.0%	3.4%
Child's Hispanic Origin FC DE #9	16	14	5.0%	4.1%
Case Plan Goal FC DE #43	20	22	7.0%	6.6%
Child's Race Adoption DE #7	2	2	5.9%	3.1%

Data Source: AFCARS 2021A Submission and AFCARS 2022B Submission
*FC-Foster Care, *DE-Data Element

Table 3. Comparison for Probation** AFCARS Data Element Categories

AFCARS Data Element Category	Baseline Number of Counties with Missing Data Error Rate Above 10% (AFCARS 2021A Submission)	Current Number of Counties with Missing Data Error Rate Above 10% (AFCARS 2022B Submission	Baseline Average Statewide Missing Data Error Rate (AFCARS 2021A Submission)	Current Average Statewide Missing Data Error Rate (AFCARS 2022B Submission
Child's Race FC DE #8	7	5	8.1%	5.1%
Child's Hispanic Origin FC DE #9	8	6	3.6%	2.5%
Case Plan Goal FC DE #43	12	8	12.4%	12.6%

Data Source: AFCARS 2021A Submission and AFCARS 2022B Submission
*FC-Foster Care, *DE-Data Element
**Probation represents 1.48 percent of the children in Foster Care for AFCARS 2021A Submission and 1.04 percent of the children in Foster Care for AFCARS 2022B Submission.

In addition, for the NYTD data elements for children over the age of 16 years and who were in placement for at least one day with an open case at the time of generation of report, the "Primary Ethnicity" data element was among the demographic data elements for which the information was mostly missed, though well below the threshold of 10 percent. The Department intends to prioritize the improvement in the error rate of "Primary Ethnicity" data element for children over the age of 16 years in the next cycle of biennial data quality reviews.

Data Accuracy Efforts

The table below shows the comparison between baseline number of records (Pre-Phase I of Biennial Data Quality Reviews) and current number of records (Post Phase I of Biennial Data Quality Reviews) with data issues that point towards inaccuracy and/or inconsistency of data found within CWS/CMS. Starting June 2023, the CDSS will review a sample of case files during the biennial data quality review process. These reviews will allow the CDSS to identify accurate information related to the location, demographics, case plan goal, and status in California's foster care system and apply the results of that analysis to the overall foster care population. The observations made by the CDSS during case file reviews will be shared and addressed with respective counties to inform the development of County Action Plans.

Table 4. Data Accuracy Issues

Data Issue	Point-in-Time Count on 04/13/2021	Point-in-Time Count on 03/05/2023
Removal Episodes without Matching Placements	4,265	3,958*
Placements in ER/FM Cases	831	809
FR Cases Without Open Placement Episodes	1602	2,034
Youth 21 and Older in an Open Case	2523	703

Data Source: SafeMeasures Data Extracts; Baseline Data Extract Date: 04/13/2021, Current Data Extract Date: 03/05/2023

*Please note that out 3,958 removal episodes without matching placements, 1, 332 didn't have an exemption reason and 2,626 of them had one exemption reason of either Child Ran Away or Child Abducted or Trial Visit or In Medical Facility or S-Wraparound Program or Pre-Adoptive.

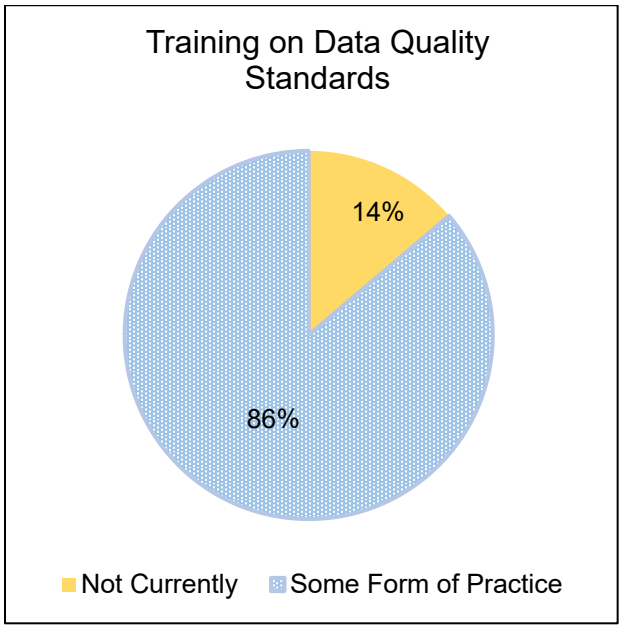
Furthermore, since California has the county-administered and state-supervised child welfare system, all data entry into the CWS/CMS happens at the county level. As a result, most efforts to ensure the accuracy of data within CWS/CMS also take place at the county level. Counties have access to their respective near real-time data through Safe Measures, allowing them to reconcile and compare their data to improve data quality. Some of the county practices in place to check and remediate the accuracy of data either through use of SafeMeasures or directly within CWS/CMS are mentioned below. Please note that implementation of these practices is not uniform across all counties in California, which remains the focus of biennial data quality reviews to ensure so in the future:

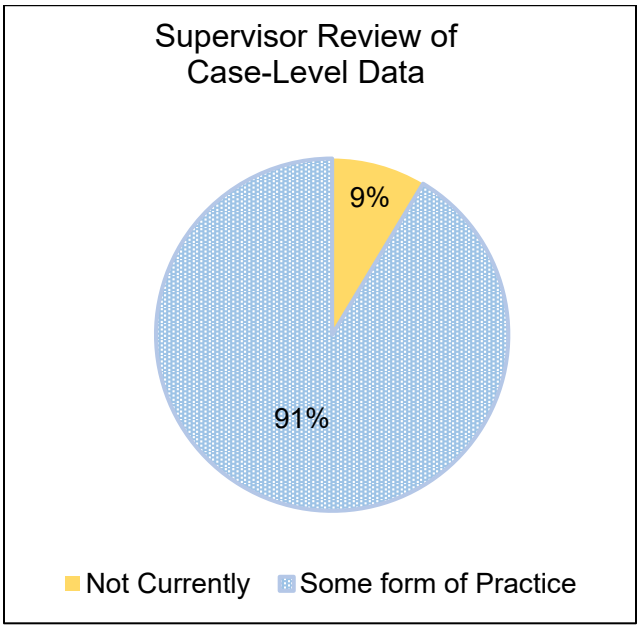
1. County practice of supervisors and/or program managers reviewing case-level data entered by their social workers/data entry staff by performing random spot checks monthly or by selecting 10 percent of the total cases and performing monthly accuracy checks with focus on data related to placement changes.
2. County leadership including program managers leveraging the internal Continuous Quality Improvement process to cross check the accuracy of data either monthly or

quarterly while reviewing the data for process and outcome measures available on SafeMeasures and California Child Welfare Indicators Project website.

3. County practice of cross checking the placement data within CWS/CMS with the case-level data from the eligibility system on an ongoing basis resulting in identification and correction of inaccurate data.
4. Use of county generated checklists to check for data accuracy and completeness before closing referrals and cases and/or during case transfer.
5. County IT staff and/or research staff assigned with checking the accuracy of data while developing various data reports.
6. Counties have their own internal data dashboard that requires accuracy checks on case-level data before being published online.
7. Counties have a practice of collaboration between child welfare, probation, and behavioral health departments to analyze data on outcome measures available through SafeMeasures which can lead to identification and remediation of inaccurate data.
8. County probation departments have a practice whereby case level data within the CWS/CMS is matched with the internal spreadsheets that probation uses for case management leading to identification and correction of inaccurate data.
9. County probation offices have internal data entry forms such as J321 that are used for both entering mandatory data into CWS/CMS and for checking if entered data is complete and accurate.

Through the data gathered from CWS/CMS Biennial Data Quality Reviews, the CDSS was able to document the progress and development of all 58 counties' data quality practices and accuracy efforts through county self-assessment surveys. The charts below show that 86 percent of counties have implemented some form of data quality training. In addition, 91 percent of counties have a practice in place for supervisors to review case-level data entry, including the data entry for CFSR related data, to ensure accuracy, timeliness, and completeness.





Data Source: CDSS Biennial Data Quality Reviews Self-Assessment Survey

Moreover, once data is entered into the CWS/CMS system by the county, data is extracted and reviewed by both Evident Change (Safe Measures) and the University of California, Berkeley (California Child Welfare Indicators Project) before it gets posted on their respective websites, providing an additional layer of review, and triggering remediation of missing or inaccurate data at the county level.

Initiatives

The CDSS has issued various All County Information Notices (ACINs) and All County Letters (ACLs) such as ACIN No. I-03-13, ACIN No. I-85-20, ACL No. 03-61, and ACL No. 13-36, to assist counties in meeting critical CWS program documentation, data reporting, and program performance measurement requirements in accordance with Assembly Bill 636. In addition, various SCRs have further improved the ability of CWS/CMS functionality to collect and report on child welfare data such as SCR 8790, SCR 8877, and SCR 8643. SCR 8790 provided a way to document if a youth has "run away after placement" or if a nonminor dependent (NMD) is in an unapproved placement. Additionally, it allowed the documentation if the placement change reason is because a child was abducted. SCR 8877 added the ability to document if a child is placed with their parent in a Licensed Residential Substance Abuse Treatment Facility in accordance with The Federal Family First Prevention Services Act and SCR 8643 improved the collection of Substance Use and Domestic Violence data within CWS/CMS. The Federal Family First Prevention Services Act and SCR 8643 improved the collection of Substance Use and Domestic Violence data within CWS/CMS.

Areas Needing Improvement

The following section highlights the areas needing improvement relevant to California's conformity with Item 19.

Timeliness of Entering Data

Timeliness is one area CWS/CMS needs improvement. The Timeliness Data Error Rate for the Discharge Transaction Date, which impacts the accuracy of status of children in foster care, has not seen a reduction to under 10 percent within the past three years. While the median delay in entering exit data for three different periods is currently at 11-12 days, the table below indicates that there is an approximate delay of 29 days for entering/updating the exit information for 25 percent of discharged cases in CWS/CMS.

Table 5. Timeliness of Entering Data

Statistic	Oct 2019-Sep 2020	Oct 2020-Sep 2021	Oct 2021-Sep 2022
Mean	29 days	30 days	25 days
Lower Quartile	3 days	4 days	4 days
Median	11 days	12 days	11 days
Upper Quartile	29 days	30 days	30 days

Data Source: CWS/CMS 2022 Quarter 3 Extract.
CCWIP, University of California Berkeley, CDSS, Research and Data Insights Branch

The CDSS has recently developed a best practice ACL with guidance regarding entering/updating placement information into the CWS/CMS within 72 hours and no later than seven days of a child's placement or location. This ACL was signed and published on March 24, 2023. Adherence to this practice will allow our state to ensure that children/youth and

Nonminor Dependents (NMDs) are safe, and counties can support children/youth, NMDs, and their caregivers, especially during times of emergency or worker absence.

Identifying and Remediating Missing Case Plan Goals Data

Another area of CWS/CMS that the CDSS would like to further remediate is missing case plan goals data. For 6.7 percent of the total number of children in foster care, the case plan goal information cannot be found within CWS/CMS. The CDSS is determined to make further progress in this area and prioritize this data. The CDSS acknowledges several factors that could explain the current error rates for the case plan goals data:

1. Cases may be newly opened and possibly still in Emergency Response (ER), so case plan goals have not been added.
2. There are high turn-over rates and newly hired staff of social workers and probation officers who do not know they need to complete the case plan goal data.
3. This maybe a training issue at the county level whereby there is a lack of practice among social workers and juvenile probation workers to ensure the completeness of case plan goals data.

The CDSS hopes to remediate this issue through integrating ACL No. 16-28 in all trainings that would benefit from this guidance.

Through comparing the data recorded on the AFCARS Federal Reports for missing case plan goals between the reporting submission periods of 2016A and 2022B, the CDSS observed that the total number of missing case plan goals for child welfare and probation combined has steadily declined – from 8,326 in 2016 to 3,656 in 2022. The average rate of missing case plan goals has also decreased from 11.3 percent to 6.7 percent. Further comparison of the current data between child welfare and probation from the 2022B submission shows that the probation has a much higher average error rate percentage for case plan goals at 12.6 percent compared to child welfare's average error rate percentage of 6.6 percent. In addition, the Northern and Mountain Valley regions of the state have the highest number of counties with error rate percentages over 10 percent for case plan goals.

In the next phase of the biennial data quality review process, the CDSS will focus on assisting these regions and particular counties with high error rates for case plan goals in remediating their data. For further information on the biennial review process, please refer to the Biennial Data Quality Review section of this document.

Comparison for California CFSR Item 19 2016 Submission to CFSR Item 19 2023 Submission

Overall Conformity of Statewide Information System

California CFSR Item 19 2016 submission stated that California's Statewide Information System is readily used at every level of state's child welfare system to identify the placement status, demographic characteristics, location, and goals for every child who is (or, within the immediately preceding 12 months, has been) in foster care. The submission provided examples of functionality within CWS/CMS at both client and management level which is used on an ongoing basis to track and identify children in foster care. However, the 2016 submission did not include specific data on status, demographic characteristics, location, and goals for the placement of every child in the foster care.

For the California CFSR Item 19 2023 submission, the ability as well as the use of the Statewide Information System at every level of child welfare system to identify and track children in foster care remains in conformity. The submission provides data tables showing the number of children under each category of CSFR Item 19 data categories. Furthermore, the submission describes how the state has and continue to make several efforts to improve the quality of data in the Statewide Information System supported by evidence and what remains the areas of improvement.

Data Error Rate Comparisons

In the 2016 CFSR Item 19 submission, the state did not provide data on the quality of Item 19 related data elements. However, the performance on development of case plans was provided as a response to Item 20: Written Case Plan. The state stated that 77 percent of the 79,526 youth who had an open case at some point in the calendar year 2015 had a case plan in effect during the last six months from December 31, 2015, or from case closure if on or before December 31, 2015. In addition, it stated that 93 percent of youth had a case plan in effect during the last 12 months from December 31, 2015, or from case closure if on or before December 31, 2015.

In the 2023 CFSR Item 19 submission, the state reports to have made a significant progress on the presence of a case plan as compared to last submission. Please note that a different methodology was used to calculate the presence of a case plan among children in foster care in the CFSR 2016 Item 19 submission. Thus, to have a fair comparison of error rates of data elements relevant to CFSR Item 19 including the case plan category, the following table provides comparison of error rates from Adoption and Foster Care Analysis and Reporting System (AFCARS) 2016A Submission and AFCARS 2022B Submission. The AFCARS 2016A Submission was chosen as the baseline because this period coincides most closely with the population that was used as a denominator for calculation of case plan completion rate in the CFSR 2016 submission.

Table 6. Comparison of Statewide Error Rates for Child Welfare AFCARS Data Elements

AFCARS Foster Care Data Element	AFCARS 2016A Submission Error Rates in %	AFCARS 2022B Submission Error Rates in %
Childs Race FC* DE*	35.7	3.4
Child's Hispanic Origin FC DE	8.7	4.1
Diagnosed Disability FC DE	8.9	5.4
Case Plan Goal FC DE	7.5	6.6
Child Race Adoption FC DE	30.8	3.1

Data Source: AFCARS 2016B Submission to AFCARS 2022B Submission
*FC-Foster Care, *DE-Data Element

Table 7. Comparison of Statewide Error Rates for Probation AFCARS Data Elements

AFCARS Foster Care Data Element	AFCARS 2016A Submission Error Rates in %	AFCARS 2022B Submission Error Rates in %
Childs Race FC* DE*	32.7	5.1
Child's Hispanic Origin FC DE	4.6	2.5
Diagnosed Disability FC DE	17.2	8.4
Case Plan Goal FC DE	69.7	12.6

Data Source: AFCARS 2016A Submission to AFCARS 2022B Submission

*FC-Foster Care, *DE-Data Element

Areas of Strength

In the 2016 submission, California received a rating of “Strength” for the Item 19 based on information from the statewide assessment and stakeholder interviews. The submission also highlighted the “measures of effectiveness” by stating the capabilities of the Statewide Information System in terms of number of sites, workstations, servers, active users, case and referral records, and the business rules contained in the application. In addition, it measures the effectiveness of system by stating the ongoing use of CWS/CMS data for analysis and research efforts that are important to the outcomes and accountability metrics and program evaluation and planning efforts within Child Welfare. Another measure of effectiveness provided was the use and reliability of data in the CWS/CMS to assist counties during a state declared natural disaster in 2015.

On the other hand, the 2023 CFSR Item 19 submission highlights the “measures of effectiveness” of the statewide system by providing data on the number of children currently in foster care broken down by status, demographic characteristics, location, and case plan goals categories. In addition, the state maintains the ongoing use of CWS/CMS data for case management, program improvement efforts, and ability to locate children in foster care during the times of emergency. The state also mentions the use of Disaster Mapping Tool on SafeMeasures to provide further assistance to California Child Welfare Workers in readily identifying and locating children in care during emergency.

Furthermore, the state provides the error rate percentages for data elements relevant to CFSR Item 19 as well as its comparison to the metrics during the last CFSR submission period and before the implementation of biennial data quality reviews.

Challenges/Areas Needing Improvement

The CFSR 2016 submission mentioned the challenges regarding expensive maintenance of CWS/CMS and the struggles of keeping up the system with emerging practice needs. It also mentions the generic focus that the state has on certain areas like improvement in CWS/CMS functionality to allow for accurate, timely, and complete data entry. However, it does not provide any further details. In the 2023 submission, the state provides data and explanations to support the assertions that it has made in the areas needing improvement and the plan to resolve any issues in the areas regarding data accuracy, reduction in error rates for certain AFCARS data elements including case plan goals, and timeliness of entering data by leveraging biennial data quality reviews.

B. Case Review System

Item 20: Written Case Plan

For this item, provide evidence that answers this question: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

State Response:

Written Case Plan is an area needing improvement in California.

California's Division 31-101.511 regulations of the Manual of Policies and Procedures (MPP) requires that, within 30 calendar days of the initial removal of the child or the in-person investigation, or by the data of the dispositional hearing, whichever comes first, the social worker must determine if child welfare services (CWS) are necessary and, if so, complete a case plan and begin implementation of the case plan in accordance with required timeframes. Furthermore, MPP Division 31-206 requires that, at a minimum, the documented case plans must provide measurable services, the assessment of needs, and documentation of the outcomes.

Parental Engagement in Written Case Plans

The California Department of Social Services (CDSS) requires placing agencies (child welfare and juvenile probation) to engage foster children and their parents and caregivers in the Child and Family Team (CFT) process and for child welfare (or their contracted provider) to engage them while completing the Child and Adolescent Needs and Strengths (CANS) tool. These practices help to encourage parent engagement in assessing the child/youth's strengths and needs, and to plan, develop, and finalize their case plan while working as part of a team. Prior to the production of the written case plan and court decisions, CANS results must be completed, shared, and discussed, and CFT members (including parents) must inform the written case plan, so they are involved in its development (All County Letter (ACL) No. 16-84, ACL No. 18-09, ACL No. 18-81, Welfare and Institutions Code [WIC] 16501).

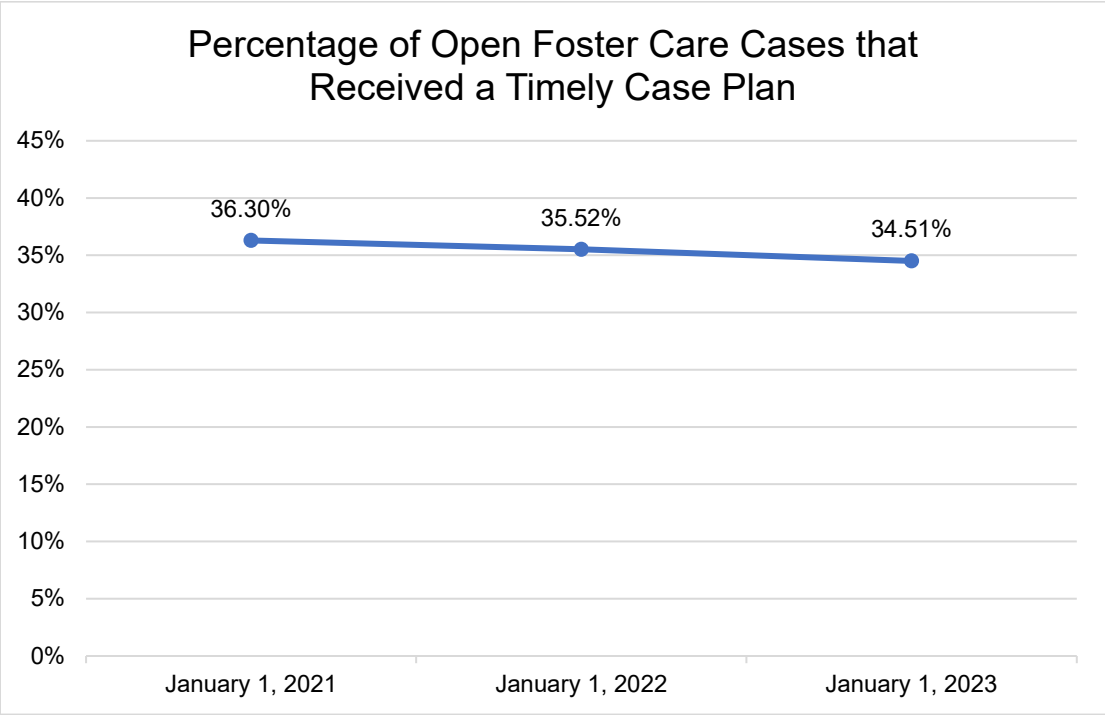
Although the CDSS recognizes the value of including parents in written case planning and parent attendance at CFT meetings has increased over the past three years, systemic and cultural barriers to documenting and evaluating engagement persist. System limitations make it difficult to consistently and accurately document parents' engagement and involvement in the written case plan and court decisions. Due to the lack of available data, it is difficult to determine a parent's involvement in the development of the case plan. Currently available data can determine if a parent was present at a CFT meeting, but it is unable to determine if this meeting included a case planning component. It should also be noted that CFTs are *only* required for youth in care, and *not* for all youth who have a case plan. While CFTs are utilized to assist in case planning activities, they are not required for all youth who have a case plan; therefore, this presents additional difficulties when determining parental involvement in case planning.

The table and chart below represent the percentage of open foster care cases that received a timely case plan during the last three calendar years (CYs).

Table 1. Percentage of Open Foster Care Cases that Received a Timely Case Plan

	January 1, 2021	January 1, 2022	January 1, 2023
Cases Receiving Timely Case Plans	36.30% (n=20,646)	35.52% (n=19,015)	34.51% (n=17,136)
Total Cases	56,881	53,527	49,655

Source: Child Welfare Services/Case Management System (CWS/CMS)



Since CY 2021, the percentage of open foster care cases that received a timely case plan has been slowly declining. Due to limitations of our administrative data for explicitly capturing how often case plans are developed jointly with parents, the evidence below pertaining to participation in CFT meetings can be used as an imperfect proxy to draw conclusions.

Data Representing Parental Attendance at CFT Meetings

To demonstrate the number of parents who attended a CFT, data was extracted from the CWS/CMS. The following trends were found from data that was extracted from CWS/CMS for the reporting period of October 1, 2019, through September 30, 2022:

- Between October 1, 2019, and September 30, 2020, the biological mother attended 58.5 percent of CFT meetings, the biological father 29.6 percent, and another parent or guardian 5.9 percent.
- The proportion of biological parents in attendance increased modestly between October 1, 2020, and September 30, 2021, with 60.1 percent of biological mothers and 32.0 percent of biological fathers present. The number of other parents or guardians present decreased slightly to 5.5 percent.
- The proportion of biological parents present decreased marginally between October 1, 2021, and September 30, 2022, with 59.2 percent of biological mothers, 30.2 percent of biological fathers present. The number of other parents or guardians present increased slightly to 5.7 percent.

As stated above, the aggregated data is limited in that it reveals the number of parents who attended the CFT but not whether they felt their input was incorporated into the case plan. Please see additional and more detailed information about CFT meeting attendance in Item 12 and CFT Survey data in Item 13.

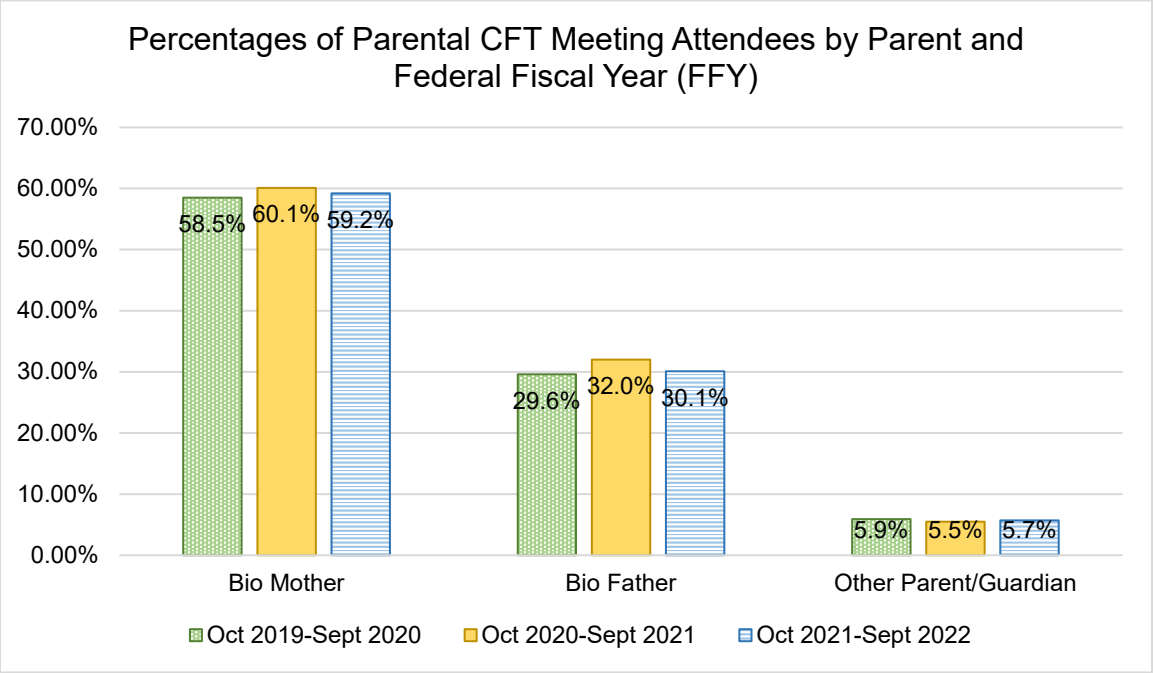


Table 2. Parental CFT Meeting Attendees, FFY 19-20

Key Role Attendees	Count	%
Bio Mother	23,604	58.5%
Bio Father	11,947	29.6%
Other Parent/Guardian	2,394	5.9%
Total CFT Meeting Count	40,336	100%

Table 3. Parental CFT Meeting Attendees, FFY 20-21

Key Role Attendees	Count	%
Bio Mother	20,042	60.1%
Bio Father	10,664	32.0%
Other Parent/Guardian	1,819	5.5%
Total CFT Meeting Count	33,368	100%

Table 4. Parental CFT Meeting Attendees, FFY 21-22

Key Role Attendees	Count	%
Bio Mother	16,321	59.2%
Bio Father	8,307	30.1%
Other Parent/Guardian	1,558	5.7%
Total CFT Meeting Count	27,556	100%

Lack of quality data on issues limiting parental involvement in their child's written case plan hinders efforts to improve parent engagement. Although a survey for parents and caregivers in CFTs is available, it is not automated and no incentives are provided for completion, resulting in low participation. Focus groups do not currently measure parents' perception of involvement in case planning, identify barriers, or reasons they may not participate or agree with court decisions, making it difficult to increase and measure engagement in their child's written case plan.

The CDSS is upgrading SafeMeasures and the Child Welfare Services-California Automated Response and Engagement System (CWS-CARES) system to improve quantitative and qualitative data collection and identify barriers to parental engagement in their child's written case plan. The CDSS is improving and automating a survey to collect data on parents' perspective of case-planning inclusion with the CARES team and county stakeholders. The CDSS is also working with partners to increase parental involvement in marginalized groups, such as Tribal organizations and parents with behavioral health needs. The CDSS has developed and released engagement guidance and training to assist counties in efforts to improve parental inclusion.

Child and Family Teams Engagement Guides and Resources

The CDSS has produced many ACLs, All County Information Notices (ACINs), and guides to help county child welfare and probation departments implement the CANS tool and effectively utilize CFTs. Please refer to our CFT Resources website for links to these resources.

The CDSS released the CFT Engagement Guide in November 2021, which provides guidance on engaging participants, including parents, in collaborative decision-making during CFT meetings. These recommendations emphasize addressing the priority needs of the family and ensuring progress towards safety, permanency, and well-being outcomes. The guide provides specific engagement strategies for parents with diverse needs, such as those who use substances, have mental health needs, experience intimate partner violence, speak other languages, and are reluctant to attend their CFT meetings.

The CDSS has produced many ACLs, ACINs, and guides to help county child welfare and probation departments implement the CANS tool and effectively utilize CFTs. Please refer to our CFT Resources website for links to these resources. In November 2021, the CDSS released the CFT Engagement Guide. This guide is intended to provide direction to agencies and their System of Care partners that convene CFT meetings. It provides guidance about how to engage participants, including parents, in collaborative decision-making that honors the family's voice and choices and supports effective planning outcomes. These are general recommendations for engaging families through the CFT process and for supporting them as they navigate the various systems in which they are involved. These strategies emphasize addressing the priority needs of the family and ensuring that progress towards the outcomes of safety, permanency, and well-being. The CFT meetings serve as the heart of the child and family teaming model and are a key strategy for accomplishing family-centered planning to improve the experience and outcomes of children and youth in foster care. It is important to note that meetings are a part of a larger teaming process concept. The CFT members continue to work together and communicate outside of the meeting to help the family achieve their desired goals.

The CDSS acknowledges each county is unique and encourages individual agencies to design and implement CFT meeting procedures that best fit the needs of their community while

ensuring the practices reflect the values, principles and practices described in All County Letters [ACL No. 16-84, ACL No. 18-09, ACL No. 18-23, ACL No. 18-81, ACL No. 21-27, and the Integrated Core Practice Model (ICPM) ACIN No. I-21-18]. Teaming and engagement techniques can be further enhanced with strategies of Safety Organized Practice (SOP). This collaborative case management approach provides tools for working effectively with families, builds critical thinking competencies for workers, and strengthens partnerships with families' networks of support. Like the ICPM, SOP centers on the belief that all families have strengths, promotes cultural humility, and supports trauma-informed practices.

This guide provides specific engagement information and strategies for the participation of parents and guardians. It includes information on engaging parents who may be using substances, parents with mental health needs, parents with intimate partner violence, parents who are reluctant to attend their CFT meetings and/or to invite natural supports, and parents who speak primary languages other than English or are reluctant to invite on-English speaking natural supports.

In partnership with the California Tribal Families Coalition, the CDSS is currently developing a CFT Tribal Engagement Guide to further assist with the engagement of Tribal parents, families, and their Tribal representatives. Multiple stakeholders including California's Tribes have participated in the review of this guide. It is anticipated that this guide will be released by the end of 2023.

Juvenile Court Report Documentation and System

The child welfare and juvenile probation departments are required by law to consider and document CFT recommendations, and any inconsistencies between the case plan and the CFT recommendations Assembly Bill 1068 (2019-2020) within the court report. Child welfare social workers and juvenile probation officers must document the occurrence of CFT meetings within court reports. Additionally, if a county has produced a summary report or an action plan of the CFT meeting for use by the team members, counties may attach a copy of that report or plan with any necessary redactions to the court report. The CDSS recommends using a standardized CFT Meeting Summary and Action Plan template and providing youth, families, and the youth's Tribe with the opportunity to review and edit the report before submission to the court. The CDSS also recommends including additional information in court reports beyond the mandated documentation, such as the date of the CFT meeting, team members in attendance, identified strengths and actionable items from the most recent CANS, recommendations of the CFT, preferences of the youth and family, and action items agreed upon by the CFT.

Effective documentation of the CFT process reinforces transparency between CFT members and the Juvenile Court and can increase accountability for CFT members. This assists in ensuring the youth, family, and CFT members' voices are authentically represented and considered in decision making. Documenting the discussion of, or recommended changes to, the case plan and the interventions or supports provided will ensure a more complete and accurate representation of the youth's well-being that the CFT will use to determine appropriate and effective services and supports in the future.

The CDSS is currently developing CFT and CANS bench cards to provide a condensed resource for judicial officers and the California Juvenile Court system. These bench cards include information on what the CFT and CANS are, their requirements, when and what to ask about the CFT, and includes links to resources. It is anticipated that these bench cards will be released by the end of 2023.

Child and Family Teams and Child and Adolescent Needs and Strengths Implementation Team

In 2018, the CDSS, in partnership with the Child Welfare Directors Association (CWDA), Chief Probation Officers of California, the Department of Health Care Services (DHCS), and other key stakeholders assembled to form the CFT and CANS Implementation team, including parent and youth partnering agencies, to support quality integrated practice statewide. The team aims to identify and overcome barriers to implement CFT and CANS practices for children, youth, and nonminor dependents in child welfare. The team's goals include improving engagement with families, building a successful implementation roadmap, identifying effective strategies to address implementation barriers, and aligning CFT and CANS practices with the ICPM framework. The team meets regularly, prioritizes key areas, and forms committees to develop action steps to further the implementation and practice of both CFTs and CANS. The team engages with counties and providers early in the decision-making process, encouraging open dialogue and diverse perspectives to inform policy development.

Child and Family Teams and Child and Adolescent Needs and Services Regional Convenings

The CDSS and the DHCS, in partnership with other organizations, hosted a series of statewide and regional convenings aimed at improving cross-system collaboration for youth and families. Child welfare, juvenile probation, and behavioral health partners from all of California's 58 counties were invited to attend. The convenings included a series of interagency conversations, instructional sessions, and planning sessions held from July through September 2020. As a result, it was determined that a lack of available and applicable training statewide is a barrier to CANS informed CFT practice. Therefore, the CFT Curriculum Subcommittee was identified to revise current CFT trainings and develop additional CANS informed CFT trainings.

Child and Adolescent Needs and Services Training Curriculum

As a subcommittee of the CFT and CANS Implementation Team, the CFT Curriculum Subcommittee has developed and updated CFT curriculum to include CANS information. They have revised many trainings to ensure diversity, equity, and inclusion are prevalent throughout. There are four newly developed or revised CFT trainings currently available for child welfare, juvenile probation, behavioral health, and other providers. These include CFT Facilitation Training, CFT Overview, CFT: Role of the Social Worker, and Integrating CANS into CFT Meetings and Case Planning. Each training provides participants with specific knowledge and skills related to the CFT meeting process, facilitation, social worker's role, and integration of the CANS into case planning. Due to a lack of required standardized CFT trainings, there is inconsistent facilitation and practice throughout California’s 58 counties. Additionally, while some counties participate in the recommended CFT trainings, some counties contract out facilitation, which poses barriers to attendance, as contracts do not have easy access to the available trainings. It should also be noted that CDSS does not currently collect data on which counties facilitate their own CFTs and which contract out for this service; therefore, the lack of data impacts CDSS’ ability to track the effectiveness of CFT trainings and implementation needs.

Data Representing Parental Participation with Child and Adolescent Needs and Services Completion

As indicated in the chart and table below, the completion of CANS has consistently increased over the last three years, indicating that counties are becoming more involved in activities intended to increase parent inclusivity in case planning.

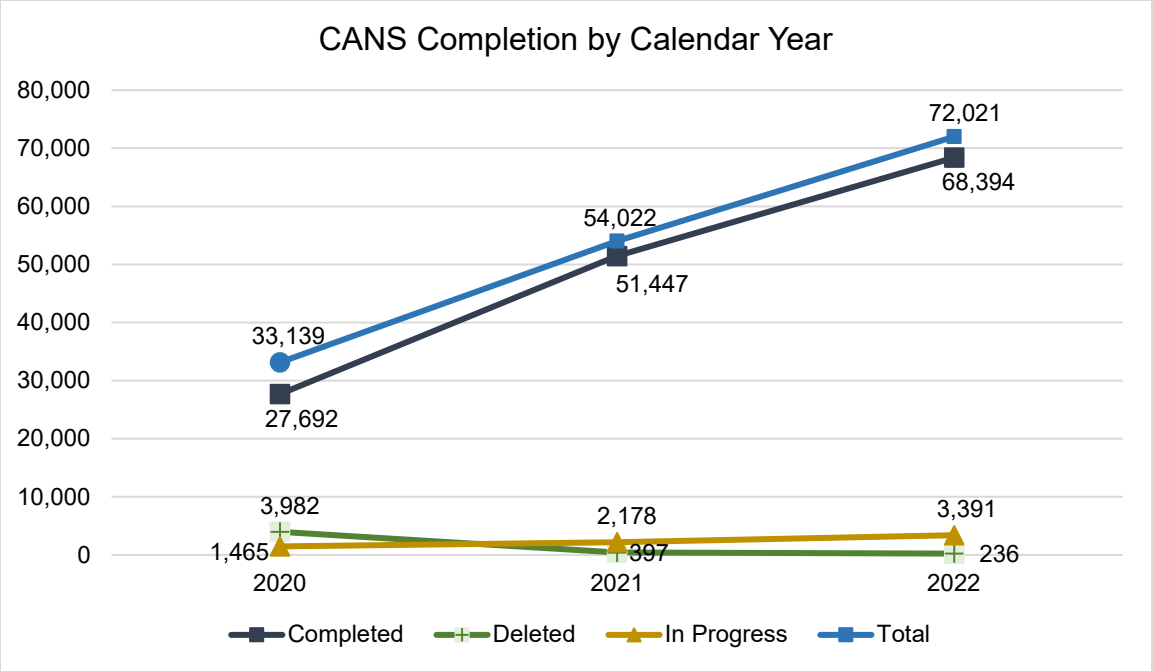


Table 5. CANS Completion by Calendar Year

Calendar Year	Completed	Deleted	In Progress	Total
2020	27,692	3,982	1,465	33,139
2021	51,447	397	2,178	54,022
2022	68,394	236	3,391	72,021
Total	147,533	4,615	7,034	159,182

Data Source: Data reflects CANS entered into CARES-Live.

Table 6. Children and Nonminor Dependents in an Open Child Welfare Case

Calendar Year	Number of Children
2020	124,200
2021	124,437
2022	TBD

Data Source: CWS/CMS

Unfortunately, the CDSS does not yet have the detailed data available on whether completed CANS do in fact involve parental participation, as current data does not reflect who provided input into the completion of the CANS. Work is underway through collaboration with the CARES team to ensure CFTs and CANS are captured within the new system in a meaningful manner to include parental and other team member participation being tracked.

Judicial Resources and Technical Assistance Reviews

Preliminary evidence from Judicial Resources and Technical Assistance (JRTA) reviews was provided by the Judicial Council of California (JCC). Evidence was provided for one large Southern California county, two small Northern California counties, and one large Bay Area county. Case plans were attached to reports most of the time in all these counties. However, the JRTA reviews noted that case plans were most often templates. CFT meetings were noted in the case plans in both the large Southern California county and the large Bay Area county.

Item 21: Periodic Reviews

For this item, provide evidence that answers this question: How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

State Response:

Periodic Reviews is an area of strength in California. This recommendation is based on administrative data showing that six-month review hearings occur on time over 86 percent of the time. Additionally, preliminary evidence from JRTA review indicates that review hearings occur timely about 90 percent of the time.

In California, status review hearings are held at set intervals, no less than every six months, to assess the progress of the case. Courts often hear evidence and make findings regarding whether the agency has offered and provided services to assist the parents/caregivers in making progress in safely parenting their child and providing permanency and well-being.

At each review hearing, whether it be at six, 12, 18, or 24 months, the court must return the child to the custody of the parents unless there is evidence before the court to establish that return would be detrimental to the child. There are escalating standards for continuing the case as it moves from six to 12 to 18 months. Services can be extended from the 12-month hearing to a date 18 months from the date of initial removal only if the court finds that there is a substantial probability the child will be returned and safely maintained in the home.

Six-Month Review Hearing

The six-month review hearing is set within six calendar months of the disposition hearing. If the child was younger than three at the time of initial removal, reunification services are to be offered/provided for a minimum of six months from the date of disposition. However, if the parents fail to participate at all in the services offered or fail to make any progress whatsoever, a petition may be filed to bring that to the attention of the court and request the court terminate reunification services before the six months are up.

At the six-month review hearing, the Court will review:

- How the child is doing, and
- How the parents are doing with the services the court ordered.

If the child lives with a parent, the Court can:

- Dismiss the case, or
- Keep supervising the child with family maintenance.

If the child doesn't live at home, the Court can:

- Give the child back to a parent. The family will stay with family maintenance, or
- Keep the child out of the house and order family reunification services.

In Care Six Months or More

The following review types are included in this cohort:

- WIC 366.21(e) Six-Month Review
- WIC 366.31 Pre-Nonminor Dependent (NMD) Review
- WIC 366.32 NMD Review

The following table provides data on whether children who were in care for six months or more had at least one review hearing. With regards to the last three calendar years (CYs), children in care six months or more whose case did not receive a six-month review decreased from 14.3 percent in 2015 (Child and Family Services Review Round 3) to 13.11 percent in 2021. Please refer to Item 22 for data pertaining to the frequency of reviews after the initial review. Furthermore, in 2015 there were 68,861 children included in this cohort, whereas the number of children in 2021 decreased to 54,268. This is consistent with less children in care over time.

Table 1. 6-Month Review Hearings for Children in Care 6 Months or More

Review Hearing Occurred	CY 2019 (n)	CY 2019 (%)	CY 2020 (n)	CY 2020 (%)	CY 2021 (n)	CY 2021 (%)
No	9,246	13.96%	8,360	13.91%	7,116	13.11%
Yes	56,999	86.04%	51,728	86.09%	47,152	86.89%
Total	66,245	100%	60,088	100%	54,268	100%

Source: CWS/CMS

Judicial Resources and Technical Assistance Reviews

Preliminary evidence from JRTA reviews was provided by the JCC. Evidence was provided by the JCC pertaining to one large Southern California county, two small Northern California counties, and one large Bay Area county. Pre-permanency six-month review hearings and post-permanency review hearings are being held timely most of the time in these counties. Barriers to timely hearings noted were:

- Continuances based on the court seeking more information if the parent brought something up in court and appointment of a new attorney.
- Contested jurisdiction or dispositional hearings (dispositional hearings count as six-month reviews in California).
- Indian Child Welfare Act (ICWA) compliance.
- Recusal by a bench officer.
- Rarely, but sometimes, difficulty getting parties to court.

Comparison to Round 3

In Round 3, California received a strength rating for Item 21. Information in the Round 3 Statewide Assessment and collected from stakeholder interviews showed that California ensures that periodic review hearings are held in a timely manner in most cases. Stakeholders reported that most counties closely track the timeliness of periodic review hearings. Periodic reviews continue to be held in a timely manner in most cases (over 86 percent of the time).

Item 22: Permanency Hearings

For this item, provide evidence that answers this question: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

State Response:

Permanency Hearings is an area of strength in California. This recommendation is based on administrative data showing that permanency hearings occur timely in most cases. Additionally, preliminary evidence from JRTA review indicates that permanency hearings occur timely about 73 percent of the time.

12-Month Review Hearing

The permanency hearing or "12-month review hearing," must take place no later than 12 months after the date the child entered foster care, which is the date of jurisdiction or 60 days from the date of removal, whichever is earlier. At the permanency hearing, in addition to all other review hearing issues, for youth 16 years and older, the court must determine whether services have been made available to assist in the transition from foster care to independent living.

At the 12-month hearing, the court will review:

- How the child is doing, and
- How the parents are doing with the services the court ordered.

At this hearing the Court decides if the child will go back to the parents. If not, the Court can cancel reunification services so that a permanent plan can be created for the child. The Court will set a hearing to decide a permanent plan for the child. The Court can extend family reunification services for another six months if there's a good chance that the child will then go back to live with a parent. The CDSS does not currently have access to data that shows permanency hearings routinely address all the required elements of a permanency hearing. Additional inter-operability with data from California's court system would be needed.

18-Month Permanency Review Hearing

The permanency review hearing, or "18-month review hearing," must take place within 18 months of the date the child was initially removed from his or her parents. Like 12-month review hearings, there must be a preponderance of evidence for the court to find it would be detrimental to return the child(ren) to the parent or the court must order return. To establish substantial probability of return and continue the case from an 18 month to a 24 month hearing, the court must find by clear and convincing evidence that the best interests of the child would be met by the provision of additional reunification services to a parent who is making significant and consistent progress in a court-ordered residential substance abuse treatment program, or the parent was recently discharged from incarceration, institutionalization, or the Department of Homeland Security and is making significant and consistent progress in establishing a safe home for the child's return.

The court must also find the following:

- The parent has consistently and regularly contacted and visited with the child.
- The parent has made significant and consistent progress in the prior 18 months in resolving problems that led to the child's removal from the home.
- The parent has demonstrated the capacity and ability both to complete the objectives of his or her substance treatment plan as evidenced by reports from a substance abuse provider, or complete a treatment plan post discharge from incarcerations, institutionalizations, or detention, or following deportation to his or her country of origin and his or her return to the United States, and to provide for the child's safety, protective, physical, and emotional well-being, and special needs.

24-Month Subsequent Permanency Review Hearing

The 24-month subsequent permanency review hearing must be held within 24 months after the child was initially removed. The court must order return unless the court finds by preponderance of the evidence that return would create a substantial risk of detriment to the child. If the child is not returned to the parent(s), the court shall order a WIC 366.26 hearing to determine the permanent plan for the child(ren).If the child is not returned to the parent(s), the court shall order a WIC 366.26 hearing to determine the permanent plan for the child(ren).

The tables below show review hearings that took place for youth and nonminor dependents in foster care between CYs 2019 to 2021. The number of cases for which permanency hearings took place has remained relatively consistent over time. Between CY 2019 and CY 2021, the number of cases that did not receive a permanency hearing between 24-36 months dropped significantly from 20.48 percent in 2019 to 15.56 percent in 2021. Additionally, during the same period, the number of cases that did not receive a permanency hearing between 12-24 months also decreased significantly. The specific reasons for this are unknown currently. It is possible that court closures and delays during the COVID-19 pandemic impacted this data.

Table 1 provides data on the number of youth and nonminor dependents in care whose cases received both their initial 12-month permanency hearing and at least one additional review within 12-24 months in care.

Table 1. Permanency Hearings for Youth in Care Between 12 months and 24 Months

Permanency Hearing Occurred	2019 (n)	2019 (%)	2020 (n)	2020 (%)	2021 (n)	2021 (%)
No	2,411	11.94%	2,262	11.33%	1,555	8.85%
Yes	17,789	88.06%	17,707	88.67%	16,019	91.15%
Total	20,200	100%	19,969	100%	17,574	100%

Source: CWS/CMS

Table 2 provides data on the number of youth and nonminor dependents in care whose cases received their initial 12-month permanency hearing, at least one review within 12-24 months in care, and at least one review between 24-36 months in care.

Table 2. Permanency Hearings for Youth in Care Between 24 and 36 Months

Permanency Hearing Occurred	2019 (n)	2019 (%)	2020 (n)	2020 (%)	2021 (n)	2021 (%)
No	2,767	20.48%	2,252	19.70%	1,533	15.65%
Yes	10,745	79.52%	9,180	80.30%	8,262	84.35%
Total	13,512	100%	11,432	100%	9,795	100%

Source: CWS/CMS

Table 3 provides data on the number of youth and nonminor dependents in care whose cases received their initial 12-month permanency hearing, at least one review within 12-24 months in care, at least one review between 24-36 months in care, and at least one review between 36-48 months in care.

Table 3. Permanency Hearings for Youth in Care Between 36 and 48 Months

Permanency Hearing Occurred	2019 (n)	2019 (%)	2020 (n)	2020 (%)	2021 (n)	2021 (%)
No	2,347	27.12%	1,750	25.43%	1,262	21.48%
Yes	6,308	72.88%	5,131	74.57%	4,612	78.52%
Total	8,655	100%	6,881	100%	5,874	100%

Source: CWS/CMS

Table 4 provides data on the number of youth and nonminor dependents in care whose cases received their initial 12-month permanency hearing, at least one review within 12-24 months in care, at least one review between 24-36 months in care, at least one review between 36-48 months, and at least one review between 48-60 months in care.

Table 4. Permanency Hearings for Youth in Care Between 48 months and 60 Months

Permanency Hearing Occurred	2019 (n)	2019 (%)	2020 (n)	2020 (%)	2021 (n)	2021 (%)
No	1,509	30.34%	1,220	30.06%	959	27.29%
Yes	3,465	69.66%	2,838	69.94%	2,555	72.71%
Total	4,974	100%	4,058	100%	3,514	100%

Source: CWS/CMS

Table 5 provides data on the number of youth and nonminor dependents in care whose cases received their initial 12-month permanency hearing, at least one review within 12-24 months in care, at least one review between 24-36 months in care, at least one review between 36-48 months, at least one review between 48-60 months in care, and at least one review after 48 months in care.

Table 5. Permanency Hearings for Youth in Care 60 Months or More

Permanency Hearing Occurred	2019 (n)	2019 (%)	2020 (n)	2020 (%)	2021 (n)	2021 (%)
No	2,170	22.35%	1,841	22.29%	1,747	21.84%
Yes	7,538	77.65%	6,420	77.71%	6,252	78.16%
Total	9,708	100%	8,261	100%	7,999	100%

Source: CWS/CMS

Judicial Resources and Technical Assistance Reviews

Preliminary evidence from JRTA reviews was provided by the JCC. Evidence was provided by the JCC pertaining to one large Bay Area county. In the large Bay Area county's dependency courts, timeliness to first permanency hearing was 100 percent. Timeliness of the permanency finding was 100 percent at the permanency hearing. At subsequent hearings, the permanency finding was timely 80 percent of the time. In this same Bay Area county's delinquency courts, all permanency hearings were timely. In one of the small Northern California counties, some permanency hearings were untimely because of contested hearings.

Item 23: Termination of Parental Rights

For this item, provide evidence that answer this question: How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

State Response:

Termination of Parental Rights is an area needing improvement in California.

WIC 366.26 provides the exclusive procedure for the permanent termination of parental rights for dependent children and clarifies who may have a legal claim to the child, the circumstances in which TPR may occur, and the conditions required to file for TPR. The probation department must follow the procedures described in California WIC 727.32 (2021) Rule 5.820, termination of parental rights for children in foster care for 15 of the most recent 22 months. The Indian Child Welfare Act of 1978 (ICWA) governs "child custody proceedings" (…, termination of parental rights, …) sets national standards and procedures which must be followed by state courts. Please refer to the ICWA Desk Reference for more information.

Case Review

Data from the Onsite Review Instrument (OSRI) case review notes relating to TPR strengths and weaknesses was extracted for two large counties (Los Angeles and Alameda, both urban), two medium sized counties (San Mateo, urban, and Shasta, rural) and two small counties (Nevada and Mendocino, both rural). The following trends appeared across all county sizes.

Termination of Parental Rights Strengths

California can't administratively pull data to see which filing of TPR occur timely due to limitations of our CWS/CMS. Thus, insights were gleaned from Case Review data. County Social Workers (CSW) ensured that through the duration of the case the required social worker home visits were completed, services and resources were provided/accessed, and proper information was offered to everyone involved in the case up until TPR. Some examples of services provided are mental health supports, parent support groups, educational resources, and behavioral modifications. There were often no delays, stalls, or gaps in services, visits, or resources; therefore, these cases could show that TPR was appropriate for various reasons (i.e., the birth parent was not successful with services/treatment and the dependent was in stable resource home that wanted to provide permanency through adoptions).

Termination of Parental Rights Areas Needing Improvement

There were various circumstances in which TPR did not occur in a timely manner:

- Services/resources/referrals were not provided or started in a timely manner to the dependent or others associated with the case (i.e., birth parents, extended family, and/or resource parents).
- CSW not completing or missing assessments, paperwork, and documentation or sometimes when assessments were completed, they were completed incorrectly.
- Prospective legal guarding requesting more time before assuming responsibilities of a legal guardian requiring social worker/staff to evaluate if appropriate to postpone legal guardianship recommendation; or if prospective legal guardian expresses desire to keep their case open, staff will need to address concerns.
- Permanency had not been properly determined/assessed.

- COVID-19-related court delays.

The case review narratives from OSRI did not explain why these required proceedings did not occur. Evidence collected for the Statewide Assessment did not demonstrate that California files petitions to terminate parental rights in accordance with the provisions of the Adoption and Safe Families Act (ASFA). Evidence collected for the statewide assessment indicated that California does not have data to show when filings of TPR occur. Typically, after 12 months of reunification services to biological parents, a permanency hearing is requested to terminate reunification services, which may include a petition to TPR.

Stakeholder Feedback

The CDSS stakeholders regarding TPR are identified as adoptive families, adoptive children, the CDSS adoption regional offices, CWS, CWDA, the CA Alliance of Adoption Agencies, private adoption agencies, Title IV-E Agreement Tribes, licensed foster family agencies, the Consortium for Children, and California Superior Courts.

The Consortium for Children provides mediation services for children in care, their adoptive parents, and their biological family to discuss post-adoption contact agreements. County CWS work closely with the California Superior Courts to file Termination of Parental Services. After Termination of Parental Rights is finalized, county child welfare and the CDSS regional office adoption specialists continue to provide services until permanency is finalized.

During interviews with stakeholders, it was indicated that recommendations to TPR do not routinely meet ASFA timelines for a multitude of reasons including staff shortages, limited staff trainings, and a high case load for social workers. The process in California is to file for TPR at the time a permanency option has been identified for a child to avoid having legal orphans. There is also a belief amongst stakeholders that TPR may occur in an appropriate manner but is not documented proactively in the CWS/CMS.

Moreover, a practice is not in place to independently petition for TPR, other than an oral motion at the permanency hearing to cease reunification services. Stakeholders also confirmed that, although California does not require identification of an adoptive home before requesting TPR, practice across the state is to refrain from requesting TPR (even through oral motions) until an adoptive home is identified.

The table below shows California children and youth in care from 15 to 20 months whose cases led to the termination of parental rights. After their first 15 months in care, the average days children spent in care before the TPR finalized is 437 for the Period Under Review. Between 2019 and 2021, there were 18,923 TPR filings and adoptions were finalized.

Table 1: Child Welfare Services Children and Youth with Finalized Adoptions: Time to Termination of Parental Rights

	2019	2020	2021	Total
Children/Youth in Care 15 of 22 Months (15/22) with TPR	4,441	3,649	4,292	12,382
Days from 15/22 to TPR:				
Minimum	-297	-330	-308	-330

	2019	2020	2021	Total
Maximum	5,858	5,684	5,115	5,864
Median	254	257	257	257
Average	438	434	437	437
Children/Youth Excluded (see Note 2)	2,553	1,974	2,014	6,541
Total Children/Youth with Finalized Adoptions	6,994	5,623	6,306	18,923

Notes:
1. If a child had multiple TPRs (for different parents), the first TPR date was counted.
2. Not all of the 18,923 children and youth with a finalized adoption during the timeframe were counted here, for the following reasons (counts provided): no out of home/foster care placements (2), no TPR date (517), no out of home/foster care placements before their TPR date (37), not in foster care a total of 15 months (5,938), not in foster care a total of 15 months within a 22 month period (47).
3. Negative days from 15/22 to TPR indicate that the child or youth had a TPR date before reaching 15 months in foster care in a 22-month period.

Judicial Resources and Technical Assistance Reviews

Preliminary evidence from JRTA reviews was provided by the JCC. Evidence was provided by the JCC pertaining to one large Southern California county, two small Northern California counties, and one large Bay Area county. In these counties, petitions to TPR are often timely but compelling reasons are inconsistently documented. In the large Bay Area county's delinquency courts, compelling reasons were not documented.

Comparison to Round 3

In Round 3 of the Statewide Assessment, termination of parental rights was rated as an Area Needing Improvement in California. The CDSS reported that California does not have data indicating when filings of TPR occur, thus, we were not able to demonstrate that California files petitions to TPR in accordance with provisions of the AFSA. This is still a limitation of California's CWS/CMS.

Item 24: Notice of Hearings and Reviews to Caregivers

For this item, provide evidence that answers this question: How well is the case review system functioning statewide to ensure that foster parents, pre- adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

State Response:

Notice of Hearings and Reviews to Caregivers is an area needing improvement in California. California does not have means to track notice of hearings and reviews to caregivers. The state's CWS/CMS does not offer the ability to track noticing that occurs.

Policy Guidance

ACIN No. I-87-21 reminds county child welfare service agencies and probation departments, to the extent probation departments are responsible to provide notice of dependency hearings in dual status cases, of the requirement to provide the caregiver with a hearing notice and a Caregiver Information Form (JV-290 form) and JV-290 Instruction Sheet for Caregiver Information Form (JV-290 INFO) that the caregiver may complete and submit to the juvenile court.

Sections 293 through 295 of the WIC require child welfare service agencies and probation departments, where relevant, to provide the caregiver with notice of all court review hearings, including continued hearings, held pursuant to WIC 366.21, WIC 366.22, WIC 366.25, WIC 366.3, WIC 366.31, and WIC 391; and selection and implementation (permanency) hearings held pursuant to WIC 366.26. For example, probation departments are required to provide hearing notices when the child is adjudged a ward of the juvenile court and simultaneously adjudged a dependent of the juvenile court and the probation department is designated as the lead agency. The caregiver is defined as any individual or agency currently caring for the child which includes a foster parent, relative caregiver, non-related extended family member, legal guardian, community care facility, or foster family agency. Caregivers should receive notice of other hearings and juvenile court proceedings for purposes of ensuring the presence of the child, submitting a JV-290, and to seek the court's permission to be present for the hearing pursuant to WIC 346. However, the county child welfare service agency or probation department when relevant, is not responsible for providing a hearing notice for all other hearings outside of these requirements.

Consistent with WIC 293 and 295 and the JV-280 form, notice for status review hearings must include the case name (typically the name of the child), the court case number, the date and time of the hearing, the address and department number of the juvenile court in which the child's case is to be heard. The notice must also include a statement about the nature of the hearing and any change in custody or status of the child that is recommended by the child welfare service agency or probation department. The notice must be completed, and sent to the caregiver by mail, hand delivered, or (where authorized by the county child service agency and the juvenile court) by email, no less than 15 days, but no more than 30 days, before the hearing date. Further, the notice must advise the caregiver that they may attend the hearing and may submit to the court in writing any information they consider relevant to the hearing. In addition, the social worker must provide the caregiver with the JV-290 and JV-290-INFO forms at least 10 calendar days before the hearing, as required by the California Rules of Court 5.534(k).

Consistent with WIC 294 and the JV-300 form, notice for selection and implementation hearings must include the date, time and place of the hearing, the right to appear at the hearing, the nature of the hearing, the county's recommendation for the child's permanent plan, and a statement that the court is required to select a permanent plan of adoption, legal guardianship, placement with a fit and willing relative, or another planned permanent living arrangement for the child. Notice must be completed and served at least 45 days before the selection and implementation hearing. In addition, the social worker must provide the caregiver with the JV-290 and JV-290 INFO forms at least 10 calendar days before the hearing, as required by the California Rules of Court 5.534(k). An additional notice must be served to the caregiver if the recommendation for the child's permanent plan changes from the recommendation contained in a previous notice of hearing.

Judicial Review and Technical Assistance Reviews

The JRTA reviews are provided by the JCC. JRTA conducts at least 35 court site visits annually targeting counties based on previous participation in the IV-E waiver, the needs assessment, and the results of the previous Title IV-E compliance review, and any CDSS conducted site reviews. Alameda, LA, Riverside, San Bernardino, and San Diego must be visited annually. A court site is a location requiring separate court observation and file review. In addition to the reviews, JRTA provides memos and technical assistance to the courts as needed. Additional data for other regions of the state is forthcoming.

Preliminary evidence was provided by the JCC pertaining to one large Southern California county, two small Northern California counties, and one large Bay Area county. Whether notice was given in these four counties varied. It was unknown if notices were given to caregivers in the large Southern California county. Notices to caregivers were consistently given in both small Northern California counties and the large Bay Area county's delinquency courts, but not in the large Bay Area county's dependency courts.

Office of the Foster Care Ombudsperson Trends

The Office of the Foster Care Ombudsperson (OFCO), as part of its mission to respond to complaints and inquiries regarding foster care cases, frequently provides information to relatives and caregivers regarding their right to access the court. In the 2021 calendar year, the OFCO responded to 298 relatives and 92 resource parents. The OFCO provides the caregiver information form (JV-290) and Relative Information Form (JV-280) to relative and caregiver callers who may not otherwise know they are able to provide information to the court.

The California-based non-profit organization Advokids also provides detailed information on the JV-290 and JV-285 to caregivers, relatives of foster youth, and the public via their extensive website and free legal advice hotline, available to unrepresented caregivers and relatives.

C. Quality Assurance System

Item 25: Quality Assurance System

For this item, provide evidence that answers this question:

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

State Response:

Quality Assurance System is an area needing improvement in California.

Child and Family Services Review Case Review

The California Department of Social Services (CDSS) has been approved to conduct a state-led Child and Family Services Review (CFSR) for Round 4 as the Children's Bureau (CB) agrees that CDSS meets CB case review criteria. The CDSS has a process in place to ensure consistency of ratings across multiple sites and reviewers, and includes third party (i.e., someone who has not reviewed the case) quality assurance of cases reviewed for accuracy of ratings in accordance with the instrument and instructions.

Quality Assurance: Each Federal CFSR case will go through three levels of Quality Assurance (QA). The initial QA will be completed by county staff, a second level of QA from designated CDSS staff, with a subset of cases receiving secondary oversight by the Administration for Children and Families (ACF).

First level QA reviews conducted by the county include the following steps:

1. Designated QA staff review the Onsite Review Instrument (OSRI) in advance of discussion with case reviewer and enter any questions/notes into the QA notes in the Online Monitoring System (OMS).
2. QA and case review staff meet and discuss ratings including addressing any concerns noted in the QA notes as a result of Step 1.
3. Additional review may occur based on QA staffing.
4. QA staff determines that the review has been conducted according to standards (e.g., adherence to Conflict-of-Interest guidelines) and submitted as complete in the OMS.

Second level QA reviews are conducted between the CDSS and county staff using similar methods including initial review, presentation and discussion of review items, and finalization. Additional information or rating adjustments may be requested by the CDSS as a result of the QA meetings before case is considered final. Second level QA will be conducted on all 160 cases submitted for the Federal CFSR. The second level QA will be initiated by CDSS staff and completed in-person, via conference call or electronically using the QA notes in OMS. Third level (secondary oversight) QA reviews are conducted between the CDSS and ACF staff using similar methods to those in the second level QA.

Data extracts from the OMS data for the periods of January 2020-December 2022 were used to determine the areas of strength and areas needing improvement regarding service delivery for children and families. Additionally, Salesforce extracts for January 2020-December 2022 were used to analyze the statewide CFSR Case Review system functioning.

Strengths

The CDSS CFSR Case Review Section and System Improvement Section (SIS) are working in collaboration to integrate a connection of the California Child Welfare Indicators Project (CCWIP) data and CFSR Case Review data statewide to include the consideration of depth of analyses of Case Review data into county self-assessments (CSAs) and system improvement plans (SIPs). This in-depth analysis will allow for both the counties and the state to fully analyze service provisions and quality assurance system functions for families and children statewide.

The continued implementation and utilization of CFSR Case Reviews statewide has supported and increased knowledge and depth of understanding of trends in practice both locally and statewide. The case review process consists of county reviewers, county QA staff as well as CDSS case review specialists who provide oversight of implementation, knowledge of the OSRI 18 item tool as well as adherence to the fidelity of the OSRI. Some smaller counties contract for CDSS specialists to complete these reviews and first level QA. Consistent implementation of case reviews allows for in-depth reliable data statewide that fully represents the diversity of California.

Through the utilization of CFSR Case Review data, the CDSS has made changes that impact both safety and permanency for children. Some of the many lessons learned from the CFSR Case Review include Case Review data for Item 3 indicated trends in both the quantitative and qualitative data that indicated a need for improve safety planning. As such, direction was released to counties on how, when and what resources to utilize when creating and monitoring appropriate safety plans. Case Review data shows an upward trend in safety as a strength since the implementation of this safety planning guidance. Additionally, when looking at Item 5 data, concurrent planning was determined to be an area needing attention. This initiated many discussions about the need for updated concurrent planning training statewide. Subsequently the training was revamped and staff across the state have been receiving this updated training to improve concurrent planning and permanency for children.

Areas Needing Improvement

While the overall Case Review process including reviewing and QAing cases has been an effective process in place for many years, there is room for improvement regarding the connection to and utilization of Case Review data to throughout all areas of the CDSS for improvements all program areas. As such, the CFSR Case Review section has begun partnerships with the System Improvement Section for integration of data into the California Child and Family Services Review (C-CFSR) process as well as with the Permanency Policy Bureau for improvement of data utilization to better understand and address services and supports related to permanency of children and youth in care.

Stakeholder Engagement

County and CDSS staff engage the following stakeholder for the purposes of the CFSR Case Review process via in person and virtual interviews: county case workers, county probation officers, Tribes, Family Resource Centers, youth/children, Court Appointed Special Advocates (CASA), resource families (caretaker's), biological parents and/or legal guardians,

court/attorneys, county mental health providers, external mental health providers, medical/dental providers, Wraparound providers and alcohol and other drugs providers. Additionally, the CDSS engages the following stakeholders for purposes of the CFSR Case Review process during individual monthly/bi-monthly/quarterly technical assistance calls, statewide quarterly technical assistance webinars and annual focus groups: county case reviewers and QA staff and county leadership.

In June 2022 the CFSR Case Review Section completed 10 focus groups, which included reviewers, quality assurance staff, program managers, program directors and deputy directors from across the state. The focus groups included over 100 individuals and represented 37 counties. The purpose of the focus groups was to gather information to CQI current practices and gain knowledge to help design changes for the upcoming Program Improvement Plan (PIP). The weakness to the overall functioning of the CFSR Case Review system statewide included: staffing shortages (many caused by the pandemic), repeated cases being pulled for review, complexity of cases, lack of case worker training, lack of key participant engagement, data entry issues. The strengths of the CFSR Case Review System that were identified included: dedicated case review staff, variety of ages of children being reviewed, CDSS support and technical assistance, case review training, improved data collection and data communication by utilizing Salesforce and county tracking systems for improved case completion rates.

Round 4 Performance vs. Round 3 Performance

Item 25 was rated an area needing improvement in Round 3 due to many factors. The QA system, though operational statewide, did not ensure consistent statewide standards for evaluating the quality of services across the state. Although California had made a significant commitment to continuous quality improvement (CQI) by implementing policies and providing guidance and funding to the counties for developing a uniform QA process, the state's new CQI process was not fully functioning in all counties. Stakeholders during Round 3 confirmed that the state's QA system in place during Round 3 did not have a statewide process to consistently identify strengths and needs of the service delivery system and evaluate implemented program improvement measures.

At the very beginning of Round 3 (2015), the CDSS had completed 261 CFSR Case Review cases and identified 23 counties statewide as PIP counties for continued measurement of improvements throughout the Round 3 PIP. During Round 3, the CDSS developed an intensive four-day CFSR Case Review training certification process, developed a two-day Quality Assurance training, worked diligently with each county to achieve full implementation, provided monthly technical assistance webinars to increase knowledge of the tool as well as how to integrate data for Continuous Quality Improvement (CQI) purposes and intensive technical assistance to all counties to build knowledge acquisition. During Round 3, a total of 12 counties entered into contracts for the CDSS to complete the required cases and achieve full implementation was met for those counties as well. During the pandemic all counties, as well as the state team, were impacted by staffing shortages which highly impacted teams statewide. Despite the impacts of the pandemic, in 2022 a total of 1,842 cases were reviewed statewide. To ensure continued implementation of CFSR Case Reviews the CDSS has worked with each county to develop Improvement and Sustainability plans to support continued implementation efforts, revamped the four-day training for Round 4, conducted a refresher webinar to maintain certification for Round 3 certified reviewers and continues webinars and technical assistance for counties.

Near the conclusion of Round 3, to continue to strengthen California's Quality Assurance System, the Child and Family Services Division (CFSD) created the CQI Unit, located within the

newly created Child Welfare Learning & Evaluation Bureau (CWLEB). The CQI Unit was created to develop and support processes to aid the division and counties in incorporating quantitative and qualitative data into system improvement efforts. Since the conclusion of Round 3, the CQI Unit has been fully staffed and completed foundational CQI Academy Training in collaboration with the Center for States. The CQI Unit is currently in the process of reconstituting division wide DataStat meetings that will be used throughout State Fiscal Year (SFY) 23-24 to prioritize the review of CFSR items requiring additional root cause analysis identified through the Statewide Assessment. Information and action items discussed in DataStat meetings will be used to support the identification and development of Program Improvement Plan interventions.

In 2022 a new unit was developed in the System Improvement Section to support CQI efforts in the C-CFSR process. The Quantity Assurance Unit is responsible for research development, execution of new training curriculum and technical assistance that will support the analytic and evaluative responsibilities required for the completion of CSA and SIP as part of the C-CFSR process. The Quality Assurance unit is currently partnering with the CCWIP to provide training to CDSS staff and county agency partners on Round 4 data methodology and around understanding and evaluating racial disproportionality and disparity data in state and local child welfare systems.

Policies and Initiatives

The following policies and regulations speak to the authority and necessity of quality assurance and oversight systems statewide:

- Per Welfare and Institutions Code (WIC) 827(a)(1)(I), WIC 10601.2(b), and Family Code 9201, Case Review staff having the authority to review case files.
- WIC section 827(a)(1)(I) grants the CDSS the authority to inspect (as well as copy) records from the juvenile case file "to carry out its duties pursuant to Division 9 (commencing with Section 10000), and Part 5 (commencing with Section 7900) of Division 12, of the Family Code to oversee and monitor county child welfare agencies, children in foster care or receiving foster care assistance, and out-of-state placements, Section 10850.4, and paragraph (2)."
- The C-CFSR, CFSR, and the adoption assistance provisions fall within Division 9 and for the CDSS to provide significant monitoring, oversight and review of county function, review of case files is permitted and may be necessary in a particular case.
- The goal of the CFSR (as described in WIC 10601.2(b)) is to "maximize compliance with the federal regulations for the receipt of money from Subtitle E (commencing with Section 470) of Title IV of the federal Social Security Act (42 U.S.C. Sec. 670 and following) …"

Relevant Initiatives

Per All County Information Notice No. I-40-14, The Children's Bureau (CB) continues to consider improvements to the CFSR review process to monitor state Title IV-B and IV-E Programs. On August 27, 2012, the ACF issued Information Memorandum ACYF-CB-IM-12-07 with the goal of strengthening the state's QA processes through the model of CQI. The CQI differs from QA in that it is a way of working - it is a philosophy that focuses on continual improvement, whereas QA is an evaluation of past performance. CQI is the complete process of identifying, describing, and analyzing strengths and challenges and then testing, implementing, learning from, and revising solutions. In addition, ACF issued CFSR Technical

Bulletin #7 providing instructions and guidance regarding the expectation that states conduct case file reviews as a part of their QA process.

California Child and Family Services Review

The C-CFSR process is a tool for state program oversight and places an emphasis on CQI. This process is overseen by the SIS at the CDSS. The C-CFSR process follows a similar model as the federal CFSR oversight system. The C-CFSR was designed to ensure county accountability and improved outcomes for children through the implementation of the core outcomes of the federal CFSR, assessment, program improvement, and annual updates.

The purpose of the C-CFSR is to significantly strengthen the accountability system used in California to monitor and assess the quality of services provided on behalf of youth in the foster care system. As such, the C-CFSR operates on a philosophy of CQI, interagency partnerships, community involvement, and public reporting of program outcomes. The C-CFSR is a continuously recurring five-year cycle of self-assessment, planning, implementation, evaluation, and review. Principal components of the C-CFSR process include: 1) CSAs, 2) County SIPs, and 3) County System Improvement Plan Progress Reports (SIP Progress Reports). Additionally, monitoring of quarterly county outcome data reports, peer reviews, and stakeholder engagement are part of these principal components.

The stakeholders that are engaged through this process include child welfare social workers, administrators and supervisors, probation placement officers and supervisors, chief probation officer, the CDSS Adoptions District Offices (when applicable), Tribes, foster youth (current and former), biological parents, Resource Families, and other agency partners listed below:

- County Health Department (Public Health Nursing)
- County Behavioral Health Department
- County Office of Education
- County Alcohol and Drug Department
- Prevention Partners
- The board of supervisors (BOS) designated Child Abuse Prevention Council
- Children's Trust Fund Commission or Child Abuse Prevention Council if acting as the Children's Trust Fund Commission
- County BOS Designated Agency(ies) to Administer Child Abuse Prevention, Intervention, and Treatment programs, Community-Based child Abuse Prevention, and/or Promoting Safe and Stable Families (PSSF) programs
- PSSF Collaborative pursuant to WIC 16602
- Members of the education community who are representative of the areas where child welfare services (CWS) and Probation children and families are served
- Juvenile Court Representatives (i.e., bench officers, attorneys, etc.)
- CASA
- Department of Developmental Services (DDS) Regional Center (depending on client population)
- Family Resource Centers

Over the review period of 2018-2022, 42 of the 58 counties completed a CSA report, which is a comprehensive review of child welfare and probation placement programs from prevention through aftercare. The CSA is the analytical vehicle by which counties determine effectiveness of their current practices, programs, and resources across the child welfare and juvenile probation placement continuum. Counties use quantitative data analyses to define their

populations to highlight areas of improvement and are required to engage peers, key stakeholders, and community partners to aid in the identification of strengths and needs to aid in the development of a targeted SIP.

The CSA requires that counties analyze and report on their QA systems as it relates to their child welfare and juvenile probation agencies. The information counties are asked to provide about their QA systems does not exactly match the information asked of the state in the Statewide Assessment so utilizing this county-level data within the statewide report highlights some areas of improvement within the C-CFSR process itself. The county CSA reports that were reviewed for QA system analyses can still be illustrative of state-wide trends. County-specific trends were pulled from CSA and SIP reports and stratified by child welfare population size (small, medium, and large).

Differences by County Size

It is a significant finding to note that large-sized counties report that they have robust QA teams, CQI units, multiple oversight units, large data entry teams, and generally a workforce and funding capable of supporting a variety of quality assurance and improvement activities. Conversely in the small-sized counties, QA efforts are managed by a single person, or it is shared by multiple people on a social work team.

County CWS agencies are utilizing the statewide Child Welfare Services/Case Management System (CWS/CMS) to collect, maintain, and use data to aid in the provision of services to those engaged in the child welfare system. CWS/CMS feeds into SafeMeasures and CCWIP, from which counties have access to numerous outcome data reports and QA reports. Many counties also use additional tools and processes to ensure quality of services and case review, such as Team Decision Making (TDM), Structured Decision Making (SDM®), federal Case Review, Child and Family Teams (CFT), Multi-Disciplinary Teams (MDT), and Child and Adolescent Needs and Strengths (CANS) assessments. To a lesser extent, some counties employ Review, Evaluate, and Direct teams as part of their practice, and some use other available risk and needs assessments available to them. Juvenile Probation agencies are included in many of the previously mentioned processes but utilize their own case management and service provision systems such as the Juvenile Justice Information System or the Juvenile Court and Probation Statistical System to track their youth. Large and medium counties were more likely to self-report the use of many of these tools and processes than the small counties.

Similarly, large and medium counties report that QA policies and procedures are in place and updated. They were likely to have manuals to reference and systems in place for training, follow-up, and communication. A few small counties reported that they have QA policies and procedures and processes for communicating.

All counties are required to adhere to Indian Child Welfare Act (ICWA) policy, though there is a lack of explicit QA measures reported related to that adherence across the state. Large counties are more likely to have ICWA units dedicated to the monitoring of ICWA cases which provides its own level of QA. Smaller counties are not likely to have ICWA-designated staff to oversee these cases. However, the small number of ICWA youth in the smaller counties means that each case receives individual attention from the agency, county counsel, and Tribal partners. Small and medium counties report that there is interdisciplinary oversight of ICWA cases, related trainings, and for some, collaboration with the Office of Tribal Affairs to aid in developing ICWA policies and procedures.

There was a lack of self-reporting from smaller counties on diversity, equity, and inclusion QA measures. Various medium and large counties have teams, committees, or councils dedicated to ensuring equity or addressing disparities, and follow guidance from the Multi-Ethnic Placement Act.

The C-CFSR manual does not ask for agency responsiveness as it relates to QA. However, the C-CFSR process follows a model of CQI, and it is inherent in the process itself that child welfare and juvenile probation placement agencies are being responsive to their quality assurance needs through the development of their CSAs and their SIPs and adjusting as necessary on an annual basis in light of new data, new priorities, or new barriers.

Strengths and Areas Needing Improvement

Across the state, a strength recognized as part of the QA systemic factor included utilizing outcome data to identify a recurring need in the community and using the information to make data-informed decisions. For counties with the human resources available, having dedicated QA or CQI units was considered a strength. Agency and community partnerships were also identified as a strength in several counties as well as the use of CFTs, SDM®, TDM, Safety Organized Practice (SOP), the CQI model, Results-Based Accountability in provider contracts, and having cultural brokers and liaisons.

Staffing was a common barrier cited across the smaller counties as it relates to maintaining a QA system. Counties with low numbers of youth in care also identified that quantitative outcome reports from SafeMeasures and/or CCWIP were not as helpful to them as the C-CFSR Peer Review or Case Review data. Integrating Case Review data into the C-CFSR process is an area of improvement that could better support all counties' QA systems. Use of CWS/CMS was described as difficult to use and was not reliable (please refer to Item 19 for a description of QA activities relevant to CWS/CMS). Data integrity was also an identified barrier in many counties which can impact quality assurance, as well as the identified need for better consistency in the use and application of many tools and processes such as CFTs and mental health screenings. Other systemic concerns were seen to be linked to affecting QA, such as service referral delay due to low service provider capacity or availability. Some medium counties identified that there was a need for more training around CFT, SDM®, SOP, etc. Larger counties identified that having a larger workforce resulted in siloed work as well as duplication of effort due to lack of data sharing across departments.

Stakeholder Engagement

Various stakeholders across the state are involved in the QA process for agencies through the C-CFSR process. It is a requirement of counties to engage their stakeholders as part of the CSA and SIP, and it is recommended that they meet with stakeholders on a regular basis. MDT meetings are a way for counties to engage certain stakeholders, and some counties hold public agency meetings or are actively engaged with developing Memorandums of Understanding between system of care agencies such as Behavioral Health, Probation, courts, and offices of Education.

System Improvement Plans

Over the review period of 2018-2022, of the SIPs in place, the counties focusing on improving their Quality Assurance Systems developed strategies related to policies and procedures, Case Reviews, dashboards, trainings, workgroups/ committees, CQI leadership teams, and the development of various tools. The tables below show the focus area outcome measures and system factors as listed in the individual SIP connected to strategies for improvement.

Table 1. Outcome Measures as SIP Focus Area

S1 - Maltreatment in Foster Care	Sacramento, San Bernardino, Santa Clara
S2 – Recurrence of Maltreatment P1 – Permanency in 12 Months of Entering Foster Care	Amador, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Lake, Los Angeles, Madera, Marin, Mendocino, Modoc, Plumas, Riverside, Sacramento, Santa Clara, Shasta, Siskiyou, Tehama, Trinity, Yuba
P2 – Permanency in 12 Months (12-23 Months in Foster Care)	Alameda, Amador, Butte, Contra Costa, Del Notre, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Siskiyou, Sonoma, Stanislaus, Sutter, Trinity, Tulare, Tuolumne, Ventura, Yolo
P3 – Permanency in 12 Months (24+ Months in Foster Care)	Alameda, Fresno, Imperial, Kern, Kings, Marin, Merced, Plumas, Sacramento, San Benito, San Diego, San Luis Obispo, Santa Clara, Sutter, Tuolumne, Ventura
P4 – Re-Entry into Foster Care	Amador, Del Norte, El Dorado, Glenn, Imperial, Inyo, Kern, Kings, Lassen, Mendocino, Napa, Nevada, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Sutter, Tuolumne, Ventura
P5 – Placement Stability	Glenn, Imperial, Lake, Marin, Mendocino, Nevada, Placer

Table 2. Systemic Factors as SIP Focus Area

Management Information Systems	Placer
County Case Review System	Los Angeles, San Francisco
Foster and Adoptive Parent Licensing, Recruitment and Retention	Glenn, Imperial, Madera, Mariposa, Mono, Nevada, Orange, San Diego, San Luis Obispo, San Mateo, Santa Cruz, Tuolumne, Yolo
Staff, Caregiver and Service Provider Training	Alpine, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Imperial, Modoc, Monterey, Napa, Plumas, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Shasta, Sierra, Solano, Tehama
Agency Collaboration	Alpine, Butte, Calaveras, Colusa, Fresno, Monterey, Orange, San Benito, San Francisco, Sierra, Siskiyou, Solano, Trinity

Service Array	Alpine, Butte, Del Norte, Mariposa, Mono, Orange, San Bernardino, Santa Cruz, Sierra, Tehama, Yolo
Quality Assurance System	Alpine, Butte, Humboldt, Los Angeles, Mono, Monterey, San Francisco, San Joaquin, San Mateo, Sierra, Stanislaus, Trinity, Ventura

Continuous Quality Improvement

Located within the CDSS, the CFSD underwent a formal reorganization which was officially completed at the start of the state fiscal year in July 2021. As part of the reorganization, the Children's Services Quality Management Branch (CSQMB) (formerly Children's Services Operations and Evaluation Branch) created the new CWLEB.

Located within CWLEB, the new CQI Unit was created to aid the Division and counties in interpreting and utilizing available quantitative [Comprehensive Child Welfare Information System (CCWIS), training Learning Management System, SafeMeasures, etc.] and qualitative data (Case Review, focus groups, surveys, etc.) to support system improvement efforts. The CQI Unit assists in aligning division wide CQI efforts using data collection and analysis to operationalize strategic, data informed decision making through the planning and coordination of ongoing events throughout the division, with counties, and stakeholders. Provision of technical assistance by CQI unit staff to CFSD program areas and counties is provided to increase data literacy and further strengthen the capacity of data informed decision making within programs. Communication and feedback loops are created through the coordinated sharing of analyzed data, best practices, and/or knowledge between CFSD programs, counties, and stakeholders to inform system improvement at the community, county, and statewide levels.

An example of an activity that is coordinated by the CQI Unit is the Statewide CQI Conference for Child Welfare and Probation held annually in March. The CDSS, in partnership with the California Regional Training Academies hosts this statewide convening to share lessons learned and promising practices from counties who have already developed a strong CQI system to promote the development of CQI in other counties.

Additionally, the CQI Unit is in the process of coordinating CFSD Data Stats meetings. Data Stats is a new process that brings all branches of the division together, prioritizes areas of shared quantitative and qualitative data outcomes that are derived from the evaluation of performance in CFSR items, to share and discuss data across the child welfare system and explore ways to make social work practice improvements informed by the data that directly impact children and families served by the child welfare system. The CQI Unit is in the process of identifying ways of coordinating and facilitating Data Stats meetings with county participation.

As described in prior items, additional CQI activities and processes have been developed or are under development for a variety of specific programs and policies, including, but not limited to, Wraparound, child and family teaming, the qualified individual, Short Term Residential Therapeutic Programs and other provider types, CANS, Family First Prevention Services Act Part I, and youth with complex needs.

Continuous Quality Improvement Project with Capacity Building Center for States

The CDSS continues to receive technical assistance from the Capacity Building Center for States (CFS) through the Children's Bureau. The current workplan was extended through the end of June 2023. In preparation for Round 4 of the CFSR, the extended workplan continues

focusing on assessing and developing the capacity of CQI principles and utilization within the CDSS C-CFSR and Case Review program's ability to address the issue of disproportionality with county child welfare and probation agencies. The CFS continues to facilitate coaching calls with pilot project participants throughout the remainder of the current workplan cycle to provide further technical assistance and support. Pending pilot project evaluation and project extension, it is anticipated the pilot project will be rolled out to all CCFSR program staff in the upcoming 2023-24 Federal Fiscal Year workplan. Additionally, Center for States and CQI Unit Leadership have partnered to provide foundational CQI Academy and data literacy training to CQI unit staff, which is anticipated to be completed by the end of June 2023. CFS facilitated coaching calls with CQI Unit Leadership have also been established and continue to remain in place through the remainder of the workplan.

Data Governance & Data Quality

In response to changes in federal CCWIS regulations, the CDSS has developed a CCWIS Data Quality Plan (DQP) as a comprehensive strategy to promote and ensure data quality in its data collection and reporting processes. CFSD is responsible for the creation and implementation of a data governance structure and administration of the DQP that spans the six branches within CFSD and the Research Automated Data Division (RADD) within the CDSS. CFSD data governance creates a data stewardship model that assigns specific responsibilities to leaders from each branch, and that work is coordinated by assigned data steward(s). Each branch assigns planning and policy-level responsibility, as well as accountability for data within their functional areas. By understanding the information needs of CFSD, each branch can anticipate how data can be used strategically to meet CFSD's mission and goals. Each branch of the CFSD is staffed with CQI champions and senior CQI mentors who support CQI practice. With the creation of the CQI Unit in the Child Welfare Learning and Evaluation Bureau, the CDSS will be able to support division wide internal and external CQI activities within the counties.

CFSD data governance is further comprised of a Data Governance Technical Advisory Council and Data Stewards throughout the Division. The CFSD Data Governance Technical Advisory Council is responsible for developing and maintaining the CFSD Data Governance Plan and Framework, which serves as the foundation for developing the formal Data Governance processes and procedures for managing all existing and future data programs. The advisors will also serve as the point of contact for coordinating data collection efforts within the CFSD and other divisions of the CDSS. Currently, the CFSD Data Governance Technical Advisory Council is comprised of subject matter experts in the Child Welfare System Branch, CSQMB, and RADD. The CFSD Data Stewards are the subject matter experts and points of contact for the data programs they oversee throughout the division. These data stewards are ultimately responsible for defining, managing, and preserving the integrity of departmental or division data. Therefore, they are expected to manage their data systems in accordance with the processes and procedures established by the CFSD data governance framework and the Data Governance Technical Advisory Council.

Assembly Bill 2083

Assembly Bill (AB) 2083 (2018), California's Children and Youth System of Care, established the State Children and Youth System of Care Team (CYSOCT) and a joint interagency resolution team, comprised of the CDSS, Department of Health Care Services, DDS, Office of Youth and Community Restoration, and California Department of Education. AB 2083 statutes directed the CYSOCT, in consultation with local agencies, service providers, and advocates for children and families, to develop and submit legislative reports to address identified gaps in placement types or availability, needed services for children and families, and other identified issues for children and youth in foster care, who have experienced severe trauma. The

legislative report, *AB 2083: Children and Youth System of Care*, includes a multiyear plan to address these gaps and increase the capacity and delivery of trauma-informed care to children and youth in foster care.

The report, *AB 2083: Children and Youth System of Care,* is significant to the Quality Assurance System, as it evaluates services across the state and identifies strengths and needs of the service delivery system for children and youth in foster care. Findings of the report were based upon a survey offered to approximately 120 individuals and completed by over 70 participants consisting of providers, advocates, and local system of care professionals in California. Additionally, stakeholder feedback was provided and incorporated from providers, advocates, and local child welfare, educational, behavioral health, and regional center professionals.

In addition to data through outreach, the report is based on the evaluation of various quantitative and qualitative data sources, including data from technical assistance provided by the state and multi-departmental matched data. The multi-year plan within the report spans through SFY 2023-2024, to increase capacity and delivery of trauma-informed care, to maximize the impact of services and resources to support safety, permanency, and well-being of the children and families the CDSS serves. Identified areas for improvement include meeting the unique needs of children and families involved with Child Welfare and Probation, developing essential competencies within services, supports, and specialized models of care, care coordination, family finding and engagement, particularly for complex cases and ICWA cases, case worker ratios, administrative processes, and gaps in local and state data systems.

D. Staff and Provider Training

Item 26: Initial Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that: (1) Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and (2) The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

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State Response:

Initial Staff Training is an area needing improvement in California.

Background

Training System Structure

State-mandated initial training for all newly hired and/or promoted social workers are delivered by the Regional Training Academies (RTAs) to fifty-seven counties. The California Social Work Education Center (CalSWEC) serves as the coordinating body. The Los Angeles County Department of Family Services is unique in that alongside the Department's Training Section, the county contracts with one entity - the University of California, Los Angeles - to provide training.

The Chief Probation Officers of California Foundation (CPOC) develops and delivers initial training for Probation Officers and Supervisors working in placement units (Juvenile Placement Core and Supervisor Placement Core) throughout the State.

Due to the scope of the RTA administered training program the coordination and management of training for county child protective services workers is more complex than for Probation placement. Additionally, California Department of Social Services (CDSS) has only recently begun working more collaboratively with CPOC. Due to this, the CDSS does not have as much evaluation data for Probation placement workers as it does for child protective services social workers.

Training Mandates

The key drivers informing our training system include the Welfare and Institutions Code (WIC), the Child and Family Services Review (CFSR), and Program Improvement Plan (PIP). WIC 16200 et. seq., (Chapter 1310, Statutes of 1987) requires the 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. WIC 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. "Staff" covered by this WIC section includes child welfare workers, child welfare supervisors, and juvenile probation officers and supervisors responsible for Title IV-E placement activities.

County social workers and supervisors and Probation officers and supervisors working in placement units have 12 months from date of hire/transfer to complete initial training.

Sources of Evidence

The CDSS used multiple data sources, both formal and informal to measure how well the Statewide Training System is functioning. These sources include:

- Training Needs Assessments conducted by the RTAs: All RTAs are required to complete a needs assessment for their respective counties. The RTAs do not use the same method for conducting the assessments. However, all four ask respondents to prioritize training topics and provide the preferred method of training modality.
- The Annual Training Plan (ATP) Survey: This is a self-report survey completed by one representative at each county. Respondents provide workforce demographics, perceived usefulness of trainings, compliance rates, and provide a Plan of Correction for any employees who did not meet training requirements.
- The Statewide Satisfaction Survey: This survey is administered in each statewide training conducted by the RTAs. The survey collects information about the degree to which trainees find the training favorable, engaging, and relevant to their jobs. It also includes questions about the online learning experience for trainings that are delivered online.
- Case Review Data: The CDSS now uses data from The CFSR process to identify areas that need improvement within practice and outcomes.
- Knowledge-Based and Skills-Based Assessments: To better monitor and evaluate continuing trainings, all trainings made available by the CDSS to meet the mandated six hours include a Situational Judgment Test-style evaluation component. Trainees are presented with a scenario or vignette and asked to respond to a combination of decision-point and declarative knowledge questions based on that vignette. This evaluation is administered as a pre/post-test, allowing the CDSS to analyze increase in skill and knowledge from before to after the training.
- Meetings and Workgroups: The CDSS meets monthly with the RTAs, CalSWEC, and county representatives at the Workforce Development and Training Subcommittee of the County Welfare Directors' Association (CWDA). Bi-monthly meetings are held with all training partners at the Directors and Champions Meetings.

System Improvements

Since the submission of the Child and Family Services Plan (CFSP) in 2019, the CDSS has implemented multiple program improvements to ensure county child welfare workers have access to initial training, and that the trainings meet the needs to carry out their duties as described in WIC Section 16206. These improvements include:

- A streamlined version of the foundational training series Common Core 3.5 for Social Workers (CC 3.5)
- A statewide standardized version of the foundational training series Supervisor Core
- Integration of Race, Equity, and Inclusion (REI) and Diversity, Equity, and Inclusion (DEI) framework into CC 3.5 and Supervisor Core
- Virtual Instructor-Led Trainings (VILTs) of our foundational training offerings
- Implementation of a statewide Learning Management System (LMS)

Common Core for Social Workers

In July of 2021, the CDSS launched CC 3.5 for Social Workers. CC 3.5 consists of 10

eLearnings, 18 classroom trainings, and five field activities. This is a reduction of six classroom days, 13 eLearnings, and four field activities that were included in Common Core 3.0. This reduction in training days/activities resulted from statewide feedback gathered through observations and evaluation from the State, county, and RTA partners. It was challenging for new workers to complete the training series within the required timeframe of 12-months from date of hire. There was also redundancy in some course content.

The revision process was intended to remedy these concerns by streamlining and reducing the duplicative modalities, updating courses with Integrated Core Practice Model (ICPM) best practices, and focusing on the foundational knowledge and skills needed to perform direct child welfare practice. Additionally, field activities are now completed at the end of the training series, as opposed to the end of each series block. This allows for more flexibility for trainees based on their caseload and time availability.

The following are aspects of the Common Core (CC) evaluation plan were improved throughout the course of our Round 3 Program Improvement Plan (PIP).

eLearnings

The only form of evaluation for the CC eLearnings in CC 2.5 and CC 3.0 consisted of a self-reported, retrospective pre-to-post knowledge gain assessment, wherein trainees would subjectively rate the degree to which their knowledge had increased upon completion of the eLearning module compared with prior to the module. For CC 3.5, the CDSS replaced this measure with an objective ten question knowledge-based "test" at the end of each eLearning module, allowing us to report on the number or percentage of questions answered correctly.

Based on the new evaluation method the CDSS can better analyze the eLearning transfer of learning and tailor revisions to address any gaps in learning that are identified. The Training Support Unit plans to revisit the question sets during our quarterly revisions for each eLearning to ensure questions are relevant to "main takeaways" for the training.

Instructor-Led Trainings

The current evaluation plan allows for measures of learning in six of eighteen training courses. Associated evaluation measures were also reviewed and revised to ensure consistency with course content. CalSWEC conducted an item analysis on the three pre and post knowledge/skills-based evaluation measures using Item Response Theory. The Evaluation Development Subcommittee then adjusted the measures based on the item analysis results so that they more accurately measured the constructs intended by the measures. Patterns of pre-to-post knowledge gain also seem to remain consistent across analysis cycles, with average scores increasing in post-tests, overall.

Analyses of the embedded evaluations surfaced questions about the measures themselves and the method of administration. Two of our embedded evaluations are tied to essential components of child welfare (Child Maltreatment Identification [CMI] and SDM®), where the CDSS observed lower than expected scores. This was a concern due to the essential nature of these two courses.

For CMI, the CDSS reversed the order of the vignettes presented to trainees after identifying that the original order was likely causing priming effects. Average scores increased with this change. In the original sequence, 70 percent of trainees scored between 50-60 percent on the measure and only about 25 percent scored above 70 percent. In the flipped sequence, 60

percent of trainees scored above a 70 percent and the percentage scoring 50-60 percent dropped to about 30 percent.

For SDM®, the CDSS in collaboration with CalSWEC and the Evaluation Development Subcommittee made significant changes to the evaluation measure and the scoring methodology to be more in line with how the actual SDM® tool would be completed. The CDSS saw average scores increase with this change. With the old scoring method, about 58 percent of trainees were scoring between 50-60 percent on the measure and about 40 percent scored 70 percent and above. With the new scoring method, about 72 percent of trainees scored above a 70 percent and the percentage of trainees scoring 50-60 percent dropped to about 25 percent.

Field Activities

Evaluation of the CC 3.5 Field Activities was updated for the State Fiscal Year (SFY) 2021-2022. For each Field Activity, both the trainee and the Field Advisor are asked whether the activity was a useful learning experience and whether it is related to the day-to-day work for a child welfare social worker. Additionally, trainees rate each major component of the field activity for relevance and usefulness for Continuous Quality Improvement purposes. Both parties are asked questions regarding the Field Advisor's ability to provide support and guidance through the activity.

Results from the field activities survey indicated that there is a positive correlation between the report from social workers on the effectiveness of the field activities and the responses from their supervisors. This indicates that both social workers and supervisors find these activities useful to improving skills and practice. As practice changes in California, feedback from the field activities will be used to gauge the need for content revisions to meet the changing demands of social work practice.

Race, Equity, and Inclusion and Diversity, Equity, and Inclusion

In 2020, the CWDA, the National Association of Social Workers (NASW), and the Service Employees International Union jointly submitted a letter requesting additional investment of state funding into the Child Welfare Services (CWS) Training System to address several county agency training needs. The legislature approved a sum of $7 million with one-year spending authority for the SFY 2021/2022 and another $7 million with one-year spending authority for the SFY 2022/2023.

Part of these funds were allocated to the Bay Area Academy (BAA) contract to begin a REI Curriculum Integration Project. The project is currently underway, integrating anti-racism concepts into the following CC 3.5 courses: Fairness and Equity; Cultural Humility in Child Welfare Interviews; Engagement and Interviewing; Interviewing Children; Child Maltreatment Identification; Child and Family Teaming; Trauma-Informed Practice; Teaming with Families to Develop Behavioral Case Plans; Managing the Plan: Supporting Safety, Permanency, and Well-Being; and Transition Practice.

Assessments conducted by the RTAs show that both county leadership and workers want more training on incorporating REI/DEI into their practice. The CDSS is committed to continuing REI/DEI work beyond the expiration of the one-time funds. The Statewide Standardized Curriculum Development Guide will be updated to ensure all curriculum revisions are completed through a REI/DEI lens.

Indian Child Welfare Act/Tribal Inclusion

The CDSS oversees the development of curriculum for state-wide social worker training on Indian Child Welfare Act (ICWA) with an emphasis on historical context, inquiry, noticing, placement preference and engaging Tribes and Tribal families. CalSWEC works directly with RTAs and Tribal partners to create course curriculum. The most recent iteration of the training was created in partnership with Tribal STAR, an organization focused on improving outcomes for Native American children in the dependency system.

The CC 3.5 ICWA course, ICWA and Working with Native American Families, is one of the courses that includes its own pre/post-test evaluation measure. Analyses of this measure shows increased scores on the post-test compared to the pre-test overall. A closer look at the distribution pattern of scores shows larger numbers of trainees scoring low on the measure prior to taking the training (with 41 percent of trainees scoring below a 50 percent and only 19 percent scoring above 70 percent), and an increase in the number of trainees scoring 70 percent and above after having completed the training (the post-test shifts to 33 percent of trainees scoring above a 70 percent).

The Statewide Learning Management System

In California's most recent federal CFSR, the Administration for Children and Families identified that the CDSS did not have a system in place to adequately monitor and evaluate our initial and continuing child welfare training. In response to this finding, along with our goal of centralizing and streamlining the child welfare training system statewide, the CDSS purchased a Learning Management System/Student Information System package through Blackboard and Genius. This combined platform is referred to as the California Child Welfare Training (CACWT) system.

CACWT allows the State and counties to streamline training coordination efforts, better manage evaluation of the child welfare training system, automate manual processes, provide counties direct access to workforce training information, create efficient processes for counties to generate state reports, and provide counties the ability to manage their internal, county-specific trainings. All child welfare trainings provided by the RTAs are delivered through CACWT. When a county elects to train a state-standardized course in-county, those deliveries will also be through CACWT. PIP item Goal 5, Strategy 2, Key Activity 2: "To devise and implement a universal evaluation method", is directly related to the implementation of CACWT. All State evaluations will be administered in the same way by all RTAs.

Implementation of CACWT began with a "soft rollout" in January 2021, with full implementation in July 2021. Since implementation, the CDSS has collected feedback from both counties and RTAs regarding functionality, process, and interface. The CDSS have continued to work with the vendor to develop customizations to the system to improve functionality, process, and interface. Examples of customizations include streamlining back-end administrative capabilities, adjusting business logic for enrollments, attendance, and several reports, embedding the training evaluation process into individual course sections, and building a State calendar of trainings being offered. The latter feature will allow county staff to search for available trainings offered by all four RTAs, increasing equitable access to trainings. During this reporting period the CDSS was unable to incorporate other child welfare training system partners into the statewide LMS which would have further increased staff access to training content.

Virtual Instructor-Led Trainings of Initial Training

In 2020, because of COVID-19, The RTAs began providing virtual trainings. While many trainings are currently offered in-person, the majority are still held on a virtual platform.

Assessments conducted by the RTAs and the CDSS show that virtual training is the preferred method of delivery for child welfare workers. In the BAA Training and Needs Assessment, respondents were asked to rank four learning modality types from first to fourth highest preference. Most respondents ranked mainly virtual training as their preferred choice, compared to coaching, mainly in-person, and a hybrid approach. In the Central Training Academy Training Needs Assessment, most social workers and leadership preferred virtual training compared to in-person.

There was a slight difference in preferred training modality in the needs assessment conducted by the Northern Training Academy (NTA). When respondents were given the option between virtual delivery and in-person delivery in their respective county, a majority chose in-person delivery. However, it should be noted that the NTA serves 28 counties. Many of these counties are in rural or remote areas with smaller staff sizes than counties in other regions. Holding trainings in a specific county would not be equitable to the majority workers in the northern region, as travel would be required. When asked to choose between virtual delivery and traveling two hours to attend an in-person training, most respondents preferred virtual delivery.

The use of virtual delivery, and on-demand training modalities such as eLearnings are convenient ways to disseminate equitable and effective training opportunities throughout the State. The benefits of reduced cost and time spent on travel are particularly advantageous to child welfare staff working in remote counties with fewer training resources.

Since transitioning to virtual training deliveries, the CDSS added items to the Statewide Satisfaction Survey around learning style and self-report of trainees' participation level in virtual trainings compared to in-person trainings. 71 percent of trainees indicate that their participation is about the same in virtual trainings compared to the in-person experience (vs. having either higher or lower participation) and that virtual and in-person instruction suit their learning style equally (on a four-point Likert scale, the learning styles were rated as 3.17 and 3.14, respectively). While there are many practical benefits to virtual trainings, CDSS recognizes that the transfer of learning may not be as strong as it is in a classroom setting. CDSS needs to identify and implement virtual trainings that can be just as effective as in-person trainings.

Strengths and Areas Needing Improvement

Staff receive training in accordance with the established curriculum and timeframes
The CDSS uses the ATP Survey, which is administered to counties via a Qualtrics survey. All 58 counties respond to the survey. One representative from each county completes the survey regarding their staff. Based on the data reported, which measures compliance rates for initial staff training for both social workers and probation officers, the data shows that for SFY 21-22:

- 72 percent (1,120 out of 1,547) of social workers completed CC within the required 12-month timeframe. This is an increase from SFY's 19-20 compliance rate of 68 percent.
- 67 percent (163 out of 242) of supervisors were able to complete their foundational training within the mandated 12-month timeframe.
- 81 percent (47 out of 58) of counties responded that the RTAs provided enough CC 3.5 and Supervisor Core deliveries to meet their need.
- 100 percent (220 out of 220) of Probation Officers completed Juvenile Probation Core within the required timeframe.

- 100 (42 out of 42) percent of Probation Supervisors completed Supervisor Placement Core within the required timeframe.
- 83 (48 out of 58) percent of counties responded that CPOC provided enough Juvenile Placement Core and Supervisor Placement Core.

When reviewing Plans of Corrections, it was clear that staff shortages, intensive workloads, and outbreaks/illnesses due to the COVID-19 pandemic all contributed to county staff being unable to attend trainings. Despite the challenges resulting from COVID-19, the CDSS has ensured that staff and supervisors receive training in accordance with the established curriculum and timeframes.

Initial training addresses basic skills and knowledge needed by staff to carry out their duties

Despite the improvements in our training system since our last reporting period, the CDSS has identified opportunities for further improvement. One identified area for the CDSS to focus on is greater involvement and collaboration across the probation placement training series administered by CPOC. The CDSS has not participated as robustly in the coordination or oversight of initial training of probation placement workers when compared to child welfare social workers. While the CDSS have initiated improvement efforts, the CDSS plans to continue to grow capacity for cross training and sharing of resources with CPOC. Due to the lack of involvement in this reporting period, the CDSS is unable to accurately evaluate our compliance with the initial training for probation placement workers.

The CDSS also recognizes a need to overhaul and redesign our Common Core and Supervisor Core evaluation methods. With the current evaluation data available, it is difficult to ascertain how training impacts best practices in the counties and outcomes for children and families. Satisfaction level data does not provide insights into gaps in learning. Currently, the CDSS are unable to accurately determine how large of a contributing factor training is when looking at sub-optimal practice and poor outcomes. The CDSS cannot differentiate between factors related to training material such as effective and relevant content, or factors that are beyond the scope of the training system: such as turnover, loss of institutional knowledge or high caseloads. Until the development of a more comprehensive and robust evaluation plan, the CDSS must rely on informal data to determine the effectiveness of initial training. In the future California would benefit from an evaluation plan that includes clear evaluation questions, agreed upon objectives and performance indicators, data sources, collection plans, analysis plans, or dissemination plans.

Our informal data sources include meetings with county representatives at the Workforce Development and Training Subcommittee of the CWDA and monthly meetings with the RTA Directors. Anecdotal feedback from these meetings has informed CDSS that new workers and supervisors are not prepared for their duties after completing initial training. Common feedback the CDSS hears from training partners includes:

- The need for better feedback loops
    - Including those with lived experiences in the child welfare system
    - Lack of County worker input on training content
    - Follow up surveys regarding usefulness of content
    - Focus groups with line workers and supervisors
- Improvements in training delivery and modality
    - Improvement in the delivery of VILTs

    - Content is too theoretical, and needs to be skill-based
    - More than just classroom learning is needed
        - Coaching
        - Simulations
        - Learning Boosts
    - The transfer of learning from theory into practice
    - The number of new initiatives impacting a social workers role
    - Lengthy revision and curriculum review processes delays
- The lack of uniform induction process (initial training does not meet everyone's needs)
- The impact COVID-19 has had on workers becoming uncomfortable engaging families in-person

The CDSS also needs to address the scope and purpose of the initial training system to ensure that topics are represented and covered as required. As outlined in WIC 16206, the CDSS is tasked with creating a statewide standardized initial training program that covers practice relevant content for social workers assigned to Hotline, Referral, Screening and Emergency Response roles. However, this content is not thoroughly covered as part of the current statewide common core initial training program as directed by our mandates.

Item 27: Ongoing Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that: (1) Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and (2) The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

State Response:

Ongoing Staff Training is an area needing improvement in California.

Background

Ongoing Training System Structure

Many counties contract separately with the RTAs, or outside entities to deliver continuing training that is not State-mandated and/or Title IV-E eligible. This includes courses on hotline, referral, screening, and Emergency Response.

The Chief Probation Officers of California Foundation (CPOCF) develops and delivers continuing training for Probation Officers and Supervisors working in placement units throughout the State. However, there are no State mandates for continuing training of child welfare workers in probation placement units. As a result, this systemic factor applies mostly to the continuing training of child welfare social workers.

Sources of Evidence

See Item 26.

System Improvements

Since the submission of the Child and Family Services Plan (CFSP) in 2019, the CDSS has implemented multiple program improvements to ensure that child Welfare workers and supervisors have access to continuing training, and that the trainings meet the needs of staff and supervisors to carry out their duties. These improvements include:

- Modifying requirements for Continuing Training
- Mandating six hours of continuing training for a chosen Integrated Core Practice Model (ICPM) Practice Behavior
- Implementing the statewide Learning Management System (LMS), California Child Welfare Training (CACWT).
- Virtual Instructor-Led Trainings (VILTs) of our continuing training offerings.

Modification of Continuing Training Requirements

Previously, the CDSS required child welfare workers and supervisors to complete 40 hours of continuing training every 24 months per The Manual of Policies and Procedures (MPP) Division 14-611.5 regulations. Data was not used to inform continuing training needs of the State, and no specific training topic was required.

As part of Goal 5, Strategy 1, Key Activity 2 of the PIP, social workers and supervisors are now required to complete 20 hours annually of continuing training. Additionally, all continuing trainings offered across the State have been categorized by one of the six ICPM Practice Behaviors. Each child welfare worker is required to complete six of their 20 continuing training hours in the identified category each year. RTAs are required to offer courses that align with that practice area throughout the year. As part of this process, the CDSS will identify one course each year that will be standardized statewide and will include a knowledge- and skills-based evaluation component. Under this plan, the CDSS will improve statewide consistency in terms of the Continuing Training content our workforce receives.

Mandating six hours of continuing training for a chosen Integrated Core Practice Model Practice Behavior

After reviewing CFSR Case Review data, Service Planning and Delivery was identified as the chosen ICPM element for State Fiscal Year (SFY) 20-21. Within Service Planning and Delivery, Concurrent Planning was identified as an area of statewide deficiency. The Training, “Principles of Concurrent Planning”, was made available statewide, and offered as a training by the RTAs. Through analysis of consecutive years of Case Review outcome data, and through discussions with the Workforce Development and Training (WDT) Subcommittee, the CDSS recognized that significant change is not trackable within one year. The intention behind the new Continuing Training strategy is to focus on an area where change is necessary. There was consensus to focus on each identified area for two fiscal years, and to expand on the specific course that the CDSS standardize. Service Planning and Delivery was also the designated ICPM Practice Behavior for SFY 21-22, with the curriculum “Concurrent Planning: Conversations and Documentation made available.

During the SFY 21-22, the CDSS conducted another review of the CFSR Case Review data. Based on that data, Engagement was designated as the ICPM Practice Behavior for the next two SFYs (22-23 and 23-24). The data also indicated a need for focusing specifically on father engagement. "Working with Fathers in Child Welfare” was released in July 2022. A workgroup is currently convened to finalize development of a follow-up Father Engagement course to rollout in July 2023.

The CDSS will continue to explore reliable methodologies for using Case Review data analyses to illustrate statewide tendency in various practice areas or topics. Current analyses are limited to some quantitative examination, but much of the Case Review data is qualitative in nature. The CDSS is currently exploring routes to pulling out the information from the qualitative data in a methodological way. The goal is to analyze effectiveness of current practice and learn where the state commonly shows room for improvement. This allows for evidence-based and data-informed identification of areas where in-depth training would advance our workforce, and by extension, our child welfare system.

Supervisor Core

Implementation of the new statewide Supervisor Core training series began January 1, 2020. Virtual delivery modifications were completed in December 2021. An ongoing feedback and revision process began in January 2022 and will continue through the 22-23 state fiscal year.

Evaluation of the Supervisor Core training series consists of a comprehensive pre/post-test. Overall, across all analyses since implementation, average scores increase in the post-test compared with the pre-test. The administration method for this evaluation was piloted in two different ways across the state for two years. After analyzing and comparing both data sets, the

CDSS standardized the administration method for all deliveries. The evaluation is now administered as such: The entire pre-test is completed on Day 1 of training, and then the post-tests are broken up across the remaining 10 days by questions pertaining to each two-day. The data from this change is not available for this reporting period.

Race, Equity, and Inclusion and Diversity, Equity, and Inclusion

As discussed in Item 26, the Bay Area Academy (BAA) contract project is currently underway, integrating anti-racism concepts into the following statewide continuing training courses: Psychotropic Medications, and Sexual and Reproductive Health and Wellness

The CDSS hopes to continue this project after the one-time funding has expired. The Statewide Standardized Curriculum Development Guide will be updated to ensure all curriculum revisions are completed through a REI/DEI lens.

Strengths and Areas Needing Improvement

Staff receive continuing training in accordance with the established curriculum and timeframes

ATP data for SFY 20-21 shows that there were 9,182 line workers subject to the continuing training requirement. Of those workers, 7949 completed the requirement. The State had a compliance rate of 87 percent for Continuing Training mandates. In SFY 21-22, there were 6912 workers subject to this continuing training requirement. Of whose workers, 6206 completed the hours. The compliance rate for FY 21-22 was 89 percent.

Examining ATP data from SFY 21-22, 69 percent of counties responded that the RTAs provide enough continuing trainings. 67 percent responded that their county receives enough continuing training topics.

When reviewing Plans of Corrections, it was clear that staffing shortages, intensive workloads, high turnover, and outbreaks/illnesses due to the COVID-19 pandemic all contributed to county staff being unable to attend trainings. Despite the challenges resulting from COVID-19, the CDSS and the RTAs ensured that staff and supervisors received continuing training in accordance with the established curriculum and timeframes.

The System Demonstrates How Well the Continuing Training Addresses Basic Skills and Knowledge Needed by Staff to Carry Out Their Duties

In the ATP, respondents were asked to list what continuing training topics their county would like for the upcoming fiscal year. This question was open-ended, and counties were allowed to list as many trainings topics as they would like. Twenty counties responded that they would like more trainings on engagement and communication, with 12 counties specifically asking for training on engaging fathers.

After engagement, the most frequent training topics include:

- Diversity, Equity, and Inclusion (DEI)/Race, Equity, and Inclusion (REI) and Anti-Racist practice
- Substance Use Disorder
- Structured Decision Making
- Training on mandates, NASW code of ethics, and Division 31 regulations
- Intimate Partner Violence

The training priorities listed in the ATP align with the findings in the RTA needs assessments. In both the Bay Area and Central region assessment, social workers prioritized trainings on mental health (including substance, secondary trauma, trauma-informed care, engaging with families, and how to have difficult conversations). Both leadership and social workers in the Bay Area prioritized behaviors related to the Engagement elements of ICPM. The Northern assessment showed that the highest number of anticipated trainees were for trainings on Father Engagement, SOP and motivational interviewing, and SOP and Domestic Violence.

When taking all data sources into account, social workers need training on engaging the families they work with, particularly: engaging fathers, engagement when mental health is a factor, substance use disorder, intimate partner violence, and having difficult conversations. The CDSS was only partially able to meet the needs of county workers by mandating a course on father engagement. Additionally, the CDSS needs to prioritize addressing need the secondary trauma/vicarious trauma/burnout experienced by workers in the counties. The lack of support in this area may be contributing to the high turnover in the counties.

Improving our continuing training evaluation plan was a priority in the Round 3 PIP. However, evaluation data available to assess the effectiveness of continuing training remains limited to the mandated six-hour training. Most continuing training courses contain only satisfaction level survey data. This level of evaluation is not enough to capture training impact and does not speak to transfer of learning. Additionally, the statewide training system continues to be impacted by regionality. The RTAs and LA DCFS both administer surveys to participants in addition to the statewide evaluations.

The CDSS needs to improve our continuing training by ensuring that all skills/topics needed by county workers are available to them. Additionally, the CDSS needs to improve our evaluation of continuing trainings to ensure the transfer of learning.

Item 28: Foster and Adoptive Parent Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive Title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

State Response:

Foster and Adoptive Parent Training is an area needing improvement in California.

Resource Family Approval Program

The Resource Family Approval program, implemented statewide on January 1, 2017 (see item 33), combined multiple approval processes into one process that includes approval of foster, guardianship, relative/NREFM and adoptive families. One of the primary goals of the RFA program is to require one, uniform standard of training which also ensures that appropriate training is provided to all prospective and current Resource Families that addresses the skills and knowledge base necessary to better prepare them as caregivers for children in foster care. With the implementation of RFA, training for prospective and current Resource Families continues to be provided statewide, has been expanded online, and the number of mandated pre-approval training hours has increased for some caregivers, such as relatives. In addition, counties are encouraged to assist an applicant with completing training requirements, such as offering one-on-one training in the home (as determined necessary by the RFA worker) or providing child care or transportation stipends.

During the development of and all revisions to RFA policies in the Written Directives and Foster Family Agency (FFA) Interim Licensing Standards (ILS), the California Department of Social Services (CDSS) provides counties, licensees, and other stakeholders, including Tribes and Tribal agencies, the opportunity to provide feedback. Any feedback on training is considered and further collaboration with Tribes and stakeholders occurs as needed.

The RFA Technical Assistance and Oversight (TAO) unit (see Item 33 for a description) monitors compliance with training requirements during the biennial county case file reviews of county RFA programs. The goal is to ensure that all families are completing the pre-approval and annual training hours as mandated in the Written Directives. Licensing Program Analysts ensure Foster Family Agencies incorporate training requirements into their program as a part of licensure and conduct annual reviews to ensure licensing standards are being followed, including training requirements.

Training Requirements

The following are training requirements, pursuant to the RFA Written Directives and FFA Interim Licensing standards, that apply uniformly to all prospective and current Resource Families:

Pre-Approval Training

As part of the permanency assessment during the RFA process, all applicants must complete a minimum of 12 pre-approval training hours to become an approved Resource Family. A prospective Resource Family may begin pre-approval training no more than 60 days prior to applying, and the application must be submitted prior to the completion of pre-approval training. Prior to the implementation of RFA (January 1, 2017), training requirements varied based on the type of caregiver approval, with some approvals requiring zero hours of training. There are now 24 topic areas listed in the RFA Written Directives (See the section in Item 33 on Written Directives) that counties or qualified sources are required to provide to applicants prior to approval of a Resource Family. Although the state required number of training hours is 12 minimum, counties and licensees may require more than 12 pre-approval training hours in their program if the same requirement is applied to all applicants. In addition, a county or licensee is authorized to require an applicant to receive additional specialized training, as specified in WIC 16519.5(h), to meet the needs of a specific child or nonminor dependent.

In some cases, an applicant may not complete all required training prior to a child being placed in the home. On an emergency basis (defined by WIC 309, 361.45, or 727.05), or in compelling circumstances (defined by WIC 16519.5(e)), a child may be placed with a relative or nonrelated extended family member (NREFM) prior to training being completed. In that case, the relative or NREFM would begin the RFA process and complete training prior to Resource Family approval.

To be approved as a resource family, this pre-approval training is required to be completed. During statutorily required biennial reviews the CDSS inspects county case files to ensure RFA has been implemented in accordance with statute. When conducting these reviews, the county liaison utilizes a review tool that includes a check to ensure pre-approval training has been completed in compliance with the Written Directives for an approved resource family. There have been no systemic issues found in these reviews related to completion of pre-approval training.

Annual Training

A Resource Family (which includes a relative or NREFM), per the RFA Written Directives and FFA Interim Licensing Standards, is required to complete a minimum of eight hours of annual training. Training hours are due every 12 months from the family's approval date and are required to include one or more of the courses specified in WIC section 16519.5(g)(13). If there is a child or nonminor dependent placed with the family, a portion of the annual training shall support the case plans, goals and needs of the child or nonminor dependent. Like pre-approval training, a county or licensee may require more than the eight hours minimum and may require a Resource Parent to receive relevant specialized training to meet the needs of a particular child or nonminor dependent in care. An approval of a Resource Family is considered proof of meeting the training requirements for approval, and California does not require counties to report data that is specific to trainings.

With the passage of Assembly Bill 865 (Chapter 810, statutes of 2019), within 12 months of approval, counties are required to ensure that each Resource Family that cares for children who are 10 years of age or older, attend a training on understanding how to use best practices for providing care and supervision to children who have been commercially sexually exploited or who have been victims of child labor trafficking.

Statewide Training Resources for Resource Family Approval

County and Foster Family Approval "In-house" Trainings
Counties and licensees can create and provide their own training, if topics covered are in accordance with the requirements in the Written Directives and FFA Interim Licensing Standards, to prospective Resource Families. When a county or licensee does not, they are required to provide an applicant/Resource Family with information as to where the training is available. Upon request of an applicant/Resource Family, a county or licensee shall make efforts to assist the applicant/Resource Family with accessing the appropriate training.

Foster and Kinship Care Education Program
Administered through the California Community College Chancellor's Office since 1984 with the passage of Senate Bill 2003 (Chapter 1597, Statutes of 1984) funding continues to be provided to community colleges for the provision of education and training to potential and existing Resource Families. FKCE provides high quality education and trainings that meet pre-approval and annual training requirements as well as specialized topics to address needed skill areas. Currently there are 53 participating colleges throughout the state serving 45 counties, and in 2020/2021, FKCE served over 22,000 caregivers and child welfare staff.

Foster Parent College – Round 3 PIP Strategy 3, Key Activity 2
Sponsored by the CDSS at no cost to counties, Tribes, or families, FPC provides interactive, multimedia training courses for RFA applicants, Resource Families, and other foster caregivers. This format provides great flexibility for trainees by being online, self-paced, and available 24-hours a day, seven days a week. This training resource has been more widely used, especially since the COVID-19 Pandemic, due to fewer in-person trainings being offered. The program offers a total of 68 courses for caregivers as well as agency staff, includes many of the pre-approval topics and a substantial number of additional child welfare and advanced parenting topics.

The Quality Parenting Initiative Just in Time Training
Offers free digital trainings. There are 22 topics, each with a variety of videos to choose from. These videos cover frequently asked questions and inform about issues such as: Education Resources, Supporting LGBTQ Youth in Care, Keeping Kids Safe, Culture and Diversity, Substance Abuse and its Effects, Working with Biological Families, Trauma Informed Care, and many more.

Due to California's child welfare system being county administered, and with the flexibility and multiple training resources available, collecting accurate, statewide data regarding training is a challenging task. However, being such a large and diverse state, allows counties to administer their own programs supports the counties' ability to address their own unique needs, which promotes a more successful delivery of child welfare services.

During initial implementation stages of RFA, caregiver surveys were sent out to assess their satisfaction with the RFA process. Questions related to training were included and requested feedback on the value of the training the resource family received and whether they believed it prepared them for children placed in the home. While the response rate was low, all caregivers rated the training as a positive and beneficial experience. Some counties include training evaluations to be completed by the attendees. While the CDSS does not review these evaluations consistently, counties have reported that the trainings have been beneficial to

families, particularly for relatives who, prior to RFA, were not required to complete any training. These surveys are currently under review and will be implemented statewide this year.

Short Term Residential Treatment Program Provider Training System

In addition to training requirements for resource parents, direct care staff hired in licensed facilities have minimum training requirements in Title 22, Division 6 regulations and in Interim Licensing Standards (ILS). Youth in foster care primarily are supervised by direct care staff in licensed Temporary Shelter Care Facilities and Short-Term Therapeutic Residential Programs.

Temporary Shelter Care Facilities

Training requirements for licensed TSCFs are in both Title 22, Division 6, Chapter 5, Group Home regulations and in the TSCF ILS v1. Per Title 22, Division 6, Chapter 5 regulations, direct care staff are required to complete a minimum of 24 hours of initial training per section 84065(i) and require topics such as, mandated reporting, medical emergencies, medication procedures, personal rights, cultural competencies, and effects of trauma, grief, and loss (see section 84065(i)(3) for a full list). Section 84065(j) of regulation requires a minimum of 16 hours of annual training within the first 12 months of employment, for a total of 40 hours of initial and annual training. After the first 12 months of employment, annual training shall consist of a minimum of 20 hours. In addition to the requirements in Title 22 regulations, the TSCF ILS v1 section 84665.3 requires all administrators, facility managers, social work staff, and direct care staff to receive four hours of training on the specialized needs of children in transition.

Training Requirements for Short-Term Residential Therapeutic Programs

Initial training requirements for direct care staff in STRTPs are outlined in the STRTP ILS v4 section 87065.1(d)(3) and are in line with Title 22, Division 6, Chapter 5 regulations both in the required topics and minimum number of hours. However, annual training requirements for STRTPs differ from Title 22, Division 6, Chapter 5 regulations in that the STRTP ILS v4 requires all direct care staff to complete a minimum of 40 hours of annual training per section 87065.1(e), including at least 20 hours from an entity such as an accredited institution, workshops, seminars, or other direct trainings provided by a qualified individual not affiliated with the short-term residential therapeutic program licensee. Annual training topics shall include those listed in section 87065.1(e)(3) of the STRTP ILS v4. The STRTP ILS v4 also outlines training requirements for peer partners, volunteers, and for staff who will apply emergency intervention techniques.

Provider Training Academy

In 2020, the CDSS entered into a contract with Seneca Family of Agencies (SFOA) to design and implement a STRTP Provider Training Academy (PTA) for Short Term Residential Treatment Program (STRTP) Leadership, Administrators, executive directors, Facility Managers and Program Trainers. The STRTP PTA is provided to executive staff with the intention that they take the training information and materials back to their respective organizations to train their staff utilizing the Train the Trainers prototype. The goal of the STRTP PTA was to provide STRTPs with a statewide training curriculum that addressed the Continuum of Care Reform (CCR). The STRTP PTA aimed to assist STRTPs with implementing core practices and make program changes consistent with the goals and objectives of CCR.

An initial Comprehensive Needs Assessment was conducted in the Fall of 2020 that resulted in the development of a fourteen-training module STRTP PTA that would take place over the course of seven days. SFOA offered the first STRTP PTA in February 2021 and three

subsequent training series in May, September, and October/November of 2021. In the Fall 2021, SFOA began a statewide Renewal Comprehensive Needs Assessment, in partnership with the CDSS, to ensure the content of the curriculum and training modules offered through the STRTP PTA continue to meet the current needs of the STRTP workforce and remains consistent with the goals and objectives of CCR.

2021 Provider Training Academy Overview

In 2021, SFOA offered four STRTP PTAs across the state. The first three (February, May & September) were offered to specific regions; however, as it became clear that our STRTP PTAs would continue to be virtual due to the global pandemic, SFOA decided to change to an open registration format for all Counties for our October/November STRTP PTA. Here is a summary of what SFOA completed in 2021:

- Conducted four STRTP PTAs in February, May, September & October/November
- Enrolled 169 participants from 33 Counties
- Enrolled Participants from 90 unique STRTPs
- Saw an average of 34 participants per training module

To support the ongoing training and content implementation for STRTP leaders SFOA offered additional technical support services to our STRTP PTA participants. All participants who completed ten or more modules were invited to attend additional In-Service Trainings, Booster Training-for-Trainers (T4T) Sessions, and One-on-One (1:1) Consultations. See below for information on our technical support services in 2021:

- We provided four In-Service Trainings in Summer of 2021
- We offered 12 Booster T4T Sessions and provided one, others were cancelled due to low registration
- We did not provide any 1:1 Consultations during 2021; however, SFOA will be providing during 2022

As SFOA offers more STRTP PTAs, SFOA will have a larger pool of invitees for our technical support services and thus SFOA anticipates it will see a greater demand and higher attendance in our technical support services.

2021 Evaluation Surveys Summary

For continuous improvement of our STRTP PTA, SFOA used evaluation surveys to gather feedback from participants and track data. To collect data from STRTP Providers across the state, SFOA created a survey that targeted two groups, (1) STRTP Providers who attended one of the four STRTP PTA sessions, and (2) STRTP Providers who had not yet attended a STRTP PTA. Through this process SFOA received input from 101 STRTP Leaders. Of the STRTP leaders who completed the survey (Survey Participants), 79 percent had already attended a STRTP PTA, and 21 percent had not yet attended.

The following data represents the participants who had already attended the STRTP PTA.

Participant satisfaction scores for the content portion of the STRTP PTA:

- 29 percent reported being extremely satisfied.
- 57 percent reported being very satisfied.
- 14 percent were somewhat satisfied.

- 0 percent reported being not very satisfied.
- 0 percent reported being not at all satisfied.

Participant satisfaction scores for the T4T portion of the PTA:

- 22 percent reported being extremely satisfied.
- 57 percent reported being very satisfied.
- 18 percent were somewhat satisfied.
- 3 percent reported being not very satisfied.
- 0 percent reported being not at all satisfied.

Participant confidence level in ability to effectively train the concepts covered in the STRTP PTA:

- 11 percent reported being extremely confident.
- 72 percent reported being very confident.
- 17 percent reported being somewhat confident.
- 0 percent reported being not very confident.
- 0 percent reported being not at all confident.

Participant report of how much the STRPT PTA helped their STRTP to shift practice:

- 12 percent reported extremely helpful.
- 47 percent reported very helpful.
- 37 percent reported somewhat helpful.
- 4 percent reported not very helpful.
- 0 percent reported not at all helpful.

Seventy percent of Survey Participants reported ongoing interest in Booster T4T Sessions. The survey asked about any modules that felt unnecessary for their STRTP, 70 percent of Survey Participants skipped this question. Of the 18 (30 percent) participants who answered, the most selected were:

- Basics of Trauma Informed Care (14 percent).
- STRTP Mindset Shift, From Long to Short Term (11 percent).
- Understanding Permanency Work (11 percent).

A total of 18 Survey Participants were from STRTPs that have not yet attended the STRTP PTA. The data was as follows:

- Of the 18, ten identified as the trainer for staff, eight did not identify as the trainer for staff.
- Of the 18, seven stated that they were aware of the STRTP PTA, ten reported that they were not aware of the STRTP PTA, one did not respond.

Survey Participant interest in attending a STRTP PTA was as follows:

- Six reported being extremely interested.
- Nine reported being very interested.

- One Participant reported being somewhat interested.
- Two reported being not very interested.
- Zero reported being not at all interested.

The top five requested training modules were as follows:

- Trauma Informed Care
- Delivering Effective Trainings & Professional Development of Staff
- Counseling Techniques for Direct Care Staff
- Behavior Intervention & Treatment Planning for High

2021 Key Stakeholders Interview Summary

As part of the Renewal Comprehensive Needs Assessment, SFOA scheduled interviews with key stakeholders and STRTP collaborators to identify current barriers and training needs of STRTP Providers. Through this process the following trends were presented regarding STRTP barriers:

- An increase in acuity of youth & presentation of high-risk behaviors
- Continued divides between residential/supervisory staff & clinical/mental health providers
- Struggles to integrate mental health care into the residential care setting
- Understanding and effectively applying Trauma Informed Care
- Lack of STRTP engagement in the Child & Family Team
- Not enough interdisciplinary teaming between STRTP and other service providers including medical professionals
- Staffing & Training – difficulties with effective hiring, onboarding, retention, and training
- Partnership – lack of alignment between STRTPs & placing agencies; keeping up with current regulations
- Documentation & Paperwork – exhaustive, and STRTPs are not always provided necessary information from placing agencies to complete it
- Complexities of caring for youth amongst COVID-19

Through this process the following themes were presented regarding STRTP training needs:

- Trauma Informed Care – Functional Assessment & Treatment Planning
- De-Escalation Strategies & Non-Violent Intervention
- Harm Reduction Strategies
- Hiring, Onboarding & Retaining High Quality Staff
- Permanency Work & Family Engagement
- Placement Preservation Strategies
- Child & Family Teaming
- Engaging Youth in Care
- Motivational Interviewing
- Vicarious Trauma & Importance of Self-Care for Direct Care Staff
- Management Skills – Supervision, Operationalizing Values, Problem Solving
- Collaborative Practices
- Building Strong Partnerships Across Agencies, Shared Vision

Several additional training modules were requested by key stakeholders in the interview process. The topics identified that are not currently provided by the STRTP PTA are as follows:

- Management Skills
- Strong Partnerships & Alignment
- Placement Preservation
- Harm Reduction
- Trauma Informed Assessment

Improvement Plan

Based on information gathered during our stakeholder feedback process, in 2022, SFOA will continue to offer our STRTP PTA to Providers, and ensure that all STRTPs are offered the opportunity to participate in the STRTP PTA with priority registration given to those programs who have not yet attended. To support the ongoing training needs of participants, SFOA will increase Booster T4T Sessions and 1:1 Consultations. SFOA will develop curriculum for additional training modules and increase the number of In-Service Trainings to address newly identified training needs of STRTP leaders.

E. Service Array and Resource Development

Item 29: Array of Services

For this item, provide evidence that answers this question:

How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs.
- Services that address the needs of families in addition to individual children in order to create a safe home environment.
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

State Response:

Array of Services is an area needing improvement in California.

Services that assess the strengths and needs of children and families and determine other service needs

Child and Family Teams and Child and Adolescent Needs and Strengths Tool
As described in Items 12, 13, and 20, the California Department of Social Services (CDSS) utilizes Child and Family Teams (CFTs) and the Child and Adolescent Needs and Strengths (CANS) tool to assess the strengths and need of children and families determine any service needs that support healing and positive permanent outcomes and coordinate care within and across system of care partners. A fundamental principle of California's child welfare system is that services are most beneficial when a team dedicated to individualized, person-centered care is actively engaged in supporting a youth and their family. California's commitment to that principle is reflected in widespread and increasing reliance on the CFT process to deliver services and make collaborative decisions with families and system partners.

In the reporting period from October 1, 2019, to September 30, 2020, 17,191 (77.9 percent) children in care received CFT meetings. The number of children who received CFT meetings declined to 14,831 (71.2 percent) in the reporting period of October 1, 2020, to September 30, 2021. In the reporting period of October 1, 2021, to September 30, 2022, the number of children who received CFT meetings decreased slightly to 12,774 (67.7 percent).

The above data was extracted from the Child Welfare Services/Case Management System (CWS/CMS) to illustrate the number of children who received a CFT meeting. One limitation of the aggregated data is that it only indicates the number of children who obtained CFTs and does not reflect whether there were discussions held regarding services that assess their strengths and needs or to determine other service needs. This data does not include children and youth who were in care for less than 60 days, based on their longest placements that started during the quarter. Please see Item 12 for more detailed information pertaining to CFT meetings by responsible agencies and children in care.

In 2018, California selected the CANS tool as the functional assessment tool to be used within the CFT process to guide case planning and placement decisions for children in the child welfare system. The CANS tool is comparable to the formerly utilized Family Strengths and Needs Assessment, but places a greater emphasis on the youth's strengths, cultural factors, and the use of a trauma-informed lens when evaluating the youth's service needs and the parents' and care providers' resources. The CANS tool examines a youth's behavioral and emotional needs, cultural factors, life functioning, risk behaviors, and strengths, considers the resources and needs of the caregivers, and supports care coordination and collaborative decision-making. All other assessment results in addition to the strengths and needs identified by the CFT are collated into the CANS ratings as a communimetric way of capturing multiple perspectives and allowing for a more informed, focused, and comprehensive case planning activities.

The CANS tool provides more detailed examinations of the youth's culture, considering the child's language, traditions and rituals, and cultural stress when determining the most suitable services for the youth's strengths and needs. It is also more specific in its evaluation of the nature of the trauma that the youth has endured, determining whether the child has experienced sexual abuse, physical abuse, emotional abuse, neglect, medical trauma, family violence, community, or school violence, natural or man-made disaster, war, terrorism, witnessing criminal activity, disruption in caregiving/attachment losses, and/or parental criminal behavior. The CANS instrument facilitates comprehension of how these traumas influence the child's level of functioning.

Child and Adolescent Needs and Strengths Assessment Submissions in California Automated Response and Engagement System Live

To improve statewide data collection from the strengths and needs tool, the CDSS began requiring counties to enter CANS ratings into California Automated Response and Engagement System (CARES) - Live in 2021 (All County Letter (ACL) No. 21-27). This requirement caused a significant increase in submissions from 2021-2022, and a high number of deleted records initially resulted from system onboarding and testing in 2020. Entry numbers are projected to rise as counties build agreements with behavioral health partners to receive CANS data from their record systems and enter it into CARES-Live. The CDSS further intends to expand CANS elements within CARES-Live and provide for local flexibility for CANS module expansion to stimulate data entry into CARES.

The data below reflects the number of CANS entered into CARES-Live from 2020 to 2022. Unfortunately, due to lack of available data, the CDSS is unable to report on the anticipated number of children and youth who should have a completed and up-to-date CANS within CARES-Live. Furthermore, the CDSS is not able to determine the percentage of children and youth involved in Child Welfare who have completed CANS versus the percentage of the children and youth who are still requiring a CANS to be completed with them. The CARES-Live team is working to establish these reporting mechanisms within the future build of CARES.

Table 1. CANS entered into CARES-Live

Year	Completed	Deleted	In Progress	Total
2020	27,692	3,982	1,465	33,139
2021	51,447	397	2,178	54,022

Year	Completed	Deleted	In Progress	Total
2022	68,394	236	3,391	72,021
Total	147,533	4,615	7,034	159,182

Data Source: CARES-Live.

Child and Family Teams and Child and Adolescent Needs and Strengths Assessment Convening

In December 2022 and in collaboration with the CFT and CANS Implementation Team, California's Regional Training Academies (RTAs), and the Child and Family Policy Institute of California, the CDSS and Department of Health Care Services (DHCS) hosted a statewide convening entitled, Children and Families at the Center: Fulfilling the Vision of CANS Informed CFT Practice. During this convening, a survey was completed by California's counties identifying the following barriers to uniform assessment of strengths and needs and appropriate service delivery:

- Use of two varying CANS models - Integrated Practice CANS (CDSS) and CANS 50 (DHCS)
- Varying timelines requirements for CFTs, CANS, and Case Planning
- Data Entry
- Sharing Information Across Systems

To overcome these barriers, the CDSS and the DHCS are collaborating to come to resolutions. The CDSS and the DHCS are actively working to achieve a more aligned CANS to provide a uniform way to assess the strengths and needs of children, youth, nonminor dependents, parents, and caregivers. Efforts by DHCS and CDSS leadership to identify a solution are occurring.

To assist the varying timeline requirements for CANS, CFTs, and the case plan, CANS timeliness reports have been developed and are available to counties. These reports aim to assist social workers in the timely completion and tracking of both initial and ongoing CANS for children and youth assigned to their caseload. The Initial CANS Timeliness Report aligns with the initial case plan due date (60 days of case opening) within the same tracking system, SafeMeasures. Additional reports are being developed for release in 2023.

The CDSS is actively working with partners to generate CANS reports (individual and aggregate) to track improvements and needs over time at the system and individual client level. The reports will assist the CFT in identifying appropriate services that support healing and well-being and developing action items and recommendations that provide for supportive, trauma-informed, transition planning. Work is currently underway to develop additional CANS data reports for use by the state and by counties.

Additionally, the CDSS is working with its Child Welfare System - California Automated Response and Engagement System team with the plan of ensuring that the collaboration inherent to the CFTs and CANS processes are embedded in automated systems and custom reports. The CARES team is also working with system partners to assist in CANS data entry to avoid duplicative entry.

Through the CFT Curriculum Subcommittee of the CFT and CANS Implementation Team, the CDSS has partnered with California's RTAs to release newly developed CFT Trainings that include discussion of the CANS to include the CFT Overview; Role of the Social Worker; CFT Facilitation; and CFT, CANS, and Case Planning. See Item 20 for additional information on these trainings.

To support the sharing of information across systems, the System of Care team provides Memorandum of Understanding (MOU) webinars and support. The CDSS and system of care partners are currently developing a universal release of information and anticipate a pilot program to begin in Spring 2023 with the use of the Qualified Individual, CFT, and aftercare. The CDSS released ACL No. 22-73, which provides guidance on sharing mental health, sexual & reproductive health, and substance use information. This ACL was released with a recorded webinar to further the information and materials included within the ACL. Materials included were CFT Privacy Brochures (youth, parents, and professionals); CFT Action Plan; and a CFT Confidentiality Sign-In. Also mentioned within the ACL, and released by the California Office of Health Information Integrity, was the State Health Information Guidance (SHIG). The SHIG clarifies federal and state information sharing laws pertaining to foster youth by translating them into non-legal and non-technical language for a general audience.

Services that address the needs of families in addition to individual children in order to create a safe home environment

Counties across California, either directly or through providers, are responsible for obtaining or providing services to both children at risk of entering of entering and those in foster care. This includes all levels of prevention, intervention, and applicable services to protect the well-being of children and to help families address issues of child maltreatment and issues that cause probation to place youth in foster care. The California-Child and Family Services Review process asks counties to assess the scope of services available to children and families and report on the continuum of services in the County Self-Assessment (CSA) but does not require counties to explain the intent of the services or provide an exhaustive list of services available.

Many of the services that counties provide can serve multiple purposes and are tailored to the needs of the family. The table below lists services and supports frequently reported by counties along with the range of reasons a family might be connected to the services, as reported in the CSAs. Counties across the state have different names for similar services, some examples of services have been included.

Table 2. CSA Services Reported

Type of Service	Services to assess strengths and needs of children and families/other needs	Services to create a safe home environment	Services to enable children to remain safely at home	Services for permanency
Parenting mentors and peer support; Parent support and advocacy; parent empowerment programs	x	x	x	
Early childhood intervention/prevention	x		x	

Type of Service	Services to assess strengths and needs of children and families/other needs	Services to create a safe home environment	Services to enable children to remain safely at home	Services for permanency
initiatives (e.g., First 5); Developmental services/ assessment/ consultation				
Parent education initiates (e.g., Nurturing Parent Program, Supporting Father Involvement, Positive Parenting Program, New Dad Bootcamp)		x	x	
Acute crisis centers, response teams, specialists to respond to sexual abuse and substance abuse; Family Resource Centers & crisis shelters/centers	x	x		
Safe Families; respite care, crisis nurseries; 24 hr. crisis hotline		x	x	
Family Maintenance and/or voluntary placement		x	x	
Home-based services (e.g., public health nurses, substance abuse counselors; home visiting)		x	x	
Partnerships with the Housing Authority		x		x
CASA; legal support/education			x	x
Wraparound model	x		x	
Standardized assessment tools (e.g., CANS, SDM®)	x			
Child and Family Team Meetings to assess needs & strengths	x			
Use of Multi-Disciplinary Teams	x			
Courts specifically targeted for Substance Abuse (e.g., “Family Drug Court”)	x			
Intake/assessment centers for probation-involved youth	x			
Mental health assessments and specialists/centers	x			
CalWORKs		x		

Type of Service	Services to assess strengths and needs of children and families/other needs	Services to create a safe home environment	Services to enable children to remain safely at home	Services for permanency
Concurrent planning for permanency				x
Foster family recruitment/retention (some targeting transition-aged youth 18-24 or grandparents)				x
Probation youth mentoring programs				x
Adoption Assistance/Post-Permanency services; pre/post adoption counseling				x
Independent Living Programs/Transitional Living Programs; services targeted for Transition-Aged Youth 18-24				x

The collaboration between counties and their local community-based organizations to provide services addressing and preventing child maltreatment is a commonly noted strength throughout the CSAs. The wide array of services across the continuum of care spectrum, as well as prevention-related services, that large or medium counties provide stand in contrast to the lack of services in smaller counties.

One key barrier for children and families in small counties is the cascading impact of a lack of service availability. Unaffordable housing, limited drug/alcohol treatment programs, lack of health providers that accept Medi-Cal, and long waitlists for services all play a role in making it difficult for a family to engage in needed services. Further, a few counties note a lack of available prevention and mental health services, as well as lower completion rates of assessment/screening tools as areas for improvement.

Many counties report that geography and transportation are principal reasons for gaps in services. Supports are in populated areas and there are few services, if any, available in more rural regions. Additionally, transportation services for families in remote areas tends to be limited which makes it difficult for families to access services. Counties report offering bus passes and other forms of transportation assistance to help geographically isolated families access needed supports. Counties identify these transportation assistance services as a strength.

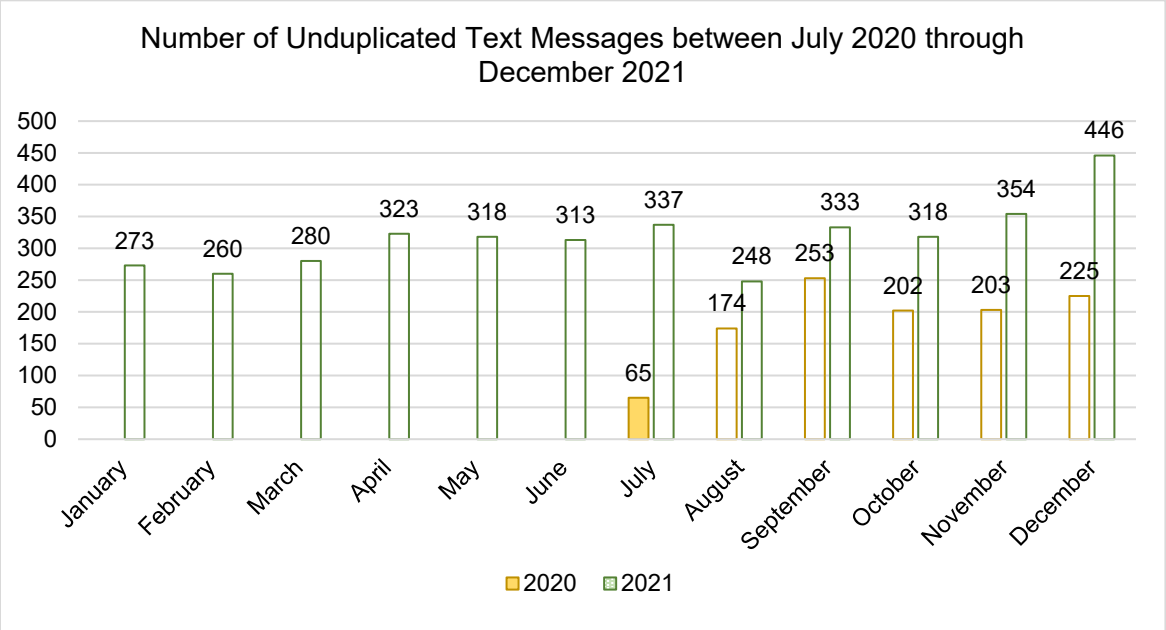
Counties across the state, especially medium and larger counties, report offering an array of supports that target children and families from certain populations. For example, there are services available for LGBTQIA+ youth, children with developmental disabilities and their families, and services specific to African American youth and families. Though language can be a roadblock, many counties offer services in Spanish and English and have translation services available. Smaller counties report few, if any, services that address diversity, equity, or

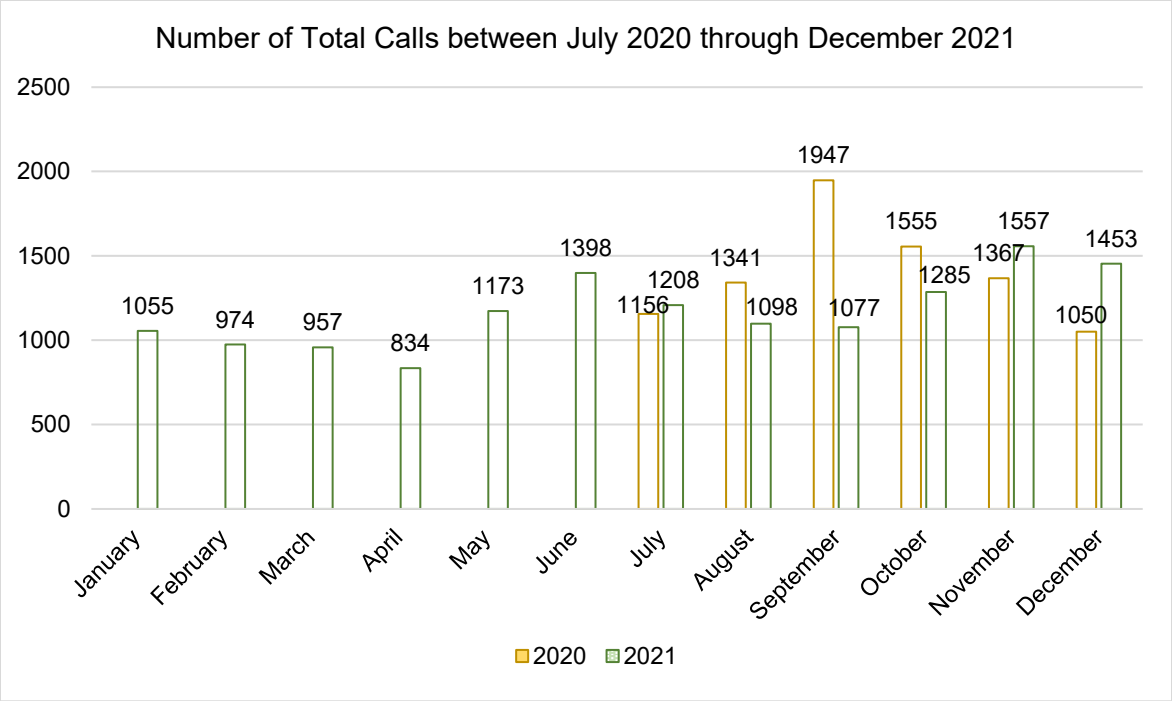
inclusion. Across the state, counties recognize the need to increase and improve services that are both culturally responsive and accessible as well as address racial/ethnic disparities.

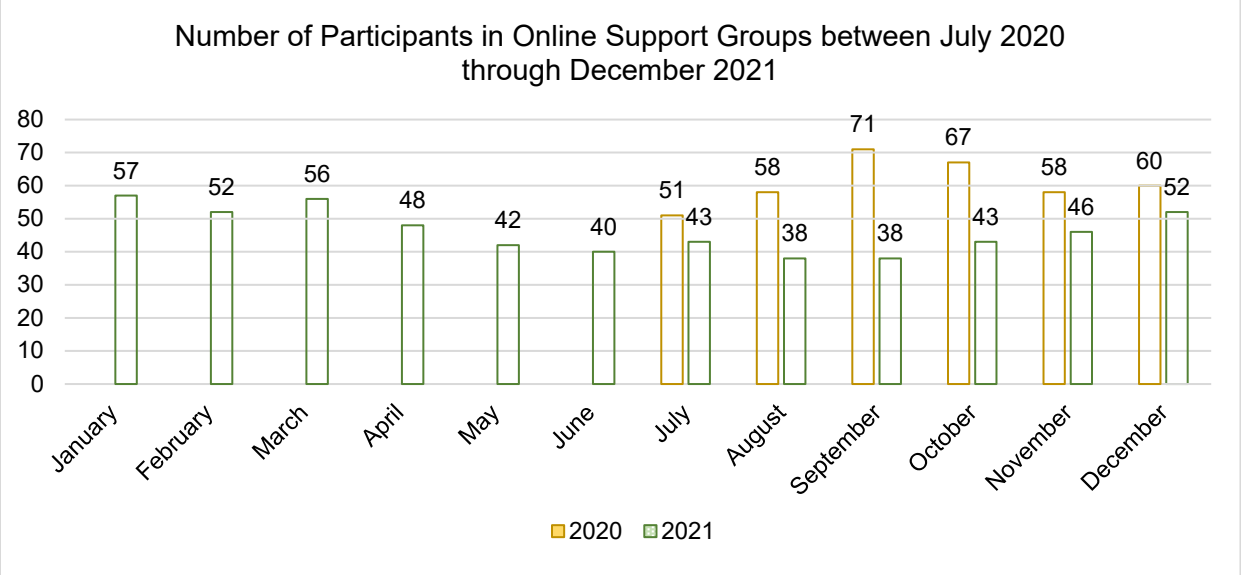
In the CSAs, counties reported that Tribal organizations provide a wide array of culturally relevant services and supports, from medical and behavioral health to career development and life skills development. Most county child welfare and probation departments report working directly with local Tribes to identify appropriate services for youth and work together to address recurring issues. A few of the counties participate in Indian Child Welfare Act (ICWA) roundtables and provide ICWA training for their staff. Counties that do not have local Tribes often partner with Tribes in neighboring counties. Some counties have recognized the need for improved identification of ICWA youth.

California Parent and Youth Helpline

In 2020, Governor Newsom allocated approximately $3.7 million to fund a California Parent and Youth Helpline in response to the pandemic to increase remote triage support to parents and youth across California experiencing increased challenges and stressors due to COVID-19. The Office of Child Abuse Prevention (OCAP) entered into a contract with Parents Anonymous to provide remote triage support including resource coordination, text messaging support, and online support groups through Parents Anonymous' evidence-based intervention. This helpline provides support to caregivers with the hope that the response can assist with resolving crises and prevent entry into foster care. Below displays the number of calls and text received in calendar year 2020 and 2021 along with number of participants in online support groups during that period.







Parents Anonymous began developing the California Parent and Youth Helpline in April 2020 and began implementing the remote helpline in July 2020. Over the entire period, text messages continued to increase for virtual support and resource assistance. The total number of calls began to stay steady with October and November typically having the most amount of calls on average. Additionally, online support groups were well attended in the beginning months of implementation in 2020. Although there was a slight decline in the 2021, many participants were recurring clients that stayed engaged throughout multiple months in the online support groups.

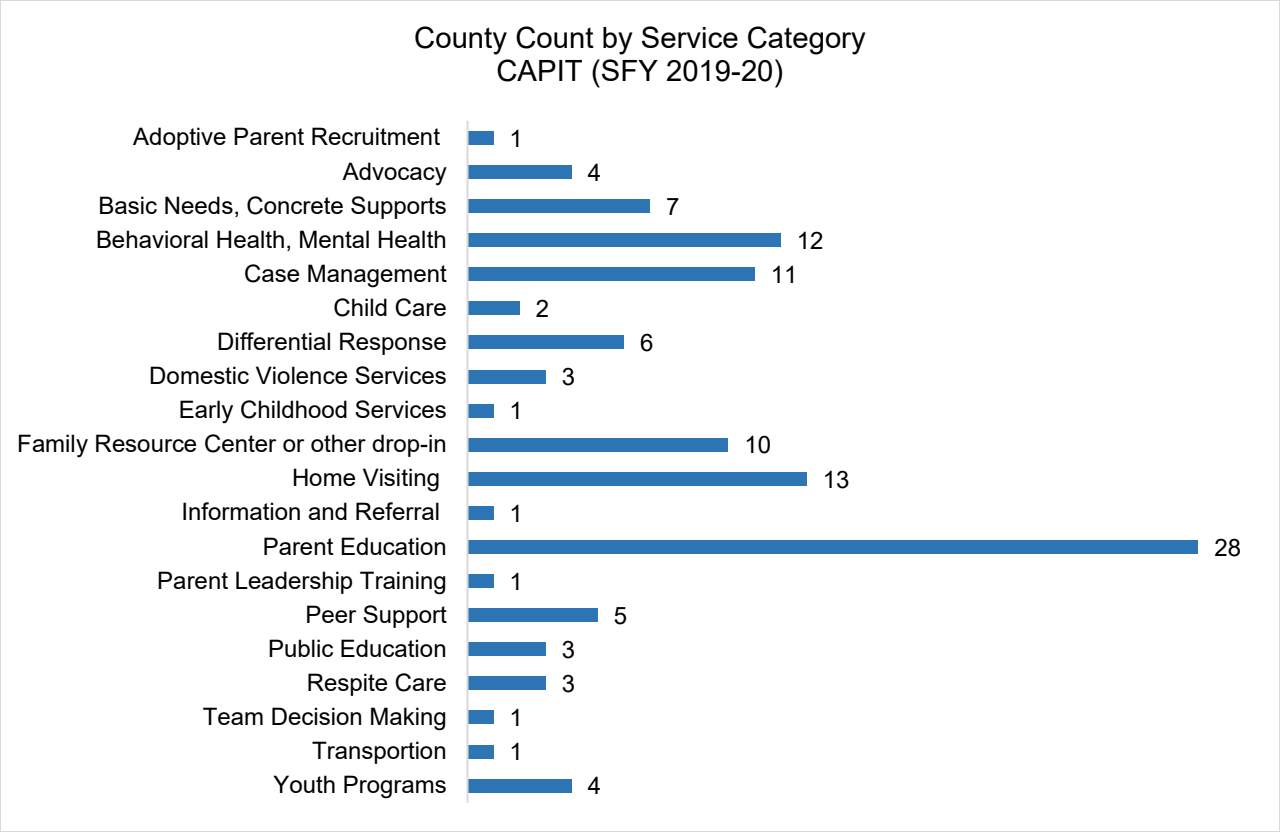
Services that enable children to remain safely with their parents when reasonable
As a county administered, state supervised child welfare system, the OCAP allocates funds directly to counties. Therefore, the service array reflects the needs of all political jurisdictions covered by the Child and Family Services Plan (CFSP) since investments are determined by the county. Every five years, counties engage in the CSA process to determine strengths, needs, and develop strategies for improvement, known as the System Improvement Plan (SIP). Stakeholders and Tribes are invited to participate in focus groups to discuss the strengths and needs of the county prior to the writing of the CSA or the development of the SIP. The following stakeholders are required to participate in the development of the CSA, child welfare, probation, Tribal Chairperson (or designee), foster youth (current and former), parents, resource families, and county agency partners including the Child Abuse Prevention Councils. The OCAP relies on the feedback of these stakeholders, Tribes, and others to identify ways to promote prevention efforts across the state.

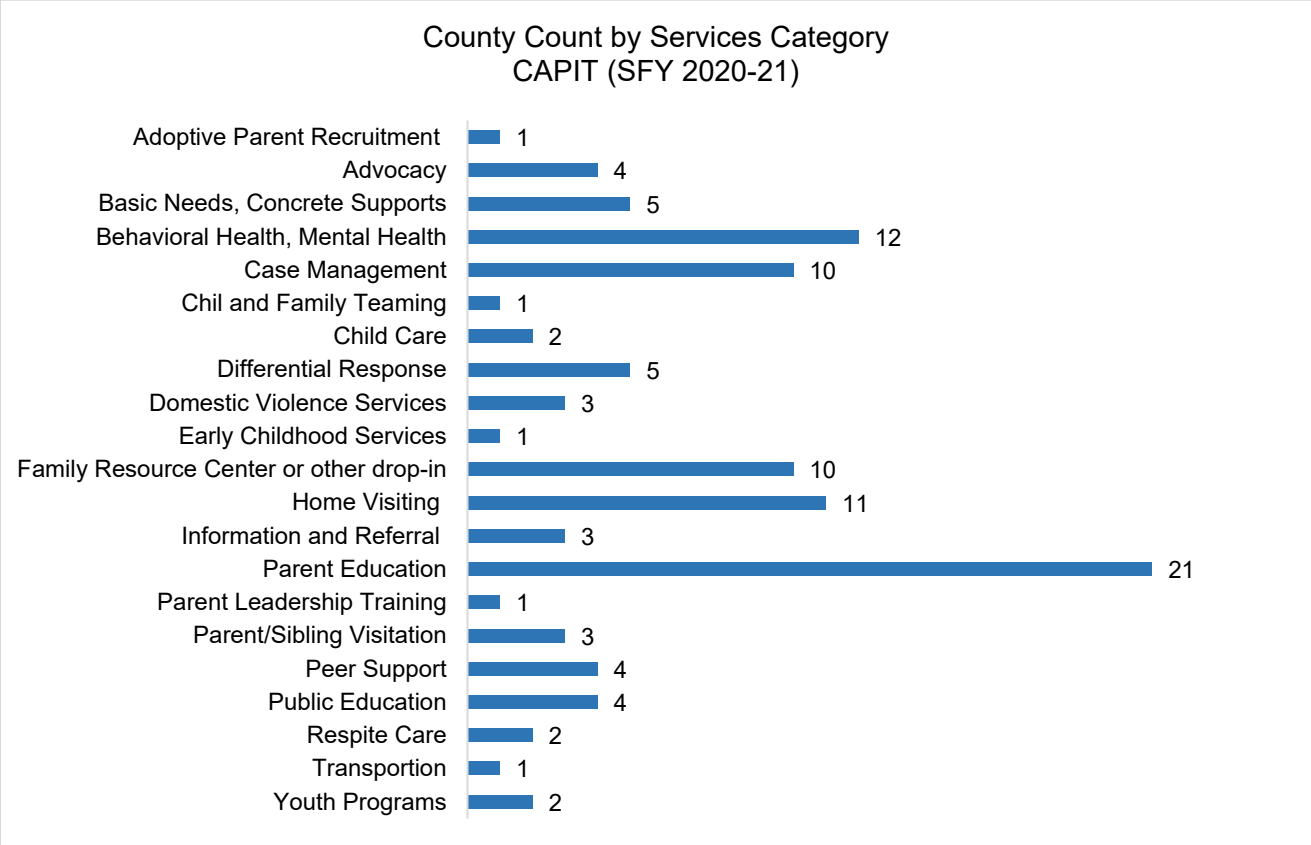
Based on the feedback provided by stakeholders, Tribes, and CSA findings, counties must submit the SIP for approval which includes specified prevention strategies and a Program and Evaluation Description. This document provides a summary of the service activity, the identified need based on the CSA, target population, funding source, and evaluation methodology. Once approved, counties can begin funding the program. It is the services that are listed in the Program and Evaluation Descriptions that enable children to remain safely with their parents.

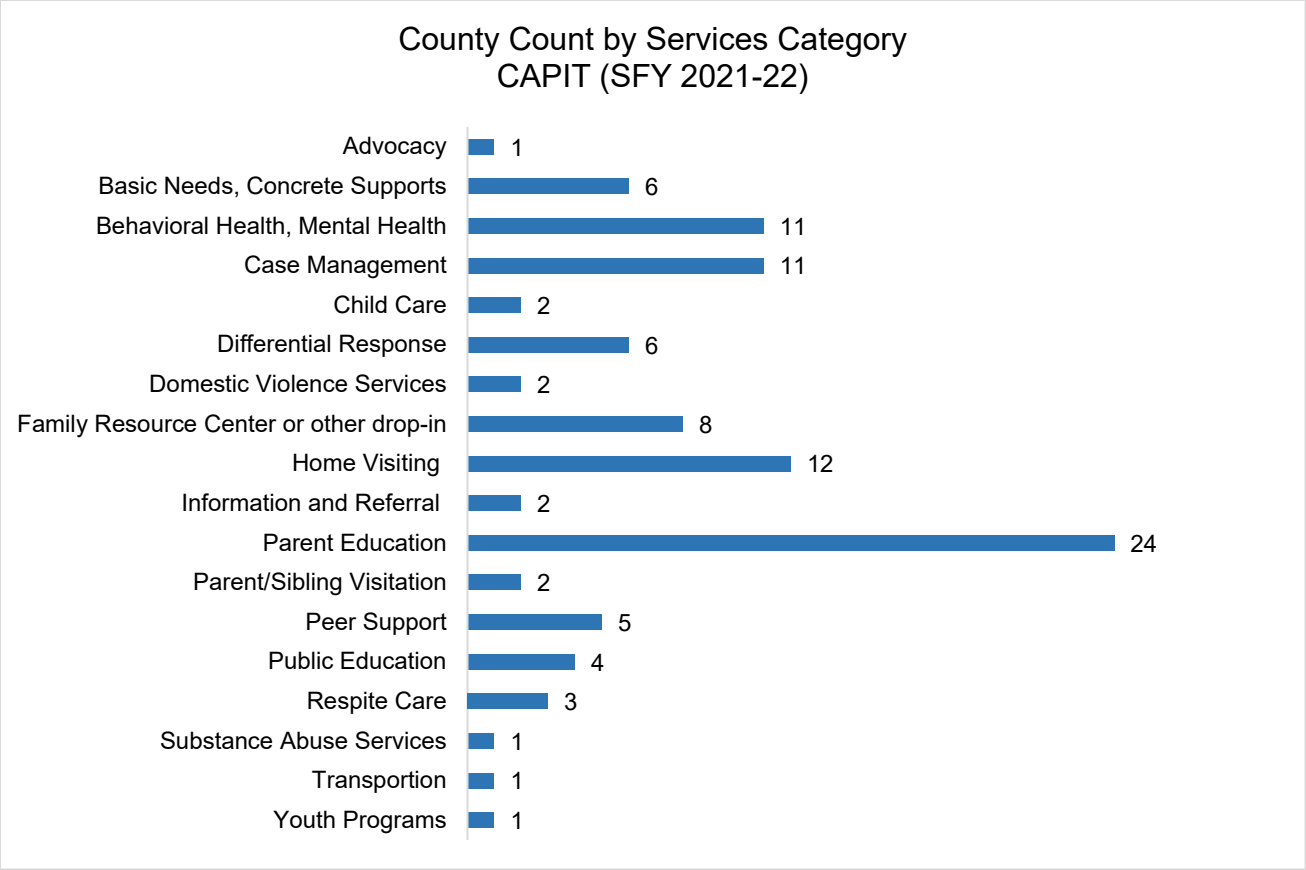
Office of Child Abuse Prevention Annual Report
Each year, all counties are required to submit an OCAP Annual Report to the CDSS via an electronic data reporting tool as required by Welfare and Institutions Code (WIC) 18962, WIC 18963(c), and WIC 18966.1(d). In state fiscal year (SFY) 2019-20 and SFY 2020-21, counties entered information into Efforts-To-Outcomes in SFY 2021-22, counties and Tribes transitioned to using Apricot Social Solutions (hence forth referred to as Apricot). The OCAP Annual Report includes but is not limited to the following information: service activity descriptions, service counts, evaluation methodologies, demographics, collaboration processes, activities for child abuse prevention month, and service activity expenditures. The information collected is the basis for the analysis provided below.

For each funding stream the Administration for Children and Families has shared guidance which includes a list of the allowable activities and the corresponding funding stream. A list of the various allowable activities based on the funding source is listed in the Office of Child Abuse Prevention Annual Report Checklist.

Child Abuse Prevention, Intervention and Treatment Funding
As indicated in the graphs below, Child Abuse Prevention, Intervention, and Treatment (CAPIT) funds were primarily expended on parent education services over the past three years. Significant investments were also made in home visiting programs, behavioral health/mental health services and case management services using CAPIT dollars.

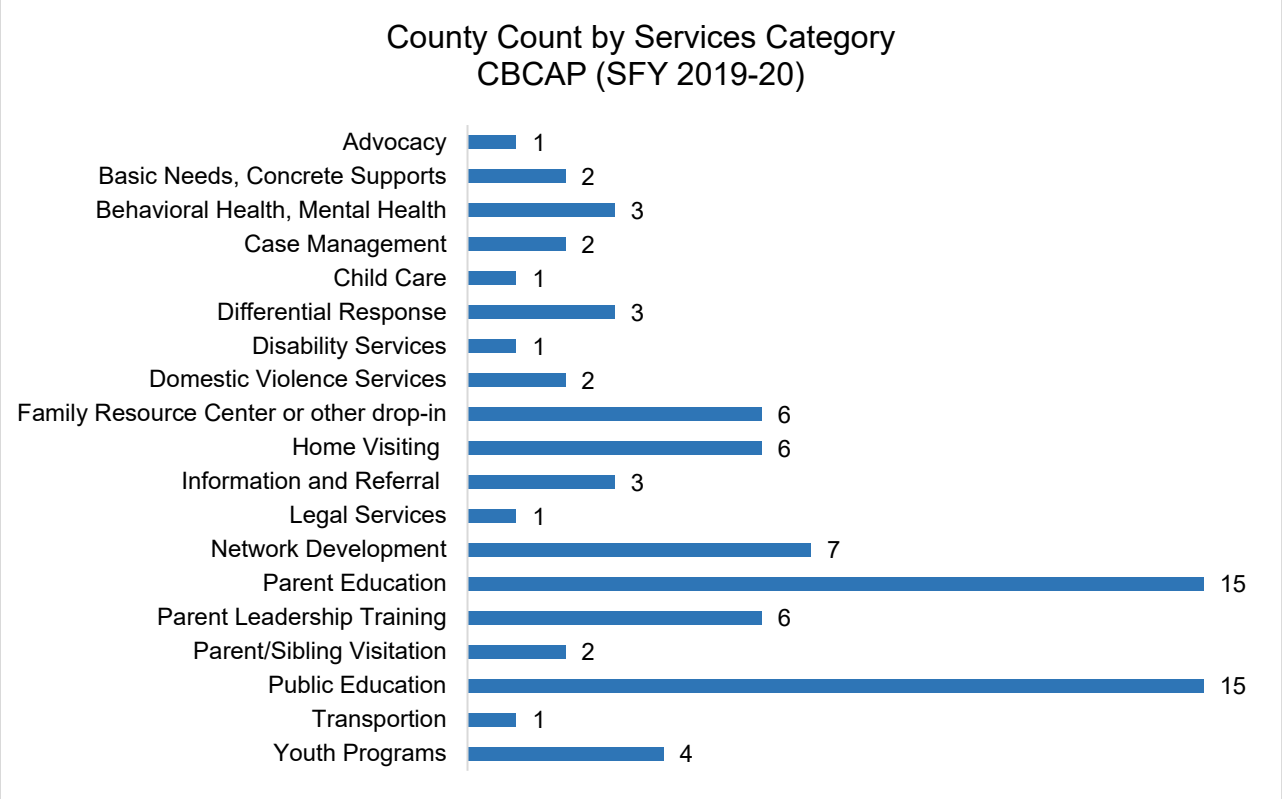

County Count by Service Category
CAPIT (SFY 2019-20)
Adoptive Parent Recruitment 1
Advocacy 4
Basic Needs, Concrete Supports 7
Behavioral Health, Mental Health 12
Case Management 11
Child Care 2
Differential Response 6
Domestic Violence Services 3
Early Childhood Services 1
Family Resource Center or other drop-in 10
Home Visiting 13
Information and Referral 1
Parent Education 28
Parent Leadership Training 1
Peer Support 5
Public Education 3
Respite Care 3
Team Decision Making 1
Transportion 1
Youth Programs 4

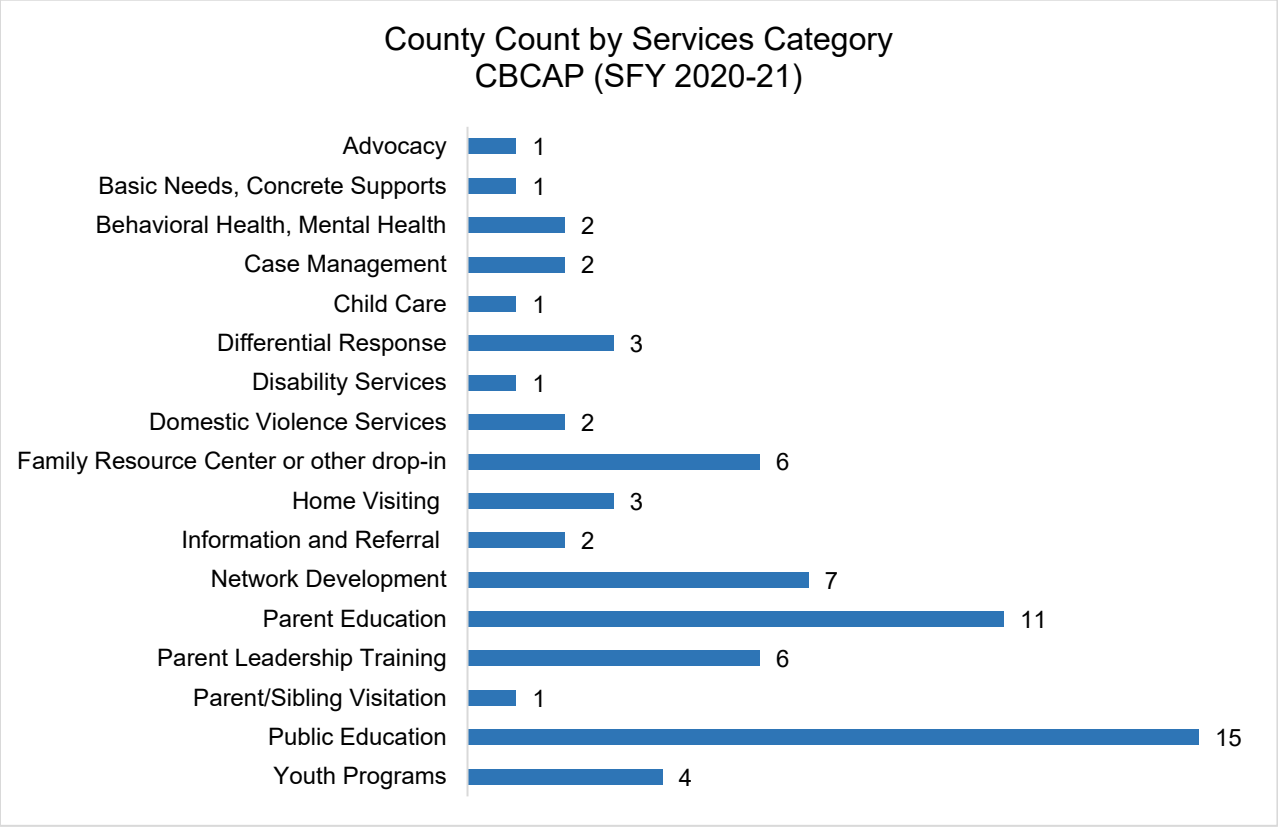

County Count by Services Category
CAPIT (SFY 2020-21)
Adoptive Parent Recruitment 1
Advocacy 4
Basic Needs, Concrete Supports 5
Behavioral Health, Mental Health 12
Case Management 10
Chil and Family Teaming 1
Child Care 2
Differential Response 5
Domestic Violence Services 3
Early Childhood Services 1
Family Resource Center or other drop-in 10
Home Visiting 11
Information and Referral 3
Parent Education 21
Parent Leadership Training 1
Parent/Sibling Visitation 3
Peer Support 4
Public Education 4
Respite Care 2
Transportion 1
Youth Programs 2

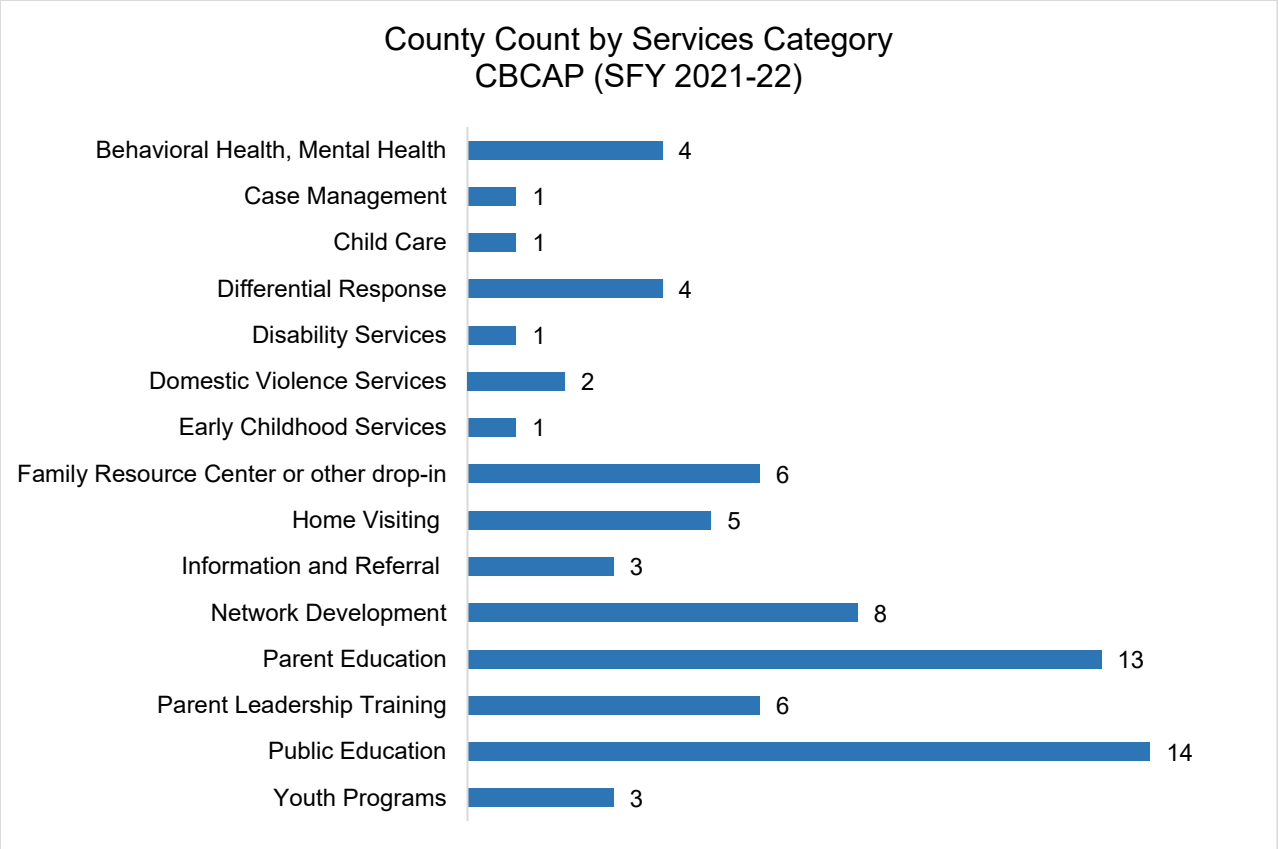


Community-Based Child Abuse Prevention Funding

Community-Based Child Abuse Prevention (CBCAP) funding can only be used to support primary and secondary populations. As indicated below, most of the CBCAP investments are directed towards public education and parent education. For SFY 2019-20 and SFY 2020-21, counties allocated funding towards parent and sibling visitation. This is not an allowable activity per CBCAP regulations because this activity is directed towards children in the child welfare system. With ongoing technical assistance support from the OCAP Consultants, counties have shifted CBCAP funding resources to service activities that align with the requirements set by Administration for Children and Families as demonstrated below.

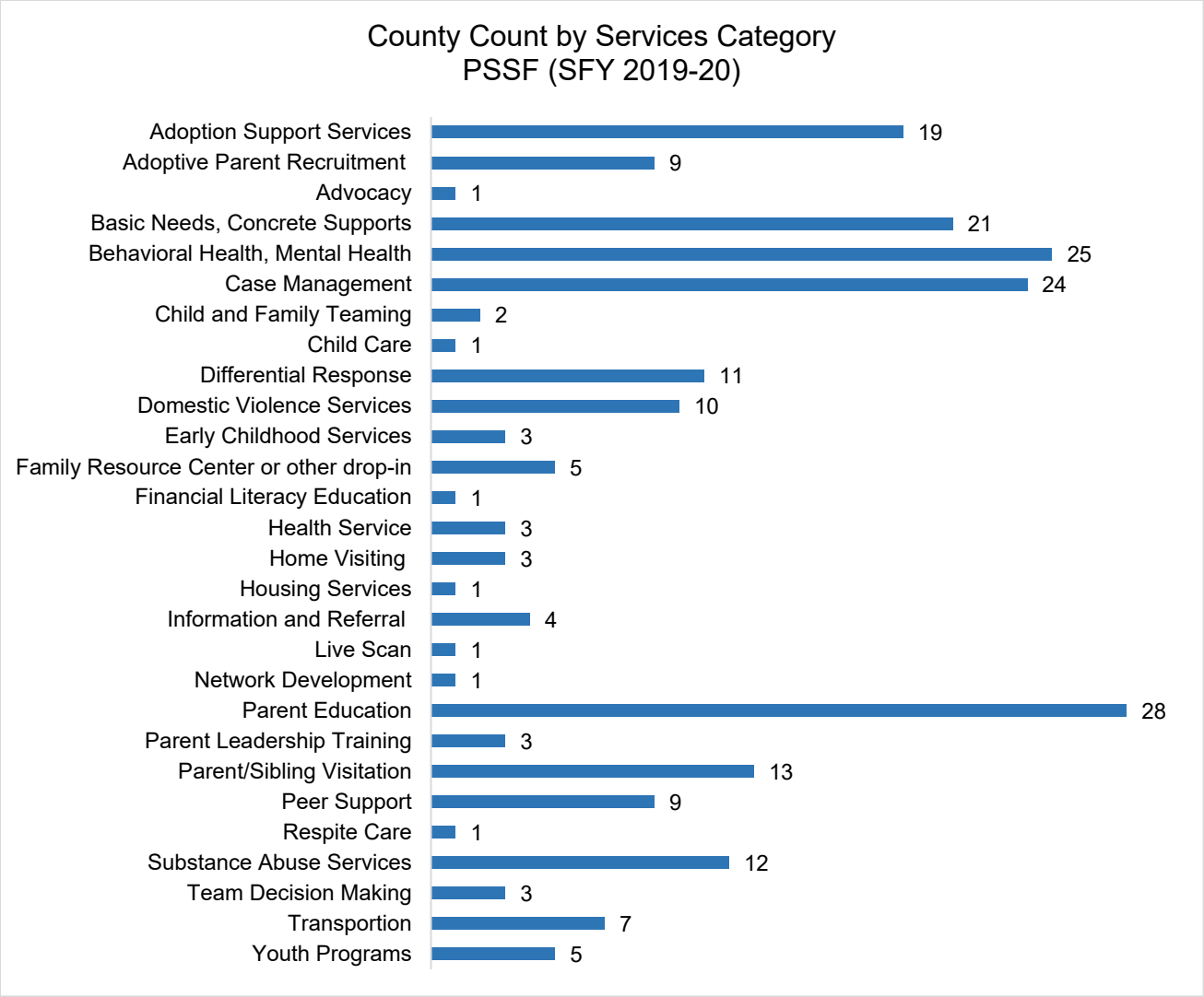

County Count by Services Category
CBCAP (SFY 2019-20)
Advocacy 1
Basic Needs, Concrete Supports 2
Behavioral Health, Mental Health 3
Case Management 2
Child Care 1
Differential Response 3
Disability Services 1
Domestic Violence Services 2
Family Resource Center or other drop-in 6
Home Visiting 6
Information and Referral 3
Legal Services 1
Network Development 7
Parent Education 15
Parent Leadership Training 6
Parent/Sibling Visitation 2
Public Education 15
Transportion 1
Youth Programs 4

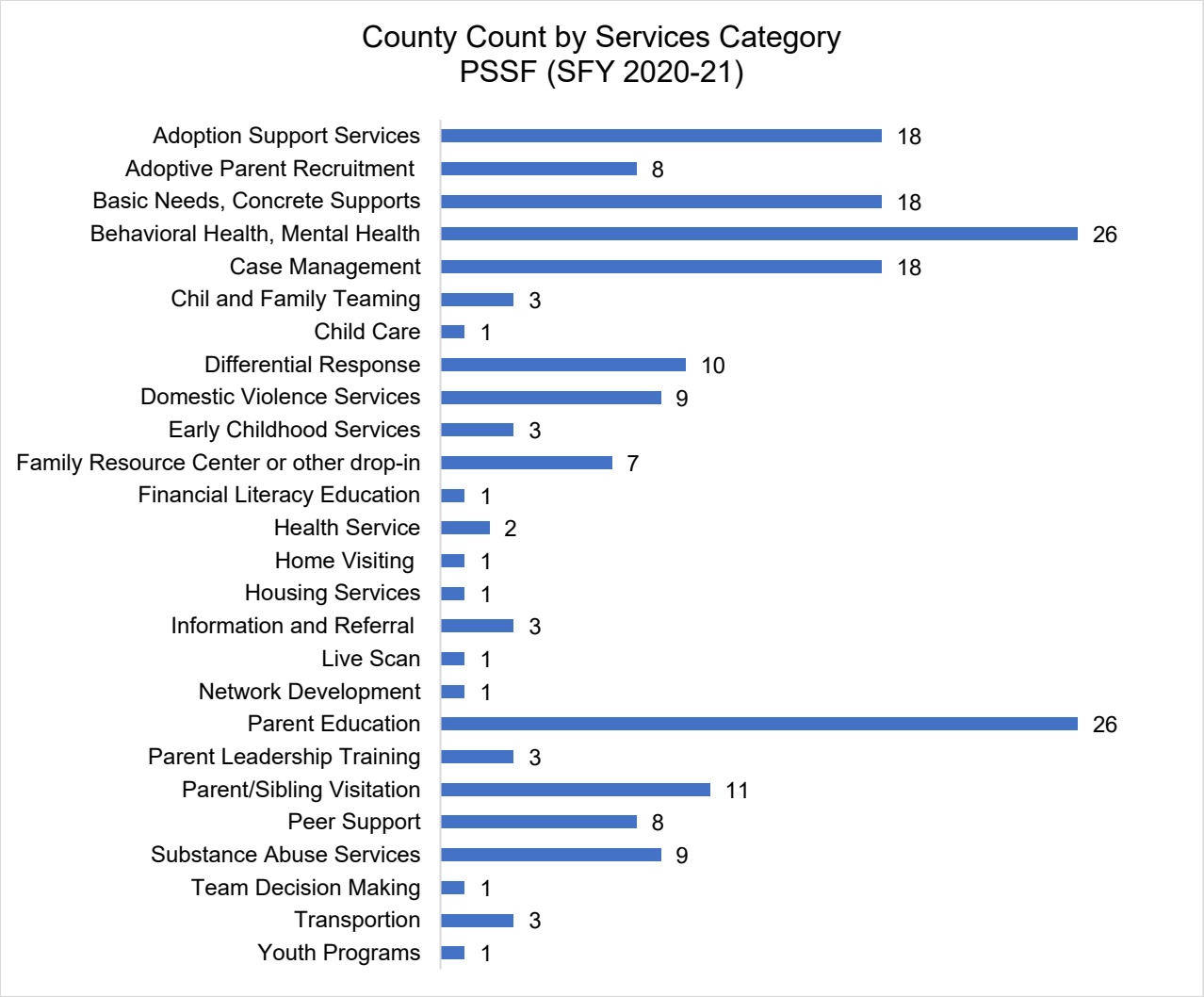

County Count by Services Category
CBCAP (SFY 2020-21)
Advocacy 1
Basic Needs, Concrete Supports 1
Behavioral Health, Mental Health 2
Case Management 2
Child Care 1
Differential Response 3
Disability Services 1
Domestic Violence Services 2
Family Resource Center or other drop-in 6
Home Visiting 3
Information and Referral 2
Network Development 7
Parent Education 11
Parent Leadership Training 6
Parent/Sibling Visitation 1
Public Education 15
Youth Programs 4

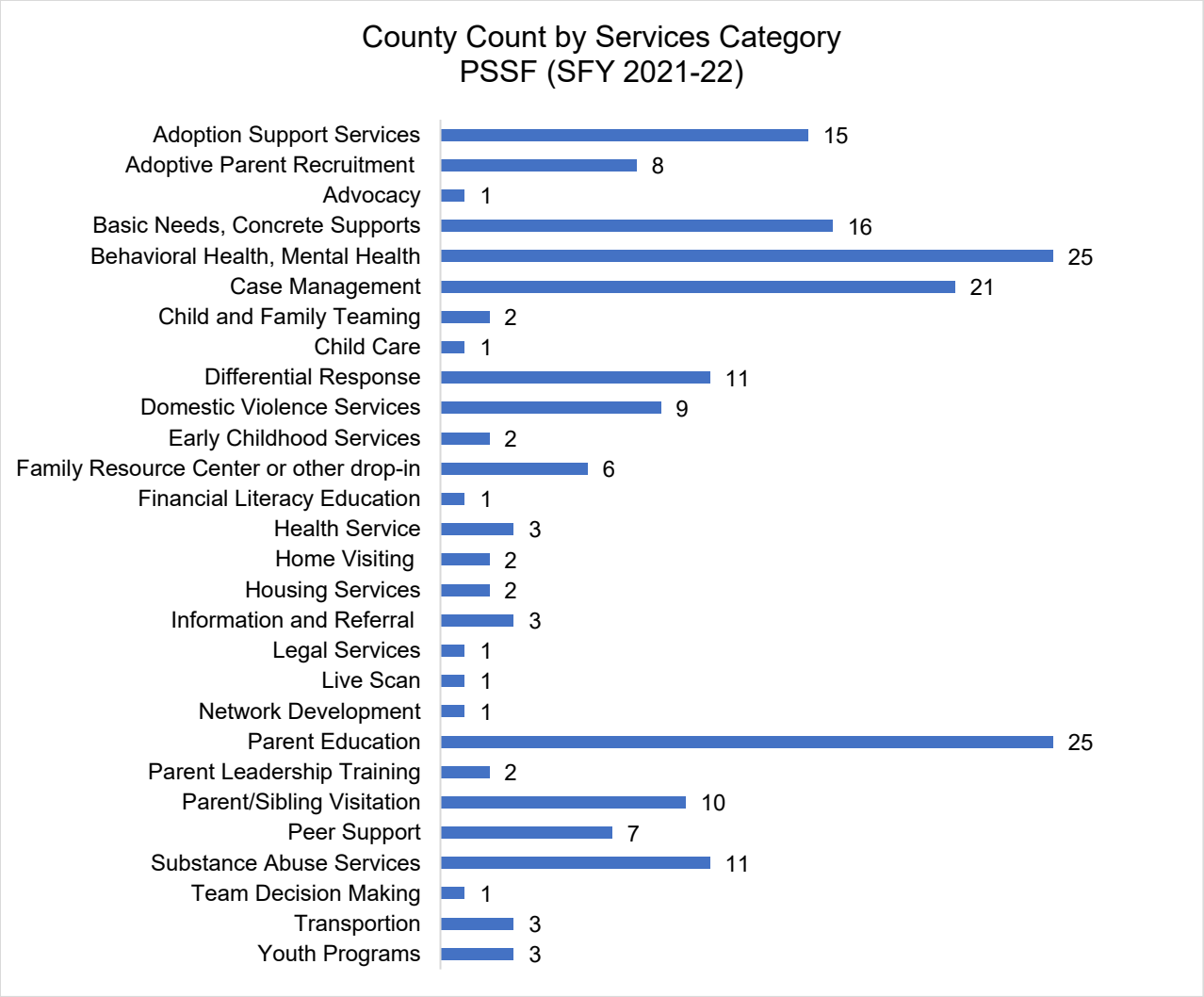


Promoting Safe and Stable Families Funding

As depicted in the graphs below, for the past three years, counties have elected to primarily invest Promoting Safe and Stable Families (PSSF) funding towards behavioral health/mental health services and parent education. Counties have also invested in case management, basic needs/concrete supports, and adoption support services. Investments remain consistent and reasons for this may include contract terms, county identified needs, and/or available providers as evidenced by CSA, SIP, and OCAP Annual Report analysis.


County Count by Services Category
PSSF (SFY 2019-20)
Adoption Support Services 19
Adoptive Parent Recruitment 9
Advocacy 1
Basic Needs, Concrete Supports 21
Behavioral Health, Mental Health 25
Case Management 24
Child and Family Teaming 2
Child Care 1
Differential Response 11
Domestic Violence Services 10
Early Childhood Services 3
Family Resource Center or other drop-in 5
Financial Literacy Education 1
Health Service 3
Home Visiting 3
Housing Services 1
Information and Referral 4
Live Scan 1
Network Development 1
Parent Education 28
Parent Leadership Training 3
Parent/Sibling Visitation 13
Peer Support 9
Respite Care 1
Substance Abuse Services 12
Team Decision Making 3
Transportion 7
Youth Programs 5


County Count by Services Category
PSSF (SFY 2020-21)
Adoption Support Services 18
Adoptive Parent Recruitment 8
Basic Needs, Concrete Supports 18
Behavioral Health, Mental Health 26
Case Management 18
Chil and Family Teaming 3
Child Care 1
Differential Response 10
Domestic Violence Services 9
Early Childhood Services 3
Family Resource Center or other drop-in 7
Financial Literacy Education 1
Health Service 2
Home Visiting 1
Housing Services 1
Information and Referral 3
Live Scan 1
Network Development 1
Parent Education 26
Parent Leadership Training 3
Parent/Sibling Visitation 11
Peer Support 8
Substance Abuse Services 9
Team Decision Making 1
Transportion 3
Youth Programs 1



On average, counties invested CAPIT, CBCAP and PSSF funding in the following service activities the most:

- Parent education
- Public education
- Behavioral Health/Mental Health services.

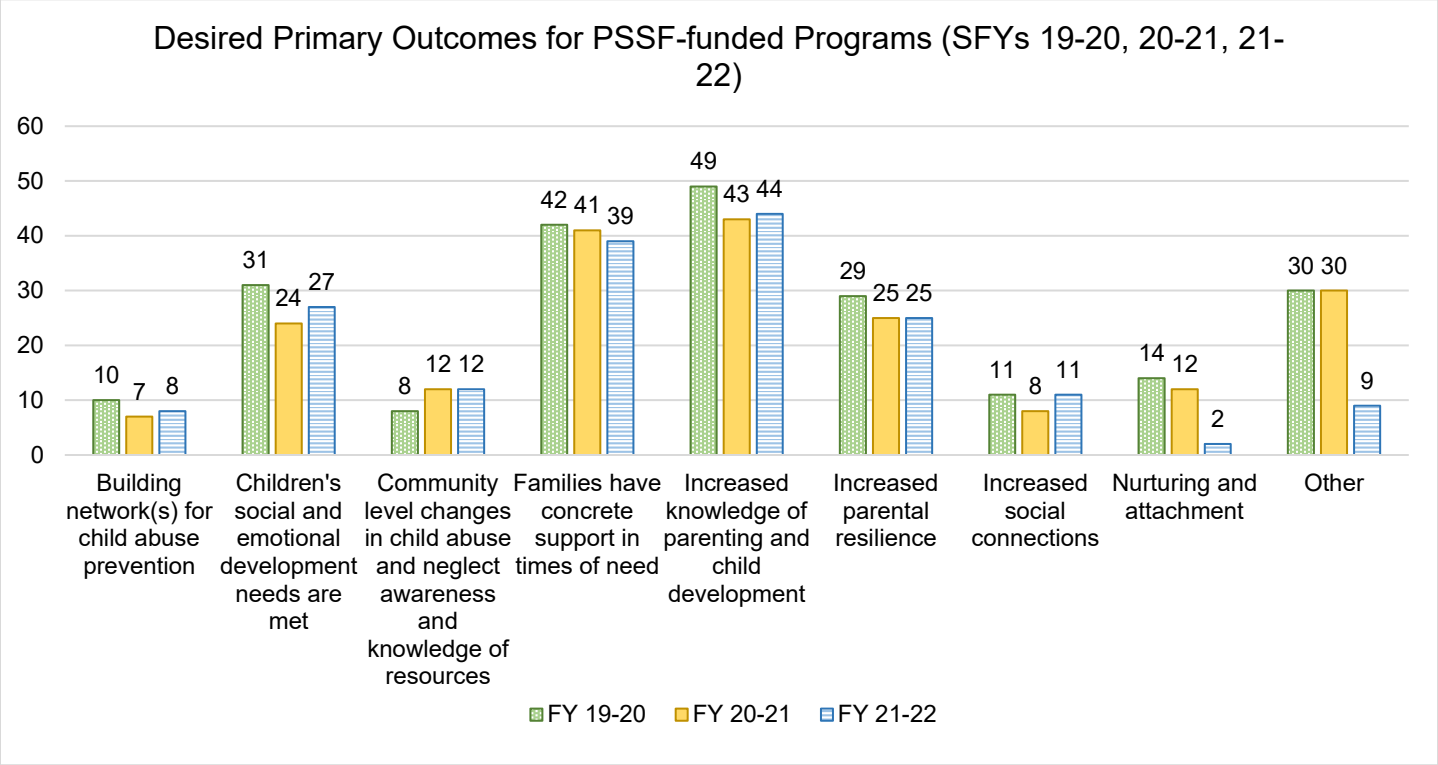
Evaluation Methodology

The OCAP requires counties to define an evaluation methodology to ensure the investments made in prevention services are leading to positive outcomes for children, parents/caregivers, and families. Counties are required to determine outcome measures for each intervention, indicators of success, and specify which evaluation tool is used to measure success. The charts below depict the following:

- The different outcome measures currently tracked by each county based on funding source
- The total number of counties tracking each specific outcome measure
- The total number of counties tracking a secondary outcome measure (based on the

federal measures) for the same intervention

For PSSF funds, most counties have invested in an intervention that is tracking if there is an increase in knowledge of parenting and child development, one of the protective factors. According to Family Resource Information, Education, and Network Development Service Natural Resource Center (FRIENDS NRC), “We know that parents who understand child developmental stages are more likely to be consistent with rules and expectations and will communicate more effectively with their children. Parents who understand their child’s changing needs over time and how to adjust their parenting style based on the child’s needs and temperament will experience less stress in parenting and reduce their risk for child abuse and neglect.” Investments in service activities that improve parental knowledge of child development can enable children to remain safely in their homes and reduce entries into child welfare systems.



The OCAP Consultants offer one-on-one technical assistance to counties to address the challenges associated with evaluating the effectiveness of programs. These challenges include collecting data from the service provider, defining the outcome measure, identifying a tool for measurement and manual data collection processes. The OCAP Consultant often shares resources gathered from other counties to assist in defining and assessing outcome measures.

The OCAP recognizes that data reporting and collection is a challenge for some counties. The CDSS has partnered with FRIENDS NRC to establish California’s Protective Factors Survey (PFS) Online Data System. Providers can share the survey with recipients and the information is tracked and correlated in real-time within the Online Data System. It is anticipated in the next state fiscal year, the OCAP, county administrators, and providers will be able to view the aggregate data and use the tool to track PFS outcome measures for providers electing to use the PFS survey and the Online Data System.

Expenditures and Service Counts

Over the past three years, the greatest expenditure of prevention funding went towards case management services. Counties also expended a considerable portion of funds towards parent education and Family Resource Centers, both primary and secondary prevention service activities. The OCAP encourages counties to invest in upstream approaches to reduce entries into child welfare systems and mitigate consequences of adverse childhood experiences.

Apricot also collects data regarding service counts. Overall, service counts have decreased for children, parents, and families since SFY 2019-20. The pandemic has had a direct impact on the availability of services, and enrollment in specific activities. As COVID-19 restrictions have been lifted, the number of children served has increased since SFY 2020-21. According to the data, most services are directed towards parents. This could be also because a significant number of investments are directed towards parent education.

Differential Response Programs

Differential Response (DR) is a strategy that allows a California child welfare services agency to respond in a more flexible manner to reports of child abuse or neglect. DR affords a customized approach based on an assessment of safety, risk and protective capacity that recognizes each family's unique strengths and needs and addresses these in an individualized manner rather than with a "one size fit all" approach.

Under the DR approach, child safety is the highest priority as more children and families can receive the support they need to keep children safely in their homes. Most county DR programs have two or three referral paths, which are assigned by the social worker based on information taken from the initial call or report, intake, or hotline. Families in Path 1 are referred to community-based organizations, including Family Resource Centers, when the hotline assessment indicates the allegations do not meet statutory definitions of abuse or neglect.

Path 1: Community Response

- Selected when a family is referred to the Child Welfare System (CWS) for child maltreatment but as a result of the hotline/pre-contact assessment indicates the allegations do not meet statutory definitions of abuse or neglect.
- Indications are present that the family is experiencing problems.
- Families are linked to voluntary services such as counseling, parenting classes**,** or other supportive options to strengthen the family.

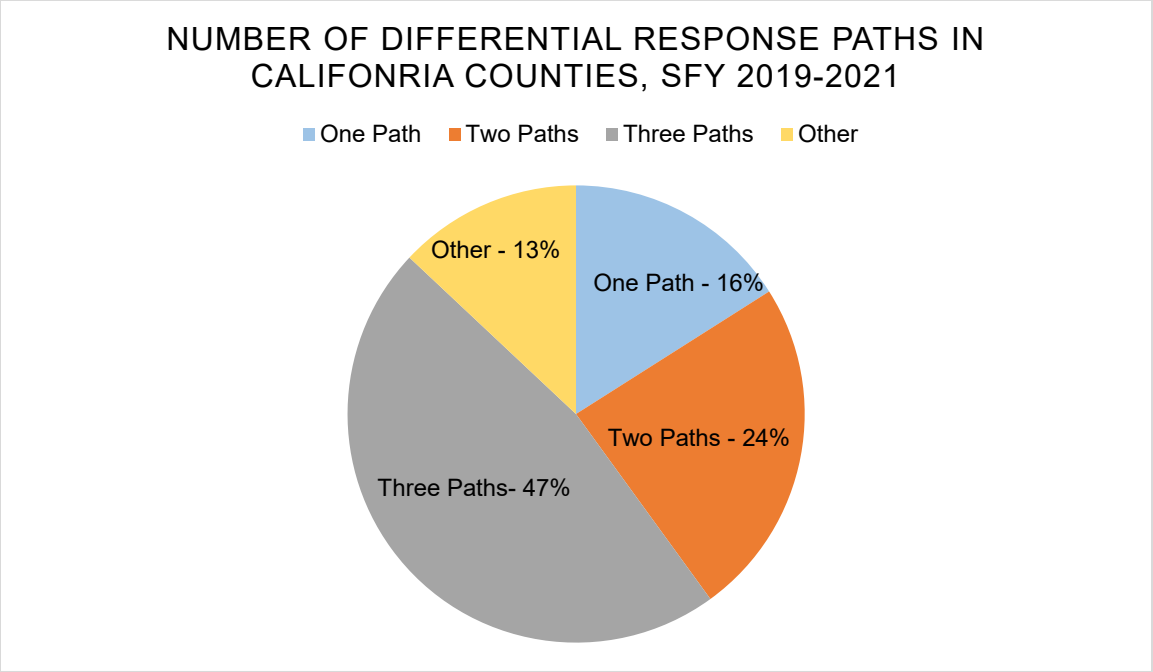
Path 2: Child Welfare Services and Agency Partners Response

- Involves families in which the allegations meet statutory definitions of abuse and neglect at low to moderate risk.
- Assessments indicate that with targeted services a family is likely to make needed progress to improve child safety and mitigate risk.
- Emphasizes teamwork between CWS and interagency or community partners, providing a multidisciplinary approach in working with families.

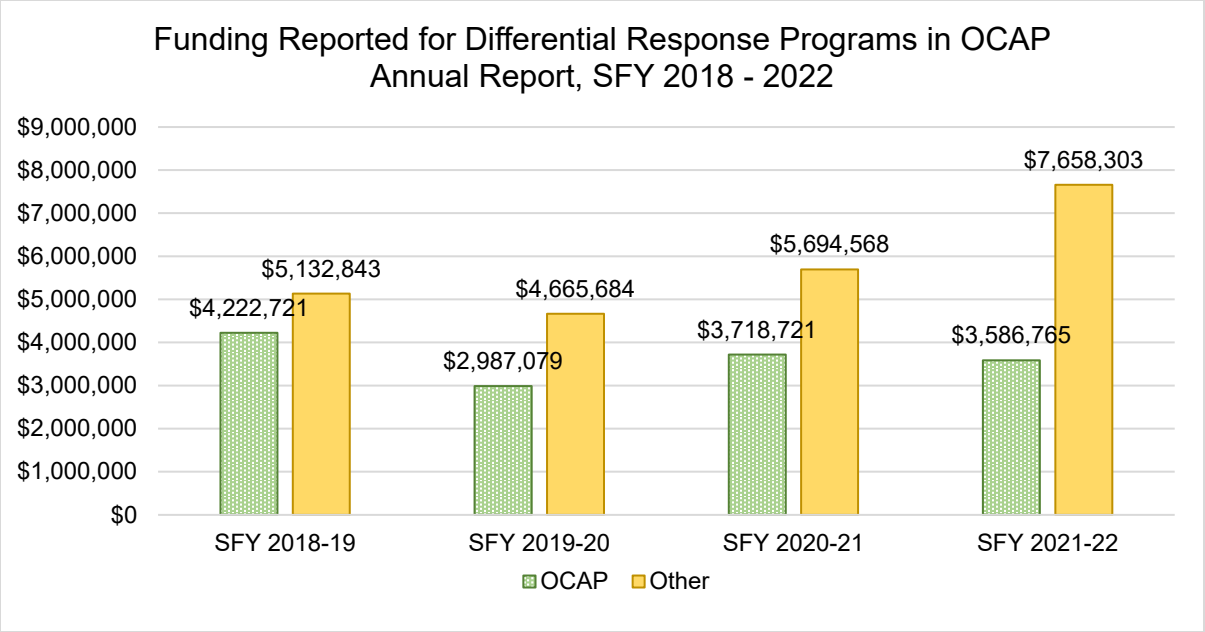
Path 3: Child Welfare Services Response

- Most like the child welfare system's traditional response.
- Initial assessment indicates the child is not safe.

Data collected from the OCAP Annual Report indicates that in SFY 2019-20 and SFY 2020-21, 38 counties in California had a DR program, sometimes called Review, Evaluate, Direct (RED.) Teams. The chart below shows that almost half of the counties had three paths. Counties who identified "Other" paths included a fourth path of aftercare or post-reunification services or the use of a RED. Team. Many counties refer Path 1 families to Family Resource Centers.



Thirteen of the 38 counties utilized OCAP funding for DR in SFY 2019-2020 and SFY 2020-21, and 12 counties utilized OCAP funding for DR in SFY 2021-22. The chart below shows OCAP and non-OCAP funding utilized by those counties. Other funding sources reported by counties include, but are not limited to, child welfare general funds, CalWORKs/Welfare to Work, non-OCAP Title IV-B, First 5, county general funds, Mental Health Services Act-Prevention and Early Intervention funds, private foundations or grants, and individual and corporate donations.



While the OCAP can collect non-identifiable data on the number of children and/or families in OCAP-funded DR programs, the CDSS does not collect the same data on non-OCAP funded DR programs, nor can the CDSS compare that data to foster care entry rates. The OCAP believes that implementation of Family First Prevention Services Act Part 1 and California's Family First Prevention Services Program, including the option of a community pathway for families to request and receive preventative services, will provide an opportunity to track children and youth at imminent risk of foster care and collect more accurate data on prevention efforts.

Services that help children in foster and adoptive placements achieve permanency

System of Care

As noted in Item 25, the legislative report written by the State Children and Youth System Care Team, Assembly Bill (AB) 2083: Children and Youth System of Care, evaluates the service array and delivery system for children and youth in foster care throughout the state. The report identifies strengths and areas for improvement, as well as recommendations to address needs of children and youth in foster care.

One of the identified gaps noted in the report is family finding and engagement, which notes that across the state, family-finding practices and outcomes are varied and some children may not be moving toward permanency despite their case plan designation. According to the report, approximately 34,000 children have a case plan designation of permanent placement; 1,200 of these children reside in congregate care settings; and 13,000 are residing with resource family caregivers, some of whom are not moving toward permanency. The report identifies recommendations to address this gap, including establishing recruitment strategies for children with complex needs, the implementation of rapid reunification models, and strengthening reunification efforts through parent coaching and the use of permanency specialists and peer partners.

The legislative report notes that trauma-informed care and the neuroscience of trauma are essential to addressing the needs of children in foster care. The report notes, "traumatic experiences not only impact the child's life trajectory, but when needs are not met, also impacts the child in the context of their family by limiting their ability to maintain a safe, stable and resilient caregiving environment" (p.6). The report identifies a need for services statewide and across systems, to incorporate "evidence-informed clinical interventions that target the interrelationship between trauma, caregiver attachment, the state of the child's social environment, and the traditional scope of care inherent to that system" (p. 6). Statewide, there is a need to expand upon the services for children and youth in foster care to incorporate and develop trauma-informed care centered on the neuroscience of trauma, to support healing and adequately meet the needs of children and youth. Trauma-informed care and the neuroscience of trauma is expanded upon more in depth in the preface.

Systems Integration

Youth engaged in the child welfare system, and especially those requiring a higher level of care, are often engaged with multiple systems, education, health, regional services, etc., which can present significant issues which may delay or limit the effectiveness of any service. To support the integration of the systems serving youth to align and be responsive to the individual needs of children and their families, AB 2083 (Chapter 815, Statutes of 2018) was passed. This legislation requires each county to develop and implement an MOU outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. An MOU tool additionally was developed to support local systems in the development of these procedures/policy.

AB 2083 additionally established a cross departmental workgroup to engage, and per the statute, to establish a multi-agency analysis of the identified gaps in meeting the needs of children with complex needs. This analysis focused heavily on the unique needs of children in foster care including with respect to permanency. The multi-agency analysis report incorporated evaluation of a variety of quantitative and qualitative data sources, including data from technical assistance provided by the State and multi-departmental matched data. The key findings included:

- Siloed practices in planning and delivering services are a major actionable cause of the gaps and inefficiencies in how systems assess and respond to the needs of children and families holistically.
- Implementation of trauma-focused program models within the system of care is incomplete across the state in terms of the availability of trained professionals, evidence informed assessments and evidence informed intervention models.
- A statewide gap exists in programming with specialized competencies capable of serving the needs of children, youth, and families who have multiple co-morbidities or cross-system needs.
- Children and families need more proactive and holistic services across systems to stabilize children in their own families and communities and to reduce the incidence of foster care.

As stated above, this report, and the data therein, has advised the CDSS and system partners to develop strategies to address the issues identified, some of which are listed within Item 4 of the Round 4 Statewide Assessment. The full report can be viewed at Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma.

Intensive Services Foster Care
Intensive Services Foster Care (ISFC) is a placement-based service that can be provided to youth in home-based foster care. This service provides additional training to the caregiver so that they can support the youth in placement. Additional services and supports are provided to the youth and caregiver based on their needs. These services include paraprofessional staff to support the youth and family as well as core services such as mental and behavioral support or other services as identified in the youth's case plan or individual needs and services plan.

Adoption Services
Adoption Regulations are laid out in Title 22, Div. 2. The current creation of Tribal Customary Adoptions Regulations, Title 22 Division 2 Chapter 3 is ongoing and anticipated to be published this year. PSSF is a federal program under Title IV-B, Subpart 2 of the Social Security Act for states to operate coordinated child and family services including community-based family support services, family preservation services, time limited family reunification services, and adoption promotion and support services to prevent child maltreatment among at-risk families, assure safety and stability of maltreated children, and support adoptive families. Per Welfare and Institutions Code 16131, federal local assistance monies are set aside specifically for counties and private nonprofit agencies to provide Post-Adoption Services.

The state does not have the capacity and expertise to employ the staff required to provide Post-Adoption Services to the community served by the community partnership contracts. Contracting services out and the use of PSSF funds does not increase the State's general fund expenditures and does not displace civil service employees.

Overall, there has been a lack of resources, supports, mental health service providers, trainings, and support groups. Due to COVID-19, there has been a reduction in services and mental health service providers. Post-adoption providers have high turnover rates and there is a general lack of adoption competent therapists.

Additionally, the data is limited to four of the Adoption Regional offices and outside contracts through PSSF funding. Also, there is a limitation to the data because there are additional service providers who support adoptive families that do not contract with the state.

Contracted Service Providers

The CDSS partnered with Youth for Change, Wayfinder Family Services, and Aspiranet in 2019-2021 to provide adoption case management and support services to adoptive families. The following CDSS Regional Offices were served by these programs: Fresno, Sacramento, Chico, and Arcata. These services include parent support groups, psychotherapy sessions for children, parents, and the whole family, information or referral services, crisis intervention, adoptive family trainings, professional workshops, and social events. PSSF contract data shows:

- 2019 – 1,587 adoptive contacts received support from contractors.
- 2020 – 2,359 individuals benefitted from support groups, family events, and trainings.
    - Family contacts, community outreach, and collaborative efforts involved 2,705 adoptive families.
- 2021 – 2,573 support groups, family events, and trainings were attended.
    - Family contacts, community outreach, and collaborative efforts involved 2,547 adoptive families.

Events that were coordinated for families included parent support groups, pizza dinners, paint nights, movie showings, creative dance classes, hiking days, trail rides on horseback, and teen connection. Trainings that were hosted for families included Nurtured Heart, Parenting from Fear to Love, Connected Parenting 101, Trauma-Informed Parenting, and Talking about Race with Children.

With the transition of services from in-person to virtual because of COVID-19, the accessibility has increased for some due to the fact they may access services from anywhere. However, it has also limited others due to a lack of accessibility of technology. Similarly, personalization of services has decreased due to remote, virtual connections. Yet, Wayfinder Family Services sent surveys to each family they worked with. Their data shows an average rating of 3.8 out of 4, demonstrating that most families are satisfied with the adoption related supports they received.

Program Highlights

Post Adoption Services (PAS) have been very successful in California. Service offerings include, but are not limited to, round tables for adoptive parents, learning sessions, community events, virtual activities for children, and respite funding. Several families who have accessed these services has expressed gratitude for what PAS provide to their families.

Consortium for Children

The Consortium for Children (CFC) was created to fill identified gaps in the child welfare system. Their programs take a unique approach to meeting the needs of children, families, and professionals in this realm. The CFC created Permanency Planning Mediation (PPM) to assist in the development of post-adoption and legal guardianship agreements between families of origin and prospective permanent families in California with the goal of preventing further loss for children by maintaining important connections, and potentially expediting their exit from foster care. The CFC identified qualified mediators, developed a structured training program, and acquired a state contract to support this important piece of the child welfare mosaic throughout the state.

Permanency Planning Mediation

PPM is a specialized mediation process offered on behalf of children after reunification services have ended. Their mediators help the child's family of origin, and their potential adoptive parents or legal guardians work together to make a plan for maintaining family connections, should adoption or legal guardianship take place.

Preserves and Builds Child's Connections with their:

- Important relationships, including between siblings
- Personal history
- Family medical information
- Cultural heritage

Supports the Child's Well-being through:

- Connections that nourish their sense of identity
- Plans that are flexible to meet changing needs over time
- Nurturing feelings of reassurance, confidence, and stability

Encourages Open and Honest Communication by:

- Helping everyone feel heard
- Clearing up misconceptions
- Focusing on the child and future plans
- Creating clear expectations, boundaries, and accountability
- Cultivating trust and cooperation

California Kids Connection (Family Builders)

California Kids Connection is an online registry of children who need permanent, loving, adoptive families. It serves as the adoption exchange for the State of California. Additionally, California Kids Connection assists families in navigating the complex foster care and adoption system, providing information, referrals, and resources to families.

California Kids Connection supports the recruitment efforts of counties and aids them in matching children with families who can meet their needs and provides post-adoption support and resource information to families parenting children who are adopted or have been in foster care. All services of California Kids Connection are free to families and counties.

Raising awareness of teens in foster care

Through a partnership with the Ad Council, AdoptUSKids produces a public service campaign to raise awareness of adoption from foster care. Now in its sixteenth year, the theme of the current campaign is "You can't imagine the reward" and highlights the many reasons to adopt a teen.

Level of Care Protocol

Since Round 3, the CDSS has developed and finalized a Level of Care Protocol (LOCP) to be used by county child welfare or probation staff. A LOCP is a strength-based method designed to identify the individual care and supervision needs of children and youth that can be translated to an appropriate LOCP rate to support and stabilize placements in home-based family settings. The LOCP is based on five domains: Health, Behavioral/Emotional, Physical, Permanency/Family, and Education.

The LOCP was developed for use by county child welfare and probation staff as a strengths-based approach for determining Board and Care rates. The protocol matches the individual care and supervision needs of foster children with a resource parents' level of support. The Home-Based Family Care rate (Board and Care Rate), including if applicable, an ISFC rate, is paid to a resource parent to support a foster child's placement in a family setting. The LOCP is comprised of a matrix that lists five domains (Physical, Behavioral/Emotional, Health, Educational, and Permanency/Family Services Domain) that are scored separately and totaled to translate to a LOCP rate.

Parent-Child Suitability Summary

The Parent Child Suitability Summary (PCSS) was created to assist the adoption worker and child's placement worker in gathering information for the court report, as outlined in WIC 366.26. The PCSS is child-focused and based on whether the Resource Family can meet the specific needs of "this child."

It is the responsibility of the adoption program social worker to ensure that the family and child are prepared for the child-specific adoption. Although the Resource Family Approval (RFA) Written Report addresses many components of permanency, it is imperative that some of these issues are revisited prior to moving forward with a plan of adoption and that they are discussed in the context of determining the appropriateness of the relationship between the child and the potential adoptive parent(s). A permanency assessment report is required for the hearing to terminate parental rights. The adoption program social worker will prepare a PCSS, which will help capture the essential information required for the report as outlined in WIC 366.26.

The following areas should be addressed by the social worker in the Parent-Child Suitability Summary:

1. A preliminary determination of the commitment, motivation, and attachment of the potential adoptive parent to the specific child being adopted.
2. The potential adoptive parent's ability to meet the needs of the child.
3. Consulting directly with children aged 12 years and over as to their wishes regarding adoption by these specific potential adoptive parents unless a documented condition precludes a meaningful response by the child.
4. The potential adoptive parent's understanding of their own grief and loss issues surrounding the adoption of the specific child (fertility, dream child, etc.) and those of the child (family, culture, history, etc.), including how to obtain the proper support to recognize and heal the emotional wounds.
5. If transracial or transcultural, the importance of open conversations about the child's race, any discrimination issues that may apply, the importance of race/culture mentors, integrating the child's culture into the family and celebrating these differences, etc.
6. The life-long nature of adoption that include adoption-related questions, losses, etc. that are usually experienced through each developmental phase and with each major life milestone (dating, graduation, marriage, birth of a child, etc.).
7. How the potential adoptive parent(s) feel about post-adoption contact with siblings, appropriate birth parent(s), and/or other relatives of the child; and
8. If a relative is adopting, navigating their relationships with the child's birth parents and other relatives, role changes, etc.

Private Agency Adoption Reimbursement Program

Per WIC 16122, the Private Agency Adoption Reimbursement Program (PAARP) was created in 1999, with the intent to provide children and youth who would otherwise remain in long-term foster care with permanent adoptive homes, and to support the adoption agencies that helped facilitate these adoptions. AB 1301 (Chapter 827, Statutes of 2019) has established that effective July 1, 2020, county child welfare agencies will assume local control of the PAARP and be required to compensate licensed private adoption agencies for the costs associated with supporting families through the process of adopting children and nonminor dependents (NMDs) eligible for Adoption Assistance Program benefits. AB 1301 also shifted the responsibility of collecting and processing PAARP claims from the CDSS to the counties.

Adoption Assistance Program

The Adoption Assistance Program (AAP) is an entitlement program to provide financial and medical coverage to facilitate the adoption of children who otherwise would remain in long-term foster care. Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, created federal incentives to encourage the adoption of special needs children. The California State Legislature created the AAP with the intent to provide the security and stability of a permanent

home through adoption. AAP eligible children may receive federally funded benefits or non-federally funded benefits per state guidelines. The request for AAP benefits, the eligibility determination, benefit negotiation, and execution of the AAP agreement must be completed prior to the adoption finalization.

AAP benefits:

- Monthly negotiated rate
- Medical coverage (Medicaid/Medi-Cal)
- Reimbursement of Nonrecurring adoption expenses (up to $400 per child per adoption)
- Payment for an eligible out of home placement
- Payment for eligible Wraparound services
- Benefits may continue in a subsequent adoption
- Continues regardless of the adoptive family's state or country of residence
- If eligible, benefits may continue to age 21

Adoption services are provided to all families who are seeking adoption within California. Translation services are also provided for all families who have a need. PAARP and AAP stipends are inclusive to all groups.

California Kinship Navigator Program

California Kinship Navigator (CKN) is a free service for kinship caregivers and current and former foster youth brought to you by the CDSS in partnership with Think of Us (TOU).

CKN supports kinship caregivers and current or former foster youth to quickly find and access resources by connecting with a team of Community Responders who take the labor-intensive work off the families. CKN invites users to engage with our Community Responders, a team of TOU staff, who will talk through options, identify solutions, and take on the administrative work of research, paperwork, and follow-up.

These services are available in English and Spanish through a combination of options. These options include direct support from a community responder (via email, text, or telephone), or navigating resources with individualized recommendations.

CKN created a Resource for Kinship Caregivers website which has a list of resources as well as a centrally located section for all ACLs/All County Information Notices for Kinship Caregivers. CKN also created caregiver Support Webinars. The Caregiver Support Webinar and Resources consists of live webinars provided by The California Department of Social Services in partnership with California Alliance of Caregivers to present important information about policies, services, and resources to resource families. These webinars also provide resource information, discussions from professionals, and panels with lived experiences.

Other Services

Sexual Orientation Gender Identity and Expression Workgroup

The Sexual Orientation Gender Identity and Expression (SOGIE) workgroup works is to ensure that all LGBTQIA+ youth are affirmed, safe, and have access to supportive connections and resources while in a foster care placement. The SOGIE Workgroup is working to improve the permanency outcomes by ensuring that LGBTQIA+ youth have gender affirming and accepting care at all levels. To better support LGBTQIA+ youth and their families California, the System

of Care Branch, was created a sub workgroup to focus on Temporary Shelter Care Facilities (TSCFs).

The workgroup contacted ten TSCFs in the months of September and October 2021, to participate in a survey to determine their training needs and interest related to SOGIE topics and their competency to meet the needs of LGBTQIA+ and gender expansive youth. One hundred and fifteen staff from the 10 licensed TSCFs responded.

Feedback from both staff and program leaders from all 10 licensed TSCFs included:

- 30.43 percent said they were not at all knowledgeable about SOGIE.
- 40.87 percent said they had no skills, experience or training in the last year related to SOGIE.
- 72.17 percent said that trainings on the topics of SOGIE would be very useful to their work.

Please see Item 30 for data related to Integrated Practice Child and Adolescent Needs and Strengths Assessment Latent Class Analysis (LCA) and Innovative Model of Care (IMC) Rates and Item 12 for a description and relevant data for Complex Care.

Services for Indian Children and Their Families

The CDSS engages in efforts to strengthen state, county, and Tribal partnerships by being an active participant in a statewide ICWA workgroup, Tribal Consultation Policy Committee, Tribal Title IV-B and IV-E Collaboration, State-County-Tribe collaboration, Annual California Statewide ICWA Conference, and the creation of Tribal Customary Adoptions Regulations, Title 22 Division 2 Chapter 3. The CDSS is confident that it's continued efforts to improve collaborative relations between the county, state, and Tribes will positively impact delivery of services to Native American children and families.

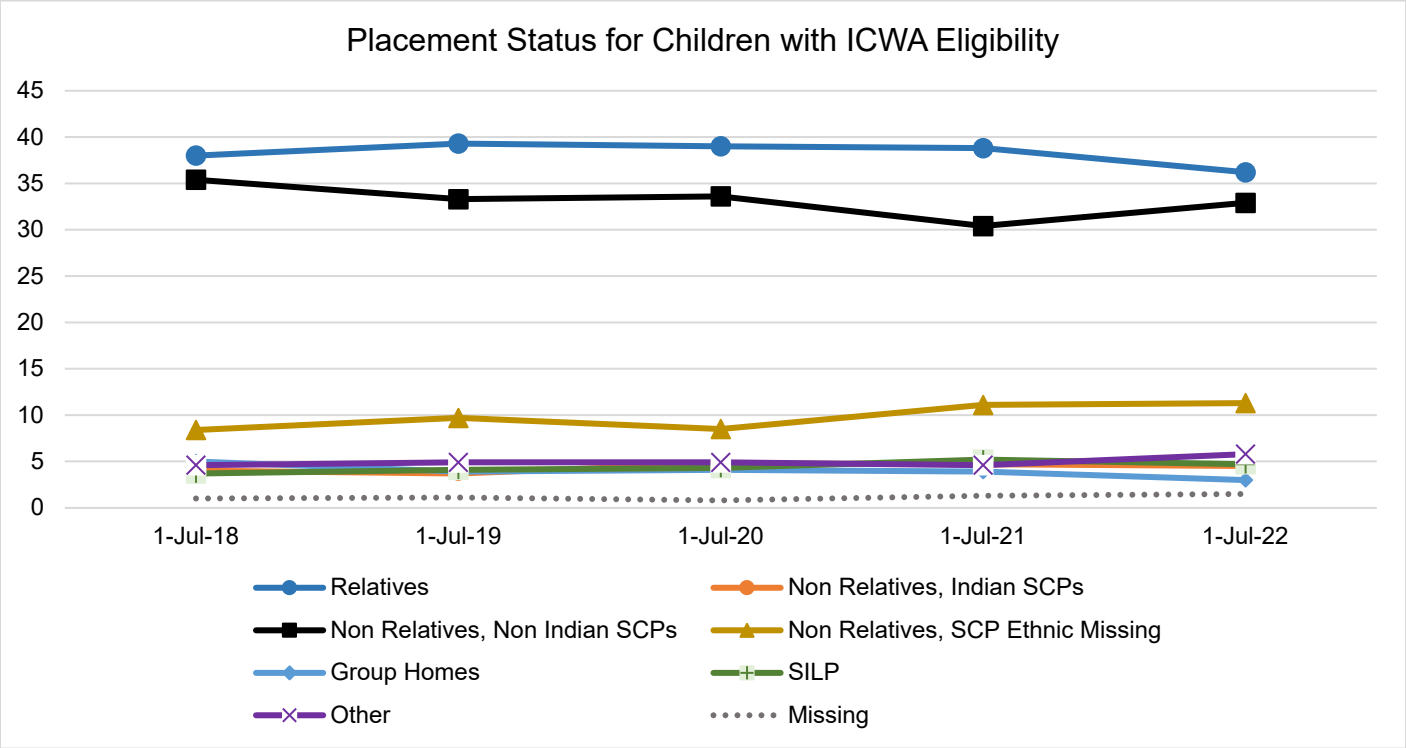
ICWA-related programs/initiatives related to this item include the following:

- The ICWA Initiative
- Indian Health Program
- American Indian Infant Health Initiative
- California Partners for Permanency
- Lake County Tribal Health Consortium
- Parent-Child Assistance Program
- Nurturing Parents Education Program
- Tribal Home Visiting Program
- 4P's Program
- California Tribal Temporary Assistance for Needy Families Partnership

Indian Child Welfare Act Eligible Placements

The ACL on emergency removals and emergency placements, described in Item 3, also explains the placement of an Indian child must always be discussed and communicated with Tribal representatives and extended family members to ensure that ICWA placement preferences are being applied. The figure above shows statewide data that was collected between July 2018 through July 2022 for the placement status for children with ICWA eligibility. When looking at the placement type trends, it shows most children with ICWA eligibility are

either placed with a relative and/or a non-Indian relative over all other placements, which is in line with ICWA placement preferences.



Source: California Child Welfare Indicators Project, 4E – Placement Status for Children with ICWA Eligibility, 2022

Table 3. Placement status for children with ICWA eligibility

Placement Status	1-Jul-18	1-Jul-19	1-Jul-20	1-Jul-21	1-Jul-22
Relatives	38	39.3	39	38.8	36.2
Non-Relatives, Indian SCPs	4	3.7	4.8	4.7	4.5
Non-Relatives, Non-Indian SCPs	35.4	33.3	33.6	30.4	32.9
Non-Relatives, SCP Ethnic Missing	8.4	9.7	8.5	11.1	11.3
Group Homes	5	3.9	4.1	3.9	3
SILP	3.7	4.1	4.3	5.2	4.7
Other	4.6	4.9	4.9	4.6	5.8
Missing	1	1.1	0.8	1.3	1.5
Total	100	100	100	100	100

Judicial Resources and Technical Assistance Reviews
Preliminary evidence from Judicial Resources and Technical Assistance reviews was provided by the Judicial Council of California for one large Southern California county, two small Northern California counties, and one large Bay Area county. In the large Southern California county, there are several specialty courts and plans to establish others in the future. In one of the small Northern California counties, there is a specialty drug court. There are no known specialty courts in the large Bay Area county or the other small Northern California county.

Placement Documentation Guidance in the Statewide Child Welfare Information System
It is critical that all children, youth, and (NMDs are in a licensed or approved placement setting. To meet this need, it is essential that there are adequate resources for placement services. Currently, there is a need for an increase in these resources for placement services because the current number of resources has not been enough to ensure all children, youth, and NMDs are in a licensed or approved placement setting, resulting in the unideal situation of some children, youth, and NMDs staying at child welfare offices, hotels/motels, or other locations while awaiting placement.

The CDSS published ACL No. 23-32 (March 24, 2023) to provide additional guidance regarding properly documenting specific placements and locations of children, youth, and NMDs including, but not limited to, Non-Foster Care settings and other out-of-home care settings in the statewide child welfare information system, including the current system, the CWS/CMS. This ACL provides specific documentation instructions on how and what information to document when a youth is staying in a child welfare office, hotel/motel, short-term stay location, “couch surfing” or in a homeless shelter,” as well as other Non-Foster Care situations. This guidance will help ensure that the worker and back up worker can identify where the youth is, especially in cases of emergency, even if the youth is not yet in a placement.

Item 30: Individualizing Services

For this item, provide evidence that answers this question:
How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

Individualizing Services is an area needing improvement in California.

Office of Child Abuse Prevention Funding

OCAP Annual Report: Funding Utilization Between 2019 and 2021, the OCAP saw several changes in how OCAP funding was utilized. Some of the prevention services that saw an increase in funding are designed, in part, to meet the unique needs of children and families, such as Child and Family Teaming, adoptive parent recruitment, domestic violence services, basic needs and concrete supports, information & referral, substance abuse services, behavioral and mental health services, and Family Resource Center services. The OCAP acknowledges that COVID-19 and varying restrictions on in-person activities also affected how OCAP funding was spent to serve and support children, youth, and families during this period.

The OCAP asks counties to provide an example of the outreach they do to promote culturally competent and culturally relevant programs and activities for funded programs in the OCAP Annual Report, but only for CBCAP-funded programs and services. Apricot captures aggregate data while CWS/CMS is designed to capture child-specific information. Currently the OCAP does not collect data pertaining to the individual needs of children, youth, and families. This is the extent to which counties report on whether their services meet the unique needs of children and families to the OCAP.

Office of Child Abuse Prevention-funded Grants and Contracts

Celebrating Families Grant

The OCAP's Celebrating Families! (CF!) grant was awarded to Prevention Partnership International (PPI) in 2019 to provide training and technical assistance to agencies that will implement the Celebrating Families! program. The Celebrating Families! curriculum is an evidence-based cognitive behavioral, support group model written for families in which one or both parents have a serious problem with alcohol or other drugs and in which there is a high risk for domestic violence, child abuse, or neglect. Celebrating Families! works with every member of the family, from ages three through adult, to strengthen recovery from alcohol and/or other drugs, break the cycle of addiction and increase successful family reunification. Celebrating Families! fosters the development of safe, healthy, fulfilled, and addiction-free individuals and families by increasing resiliency and decreasing risk factors while incorporating addiction recovery concepts with healthy family living skills. The model consists of a 16-week curriculum developed for children of alcoholics/addicts and their parents, many of whom have learning differences or cognitive deficits. Celebrating Families! is based on recent research about brain

chemistry, including skills education, risk and resiliency factors, and asset development. Emphasis is also placed on the importance of community service and individual spirituality.

Because the CF! grant is intended to provide training and technical assistance, the OCAP does not obtain data on the number of families who complete the CF! program. PPI provided evaluation reports in 2021 and 2022, which included data on participants who completed pre- and/or post-tests. The Year 1 Evaluation Report stated that 20 participants completed a post-test (pre-test data was not available due to a programming error); in the Year 2 Evaluation Report, 24 participants completed either a pre-or post-test and 65 participants completed both the pre-and post-test. The Year 2 Evaluation Report included information on cultural adaptations to the CF! Program, relevant to individualizing services, which are described below:

One program site serves members of the Sherwood Valley Band of Pomo Indians in Northern California. CF! classes begin with the Circle, which consists of cultural practices and is a central component in linking people with the wider community but also creating a safe space. Topic titles and some materials are translated to the Northern Pomo language.

In Los Angeles, CF! programs are implemented by Para Los Niños (PLN) and SHIELDS for Families, Inc. (SHIELDS). PLN brings together education, early intervention, mental health, public health, community engagement, and leadership development to serve the whole child, whole family, and communities in which families reside." The mission of SHIELDS is "To develop, deliver and evaluate culturally sensitive, comprehensive service models that empower and advocate for high-risk families in South Los Angeles." The families involved with these two agencies are highly diverse in terms of presenting problems and contexts, yet there are shared issues that get addressed in the classes. These include violence in the home, substance use, and separation from children (emotionally and physically). Because of these shared issues, as well as the general need for advice and support about parenting, cross-cultural discussions have been very helpful. Often, the classes have a mix of Hispanic and Black parents. Examples were given of how to encourage cross-cultural dialogue, such as using participants as key informants about their family culture. This is especially important since parents get isolated from others and their culture, so an individualized approach is needed about how the family has experienced their situation. Having these conversations during classes brings out themes that are shared among all the families, such as the hidden secrets about substance use and violence in the home. Asking questions like "how is it done in your family?" encourages this dialogue to occur, countering the natural tendency to" keep it quiet; you don't share your business outside the family."

The CF! program in Sacramento is implemented in collaboration with When Everyone Acts Violence Ends, Inc. (WEAVE). WEAVE's mission is to promote safe and healthy relationships and support survivors of sexual assault, domestic violence, and sex trafficking. Clients of WEAVE have experienced recent or current domestic violence and experience multiple challenges including, unstable housing, substance use issues, and trauma reactions. These experiences result in very vulnerable families – introducing them to and engaging them into a 16-week parent class can be difficult. The program was adapted to address the unpredictability how long families would stay engaged with *CF!*. When families face severe financial stress and potential homelessness, life decisions and concrete needs take priority over continued engagement in therapeutic services. This required the facilitators to adjust expectations about completion of a 16-week cycle, which most families were not able to do. Another adaptation had to do with updating the *CF!* curriculum to reflect more culturally responsive and up-to-date activities that were more "celebrating" and less educational. The emphasis on identifying and building on family strengths resonates well with the WEAVE families.

Road to Resilience

The OCAP-funded Road to Resilience grant's overall goal is to prevent families from entering the Child Welfare System, especially in areas with low access to resources and high substance use. Although the priority population for the Road to Resilience program are parenting individuals who have a history of substance abuse or who have given birth to a substance-exposed infant, some granted agencies further define their priority populations to ensure equitable programming including Tribal members, or individuals with eligibility for membership of a Tribe. With the ease of COVID-19 restrictions, some Tribal clinics were able to reopen to the public and allowed for navigators to reconnect clients to services. Some clinics switched to telehealth as an alternative to home visiting, but home visiting was now an option for clients who were open to this service.

Each of the grantees below have identified priority populations based on the needs within their communities as it relates to substance use and exposure. Grantees have tailored their programs to the individual needs of the priority populations through providing cultural competency training to staff, modifying engagement techniques for recruiting clients for services, and coordinating work with additional providers to ensure they are reaching the intended audience. With the renewal of the grant agreements and ease of COVID-19 restrictions allowing for more engagement, the OCAP is still assessing the outcomes from delivery of programs to such priority populations to determine if they are meeting the unique needs of those families. The OCAP will continue to engage with the grantees to learn of the outcomes for those families.

Grantees serving these areas include:

First 5 Humboldt

- First 5 Humboldt's priority population includes members of the Hoopa, Karuk, or Yurok Tribes or are married to/partnered with a member of the Hoopa, Karuk, or Yurok Tribes, or whose child is a member of the Hoopa, Karuk, or Yurok Tribes. Participants in the program must also be residing in Humboldt or Del Norte counties.

Tuolumne County Department of Social Services

- Tuolumne County Department of Social Services' priority population includes members of the Tuolumne Me-Wuk Tribe as most opioid overdoses were seen in the Native American community.

Shasta County Child Abuse Prevention Coordinating Council

- Shasta County Child Abuse Prevention Coordinating Council's priority population includes pregnant, or up to six months postpartum, parents who have current or past substance use. According to the US Census, residents in Shasta County are predominantly White, Hispanic, and Native American, and portions of Shasta County are federally designated as Medically Underserved Areas.

Indian Health Council, Inc.

- Indian Health Council's priority population includes Native American and Alaskan Native individuals who are at high risk of child welfare involvement and have a significant history with substance use. Indian Health Council is a Tribal health care consortium serving nine federally recognized Tribes in North San Diego County.

Child and Family Teams and Child and Adolescent Needs and Strengths

The CDSS recognizes that a comprehensive assessment process that results in the identification and prioritization of individualized services and supports is critical to informing an effective case plan. Two practices that are rooted in both elevating the youth and family voice and preferences and foundationally require cross system collaboration to assist with determining the needs and services of the child, youth, nonminor dependent (herein referred to as youth), parents, and caregivers are the CFT and the CANS. All trainings, materials, convenings, and policy guidance provided regarding the implementation and furthering of the CFT and CANS processes were developed under the framework of the Integrated Core Practice Model (ICPM). To date, available data is limited due to the use of an antiquated system CWS/CMS. There are efforts underway to build and improve upon CFT and CANS data through the CARES.

One of the primary ways that a child and family's services are individualized is through CFTs. CFT meetings should be individualized in several ways, per ACL No. 16-84. First, CFT meetings are to be scheduled at times and locations convenient for family member participation (please see Item 12 for data pertaining to CFT attendance and completion). Meetings should be conducted in a way that establishes a safe environment that engenders trust and reflects the child, youth, and family's cultural preferences and norms. If needed, CFT meetings could include an interpreter or translator to ensure effective communication and clear understanding. The meetings should have a clear purpose and follow a structured format. Since services and supports to the family should always be individualized to meet their needs, CFT meeting frequency and duration will look different for each family. Furthermore, case plans must be individualized, culturally responsive and trauma informed. However, the CDSS does not currently collect data about the effectiveness of individualized and cultural services outlined in case plans.

Child and Family Teams Survey

As referenced in Item 12, the CDSS offers an online CFT survey to assess participants' perceptions of the meeting's usefulness, inclusivity, and overall satisfaction for parents, foster parents, and youth. The survey determines whether respondents believe they can freely participate and contribute to the CFT process in a way that is appropriate to their role and relationship with the youth, and whether their ideas and suggestions are used to support the youth's case plan goals and strategies. It also asks if participants are encouraged to talk about the youth's strengths. It is hoped that participation in these discussions will help youth, parents, and foster parents identify services that best meet their strengths and needs as identified by the CFT and the use of the CANS tool. Unfortunately, the CDSS issued CFT survey has not been adopted by all counties and does not appear to be used often. From 2018-2022, there have been a limited number of surveys completed, with approximately 1,402 (145 youth and 1,257 other CFT participant) responses total. Therefore, the data is unable to be considered widespread throughout California.

Of the other CFT participant responses, 82.29 percent of survey respondents reported that their ideas and suggestions were used to support the youth's case plan goals and strategies. 72.44 percent of youth survey respondents expressed they felt their ideas and suggestions were used to help develop their case plan goals and strategies, and 77.17 percent felt their team talked

about what they did well. The majority of other CFT participants (88.10 percent) said they were able to participate and contribute freely to the CFT process in a manner appropriate to their role and relationship with the youth, and 77.95 percent of youth reported they were also able to participate and contribute freely to the CFT process. Regarding whether the CANS tool was discussed during their CFT meeting, youth expressed that his occurred 55.20 percent of the time, while other CFT participants reported it occurred 22.97 percent of the time. It is hoped that the free discussion and contribution of the youths' and families' goals and strategies encourages the identification of appropriate services that meet the needs of parents, foster parents, and youth. When asked how satisfied they were with the CFT meeting, 70.47 percent reported feeling satisfied or very satisfied, while 72.56 percent of youth reported the same.

As stated, several factors limit the CFT survey's utility in determining whether the CFT aids in identifying services that meet the needs of the child and family. Currently, the CFT survey does not explicitly ask if the CFT helps children, foster parents, and parents in identifying services that meet their needs and case plan goals. Survey participation is also limited because the survey is not automated and there are no incentives for completion. Moreover, responses are not reflective of all counties, as most surveys were received from Glenn, San Joaquin, Los Angeles, and Riverside Counties. The CDSS is striving to improve the survey to better assess the CFTs role in identifying services appropriate to youths', parents', and foster parents' needs, and collaborating with CARES-Live on survey automation.

Child and Family Teams and Child and Adolescent Needs and Strengths Materials

The following were developed to meet the needs of all members of the CFT. These resources were developed to be developmentally, culturally, and linguistically appropriate and competent. These materials were also developed to Responsive to disability and special needs. All the following guidance, including brochures, web pages, all county letters, videos, and more meet "AA" compliance of the World Wide Web Consortium, Web Content Accessibility Guidelines 2.0. In addition, the CFT and CANS web pages satisfy Section 508, Subpart B, Subsection 1194.22, Guidelines A-P of the Rehabilitation Act of 1973 as revised in 1998. The CDSS is committed to improved accessibility for all Californians. Moreover, the CFT and CANS web pages have many features that are intended to make the experience of interacting with the web pages positive and productive for all users, including those with disabilities. Please see Item 20 for a more complete list of CFT and CANS resources and materials.

Developmentally Appropriate

- CFT Engagement Guide
  - Provides guidance on facilitating meetings for children/youth aged zero-five and other age ranges.
- CFT Videos
  - Appropriate for different stages of development
- CFT Youth Brochures and CFT Privacy Youth Brochures
  - Reviewed by youth partners to ensure their appropriateness for youth engaged in the child welfare and juvenile probation systems.

Culturally Appropriate and Linguistically Competent

- CFT Engagement Guide:

    - Recommends that bilingual and interpretive services must be provided for parents whose primary languages are not English or who are reluctant to invite non-English speaking natural supports.
    - Recommends that meetings should be held in the primary language of the child/youth and family and translated into English for service providers whenever possible
    - Recommends that qualified bilingual staff, interpretive services, and/or audio should be made available. Additionally, Braille materials should be made available as needed.
- CFT Brochures:
    - Youth, Professional, and Parent Brochures are offered in English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Russian, Spanish, and Vietnamese.
- CFT and CANS Web Pages
    - Google translation is available on each web page to assist in providing the same information to all interested consumers
- WIC 352(b) was amended, requiring the dispositional hearing to be held within 30 days for an Indian child as opposed to 60 days, unless the court finds exceptional circumstances to support a continuance. Consistent with the ICPM, CWS and probation agencies must have a CFT meeting and complete the CANS assessment tool to inform the case plan. Given the changes made by AB 3176, in the case of an Indian child completion of a CFT and the CANS assessment is now 30 days instead of 60 days. CWS agencies are also reminded that an Indian custodian as well as a representative of the child or youth's Tribe are required members of the CFT in the case of an Indian child. ICWA active efforts requirements contemplate involvement of the child's Tribe at the earliest opportunity.

Responsive to Disability and Special Needs

- All CDSS materials are required to be accessible.
- CFT Engagement Guide
    - Offers guidance on CFT meeting facilitation for parents with mental health needs
        - Suggests offering breaks, consulting with parents' Behavioral Health team, incorporating a support person and otherwise planning for their needs.
    - Recommends ensuring the team composition includes members that relate to the developmental and/or medical needs of the young child. Membership may include an infant mental health specialist, public health representative, developmental specialist, Regional Center service coordinator, educational liaison, daycare provider, pediatrician, family visit coach, occupational or speech therapist, or Navigator from the local Resource and Referral Network.
    - States that audio and Braille materials should be made available

Accessed through Flexible Funding

- County Fiscal Letter (CFL) 16/17-22
    - Offers flexible General Funding for CFTs

    - The composition of the team is driven by family members' preferences and is as inclusive as possible so the support system that is developed or strengthened will continue to exist after formal services have been completed and a transition plan is in place. The CFT provides input to, implements, monitors, and updates a family-centered case plan. The plan articulates specific needs and services to achieve the child, youth, and family's goals, including meeting related court orders and building on or developing strengths.
        - Allowable activities include activities to identify, assess, plan, and monitor support and services that are needed to achieve child and public safety, permanency, and well-being. The activities include, but are not limited to:
            - Engaging and preparing the CFT members for CFT meetings.
            - Coordinating and conducting a CFT meeting.
            - Participation time at the CFT meeting.
            - Documenting results of the CFT.
- CFL 17/18-42
    - Counties receive CFT allocations through the General Fund (flexible)
        - Each county's Child Welfare Department (CWD) and County Probation Department (CPD) may use these distributions to plan CFT-funded activities.
            - $45.5 million General Fund (GF) for Fiscal Year (FY) 2017-2018
- CFL 18/19-37
    - $52.2 million GF made available to fund CFTs in FY 2018-2019.
- CFL 19/20-37
    - FY 2019-20 total allocation for CFT and the CANS functional assessment tool in the amount of $64.3 million GF based on the Budget Act of 2019. The allocation includes $9.8 million GF for CWDs for the CANS functional assessment tool to be used in conjunction with the CFT process to guide case planning and placement decisions. The total allocation is $59.3 million GF for CWDs and $5.0 million GF for CPDs.
- CFL 20/21-14
    - FY 2020-21 allocation for CFTs in the amount of $56.5 million GF based on the Budget Act of 2020. The total allocation is $52.7 million GF for CWDs and $3.8 million GF for CPDs.
- CFL 21/22-69
    - $58.5 million GF is available based on the Budget Act of 2021. This letter also informs CWDs of the FY 2021-22 CANS GF allocation of approximately $3.4 million GF.

Policy Strategy Responses Under the Continuum of Care Reform

The following programs and technical assistance offerings have been implemented by the System of Care Branch to individualize services to meet the unique needs of children and families.

Innovative Model of Care Rate

AB 2944 (Chapter 104, Statutes of 2020) provided the CDSS the ability to develop, implement, and approve individualized program/child rates, which may be program-specific or child-specific,

for an innovative program or model of care and services, consistent with existing statewide licensing and Aid to Families with Dependent Children-Foster Care program requirements.

An innovative model of care is a stabilizing placement that is designed to innovatively provide for the complex needs of a specific child and should be focused on a timely transition to a less restrictive setting that is in line with the permanency goals. In SFY 21-22, 13 counties utilized the IMC child-specific funding for short-term residential therapeutic program (STRTP) of one, one county utilized the IMC child-specific funding for an Intensive Services Foster Care-Plus-Resource Family Approval (ISFC-Plus-RFA), one county utilized the IMC child-specific funding for Intensive Services Foster Care-Plus-Foster Family Agency (ISFC-Plus-FFA), two counties utilized the IMC program-specific funding for STRTP of one, one county utilized the IMC program-specific funding for ISFC-Plus FFA, and one county utilized the IMC program-specific funding for ISFC-Plus RFA. In SFY 22-23, seven counties have utilized the IMC child-specific funding for STRTP of one, one county utilized the IMC child-specific for ISFC-Plus FFA, two counties have utilized the IMC program-specific funding for STRTP of one, and four counties have utilized the IMC program-specific funding for ISFC-Plus-FFA.

ISFC is a placement-based service that can be provided to youth in home based foster care. This service provides additional training to the caregiver so that they can support the youth in placement. Additional services and supports are provided to the youth and caregiver based on their needs. These services include paraprofessional staff to support the youth and family as well as core services such as mental and behavioral support or other services as identified in the youth's case plan or individual needs and services plan.

See Item 4 for a discussion of the Child-Specific Requests for Exceptional Needs.

California Integrated Practice-Child and Adolescent Needs and Strengths Latent Class Analysis

California Integrated Practice-Child and Adolescent Needs and Strengths Latent Class Analysis

The LCA is a measurable model where individuals can be placed into latent classes based on their CANS tool ratings. To create the classes using the CANS, the ratings or action levels are dichotomized into 'actionable' and 'not actionable. These LCAs may be used to inform a Decision Support Model approach to level of care determinations for placement and services. California currently uses the Level of Care Protocol to determine level of placement and the placement rate needed to appropriately support the needs of children in foster care.

A Latent Class Analysis was conducted on the CANS associated with California youth's first CANS that occurred in SFY 20-21. Separate analyses were conducted on the following populations:

Table 1. LCA Cohorts

Age Range	Number of Youth
0 – 5 years (Early childhood)	9,719
6 + years	11, 616

Table 2. LCA Early Childhood Cohort – 0 – 5 Years of Age by Gender

Gender	Number of Youth	Percentage

Female	4742	49
Male	4977	51

Table 3. 0-5 Cohort by Race/Ethnicity

Race/Ethnicity	Number of Youth	Percentage
Native American	35	<1
Asian	226	2
Black/African American	1868	19
Hispanic or Latino	5347	55
White	1729	18
Missing/Unknown	487	5

Table 4. 6+ Years of Age Cohort by Age

Gender	Number of Youth	Percentage
Female	6012	52
Male	5604	48

Table 5. 6+ Cohort by Race/Ethnicity

Race/Ethnicity	Number of Youth	Percentage
Native American	68	1
Asian	324	3
Black/African American	2017	17
Hispanic or Latino	6751	58
White	2010	17
Missing/Unknown	446	4

Based on this LCA, classes were developed specific to the population of youth in California. The findings from this LCA were used to develop the first edition of the decision support model for California youth in foster care. The first edition of the California decision support model was tested with participates from California Counties. In total the decision support model test received 69 aggregate CANS client entries from six counties. Members from the Center for Innovation in Population Health (IPH) (formally the Praed Foundation), the developers of the CANS tool, processed the aggregate CANS data through the decision support model tool, which produced levels of care recommendations that were informed by the LCA. Afterwards, the CDSS and members from the IPH developed a survey to test the level of care recommendations produced by receiving feedback in survey format from the participating CANS completers which were mostly case carrying social workers. Survey data found that 71 percent of decision support model test participants agreed with the level of care recommendations produced by the decision support model and only 29 percent of participants disagreed.

To gain further insight into these survey findings, members of the CDSS and the IPH facilitated a focus group, inviting test participants to share their experience in the pilot. The most striking feedback found from the focus group was, although participants agreed the youth in question had actionable items, the participating social workers recommended these youth remain in a lower level of care such as a home-based setting. Participating social workers also noted, they believed the children would benefit from intensive services in the home-based placement

settings to both address youth needs and support caregivers. This feedback prompted the CDSS and the IPH to produce an updated LCA with a corresponding service-based decision support model for youth ages zero-five and six+. For youth zero-five, the updated LCA found there were four classes:

1. Doing Well
2. Low Strength Children
3. High Risk New-Born Children
4. Complex Needs Children

For youth ages six+, the updated LCA produced seven classes:

1. Doing Well – Strength-Informed Pathway
2. Strength Development – Strength-Informed Pathway
3 Strength Identified and Development—Strength-Informed Pathway
4. Trauma Informed Treatment – Trauma-Informed Pathway
5. Comprehensive Supports – Trauma-Informed-Pathway
6. Intensive Supports – Trauma-Informed Pathway
6a. Specialized Additional Supports – Trauma-Informed Pathway

Revisions to the LCA and utility of the analyses are still under planning and development, including stratification by county and other variables. These revisions, along with efforts to create a CANS-informed foster care rate structure and decision support model, will further the ability of CDSS counties to analyze, support and ensure that placement, services, and supports are provided and coordinated to meet the individualized needs children and youth in foster care, and their families.

Level of Care Protocol

During the Period Under Review, the CDSS has developed and finalized a LOCP to be used by county child welfare or probation staff. A LOCP protocol is a strength-based method designed to identify the individual care and supervision needs of children and youth that can be translated to an appropriate LOCP rate to support and stabilize placements in home-based family settings. The LOCP is based on five domains: Health, Behavioral/Emotional, Physical, Permanency/Family, and Education.

The LOCP rate is completed using an assessment tool to ensure the child's needs are understood and their caregiver is equipped to support them. At the time of adoption, a similar tool is completed to assess the rate for Adoption Assistance Program. These tools were made individualized to ensure the youth in care is receiving the appropriate services and supports pre and post adoption.

Parent-Child Suitability Summary (PCSS) and Child and Adolescent Needs and Strengths (CANS)

The Parent-Child Suitability Summary and the Child and Adolescent Needs and Strengths tools were both created to provide individualized care to youth. The CANS includes individualized education plans, permanency, etc. and informs the intensity of service decision making and can be used to monitor outcomes. Information in the CANS assessment is gathered in a team meeting setting with the child throughout the case, keeping the focus on the child's experience. The CANS includes the voice of the child, youth, and caregivers, so the plan is more individualized and tailored to the unique needs and strengths of each family.

The CDSS, through the work of the CFT/CANS Implementation Team, established a training support plan for counties to fully implement the CANS tool during this period under review. The service planning and delivery process incorporates culturally competent, individualized plans created in collaboration with families, communities, state, and local partners, with a goal of providing equal access to available services to all Californians based on the needs of children, families, and communities. Transformative service delivery must consist of cross-collaboration among all systems of care, to acquaint families with all the services that will meet their needs.

According to stakeholders, there is a need for more post adoption supports: crisis management, parent coaching, peer led support groups, respite funding and events, funding for specialized mental health services, professional trainings, and parent trainings. Adoptive parents interviewed stated they don't know of the supports that are available and they don't know of who they can ask. Most families do not have continued services and supports after adoption finalization. This is a limitation that the department is looking to address in the future.

Please also see the discussion of the University of California Davis TEAM Case Consultations in Well-Being Outcome 3 (Item 18).

Assembly Bill 1735

In 2022, California passed AB 1735 (2022), which clarifies that youth have the right to be provided a copy of the Foster Youth Bill of Rights in their primary language and requires foster youth entitled to receive a copy of the court report, case plan, and transition to independent living plan (TILP) in their primary language. In January of 2023, the CDSS published ACL No. 23-04, which describes the requirements for the social worker or probation officer to provide a translated version of those items in the youth's primary language, if English is not their primary language.

The Transition Age Youth Policy unit of the CDSS is currently in the process of translating the TILP in 19 languages. As of early 2023, the TILP is available in English, Spanish, and Armenian. Similarly, the Office of the Foster Care Ombudsperson is preparing to engage foster youth in the design and language updates for the Foster Youth Bill of Rights; with current plans to translate it into Vietnamese based on immediate need.

Sexual Orientation, Gender Identity and Expression

In 2019, the CDSS released ACL No. 19-92, to provide child welfare, probation, and adoption agencies with information and resources on SOGIE awareness. The guidance included placement and caregiver considerations, gender-affirming health care, how to support youth while maintaining confidentiality about their SOGIE, and other referral and service resources.

The passage of AB 2119 regarding gender affirming health care and mental health care, prompted additional guidance on best practices to identify, coordinate, and support minor and nonminor dependents seeking access to gender affirming care. ACL No. 19-27 was issued to discuss unique challenges faced by youth in foster care and nonminor dependents who identify as transgender.

The CDSS in collaboration with subject matter experts of the Continuum of Care Reform Sexual Orientation and Gender Identity and Expression Advisory Group and DHCS developed guidance and best practices to assist county social workers, probation officers, and foster caregivers working with Transgender and Gender-Nonconforming (TGNC) minor and nonminor dependents in foster care. The guidance discusses that gender affirming care involves an

individualized approach that allows TGNC individuals to explore and understand their gender identity at their own pace.

In 2020, the Community Care Licensing Division of the CDSS created the SOGIE Resource Guide, which is intended to inform and provide best practice suggestions for Children's Residential Providers and Caregivers relating to SOGIE.

Comparison to Round 3

In Round 3 of the Child and Family Services Review, California received an overall rating of Area Needing Improvement for Item 30. To improve our performance, California developed seven key activities aimed at increasing engagement of children/youth, families, and other in case planning and decision-making processes across the life of the case for safety, permanency, and well-being. California has been successful in our efforts to improve CFT participation, as demonstrated by evidence provided in Item 12. CFT attendance and completion rates are provided for children, parents, and foster parents. Additionally, data relevant to child absence from CFT meetings is provided. CFTs are the delivery method for individualized case plans in California; however, we recognize the need for better tracking and data systems for ensuring the effectiveness of these case plans.

Areas for Continued Growth

The ability to strengthen collaboration with cross sector agencies such as, but not limited to, the DHCS, is a growth opportunity that improves as we continue to implement integrated models of care. In California, the DHCS oversees the implementation of mental health services, substance use treatment services, and community health services for the children, youth, and families we serve.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

For this item, provide evidence that answers this question:

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

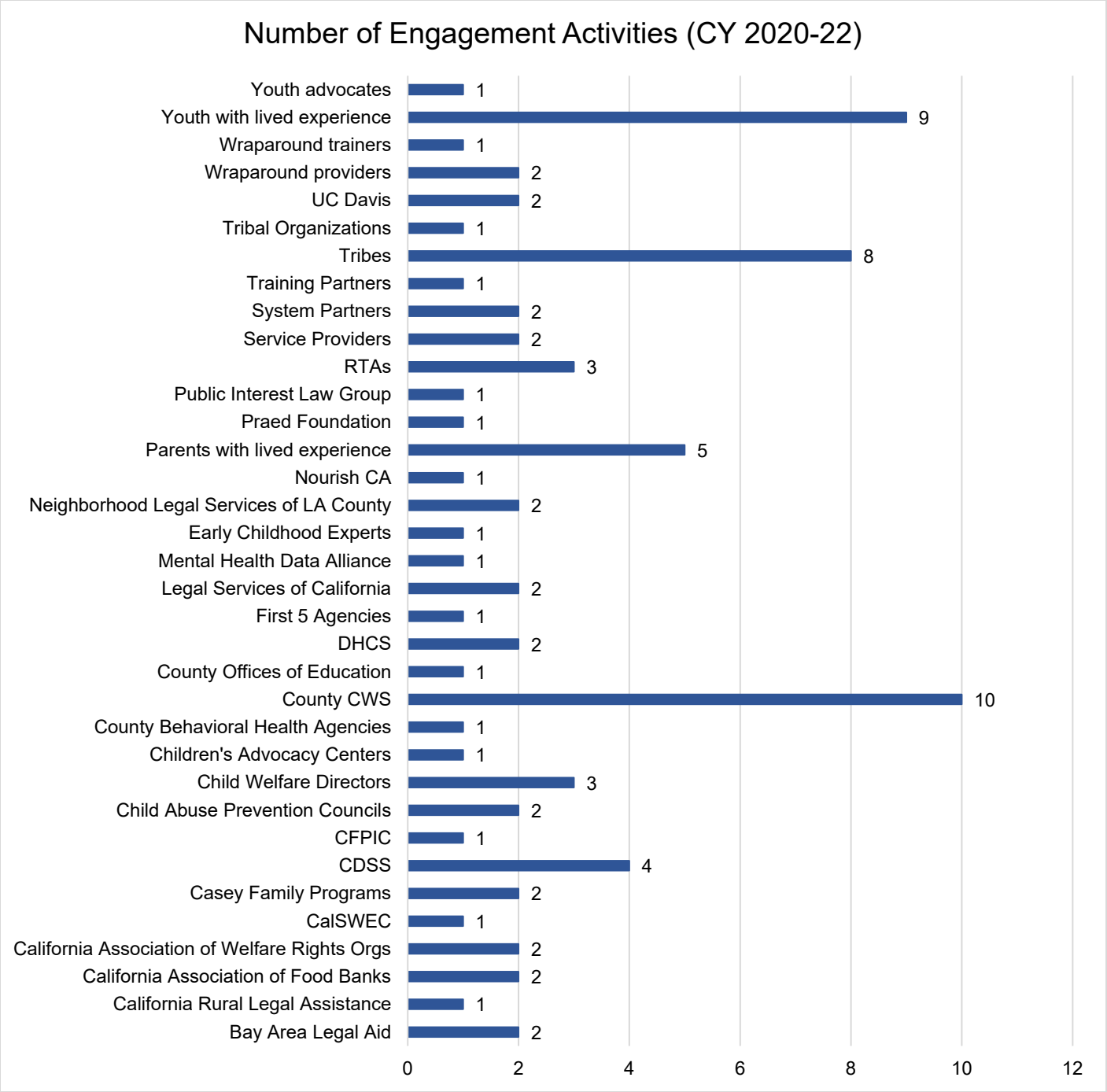
State Response:

State engagement and consultation with stakeholders pursuant to the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR) is an area of strength in California. To inform our observations, the California Department of Social Services (CDSS) identified ongoing collaborations and consultation sought across the Children and Family Services Division (CFSD). This includes review and analysis of the CFSD stakeholder workgroup monthly updates between January 2020 and January 2023, descriptions of Tribal engagement through the Office of Tribal Affairs (OTA), collaborative efforts with the Capacity Building Center for States, and descriptions of specific stakeholder engagements such as the focus groups held by the CFSD during the 2022 Resource Family Approval Convening.

Stakeholder Workgroups

California's stakeholders are different organizations, agencies, and groups adjacent to child welfare. The CDSS collected information about past and ongoing workgroups hosted by teams within the CFSD, created a matrix, and analyzed the information provided. The graph below shows the number of engagements for each stakeholder or group.

There was a total of 63 stakeholder engagement opportunities found to have taken place between calendar years 2020 through 2022. The stakeholder with the most engagements is county child welfare services agencies with ten engagements. The average number of engagements per stakeholder per year is 2.3. The evidence suggests that most of the stakeholders have only a few engagements and there is a large range in terms of the number of engagements across the different stakeholders. CFSD does hold a quarterly Advocates meeting with a diverse group of Child Welfare stakeholders. California is engaging with diverse stakeholders and is doing especially well engaging county child welfare agencies, Tribes, and youth/parents with lived experience. However, courts appear to have been underrepresented in these engagements. It should be noted that the Adoptions Services Branch, through their Adoption Regional Offices, regularly engages with the local county court where they provide direct service.


Number of Engagement Activities (CY 2020-22)
Youth advocates 1
Youth with lived experience 9
Wraparound trainers 1
Wraparound providers 2
UC Davis 2
Tribal Organizations 1
Tribes 8
Training Partners 1
System Partners 2
Service Providers 2
RTAs 3
Public Interest Law Group 1
Praed Foundation 1
Parents with lived experience 5
Nourish CA 1
Neighborhood Legal Services of LA County 2
Early Childhood Experts 1
Mental Health Data Alliance 1
Legal Services of California 2
First 5 Agencies 1
DHCS 2
County Offices of Education 1
County CWS 10
County Behavioral Health Agencies 1
Children's Advocacy Centers 1
Child Welfare Directors 3
Child Abuse Prevention Councils 2
CFPIC 1
CDSS 4
Casey Family Programs 2
CalSWEC 1
California Association of Welfare Rights Orgs 2
California Association of Food Banks 2
California Rural Legal Assistance 1
Bay Area Legal Aid 2
0 2 4 6 8 10 12

Resource Family Approval Convening

In June 2022, the Child Welfare Learning and Evaluation Bureau (CWLEB) attended the 2022 Resource Family Approval Convening in Sacramento, California with the specific intent of engaging with stakeholders to collect information about their experiences with our system and use the information to inform our system improvement efforts. Attendees included individuals from county child welfare and probation agencies, Tribes, and Tribal organizations, foster family agencies (FFAs), regional training academies, the CDSS, and the California Social Work Education Center. The CWLEB hosted a learning session and conducted focus groups with learning session attendees to discuss their experiences with and opinions of the statewide foster and adoptive parenting licensing, recruitment, and retention system, including areas of perceived strengths and weaknesses. Focus group notes were coded using primary and secondary rounds of content analysis to derive key themes and understand the context and frequency with which they appeared in the data to support findings across the related Child and Family Services Review (CFSR) items.

Past, Present, and Future Project

The Training Support Unit (TSU) Past, Present and Future Project hosted by the Capacity Building Center for States (CBCS) is a multi-year undertaking to evaluate and streamline the TSU by creating a strategic plan focusing on role definition, communication, and collaboration with partners. The strategic plan has been a successful tool for achieving TSU's goals. For example, during the implementation of the state-wide Learning Management System (LMS), TSU was able to prioritize identifying common data elements that all regional LMS's are required to collect and report to the state and other stakeholders. TSU also achieved the plan's goal to work with the Regional Training Academies and Resource Center for Family-Focused Practice to obtain data from regional training needs assessment and share the data to assist in statewide training planning. TSU continues to work with CBCS to evaluate goals and improve processes.

Peer Partners

The CDSS places voices of children, youth, parents, family, community, and culture at the center of engagement, assessment, planning, service delivery, and transition practices and processes. The Peer Partner Backbone Committee, Parent Partner Advisory Committee (PPAC), and Peer Partner Hubs are all opportunities for the integration of peer partners. The Resource Center for Family-Focused Practice initiated the PPAC in 2013 to regularly convene a group of California parent partners, including those with lived experience as parents navigating child welfare, probation, or behavioral health, to make recommendations regarding training needs, practice guidelines, opportunities, and resources.

The CDSS partnered with peer partner organizations, including Youth Engagement Project, Casey Family Programs, California Youth Connection, California Youth Empowerment Network, and University of California (UC) Davis Resource Center for Family Focused Practice, to form the Peer Partner Backbone Committee. This Committee focuses on collaborating and uplifting voices of youth partners, parent partners, and others with lived experience to impact change at the CDSS and across the state in case level work with families and in policy and program development. Within this workgroup, the CDSS and committee members work together on implementing a variety of deliverables, sharing information, and improving processes within the CDSS.

The PPAC in collaboration with UC Davis's Center for Family Focused Practice and the CDSS created the Peer Partner Hubs. The Peer Partner Hubs are a safe space for peer partners (including youth advocates and parent advocates) with lived experience in child and family-serving organizations to network and support one another, share information and learning opportunities, and provide feedback to organizations, counties, and CDSS for system improvement. Peer partners from various child and family-serving systems are invited, including but not limited to child welfare, probation, and behavioral health.

Continuous Quality Improvement

The CDSS continues to receive technical assistance from the Capacity Building Center for States (CFS) through the Children's Bureau. The current workplan with the CFS that was extended through the remainder of the federal fiscal year, September 2022 has again been extended through the end of June 2023. The current workplan has been modified to support two primary goals.

First, in preparation for Round 4 of the CFSR, CFS technical assistance continues prioritizing an emphasis on the improvement of federal outcomes, with a particular focus on addressing disproportionality within outcomes. California's Continuous Quality Improvement (CQI) and Quality Assurance systems are primarily operated through the California – Child and Family Services Review (C-CFSR) process and the Child and Family Services Case Review (Case Review). As such, the extended workplan continues focusing on assessing and developing the capacity of CQI principles and utilization within the CDSS C-CFSR and Case Review program's ability to address the issue of disproportionality with county child welfare and probation agencies. CFS continues to facilitate coaching calls with pilot project participants throughout the remainder of the current workplan cycle to provide further technical assistance and support. Pending pilot project evaluation and project extension, it is anticipated the pilot project will be rolled out to all C-CFSR program staff in the upcoming 2023-24 Federal Fiscal Year workplan.

Secondly, in preparation for CFSR Round 4 and future agency CQI technical assistance to counties and external stakeholders, a need has been identified for CFS to provide foundational CQI training and support to continue to develop future CQI unit staff technical assistance capacity. Center for States and CQI Unit Leadership have partnered to provide foundational CQI Academy and data literacy training to unit staff, which is anticipated to be completed by the end of June 2023. CFS facilitated coaching calls with CQI Unit Leadership have also been established and continue to remain in place through the remainder of the workplan.

California's Five-Year State Prevention Plan Stakeholder and Tribal Representative Engagement

In early 2021, the CDSS held an initial convening with stakeholders and Tribal representatives across the State to discuss the first iteration of components of California's Five-Year State Prevention Plan. Soon after the statewide convening, the CDSS held various focus group sessions with prevention partners including community-based organizations, FRCs, advocacy organizations, parents with lived experience and expertise, Tribes, and Tribal partners. These focus group sessions led to the development of an advisory committee whose role is to provide input and feedback on potential strategies that would be included in the Plan.

Primarily, the Advisory Committee shared their input through a series of working sessions which were then incorporated into California's revised Five-Year State Prevention Plan. The first Advisory Committee was held on November 19, 2021, which focused on the community pathway and specifically the areas of identification of imminent risk, safety monitoring and Title

IV-E oversight. The second Advisory Committee meeting was held on December 7, 2021, and focused on the implementation aspects of California's Five-Year State Prevention Plan, specifically, workforce development and training, caseloads, and the use of Motivational Interviewing. The last Advisory Committee meeting was held on December 17, 2021, and addressed California's plan for data-informed policy and practice.

The Advisory Committee is just one resource the CDSS uses to engage stakeholders and Tribal representatives in discussions pertaining to the components of California's Five-Year State Prevention Plan. The CDSS also shares potential ideas through the Child and Family Enrichment Cabinet which is led by the Child and Family Policy Institute of California and includes Child Welfare Directors from across the State to determine the validity of the idea and whether to move forward with the suggested plan.

Prior to submission, the Plan was reviewed by a many different stakeholders using some of our existing processes and Tribal representatives. The feedback received through the various engagement strategies used led to the inclusion of additional evidence-based practices, the design of the community pathway, and the outline of a workforce development plan.

Technical Assistance

Over the last few years CFSD has developed a human-centered technical assistance model that is aligned with the state's Core Practice Model in an ongoing collaboration with The Capacity Building Center for States. Using this model, CFSD proposes to support California counties through a consistent and integrated technical assistance approach to improve county-level direct practice. CFSD's model establishes a referral and technical assistance service pathway that provides five levels of technical assistance, ranging from sharing information and/or resources to facilitating peer-to-peer conversations, delivering training, or providing intensive, time-limited, or ongoing technical assistance and coaching support. During the last work plan, CFSD continued developing the practice model and its components. In addition to conducting a behavioral analysis of the technical assistance analyst position, tools and measures were developed, including a survey asking participants what they expect from technical assistance and a series of "how-to" guides. CFSD also piloted its approach to help one county with implementing a variety of system changes. In the next work plan with the Center for States over the next year, CFSD will continue the development and testing of its technical assistance model and its components within the bureau and with interested counties. In addition to developing a practice profile, CFSD is planning to further evaluate the impact of its technical assistance model and approach through a return encounter to a county visited during this last year. Concurrently, CFSD will assess its social worker hotline in hopes of enhancing its support to counties and launch the Indian Child Welfare Act (ICWA) hotline and is utilizing subject matter expertise provided by the Center for States to build capacity around a CQI model for assessing the technical assistance provided by the Division the two compliance hotlines.

Ongoing Consultation and Engagement with Tribes

To cultivate and maintain responsiveness to California Tribes, the CDSS established the OTA in 2017. The OTA was created to integrate and institutionalize Tribal activity throughout the CDSS and to improve relationships with Tribes. The OTA cultivates informed participation and trusting relationships with and among Tribes, the CDSS, and counties to enhance the well-being of American Indian children and families. Grounded in meaningful Tribal consultation, engagement of core stakeholders and advising leadership, the OTA guides the CDSS' efforts to help create and facilitate policies, procedures, and programs that serve American Indian children and families by engaging with Tribes and counties, enhancing efficiencies and

responsiveness to CDSS work with Tribes and advising and facilitating technical expertise on ICWA and/or Tribal affairs.

California Department of Social Services Tribal Consultation Efforts

The CDSS is committed to providing meaningful and consistent communication and consultation with California Indian Tribes. The CDSS Tribal Consultation Policy guides government-to-government consultation between the CDSS and California Indian Tribes and provides a framework for elected officials or other designated representatives of Tribal governments to provide input into the development of regulations, rules, and policies on matters that may affect Tribal communities.

In 2022, OTA facilitated a total of 12 Tribal Consultation meetings which included 20 topic areas. Tribal Consultations for 2022 included new legislative, policy and/or budgetary area items and included, but was not limited to the following:

- Tribal Dependency Representation Program
- Tribally Approved Homes Compensation Program
- Flexible Family Supports and Home-Based Foster Care Funding
- Excellence in Family Finding, Engagement and Support Program
- ICWA State Plan
- ICWA Hotline
- ICWA – Assembly Bill 3176 Series of All County Letters (ACLs)

Tribal Engagement Efforts

In addition to consultation, the CDSS engaged robustly with Tribes throughout the year. In 2022, the CDSS convened five Tribal Advisory Committee meetings covering 35 topics. Additional engagement has included on the following issues and programs:

- ICWA Training and Technical Assistance
- Engagement through OTA Filed Liaisons
- Strengthening ICWA Practice Surveys
- Structured Decision Making Tribal Workgroup
- ICWA Adoption and Foster Care Analysis and Reporting System Steering Committee
- Tribal Title IV-E Implementation
- ICWA Data Dashboard
- Annual Statewide ICWA Conference
- Tribal Customary Adoptions Subcommittee
- Tribal Placement Workgroup
- Family First Prevention Services Act (FFPSA) Five Year Prevention Plan
- Housing and Homelessness Services
- Cal-Fresh Tribal Nutrition Assistance Program
- Child Care Development Fund

All these efforts, both consultation and engagement, are considered and incorporated into APSR and CFSP updates.

Office of Tribal Affairs Work with the Capacity Building Center for States

Since April 2021, the OTA has been focusing on several activities with the CFS and the Center has provided intensive coaching in the following areas: (1) The application of a Planning &

Implementation Framework for the ICWA Statewide Plan; (2) The development of a Tribal IV-E Start-up Funds Guide to support Tribes in pursuing IV-E dollars: (3) The OTA implemented the Strengthening ICWA Practice Survey (or ICWA Survey for short); (4) As part of the OTA's effort to embed CQI into all their operations, the OTA drafted a multi-year report of their activities, outputs, and outcomes as an organization; and (5) The Center began facilitating the development of the OTA Strategic Plan given the OTA's new director appointed in November 2021.

The next steps are to focus on the full development of an OTA Strategic Plan and an ICWA Statewide Plan that is generated by the state in partnership with Tribes, counties, and other Tribal stakeholders to ensure accountability and fidelity of ICWA implementation statewide.

Office of Tribal Affairs Strategic Plan

The 2022 Strategic Plan identifies strategic areas for the OTA to focus on in the next five years. The plan identifies the vision, mission, values, guiding principles, three key goals, and strategies. The plan is developed on the CDSS commitment to honor Tribal Sovereignty and working to have strong relationships between the CDSS and California Tribes. It serves to identify key goals and strategies for the Office to focus on working with Tribes on department wide.

The first OTA strategic plan was developed in 2018-2019 through engagement and consultation with Tribes. The 2022 version is a revision and rooted in the initial input and consultation with Tribal leaders and Tribes. The OTA strategic plan will also be rooted in updated input through Tribal engagement and consultation.

The Indian Child Welfare Act State Plan

In November 2022, the CDSS released the ICWA State Plan. This plan aims to improve the well-being of Indian children and families. It also includes actionable steps to reduce disproportionality of Indian children in California's child welfare system. Each of the six Children and Family Services Division branches have strategies and objectives that make up the ICWA State Plan. These strategies and objectives map out action steps at the State and county levels to produce ICWA compliance in California.

To implement the plan as effectively as possible, the ICWA State Plan Workgroup meets monthly to identify any barriers or obstacles to moving these strategies and objectives forward with recommendations to the division for continuous quality improvement and fidelity to the ICWA State Plan. The workgroup will meet for two years and consists of representatives from the Office of Tribal Affairs, Tribes, Tribal organizations, Probation Department and probation organizations, county Child Welfare, and CFSD branch chiefs.

The CFSD and the OTA also hosted Regional Convenings in the Northern (65 attendees), Central (40 attendees), and Southern (36 attendees) regions of California to bring together Tribal leaders and leadership from county placing agencies in each respective region. These convenings included review of the ICWA State Plan and collaboration on the individualized approach that counties and Tribes within each region will take to ensure implementation of the plan and full compliance with ICWA.

In this way, the CDSS, the Tribes, and the counties will work in tandem to keep Indian children and families together, preserving their Tribal connections, improving child and family well-being, and reducing the disproportionality of Indian children in California's child welfare system.

Disaster Plan

The Disaster Planning and Response Unit (DPRU) realized that coordination with Tribes that have Title IV-E plans and Title IV-B agreements is a vital part of the newly developed CDSS disaster response coordination program. The DPRU identified this as a gap in collecting and reviewing county disaster response plans and worked with the OTA to come up with a collaborative solution. Working with Director Weldon of OTA, additional language and instructions were added around counties needing to prioritize connecting with Tribes in their Disaster Response Plan development process, which was included in All County Information Notice (ACIN) I-69-22. The CDSS appreciates everyone's efforts in coordinating an inclusive resolution and look forward in working collaboratively in the future.

Child and Family Services Division's Racial Equity Working Group

In 2020, the CDSS collaborated with the Government Alliance on Race and Equity to conduct a racial equity employee survey. The goals of this undertaking included normalizing a shared understanding of racial equity, operationalizing racial equity within policies, programs, and practices within the CDSS, and organizing to enhance internal skills and commitment to racial equity, and to better partner across communities and institutions. Survey findings included a need for the creation of racial equity workgroups and racial equity action plans, to ensure widespread knowledge, awareness, and engagement across all divisions and staff and build infrastructure to sustain the work. The CDSS Office of Equity guides, advises and assists provides technical assistance to the various Divisions.

The Child and Family Division's Racial Equity Workgroup (REWG) was established in October 2021, addresses disparities and disproportionality by examining CFSD programs, organizational culture, and workforce, and creating action steps to implement equitable changes in the Division and communities. The CFSD's. REWG is one of several Division workgroups required to develop an Equity Action plan with a strategy to share with stakeholder internally and externally. For CFSD that would include Tribes and communities of people of color, persons with lived experience, and other intersecting populations who are disproportionally impacted by policy and processes developed by the Divisions.

On March 30, 2023, the REWG submitted its first Equity Action Plan comprised of major goals, and strategies to the CDSS Office of Equity. The plan incorporates strategies and processes that align with the CFSP goals specific to racial equity, diversity, and inclusion. Stakeholder engagement is planned for later in the year of 2023-24. The communication plan for the Equity Action requires us to share the final plan with external stakeholders specifically targeting the Tribes, and the communities of color. Implementation provisions will be consistent with the development of related APSR objectives.

Office of the Foster Care Ombudsperson Annual Report

In 1998, the CDSS was mandated by the passage of Senate Bill (SB) 933 to establish a California Foster Care Ombudsperson Program. This was in response to concerns regarding the need for an autonomous and independent entity to resolve issues related to the care, placement, and services to youth in foster care. The Office of the Foster Care Ombudsperson (OFCO) was created in August 2000 and is empowered to investigate the acts of state and local administrative agencies caring for youth in care, make recommendations that promote the safety and delivery of appropriate services, and to safeguard the personal rights of these youth.

Annually, the OFCO publishes a report that provides an overview of the activities of the OFCO during the calendar year and contains analysis of the number, type and scope of complaints received and investigated. In addition to quantitative data, several issues related to foster youth rights have been identified by the OFCO as trends or key topics and are presented in more detail in each report. Furthermore, the report provides recommendations for system improvements in the areas identified. This annual report is an important source of information from which the CDSS gleans key insights into areas needing improvement identified by foster youth and their families.

Areas of Strength

Several areas of strength related to state engagement and consultation with stakeholders exist. Although record-keeping is not perfect, the CDSS does have detailed information about all the stakeholder engagements that have taken place and the CDSS is able to analyze that information. The CDSS has created a matrix (see Section I of the Statewide Assessment) that the CDSS intend to use going forward to identify areas of overlap and try to be more efficient with our stakeholder engagement. The CDSS has also vastly improved our engagement with Tribes and Tribal partners with the help and hard work of the OTA.

In Round 3 of the CFSR, California received an overall rating of Strength for Item 31. Since Round 3, the CDSS established the Office of Tribal Affairs in recognition of the Department's need to integrate and institutionalize Tribal activity throughout the CDSS. In 2020, the CDSS in collaboration with the OTA began developing a Tribal Consultation Policy (TCP). The purpose of this policy is to guide consultations between the CDSS and sovereign federally recognized Tribes in California on policies and procedures that affect Tribes and Indians in California, in recognition of statutory mandates and Federal and State Executive Directives to establish a formal government-to-government TCP. The policy applies to all Divisions of the CDSS and serves as a guide for Tribes to participate in Department and Division policy development to the greatest extent practicable and permitted by law. The policy is still in development and waiting for final approvals; however, it aligns with the requirements set forth in California's SB 678 (2006); 42 U.S.C. 622, State Plans for Child Welfare Services require Tribal Consultation (2009); Executive Order 1375 (November 6, 2000); and California Gubernatorial Executive Order B-10-11 (September 9, 2011).

Please see above for additional information about the ICWA Strategic Plan and other activities being carried out by the OTA. California's efforts toward improving Tribal engagement are a strength in the state. California's efforts toward improving diversity, equity, and inclusion relevant to stakeholder engagement is a strength in the state. Please see above for more information.

Areas Needing Improvement

Though the stakeholder engagement the CDSS conducts is robust in many aspects, the CDSS is limited in the way the information about these engagements is collected, maintained, and followed up on. The evidence sources that the CDSS has do not document who nor how many attendees there were at each engagement or comments regarding what information was gleaned from them. Additionally, not all the monthly updates are included in future reports and if a third-party contractor is leading the workgroup, information is not always shared back with the CDSS.

The evidence shows that our state engagement and consultation with stakeholders is functioning in many respects, but that there is room for improvement and better record-keeping and cross-team communication and collaboration across the CFSD. The CDSS has identified

that we lack a mechanism for closing the feedback loop between stakeholders and CFSD staff. The CDSS does not know what information has been collected from each stakeholder engagement, nor how that information is incorporated into Child Welfare Services (CWS) programming. This also means that the feedback loop between stakeholders and the CFSD is often not closed. One example of successful completion of the feedback loop takes place with our Prevention Planning Teams (see Matrix in Section I). Information gathered during the community needs assessment portion of that workgroup determines the focus and priorities of the primary and/or secondary prevention plan. The CDSS was not able to identify a formal policy for how findings or changes to policies or programs are communicated back to stakeholders.

Additionally, as briefly addressed above, the CDSS have identified that there are several stakeholder groups who participate in multiple engagements, some during overlapping time periods. For example, this is something that has been identified by Tribes and Tribal partners. In our efforts to actively engage stakeholders, the CDSS is also not the most efficient with the time that stakeholders give for engagement.

Item 32. Coordination of CFSP Services with Other Federal Programs

For this item, provide evidence that answers this question:

Is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

State Response:

Coordination of CFSP services with other federal programs is an area of strength in California. This determination is based on evidence and examples from county child welfare departments, the California Child Welfare Council (CWC), the Linkages project, and the FFPSA. The Department's statewide system to coordinate services under the CFSP is functioning well. The Title IV-E program is coordinated with other programs available to children in the state of California serving the same population.

County Collaboration

California's 58 counties are consistently engaged with various stakeholders to improve outcomes for children, parents, caregivers, and families. Although, there are many stakeholders that are involved in the development of the County Self-Assessment (CSA) and System Improvement Plan (see Item 25 for a more detailed description of these processes), this information is tracked and collected in Apricot at this time.

During the C-CFSR process, staff from the Office of Child Abuse Prevention (OCAP) and the System Improvement Section observe and participate in stakeholder meetings and focus groups with youth, parents, and caregivers. Stakeholders' responses about experiences with service coordination between child welfare and other programs and services is gathered and central themes from each focus group are presented in the CSA written report.

California Child Welfare Council

The
CWC was established by the Child Welfare Leadership and Accountability Act of 2006 [Welfare and Institutions Code (WIC) 16540-16545] and serves as an advisory body responsible for improving the collaboration and processes of the multiple agencies and the courts that serve the children in the child welfare system. The Council is co-chaired by the Secretary of the California Health & Human Services Agency and the designee of the Chief Justice of the California Supreme Court, and membership is comprised of state departments, county departments, nonprofit service providers, advocates, parents, and former foster youth. The Council is charged with monitoring and reporting on the extent to which the agencies and courts are responsive to the needs of children in their joint care. An overall description of the CWC is also available in California's 2015-2019 CFSP.

Additional information can be found on the CWC web page. This page contains meeting agendas and various reports produced by and for the Council and subcommittees. During the State Fiscal Year, the Council built on work begun in prior years and initiated several new projects. Essential components of this work include multi-system collaboration, process improvement, and effective partnerships as envisioned in the statute that created the Council. These components are the foundation of the Council's philosophy and are essential in achieving continued improvement within California's child welfare system.

Linkages Project

Linkages is a collaboration between CalWORKs and child welfare that creates a continuum of services and supports to promote child and family well-being. In March 2020, the state convened a kick-off meeting which led to the formation of the Child Welfare-CalWORKs Coordination Workgroup, whose efforts have culminated in the re-establishment of state funding for Linkages. The current phase of Linkages officially began on January 1, 2022, with a contract with Child and Family Policy Institute of California (CFPIC) to oversee work to build on past work and institute a new framework for Linkages. This new phase aligns with the OCAP's Framework for Preventing Child Abuse by the Promotion of Healthy Families and Communities, are characterized as Primary, Secondary and Tertiary interventions, and represent a continuum of approaches to coordination embraced by counties across California.

An objective of Linkages was that by year five, the CFSD and the Family Engagement and Empowerment Division of the CDSS will have evaluated outcomes from the Linkages project and have a model of case plan coordination for child welfare and California Work Opportunity and Responsibility to Kids (CalWORKs) requirements including measurable outcomes that support family strengthening and reunification. As a result of this objective, case plans will be coordinated to reduce barriers to reunification and to aid families in more easily navigating systems that are intended to strengthen and heal. Data will be collected to inform evaluation of the effectiveness of the strategy in promoting family reunification.

Linkages Year 3 Progress

In year 3 of the project, the CDSS continues to partner with the CFPIC in their jointly led workgroup comprised of staff from child welfare and eligibility programs from the following counties: San Francisco, Contra Costa, Marin, Santa Barbara, Madera, Kern, Kings, Los Angeles, San Luis Obispo, Ventura, Riverside, Yuba, Sutter, Santa Cruz, and Humboldt. Members from the Child Welfare Director's Association (CWDA) and the Capacity Building Center for States also continue to participate in the workgroup, as they draw on their experience from past Linkages efforts to inform future efforts. The Prevention and Early Intervention subgroup continues the development of deliverables such as a resource page to support linkages counties in coordinating their prevention and early intervention efforts.

Primary Prevention

The Committee has developed the format for an informational brochure, based on the five Protective Factors, that each county can share with their CalWORKs applicants and recipients to direct them to county-specific resources and services that address their self-identified needs based on these focus areas (i.e., the Protective Factors). The Committee has drafted an ACIN to help counties understand how to use the brochure. Once the brochure has been field-tested, the CDSS will be asked to issue the ACIN.

Secondary Prevention

The Committee has described a workflow for families in the CalWORKs system and the Child Welfare system that delineates pathways for early identification of risks and family needs so that families can be guided to services that support their needs and address risks to avoid a referral to the Child Welfare system or, when a referral has been made, to divert them so that they are not promoted to a Child Welfare Case. The goal of this work is to delineate a family's journey in the context of California's development of a Family First Prevention Services (FFPS) Community Pathway. Part of this work involves identifying a screening tool that can be used on

the CalWORKs side to help identify family risks and needs to help guide them to appropriate needs and services.

The Child and Adolescent Needs and Strengths Tool and Child and Family Teams

The Child and Adolescent Needs and Strengths Tool (CANS) within a Child and Family Team (CFT) provides an integrated framework for connecting the youth with federal or federally assisted programs serving the same population. Team membership is individualized to the strengths and needs of the youth and family and is an inclusive process that includes multiple service providers, including those from federal or federally assisted programs. As described in Items 12, 13, 20, and 29, the CFT process creates referrals based on areas of need identified in the CANS, analyzes progress toward goals, and facilitates communication and service coordination among partner agencies and families. County eligibility workers may be present to provide additional information in meetings on available federal supports including housing, job training, child care, and Medi-Cal/Medicaid.

The practice of working together as a team with youth and families is at the heart of California's Integrated Core Practice Model and central to the implementation of family-centered practice. The CANS and CFT process is marked by collaboration across systems. WIC 16501(a)(4)(B) requires that the placing agency caseworker, a representative from an FFA or short-term residential therapeutic program (STRTP) with which a child or youth is placed, a county mental health representative, a representative from the regional center if the child is eligible for regional center services, a representative of the child or youth's Tribe or Indian custodian, as applicable, all participate in the CFT process. As appropriate, the CFT also may include other formal supports, such as substance use disorder treatment professionals, and educational professionals, who provide services to the child or youth and family. Many services may be federal or federally assisted depending on the needs of the child and CDSS has a variety of ongoing efforts to encourage cross-system collaboration.

The Child and Adolescent Needs and Strengths

As discussed in Item 29, the CANS tool is California's functional assessment tool to be used within the CFT process to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers, and systems. Completion of the CANS requires effective engagement using a teaming approach and results must be shared, discussed, and used within the CFT process to assist in determining strengths and needs, and to support case planning and care coordination. All team members, including federal and federally assisted service providers, can contribute to the CANS discussion of potential services and supports and receive information regarding this information to assist with future planning.

The CANS results are intended to inform the CFT in several key areas, including but not limited to:

- Determining if the child, youth, or Nonminor Dependent (NMD) has unmet behavioral health or substance use needs
- Determining educational needs
- Identifying any immediate support needs of the family or care provider, such as coaching or respite care
- Developing a comprehensive plan to support safety, permanency, and well-being
- Identifying strengths to build upon

As indicated in the table below, the completion of CANS has consistently increased over the last three years, indicating that counties are becoming more involved in activities intended to increase appropriate service referral and coordination including those related to federal programs.

Table 1. CANS Completion by Year

Year	Completed	Deleted	In Progress	Total
2020	27,692	3,982	1,465	33,139
2021	51,447	397	2,178	54,022
2022	68,394	236	3,391	72,021
Total	147,533	4,615	7,034	159,182

Data Source: Data reflects CANS entered into Child Automated Response and Engagement System (CARES-Live).

The CDSS continues to support counties in their implementation and documentation efforts of CANS through training, technical assistance, and demonstrations, as 46 of the 58 counties have utilized the CARES-Live tool. Child welfare agencies that have utilized CARES-Live continue to expand training of staff, implement updated information security protocols, and address any issues they encounter as they improve upon their local practices and procedures to accommodate the change. Additionally, the CDSS is actively working with partners to generate CANS reports (individual and aggregate) to track improvements and needs over time at the system and individual client level. The reports will assist the CFT in identifying appropriate services and connection to federally assisted programs.

Behavioral Health in Child and Family Teams

The CFT connects children and youth to behavioral health services as needed and a county behavioral health representative is a required member when appropriate. Depending on the needs and strengths of the child, the services the youth receive may be federally assisted in nature. For example, youth with Medi-Cal/Medicaid who qualify for medically necessary Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), or Therapeutic Foster Care (TFC) must have a CFT established to guide the services provided to children/youth and their families (Medi-Cal Manual for ICC, IHBS, and TFC Service for Medi-Cal Beneficiaries). Mental health services are also coordinated for children in foster care who are placed in a county other than their county of jurisdiction. When such a placement occurs, county placing agencies are required to collaborate and coordinate with the mental health plan in the county of residence, to ensure that children continue to have access to and receive specialty mental health services consistent with their strengths and needs and federal Early and Periodic Diagnostic and Screening requirements. The CDSS is in the process of establishing a data sharing agreement with Department of Health Care Services (DHCS) to improve behavioral health service coordination and evaluation within the child welfare system.

Education in Child and Family Teams

When it is appropriate or possible, representatives from the education system should be included in CFTs, and CDSS has provided counties with guidance on how professionals working with foster youth in the child welfare, juvenile probation, and education systems can use CFT meetings to increase collaboration and improve coordination of services for foster children, youth, and their families (ACIN No. 1-71-18). Most county offices of education serve the needs of foster youth students through their Foster Youth Services Coordinating Program (FYSCP) through a grant from the California Department of Education to increase interagency support for students in foster care. The FYSCP staff in each county's office of education assist in finding

the appropriate local child welfare and education agency staff person to participate as a member of the CFT process. CFT participants affiliated with federally assisted educational programs include:

- Representatives from regional centers under the CDDS, who are required members of the CFT if the child is eligible for regional center services and partially reimbursed with federal funds.
- Educational rights holders as established by the California Department of Education (CDE), who must be invited to CFT meetings when changes in school placement are being discussed (ACL No. 22-73).

Federally Recognized Tribes in Child and Family Teams

Representatives from the child or youth's Tribe or Indian custodians are required members of the CFT. Representatives from federally recognized Tribes are essential partners in servicing Indian youth in the child welfare system.

Key Role Participants in Child and Family Teams

Data from Child Welfare Services/Case Management System (CWS/CMS) was used to show the number of service providers who attended CFT meetings. The data is limited due to a lack of division between federal and non-federal services; nevertheless, CFT criteria do not limit referrals to federal programs, and many programs, as indicated above, are federally assisted. The data is further constrained by poor data entry at the county level, as many counties do not record every CFT member that attends meetings. It is crucial to remember that not all services are required for all youth, and providers are not always expected to attend CFT meetings. In addition, service providers may have been contacted but unable to attend the CFT meeting. Utilizing CWS/CMS data from the reporting period of October 1, 2019, to September 30, 2022, the following was discovered:

- From October 1, 2019, to September 30, 2022, educational rights holders' attendance has stayed reasonably constant. From October 1, 2019, to September 30, 2022, educational partner attendance increased marginally.
- Attendance of community support services (including housing and food services) has increased marginally from October 1, 2019, to September 30, 2022.
- From October 1, 2019, to September 30, 2022, Tribal representative attendance grew marginally.
- Behavioral health providers attendance climbed slightly from October 1, 2019, to September 30, 2020, to October 1, 2020, to September 30, 2021, and declined slightly from October 1, 2021, to September 2022. From October 1, 2019, to September 30, 2022, substance use disorder treatment professional attendance remained stable.
- Regional center provider attendance grew slightly from October 1, 2019, to September 30, 2020, to October 1, 2020, to September 30, 2021, and declined slightly from October 1, 2021, to September 2022.

Child and Family Teams Meetings Attendees [Service Providers]

Table 2. October 1, 2019 - September 30, 2020

Key Role Attendees	Count for 0–5-year-olds	% for 0–5-year-olds	Count for 6–20-year-olds	% for 6–20-year-olds
Behavioral Health Provider	2,171	5.4%	4,046	10.0%
Other Community Support	3,428	8.5%	4,775	11.8%
Foster Family Agency Staff	2,415	6.0%	2,415	6.0%
Educational Rights Holder	716	1.8%	1,251	3.1%
Substance Use Disorder Treatment Professional	628	1.6%	568	1.4%
Education Partner	261	0.6%	1,016	2.5%
Tribal Representative	192	0.5%	247	0.6%
Regional Center Provider	127	0.3%	208	0.5
Total CFT Meeting Count	17,581	100%	22,755	100%

Table 3. October 1, 2020 - September 30, 2021

Key Role Attendees	Count for 0–5-year-olds	% for 0–5-year-olds	Count for 6–20-year-olds	% for 6–20-year-olds
Behavioral Health Provider	2,171	6.5%	3,538	10.6%
Other Community Support	3,350	10.0%	4,090	12.3%
Foster Family Agency Staff	1,832	5.5%	2,277	6.8%
Educational Rights Holder	582	1.7%	1,116	3.3%
Substance Use Disorder Treatment Professional	496	1.5%	542	1.6%
Education Partner	278	0.8%	1,109	3.3%
Tribal Representative	210	0.6%	214	0.6%
Regional Center Provider	155	0.5%	219	0.7%
Total CFT Meeting Count	14.602	100%	18,767	100%

Table 4. October 1, 2021 - September 30, 2022

Key Role Attendees	Count for 0–5-year-olds	% for 0–5-year-olds	Count for 6–20-year-olds	% for 6–20-year-olds
Behavioral Health Provider	1,590	5.8%	2,856	10.4%
Other Community Support	3,087	11.2%	3,719	13.5%
Foster Family Agency Staff	1,480	5.4%	1,876	6.8%
Educational Rights Holder	473	1.7%	969	3.5%
Substance Use Disorder Treatment Professional	526	1.9%	386	1.4%
Education Partner	291	1.1%	1,037	3.8%
Tribal Representative	232	0.8%	262	1.0%
Regional Center Provider	89	0.3	148	0.5%
Total CFT Meeting Count	12,014	100%	15,542	100%

Child and Family Teams Meetings

Data was extracted from the CWS/CMS to illustrate the number of children who received a CFT meeting.

In the reporting period from October 1, 2019, to September 30, 2020, 17,191 (77.9 percent) children in care received CFT meetings. The number of children who received CFT meetings declined to 14,831 (71.2 percent) in the reporting period of October 1, 2020, to September 30, 2021. In the reporting period of October 1, 2021, to September 30, 2022, the number of children who received CFT meetings decreased slightly to 12,774 (67.7 percent).

One limitation of the aggregated data is that it only indicates the number of children who obtained CFTs. The data does not show if the CFT meeting connected the youth to federal services, though this is an example of a need the CFT can address. This data does not include children and youth who were in care for less than 60 days, based on their longest placements that started during the quarter. Please see Item 12 for more detailed information pertaining to CFT meetings by responsible agencies and children in care.

Family First Prevention Services Act Part I: Joint Written Protocol with the Department of Health Care Services

The Office of Child Abuse Prevention (OCAP) has partnered with the Department of Health Care Services (DHCS) to develop policy guidance pertaining to the FFPSA Part 1, specifically creating a model joint written protocol pursuant to WIC 16588(f)(2) for Title IV-E agencies to use at the local level. The DHCS and the CDSS worked on breaking down the components of the 10 evidence-based practices chosen by the state as part of the California Five-Year Prevention Plan to assist Title IV-E agencies in leveraging existing prevention programs and ensuring counties do not duplicate services.

The OCAP recognized the importance of preventing delays in access to prevention services and that working with DHCS is essential to ensuring existing programs can utilize FFPS to increase access to both existing services as well as new programs. The goal is to ensure services at the local level are coordinated with existing services funded through the state's Medicaid program.

Family First Prevention Services Act Part IV: Joint Development and Implementation of the Qualified Individual with the Department of Health Care Services

California implemented FFPSA Part IV on October 1, 2021. The FFPSA Part IV establishes new requirements for placements in child-care institutions to be eligible for Title IV-E Federal Financial Participation with the aim of limiting reliance upon such settings and making certain any placement in congregate care is necessary. California has implemented the Qualified Individual (QI) as a licensed mental health professional (LMHP), or as a registered, waivered, or a trained professional who is working under the clinical supervision of an LMHP, that does a full specialty mental health assessment using the CANS tool as part of the assessment.

The CDSS and the DHCS, in partnership with the CWDA, Chief Probation Officers of California (CPOC), the County Behavioral Health Directors Association of California (CBHDA), and other key stakeholders throughout the state, developed the policies for counties to implement the QI. The CDSS with the DHCS have worked together to make the QI Assessment requirement a Specialty Mental Health Service whenever possible.

The CDSS and the DHCS meet at least weekly and meet frequently with other stakeholders to provide technical assistance during the implementation. The CDSS and the DHCS continue to develop updated policies based on the needs of the counties during this implementation.

Family Frist Prevention Services Act Part IV: Aftercare

California implemented FFPSA Part IV Aftercare provisions through the passage of Assembly Bill (AB) 153 (Chapter 86, Statutes of 2021), which included the requirements for the provision of six months of family-based aftercare, utilizing existing resources, post discharge from a placement in an STRTP or from an out-of-state residential facility to a family-based setting and county submission of an aftercare plan by November 15, 2021. AB 153 was further operationalized in ACL No. 21-116/Behavioral Health Information Notice (BHIN) 21-061, and funding allocation instructions were defined in County Fiscal Letter (CFL) 21/22-36; CFL 21/22-57; and BHIN 21-062.

The CDSS and the DHCS are engaging with the CBHDA, the CWDA, the CPOC, Tribes, county child welfare, juvenile probation, MHPs, Wraparound providers, current and former foster youth, caregivers, and other interested stakeholders in the development of the aftercare high-fidelity Wraparound model and requirements, which are consistent with the updated Wraparound standards. These stakeholder groups have developed the following: a county plan submission process and Wraparound provider certification process; guidelines to ensure children/NMDs are provided aftercare services post discharge from a STRTP/CFT, or an out-of-state residential facility; guidance for providing aftercare when a child/NMD is placed outside of the county of jurisdiction; workforce development, training, and curriculum guidance and requirements; funding planning; fidelity and data collection, and outcome measures.

Stakeholders meet on a regular basis for continued work towards implementation of Wraparound as aftercare. Stakeholder workgroups include:

Table 5. Stakeholder Workgroup Participants and Meeting Frequency

Workgroup	Participants	Meeting Frequency
California Wraparound Advisory Committee	County CWS, County Probation Wraparound Providers, Parent Partners, Peer Partners, BH Providers, DHCS Staff.	Quarterly
Wraparound Steering Committee	County CWS, County Probation Wraparound Providers, Parent Partners, Peer Partners, BH Providers, DHCS Staff.	Monthly
Wraparound Fiscal and Organizational Leadership Workgroup	County CWS, County Probation Wraparound Providers, Parent Partners, Peer Partners, BH Providers, DHCS Staff.	Monthly
Fidelity and Outcomes Data Workgroup	County CWS, County Probation Wraparound Providers, Parent Partners, Peer Partners	Monthly
Wraparound Workforce Development Workgroup	County CWS, County Probation Wraparound Providers, Parent Partners, Peer Partners, BH Providers.	Monthly

Children and Youth System of Care

AB 2083 (2018), California's Children and Youth System of Care, established the State Children and Youth System of Care Team (CYSOCT) and a joint interagency resolution team, comprised of CDSS, DHCS, Department of Developmental Services, Office of Youth and Community Restoration, and CDE. AB 2083 statutes directed the CYSOCT, in consultation with local agencies, service providers, and advocates for children and families, to develop and submit legislative reports to address identified gaps in placement types or availability, needed services for children and families, and other identified issues for children and youth in foster care, who have experienced severe trauma. The legislative report, *AB 2083: Children and Youth System of Care*, includes a cross-system multiyear plan to address these gaps and increase the capacity and delivery of trauma-informed care to children and youth in foster care. Working across the child and family serving system supports efforts to ensure that the state's services are coordinated with the services and benefits of other federal or federally assisted programs serving the same population.

In addition to the multi-year plan to address gaps, the CYSOCT has previously issued coordinated guidance for local, county-level memorandum of understandings to support a framework and approach to cross-system coordination and collaboration to improve local child and family serving systems. The CYSOCT has created coordinated, state level cross-system

technical assistance for the child and family serving systems to collaboratively address both child-specific technical assistance needs as well as systemic technical assistance needs. The technical assistance is currently available and the guidance for a Tiered Technical Assistance Framework is currently under development. These efforts further support statewide coordination of services and benefits.

Areas Needing Improvement

While the CDSS provides opportunities for external stakeholder engagement with identified workgroups and advisory councils, conversations are often focused on specific topics/initiatives and scheduling can be infrequent. The CDSS could provide more opportunities and public forums for open, ongoing conversations with external stakeholders to shift to a more collaborative relationship. Due to how behavioral health services are delivered in California, the local county, Behavioral Health Plans, and Managed Care Plans have the care coordination responsibility for foster children. The availability and access to these services is sometimes not clear for our children, youth, and families. However, with the development of AB 2083 Memoranda of Understanding, it provides the framework and permissions for more local coordination between child welfare and behavioral health systems.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B or IV-E funds?

State Response:

Standards being applied equally is an area needing improvement in California.

Resource Family Approval

The Resource Family Approval (RFA) program is California's statewide foster caregiver approval process, which was fully implemented January 1, 2017, through Senate Bill (SB) 1013 (Chapter 35, Statutes of 2012). Currently, RFA is the only homebased caregiver approval process for foster children in California. RFA has replaced and combined multiple historical approval processes into one unified process for all caregivers including relatives, nonrelative extended family members (NREFM), extended family member in the case of an Indian child, prospective adoptive parents, and legal guardians. Once approved, a Resource Family is considered eligible to provide foster care for related and unrelated children and nonminor dependents in out-of-home placement, is considered approved for adoption or legal guardianship, and does not have to undergo any additional approval or licensure processes.

Pursuant to Welfare and Institutions Code (WIC) 16519.5 (f)(1)(A) and in alignment with federal foster care standards, the RFA program, operated by counties, is currently administered through Written Directives (having the same force and effect as regulations), and operated by Foster Family Agencies (FFAs) through the Interim Licensing Standards (ILS) Chapter 8.8 Foster Family Agencies, Articles 9, and Subchapter 1. Although the Written Directives and the ILS are two separate sets of RFA guidelines, they were promulgated in a collaborative effort between the Children and Family Services Division (CFSD) and the Community Care Licensing Division (CCLD) to ensure the same core approval standards would be applied equally to all families throughout the state. As part of this collaborative effort, analysts from each division work together when amendments are needed, and the same attorneys review both documents. As required in WIC 16519.5 a biennial review is conducted of each county's implementation of RFA to ensure compliance with the standards. More information about these reviews is provided below. Information about resource families is added into Child Welfare Services/Case Management System (CWS/CMS) including application received/approved dates. While data regarding resource families is limited in CWS/CMS due to functionality limitations, Child Welfare Services – California Automated Response and Engagement System (CWS-CARES) will include detailed information about completion of specific components of RFA. In addition, with each revision and new publication of the Written Directives and ILS, the State Title IV-E plan is updated to ensure California's standards are approved by our Administration for Children and Families (ACF) partners. In the development of the Written Directives and ILS, and all updates to both documents, many stakeholders can provide input, including:

- Child Welfare Director's Association (CWDA)
- Alliance for Children's Rights
- California Alliance of Child and Family Services
- Office of Tribal Affairs
- California Tribal Families Coalition
- Legal Aid of Los Angeles.
- Children's Law Center of California
- Chief Probation Officers of California
- All 58 counties
- All California federally recognized Tribes

The California Department of Social Services (CDSS) worked extensively with Tribal agencies and 15 different California Tribes over the past few years on the incorporation, per SB 686 (Chapter 434, Statutes of 2019), of the prevailing social and cultural standards of the Indian community into RFA. Plans were discussed at the 2019 and 2020 Tribal Consultation Summits, and a workgroup was formed in June of 2020 to discuss current issues related to the intersection of RFA and the Indian Child Welfare Act (ICWA) placement preferences. In 2021, the CDSS hosted seven workgroup meetings to collaborate on the inclusion of new mandates into the most recent versions of the Written Directives/ILS. New language was developed and added to Version 8 of the Written Directives (effective November 1, 2022) and Version 6 of the ILS (effective February 1, 2023). The CDSS will continue its collaboration with Tribes on the inclusion of the prevailing social and cultural standards of the Indian Community in the RFA process and make policy changes as necessary.

RFA includes a comprehensive assessment for all applicants and includes three main components, including:

- RFA Application and Documentation
- Home Environment Assessment
- Background Check
- Home Health and Safety Assessment
- Permanency Assessment
- Pre-Approval Training (Standard minimum of 12 hours)
- Family Evaluation

The table below indicates the approval standards for RFA versus the previous, multiple processes of caregiver approval for foster children.

Table 1. Approval Standards for Adoption, Relative/NREFM, Foster Home, and RFA

Approval Standards	Adoption	Relative/ NREFM	Foster Home	RFA
Criminal Records/Child Abuse Review	x	x	x	x
Standardized Criteria for Criminal Record Exemptions		x	x	x

Approval Standards	Adoption	Relative/ NREFM	Foster Home	RFA
Home and Ground Safety Check	x	x	x	x
Training Required			x	x
Psychosocial Assessment / Family Evaluation	x			x
Screen for Risk Factors (DV, AOD, MH, PH)	Health Screen		Health Screen	x
Applicant References	x			x
Biennial Review of all families		x		x

The Written Directives does not allow for waivers or exceptions, and limits variances by only allowing two options for a documented alternative plan (DAP). A DAP is an acceptable alternative to a specific non-safety home environment requirement, which may include:

1. Allowing more than four children or nonminor dependents, or more than one child and one nonminor dependent to share a bedroom.
2. Allowing a child or nonminor dependent to share a bedroom with a Resource Parent under special circumstances of the child or nonminor dependent.

A DAP must be approved by the County (or Community Care Licensing [CCL] for FFAs) and be re-assessed during each biennial approval update. All DAPs are reviewed for compliance by the CDSS county liaisons during biennial county reviews, which is described below as a mechanism of the RFA Technical Assistance and County Review Unit to ensure consistency with application of standards across the state. While there have been instances of an isolated case with an approved DAP that is not in compliance with the Written Directives, there have been no noted systemic issues within the counties and the isolated cases are brought to the county's attention immediately during the exit conference after the review and again when the report based on the review findings is issued.

The results of the components of the comprehensive assessment are combined and documented on a final Written Report, which grants an approval or a denial as a Resource Family. Approval as a Resource Family requires all applicants to meet the standards in the Written Directives/ILS, and all county and foster family agencies are required to provide families with the support needed to become approved and better prepared to care for children in foster care.

To further create uniformity, both the CFSD and CCL collaborated to create 17 standardized, mandatory forms to be used throughout the approval process. Those forms include, but are not limited to:

- Resource family application

- Criminal background and home health and safety checklists
- Complaint investigation documents
- Corrective action plans

Seven additional documents were created, and although not mandatory, the same information contained in each of those documents must be collected when using alternate forms. Those forms include, but are not limited to:

- Risk assessments
- Written reports
- Approval updates
- Documented alternative plans

To further support counties and the RFA family evaluation component of the approval process, the CDSS sponsors an optional training for county child welfare and probation staff. In this training, workers go over interviewing, mitigation of concerns, cultural biases and how to comprehensively put together the information received into a clear and concise document. This training is offered virtually with six offerings a year.

The RFA Technical Assistance and County Review unit was established to partner and provide regulatory guidance and technical assistance (TA) to counties to ensure compliance and consistency with regulations (currently the Written Directives), applicable laws, policies, and procedures. The CFSD closely collaborates with the CCLD to maintain unity with statewide oversight, and each of the 58 counties have an assigned county liaison from one of the two divisions. The primary responsibilities of this unit include:

1. Conducting biennial (annual during the earlier implementation phase) county reviews of each county's RFA program, which includes interviews with county administration and social workers, if applicable, as determined by the liaison. Depending on the size of the county either five, ten, or 15 Resource Family (RF) files are randomly selected to be reviewed utilizing a standardized review tool. These numbers are appropriate in size as any systemic concerns are readily seen when two or more files (for medium to large size counties) demonstrate similar findings. The review tool was developed by CDSS and is reviewed and updated as needed annually to ensure it continues to capture required elements of the Written Directives. Some of these elements were modeled after the Title IV-E Reviews. The reports from two prior years are also reviewed to determine if there were identified issues that should be revisited for improvement. The reviews identify strengths and issues/barriers that counties may have with their RFA program, and a report is developed that includes the findings of each case file review along with recommendations for improvement. The final report is reviewed internally by the first and second level managers before it is sent to the county director, managers/supervisors. It allows for the CDSS to determine where more clarification or revision of state standards is necessary. Follow up to provide additional TA, county engagement and on-site meetings, trainings, and ultimately a corrective action plan may occur, when determined necessary, as part of a written progressive plan of TA to provide additional support when needed for program improvement and conformity. The county review process and tools are internally assessed on an annual basis to review its

procedures and efficacy, and to ensure any new laws are incorporated into the process.
    a. Since 2018, all 58 counties have completed four years of reviews.
    b. Beginning 2021, three years after implementation of RFA, annual reviews were changed to biennial.
    c. In 2021, a total of 294 county case files were reviewed as part of the biennial review process.
    d. No Corrective Action Plans (CAPs) have been needed to be implemented for county noncompliance with RFA standards.
        i. When issues have been identified, CDSS and the county have to date been successful with implementation of progressive technical assistance that did not require the final step of a CAP.
            1. Common systemic issues that have been identified include the following:
                a. Misunderstandings related to child-specific approval
                b. Obtaining signatures from applicants on written reports
2. When these issues are documented in the report to the county, it is followed up with technical assistance in form of training and/or meetings with management to ensure the standard is understood and what county practice may need to be amended to address the issue.
3. While there have been no widespread systemic issues on components of the RFA process that impact the health and safety of the child there have been isolated cases where it was discovered some elements were done correctly. For example, there were isolated instances where a standard criminal exemption was completed when the applicant was eligible for a simplified exemption (or vice versa). When it comes to any isolated issues related to criminal background checks, the CDSS County Liaison requests the county correct the issue immediately and will request verification it has been completed.
4. Providing ongoing consultation to counties regarding clarification of applicable laws and the Written Directives, and guidance with the operation of their RFA program.
5. Regularly conducting Technical Assistance Resource Family Approval (TARFA) meetings with counties to provide updates and county training sessions as appropriate. TARFA meetings occur in seven different regions throughout the state.
    a. In 2018 TARFA meetings occurred on a quarterly basis in every region.
    b. In 2019 to TARFA meetings occurred regionally three times and have continued to be scheduled three times every year in a virtual format.
6. Facilitating, scheduling, reviewing, and analyzing legal documents submitted by counties to assist with possible administrative actions (denials, rescissions, or state exclusions) and ensure the evidence supports the action requested, while consulting regularly with the CDSS staff attorneys.

The RFA Policy unit and the Technical Assistance and County Review unit work closely together under the same bureau, along with CCLD, on the oversight of RFA programs statewide. The RFA policy unit provides ongoing support to the county liaisons, including policy interpretation, guidance to counties, problem-solving any barriers that counties may have, and maintaining consistency of approval standards across the state. The RFA Policy unit, in coordination with the county liaisons and CCLD, facilitates RFA TA meetings in virtual format,

for all counties to have the opportunity to ask questions and receive guidance on RFA standards, programs, and any other RFA related matters.

Limitations

The lack of resources to give us the ability to easily track specific data on RFA and county reviews has been challenging. The current data system, CWS/CMS, is limited in its data collection for RFA and the CDSS is currently working with the developers of a new child welfare CWS-CARES to incorporate the ability to collect more efficient data elements that would be beneficial for reviewing and monitoring RFA outcomes.

Until CWS-CARES is functional, the biennial review reports provide us the data on how each individual county is complying with Written Directives and the CDSS has a progressive plan of technical assistance to address any systemic issues noted in these reports to ensure they are addressed. Past reports are reviewed prior to upcoming reviews to ensure any systemic issues that were previously noted do not reoccur again.

Short-Term Residential Therapeutic Programs and Community Treatment Facilities

In 2015, legislation Assembly Bill (AB) 403 Stone, Chapter 773 Statutes of 2015), AB 1997(Stone, Chapter 612, Statutes of 2016), and AB 404 (Stone, Chapter 732, Statutes of 2017) were passed to implement Continuum of Care Reform (CCR) and improve the system of care for youth in foster care. Since the passage of this reform, the comprehensive implementations of CCR have evolved to enhance policies to improve outcomes for youth in foster care.

The CCR is grounded in the understanding that youth who must live apart from their biological parents do best when they are cared for in committed nurturing family-based homes. Reliance on congregate care should be as limited to short-term, therapeutic, interventions that are just one part of a continuum of care available for youth who have been assessed as having treatment needs that can only be met by this level of care.

As part of the CCR framework, authorized through AB 403, the legislature created the licensure category of Short-Term Residential Therapeutic Programs (STRTPs), which focuses directly on meeting the individual, trauma, and cultural needs of youth by ensuring that there is an integrated delivery of specialty mental health services.

Building upon and aligning with the efforts of CCR was the Family First Prevention Services Act (FFPSA) which was signed into federal law in February of 2018 as a part of the Bipartisan Budget Act of 2018 – Public Law, 115-123. The passage of the FFPSA has brought new requirements aimed at better serving youth. These requirements include a more robust assessment of youth needs before an STRTP placement can be made, more thorough documentation of the youth-specific treatment goals that will support a youth while they are in a STRTP, and the identification and delivery of aftercare services to better support a youth's timely transition into a family-based setting.

To achieve full compliance with FFPSA by October 1, 2021, California enacted AB 153 (Chapter 86, Statutes of 2021) on July 15, 2021. AB 153 focuses on incorporating the requirements for a placement setting referred to in FFPSA Part IV as a qualified residential treatment program (QRTP) into the requirements for STRTPs to maintain eligibility for Title IV-E Federal Financial

Participation (FFP). Part IV impacts the usage of FFP for otherwise federally eligible children and nonminor dependents placed in residential facilities that do not meet the requirements for the placement setting defined in FFPSA Part IV as a qualified residential treatment program (QRTP) or when the requirements for a child's placement into a QRTP are not met. When a facility like an STRTP or a Community Treatment Facility does not meet QRTP requirements, or when the placement in such a facility does not meet assessment, documentation, or judicial determination requirements, the availability of FFP is limited unless the placement is a specialized setting as described in All County Information Notice (ACIN) No. I-73-21.

Under AB 153, the new, modified, or relevant STRTP programmatic requirements that must be met in to claim FFP include the following:

- The operation of a comprehensive trauma-informed treatment model designed to address the individualized needs of children as specified in Health and Safety Code (HSC) 1562.01(d)(2)(C)(i)(I).)
- Maintenance of the Interagency Placement Committee's (IPC's) written determination and the QI's assessment in the child's record as specified in WIC 4096 and HSC 1562.01(o), consistent with federal and state privacy laws.
- Ability to implement the treatment identified for a child placed into the facility, consistent with the child's assessment by a Qualified Individual (QI) as specified in HSC 1562.01(d)(2)(C)(ii) and (iv).
- Consistent with the treatment model of the program, ensuring the availability of licensed nursing staff 24 hours a day, seven days a week as specified in HSC 1562.01(d)(2)(C)(i)(II) and (n).
- Facilitating and documenting outreach to the family members of the child, including siblings, and documentation of how family members will be integrated into the treatment process for the child as specified in HSC 1562.01(d)(2)(C)(viii).)
- Provision of, arrangement for, or assistance with development of an individualized family-based aftercare support plan for at least six months post-discharge, as specified in HSC 1562.01(d)(2)(C)(vii).

In October 2021, the CDSS published the STRTP Interim Licensing Standards Version 4, which included provisions relating to the FFPSA requirements.

To support implementation, the CDSS has provided support and technical assistance to counties through presentations, recordings and posted written resources, to ensure effective implementation of the new case planning requirements. These supports included:

- On September 15, 2021, the CDSS, in collaboration with the Department of Health Care Services (DHCS), provided an FFPSA Part IV Overview webinar and the recording is available for stakeholders on the CDSS website.
- From September 2021, through August 2022, the CDSS in collaboration with the DHCS, held a bi-weekly and monthly FFPSA Part IV Technical Assistance Call to address frequently asked questions received from stakeholders.
- A published Frequently Asked Questions Document (Updated August 2022), which includes the responses to questions received by various stakeholders.
- The CDSS and the DHCS each established a dedicated FFPSA email account for counties and stakeholders to submit requests for TA and clarifications. County-specific

TA is offered and provided via teleconference to counties with specific questions or implementation needs that cannot be answered by email.

Comparison to Round 3 Findings

In round 3 of the Children and Family Services Review (CFSR), Item 33 was found to be a "Strength" and in substantial conformity. Round 3 was completed prior to the full implementation of the RFA program on January 1, 2017, and the RFA program has further improved the application of equal standards for all foster caregivers, including relatives, NREFM, guardians and prospective adoptive parents. RFA provides one, unified caregiver approval process, which requires all families to meet the same standards for approval. Biennial reviews of each county RFA program are administered to monitor and ensure that approval standards are applied equally and consistently throughout the state. Results of county reviews have shown substantial conformity overall, and any challenges are quickly addressed with technical assistance and support from the CDSS.

Item 34: Requirements for Criminal Background Checks

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

State Response:

Requirements for Criminal Background Checks is an area needing improvement in California.

Resource Family Approval

The Resource Family Approval process is a unified approval process for all families, including relatives and prospective adoptive parents, interested in placement of a child in foster care. There is no other approval process in the state of California. It is the only approval process available to caregivers interested in providing care to foster children. As part of the RFA process, counties, and FFAs are required to follow the federal background check requirements when approving Resource Families. Outlined in California's WIC 16519.5, before a Resource Family is approved, a criminal record clearance or exemption and consideration of any substantiated allegations of child abuse or neglect listed on the Child Abuse Central Index (CACI) must be completed for each applicant (including relatives), adult(s) in the home, and adult(s) regularly present in the home. The criminal record check includes a review of an individual's state and federal criminal record information using Live Scan fingerprint service. In addition to the criminal record check and child abuse and neglect allegations check, California requires the following background checks to further ensure a child's safety: Out of State Child Abuse Registry Check, California Department of Motor Vehicles report, Megan's Law registered sex offender check, prior Licensing related administrative actions, prior licensing history and criminal record exemption denial or rescission actions, and a check for prior Resource Family or Licensed related administrative actions. The counties are required to document the dates the required background checks are completed for each applicant and adult residing or regularly present in the home on the RFA 02 form. These forms are reviewed in the case file during the biennial reviews and county monitoring reviews for Title IV-E compliance.

Counties are authorized by the California Department of Justice (DOJ) to conduct the Live Scan fingerprint submission and receive the results as well as any subsequent arrest notifications while the family remains an approved Resource Family with the county. For FFAs, the FFA and the CDSS receive the results of the Live Scan fingerprint submission and any subsequent arrest notifications, and if an applicant or other adult residing or regularly present in the home has been convicted of a crime not listed on the federal or California non-exemptible crime list, then the CDSS will process a criminal exemption or conduct any required investigations on behalf of the FFA.

California allows for clearances and criminal record exemptions under specific circumstances outlined in HSC section 1522. A county and the CDSS may grant exemptions through two different processes: simplified and standard. The simplified exemption process is a review based only on the convicted person's Record of Arrests and Prosecutions (RAP) sheet and/or any written or verbal self-disclosure during the background check process. To grant a standard criminal record exemption, counties carefully evaluate several factors when determining if

granting a criminal record exemption would be contrary to the health and safety of a child, including, but not limited to, the present good character of the individual requesting the exemption, circumstances related to the crime, presence of rehabilitation, etc. The criminal history is also discussed with the individual during the Family Evaluation interviews to ensure the conduct associated with the criminal history will not pose a threat to the health and safety of a child. Each county is required to keep a log of all criminal exemptions granted. These logs are reviewed during the county's biennial review with the CDSS. For information related to the results of these reviews please see the RFA County Review section below.

California's process, up through 2021, for granting a criminal record exemption request aligned with federal standards and IV-E requirements. Enacted January 1, 2022, however, SB 354 (Chapter 687; Statutes of 2021) amended the HSC section 1522 and as a result, some relatives may now be eligible for a criminal record exemption for crimes that are considered federally non-exemptible if there are no felony convictions within the last five years for child abuse or neglect, spousal abuse, rape, sexual assault, homicide, or any other crime against a child, including child pornography. For these cases, the criminal history is still reviewed and evaluated to determine if the individual is of present good character by reviewing arrest records, certified court documents, verification of rehabilitation, and the individual's statements when discussing with the RFA staff. The counties continue to have the discretion to deny any criminal exemption request if there is no evidence to suggest the present good character of the individual. In these cases, the approval can only be for a specific child and the individual would not be approved to care for any unrelated child. If a child is placed with a relative who was granted a criminal record exemption for a crime that does not meet the federal requirements, the placement will be reimbursed through state funds only. All RFA forms were updated to clearly reflect if a criminal exemption granted is non-federally eligible to ensure no Title IV-E funding is paid. Monitoring of these cases will occur during Title IV-E Foster Care Eligibility Audits and through the RFA County Biennial Reviews. The CDSS anticipates these cases will account for a small number statewide. Data regarding these specific approvals will be collected during the 2023 biennial reviews. The last Title IV-E Compliance Review occurred in 2018. Of the 80 cases reviewed, only one case was found in error as it related to the criminal background checks. The incomplete background checks were related to a group home outside the state. Since that time, California has instituted a policy that children will not be placed in congregate care settings outside the state.

In 2023, the CDSS will collect specific data regarding criminal record exemption requests and denials as a requirement of SB 354. The bill added HSC section 1521.7 which outlines what data the CDSS is required to gather from counties, Tribes, and FFAs such as the total number of relative applicants who were granted a criminal exemption, relative applicants who were denied a criminal exemption despite eligibility, and those who were denied because they were ineligible for a criminal exemption. The data will be stratified by various demographics such as race and income. The CDSS developed a data reporting form, using an online platform to send to counties, Tribes, and FFAs quarterly beginning in 2023 to gather this data and the data will then be presented in a report to the legislature by July 1, 2024. While this is new data that will be available, the data collection is time-limited to 2023, limited to relative applicants, and does not include NREFM applicants or other adults residing or regularly present in the home.

Placements Prior to Approval

California allows for two scenarios for children to be placed with a family prior to their approval as a Resource Family: an emergency placement with a relative or non-relative extended family member when a child is initially removed from their parents or caregivers or when a caregiver is

suddenly unavailable, and a placement based on a compelling reason depending on the specific needs of a child.

For an emergency placement, the county is required to complete a preliminary background check using California Law Enforcement Telecommunications System (CLETS) which is a name-based search. Counties are not authorized to place a child in an emergency placement if results of this search indicate the individual was convicted or arrested for a federally non-exemptible crime. If a child is placed in an emergency placement, all adults residing or regularly present in the home must submit their fingerprints for a live scan background check within five days of placement., and the county must complete all components of the RFA process within 90 days or document the reason for the delay.

For a placement based on a compelling reason, the family will have already submitted their RFA application and met the criminal background check requirements but may still need to complete other components of the RFA process such as the family evaluation interviews. Even though a child may be placed with a family who is not yet approved, the families are not exempt from meeting the background check requirements of RFA, and they are still required to complete all components of the RFA process. The assigned RFA staff works with the family to help them complete the RFA process as timely as possible and the child's placement worker will monitor the health and safety of the child throughout their monthly visits with the child as well.

In CWS/CMS, homes with placement of a child prior to approval are categorized as RFA Probationary. The number of RFA Probationary Homes account for at least one child placed in the home prior to approval. CWS/CMS has data to show the total number of children placed in a Resource Family Home, but this count includes all statuses of Resource Family Homes, RFA approved and RFA probationary. The data available does not account for multiple children placed in one Resource Family Home. The following data from the fourth quarters from 2018 through 2021 is available:

- 2018: RFA Probationary Homes accounted for 6,148 homes where at least one child was placed prior to approval out of 24,688 children placed in a County Resource Family Home (RFA Probationary and RFA Approved included).
- 2019: RFA Probationary Homes accounted for 5,865 homes where at least one child was placed prior to approval out of 28,977 children placed in a County Resource Family Home (RFA Probationary and RFA Approved included).
- 2020: RFA Probationary Homes accounted for 6,010 homes where at least one child was placed prior to approval out of 30,614 children placed in a County Resource Family Home (RFA Probationary and RFA Approved included).
- 2021: RFA Probationary Homes accounted for 5,881 homes where at least one child was placed prior to approval out of 30,248 children placed in a County Resource Family Home (RFA Probationary and RFA Approved included).

Tribally Approved Home

California's federally recognized Tribes can approve their own homes based on the Tribe's or Tribal agency's own socially and culturally appropriate standards. Although TAHs are not subject to California's RFA standards, the Tribes' licensing or approval standards must meet the minimum federal standards for foster or adoptive placement of an Indian child. The CDSS provides technical assistance to Tribes and Tribal organizations requesting additional support around the policies regarding Tribes' authority.

Tribally Approved Homes Criminal Background Checks
Tribes are also required to meet federal standards for criminal background checks, which are outlined at HSC 1522. SB 1460 (Chapter 772 Statutes of 2014) gave federally recognized Tribes the ability to receive their own state and federal summary criminal history information from the DOJ to conduct their own background checks. As of March 2023, twenty-two Tribes and Tribal organizations applied and have been authorized by DOJ to receive their own criminal history information. Many Tribes, including authorized Tribes, continue to rely on the CDSS or the county of jurisdiction to conduct the criminal background check component of the Tribally Approved Home (TAH) process on their behalf.

Tribes that elect to conduct their own criminal background checks are required to certify the following pursuant to WIC 10553.12: (1) The Tribe or Tribal organization has completed a criminal record background check in accord with the standards set forth in HSC 1522 and a CACI check pursuant to HSC 1522.1; (2) The Tribe or Tribal organization has agreed to report to a county child welfare agency responsible for a child placed in the TAH, within 24 hours of notification to the Tribe or Tribal organization by the DOJ, of any subsequent state or federal arrest or disposition notification provided pursuant to Penal Code 11105.2 involving an individual associated with the TAH where an Indian child is place; and (3) If the Tribe or Tribal organization in its certification states that the individual was granted a criminal record exemption, the certification shall specify that the exemption was evaluated in accord with the standards and limitations set forth in HSC 1522(g)(2) and was not granted to an individual ineligible for an exemption under that provision.

Beginning with the Budget Act of 2016, subject to each annual Budget Act, State general funds are set aside for federally recognized Tribes that are authorized through DOJ to request either an advance or reimbursement for costs related to live scan machines and fingerprinting fees. Beginning with the 2021-22 state fiscal year (SFY), flexibility was increased for the use of this funding. This may include costs for the purchase of a live scan machine, live scanning fees, other maintenance and operation items, or related activities. Information regarding Tribal background checks can be found on CDSS' Tribal Background Check Resources and Information website.

Due to the sovereign nature of California's 109 federally recognized Tribes, the CDSS has not imposed data collection requirements on the Tribes' approval of TAHs and any attendant criminal background checks completed on Tribal families.

Strengths
Some identified areas of strength regarding the criminal background checks for RFA are the ongoing monitoring required for counties and FFAs for their Resource Families and the CDSS's ongoing oversight and technical assistance provided to counties and FFAs. Additionally, the CDSS has created a Background Assessment Guide (BAG) for counties to provide them with concise instructions on the criminal background check process. This guide is directed towards the Resource Family Approval process but is available for use by Tribes for the Tribally Approved Home process as well. Please see below for more information regarding the BAG.

Updates
To ensure Resource Families maintain compliance with the required background checks including any new adults residing or regularly present in the home, Resource Families are required to report changes within their household, and the county or FFA monitors Resource Families through required updates and investigations. Biennially, counties and FFAs are

required to assess the home and grounds, interview the family, and ensure all adults residing or regularly present in the home have completed their background checks. Additionally, counties and the CDSS (on behalf of FFAs) receive subsequent arrest notifications from the DOJ and they must investigate and take appropriate action which may include, but is not limited to, gathering arrest records, interviewing the individual, or depending on the conduct and circumstances related to the arrest and/or conviction, the county may remove the child, and/or taking an administrative action such as rescinding the Resource Family's approval. These actions are reviewed during the counties' biennial reviews where the CDSS RFA Liaison team reviews case files to determine if the appropriate background checks were completed and, if necessary, appropriate administrative action taken if the individual is subsequently convicted of a non-federally exemptible crime. Further details are explained in the RFA County Reviews Section.

Resource Family Approval County Reviews

The CDSS is responsible for completing a biennial county review of each county's RFA program, which includes interviews with county administration and social workers, as well as case file reviews. Case files are randomly selected and the reviewer(s) complete a thorough case file review utilizing a standardized check list, which includes a review of the background check results, the RFA 02 form which documents the dates which all background checks were completed for each applicant and adult residing or regularly present in the home, the county's procedure for approving or denying criminal record exemption requests, and the criminal exemption log. Any inaccuracies in the criminal background check proceedings are documented and presented to counties in a report and during the exit interview. Prior to 2021, program reviews were completed annually for all counties, but legislation enacted January 1, 2021, changed the requirement from annually to biennially. The results of the reviews have not indicated any statewide trends demonstrating approved Resource Families are not meeting federal requirements for the background checks. For example, in 2021, the CDSS RFA Liaison team completed reviews for 29 counties and a total of 294 RFA case files were reviewed. Of the 294 case files, no cases indicated the criminal background checks were completed inaccurately, as no cases had criminal exemptions granted in error. Of the 294 cases reviewed, the reviewers found six families were denied because of the criminal background check results, and one RFA applicant had a non-exemptible crime and elected to withdraw their application. The CDSS RFA Liaison team will complete the remaining 29 counties beginning June 2023.

In the event a county demonstrates ongoing issues with criminal background check procedures, the CDSS offers more targeted technical assistance to help counties through any barriers. During the June 2019 San Bernardino review, the RFA Liaison team determined the county RFA staff demonstrated knowledge deficits around the criminal background exemption processes, amongst other areas of the RFA process. The CDSS staff determined San Bernardino RFA staff would benefit from a two-day training regarding the RFA background check process which occurred in August 2019 and the CDSS staff provided a follow-up in-person technical assistance meeting in September 2019. During this meeting, 24 RFA files were reviewed, and the issues related to the background checks included: duplicative copies of forms, late or missing background check results for other adults residing or regularly present in the home and granting criminal background check exemptions for convictions that did not require a criminal background check exemption such as an infraction. Since this targeted technical assistance, San Bernardino County created an internal criminal record exemption worksheet to ensure all requirements for granting an exemption are completed and reported during their 2021 review to have specific RFA staff who specialize in criminal background exemptions. San Bernardino County's next review is due in 2023 and the RFA Liaison team will be able to determine if this continues to be an area where assistance is needed.

Title IV-E Reviews
The Funding and Eligibility unit conducts Title IV-E County monitoring reviews. These reviews look at child welfare, probation, and Title IV-E Tribes to ensure compliance with federal and state regulations. These reviews include the verification of DOJ, Federal Bureau of Investigations (FBI), and CACI clearances to ensure providers were cleared prior to the youth's admission to the placement setting. This includes Resource Family Homes and Short Term Residential Therapeutic Programs (STRTPs).

The 2018 Title IV-E review included a review of 80 cases, and four cases were determined to be in "error" for not meeting eligibility requirements and two "non-error" cases. The Children's Bureau determined California Title IV-E foster care program to be in substantial compliance with federal eligibility requirements. The error and non-error cases related to home-based care were not related to the background check requirements. One of the non-error cases was related to a child placed in an out of state facility where the background checks for staff were not completed in accordance with that state's licensing policies.

Background Assessment Guide
To assist counties with complying with the criminal background check for Resource Families, the CDSS publishes the BAG. The BAG includes step-by-step instructions for counties to follow when processing criminal background checks including granting a criminal record exemption. The BAG is updated routinely in response to any newly passed legislation and counties can email the RFA email box if they need any technical assistance regarding criminal background checks. For technical assistance specifically related to SB 354 provisions, counties can also reach out to the SB 354 mailbox. Additionally, an e-learning curriculum was developed as a BAG training and added to the California Child Welfare Training (CACWT) statewide learning management system (LMS) in 2022 for county and Departmental staff to access on an "as needed" basis to ensure compliance with criminal background check requirements.

Tribal Inclusion and Engagement

Assembly Bill 686
AB 686 (Chapter 434; Statutes of 2019) effective January 1, 2020, requires the integration of the prevailing social and cultural standards of the Indian Community into the RFA process in the case of an Indian child. AB 686 required the CDSS to engage in the formal Tribal Consultation process to determine, with direction from Tribal Leaders, the best approach for working with Tribes to integrate the prevailing social and cultural standards of the Indian Community into the RFA process. Version 8 of the Written Directives includes language instructing counties to include Tribes throughout the RFA process to ensure the application of the prevailing social and cultural standards are applied. For example, when a county is reviewing a criminal record exemption request, the county should be collaborating with the Tribal representative on factors related to determining the individual's present good character, rehabilitation efforts, and other available information to support the granting of the criminal record exemption.

Limitations
Counties often report delays in the RFA process associated with background checks, particularly with receiving results from other states for the Out-of-State Child Abuse Registry check. Counties report difficulties contacting the identified office or individual after the request was sent and obtaining the results timely.

CWS/CMS is limited regarding data collection for criminal background checks, and while the system allows for recording some details, accurate and consistent data entry from counties continues to be a barrier and is not a reliable source for reviewing the background check processes for counties. Counties often utilize spreadsheets outside of the CWS/CMS and the CDSS must use alternative methods for gathering information from the counties such as spreadsheets, online survey platforms, or qualitative information from county administration and staff during the reviews to bridge information gaps for data missing or unavailable in CWS/CMS. The CDSS' priority for CWS-CARES regarding RFA will be to prioritize the inclusion of data elements related to background checks and the ability to create statewide reports. Despite the limitations in data available in CWS/CMS, the CDSS is confident counties are completing the required background checks and do not take the responsibility of granting criminal exemptions lightly. The biennial reviews and Title IV-E review do not indicate the background checks are completed inaccurately nor do they indicate erroneous granting of criminal exemptions. Counties utilize the BAG, seek understanding and clarification from RFA Liaisons or the RFA Policy email box regarding the background check procedures and participate regularly in TARFA meetings quarterly.

Comparison to Round 3 Findings

Round 3 of the Child and Family Services Review (CFSR) occurred prior to statewide implementation of the RFA program. In Round 3, the Children's Bureau (CB) found the criminal background checks were not completed for all adults in the home for a significant portion of relative placements. Stakeholders also reported that the CDSS did not consistently track the completion of criminal background checks in relative homes, and homes licensed by the counties. Since these Round 3, California implemented the RFA program statewide, which created a streamlined process for those interested in becoming Resource Families (formerly foster homes) including relatives. All prospective Resource Families are now required to complete the same process regardless of relationship to the child in placement. RFA helped to address the issues previously reported with compliance with criminal background checks and as noted above, the case file reviews that have been conducted have confirmed compliance in these areas.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

State Response:

Diligent recruitment of foster and adoptive homes is an area needing improvement in California.

Foster and Adoptive Parent Diligent Recruitment Plan

All county Child Welfare and Probation Departments (i.e., counties) requesting Foster Parent Recruitment and Retention Support (FPRRS) funding for SFY 2019-20 were required to submit a plan by March 13, 2020, containing the following:

- The specific goal or goals related to increasing the capacity and use of home-based family care for children in, or at risk of being placed in, congregate care and the services and supports to such caregivers that the county intends to provide.
- A description of the strategy or strategies the county proposes to pursue to achieve those goals.
- An explanation or rationale for the proposed strategy or strategies relative to those goals.
- A list or description of the outcomes that shall be reported, including baseline data for those outcomes.

Building a strong foundation and adequate pool of resource families has challenging for many counites. To increase the capacity to successfully match children and youth with a resource caregiver, a robust recruitment and outreach program is necessary. Foster parent recruitment programs and policies have been found to be most effective when they are: child-centered, reflective of youth and parent voices, collaborative, inclusive, and sustainable.

Ongoing improvements made to practices and policies has meant the recruitment and retention of high-quality caregivers who provide excellent care to children in California's child welfare and probation systems. Whether relatives, NREFM, or community families, the RFA process was created to increase the number of families who can provide excellent parenting and are willing to foster or adopt, which in turn improves stability and shortens the length of time to permanency for children and youth in out-of-home care.

Through the RFA process, counties can approve the most qualified families to care for California’s dependents and ensure the health and safety of every child in foster and adoptive placements. The RFA process requires all applicants meet specific standards, including a criminal record background check.

In California, separate from the approval of a resource family, county social workers are required to complete a case plan in coordination with the family. In addition, the status of every dependent child in foster care is reviewed periodically as determined by the court to determine the continuing necessity for, and appropriateness of, the placement.

Race/Ethnicity of Children and Foster Parents Place in a Family Setting
Listed below is the Race/Ethnicity of Children and Foster Parents of Children Placed in a family setting over three Federal Fiscal Years (FFY) (2020-2022).

Table 1. Race/Ethnicity of children placed in a family setting, FFY 2020

Race/Ethnicity	n	Percent Excluding UtD/Missing
Black	10,952	19.9%
White	11,951	21.7%
Latino[2]	29,854	54.2%
Asian/Pacific Islander	1,424	2.6%
Native American	905	1.6%
Unable to Determine/Missing	863	N/A
Total[3]	55,949	100%

Data Source: CWS/CMS Adoption and Foster Care Analysis and Reporting System (AFCARS) 2020A, 2020B, 2021A, 2021B, 2022A, and 2022B Submissions

Table 2. Race/Ethnicity of children placed in a family setting, FFY 2021

Race/Ethnicity	n	Percent Excluding UtD/Missing
Black	10,683	19.7%
White	11,488	21.1%
Latino[2]	29,813	54.9%
Asian/Pacific Islander	1,454	2.7%
Native American	904	1.7%
Unable to Determine/Missing	770	N/A
Total[3]	55,112	100%

Data Source: CWS/CMS AFCARS 2020A, 2020B, 2021A, 2021B, 2022A, and 2022B Submissions

Table 3. Race/Ethnicity of children placed in a family setting, FFY 2022

Race/Ethnicity	n	Percent Excluding UtD/Missing
Black	10,075	19.7%
White	10,716	20.9%
Latino[2]	8,179	55.1%
Asian/Pacific Islander	1,335	2.6%
Native American	883	1.7%
Unable to Determine/Missing	498	N/A
Total[3]	51,686	100%

Data Source: CWS/CMS AFCARS 2020A, 2020B, 2021A, 2021B, 2022A, and 2022B Submissions

Table 4. Race/Ethnicity of foster parents of child placed in a family setting, FFY 2020

Race/Ethnicity (at least 1 reported race/ethnicity in each household)	n	Percent Excluding UtD/Missing
Black	8,402	19.5%
White	9,910	23.0%
Latino[2]	23,122	53.7%
Asian/Pacific Islander	1,265	2.9%
Native American	362	0.8%
Unable to Determine/Missing	11,467	N/A
Total[3]	**54,528**	**100%**

Data Source: CWS/CMS AFCARS 2020A, 2020B, 2021A, 2021B, 2022A, and 2022B Submissions

Table 5. Race/Ethnicity of foster parents of child placed in a family setting, FFY 2021

Race/Ethnicity (at least 1 reported race/ethnicity in each household)	n	Percent Excluding UtD/Missing
Black	8,597	20.2%
White	9,493	22.3%
Latino[2]	22,852	53.6%
Asian/Pacific Islander	1,304	3.1%
Native American	393	0.9%
Unable to Determine/Missing	11,090	N/A
Total[3]	**53,729**	**100%**

Data Source: CWS/CMS AFCARS 2020A, 2020B, 2021A, 2021B, 2022A, and 2022B Submissions

Table 6. Race/Ethnicity of foster parents of child placed in a family setting, FFY 2022

Race/Ethnicity (at least 1 reported race/ethnicity in each household)	n	Percent Excluding UtD/Missing
Black	8,366	20.8%
White	8,809	21.9%
Latino[2]	21,482	53.4%
Asian/Pacific Islander	1,144	2.8%
Native American	423	1.1%
Unable to Determine/Missing	10,091	N/A
Total[3]	**50,315**	**100%**

Data Source: CWS/CMS AFCARS 2020A, 2020B, 2021A, 2021B, 2022A, and 2022B Submissions
Footnotes:
1) Family Setting includes Pre-Adopt, Kin, Foster Family, Foster Family Agency, Court Specified and Guardian-Dependent Homes.
2) Hispanic Origin Indicator of 'yes' overrides all races and is reported as Latino only, even if other races are present.

3) More than one race/ethnicity can be reported for each child or foster parent.

Retention & Support

It can be difficult to precisely determine the effect of a particular strategy on overall recruitment, retention, and support efforts, and the CDSS recognizes that the decision to become, or cease to be, a resource family can be influenced by many factors. Therefore, counties that received FPRRS funding during SFY 2018-19 were required to submit to the CDSS by March 13, 2020 a report of the outcomes achieved through the use of that funding and the activities that contributed to those outcomes, in accordance with WIC 16003.5(c). A total of 50 counties completed the survey (30 Child Welfare Departments, 18 County Probation Departments, and 18 joint submittals).

The CDSS issued ACIN No. I-77-19: Best Practices Derived From the FPRRS Funding Outcome Reports in 2019 based on the key findings of the SFY 2016-17 and 2017-18 FPRRS reports submitted by counties. This ACIN included best practices to strengthen family finding and engagement, target-specific recruitment, and outreach, stabilize placements and remove barriers by increasing collaboration, and reduce congregate care using intensive home supportive services. Best practices are most effective when they provide continuing improvement of services to children and families and positively impact families with children and the organizations that serve them.

Based on the reports, counties overwhelming stated that Child and Family Team (CFT) meetings were a valuable source for finding and identifying family members of youth. Counties held CFT meetings more often and family finding was a continuous topic during these discussions. These meetings led the charge for stabilizing placements and removing barriers by making caregivers and the interested parties aware of placement disruption issues before they manifested. Through these meetings, youth and caregivers felt supported and part of the team, which helped to form relationships for the betterment of the child and identify unique services and supports.

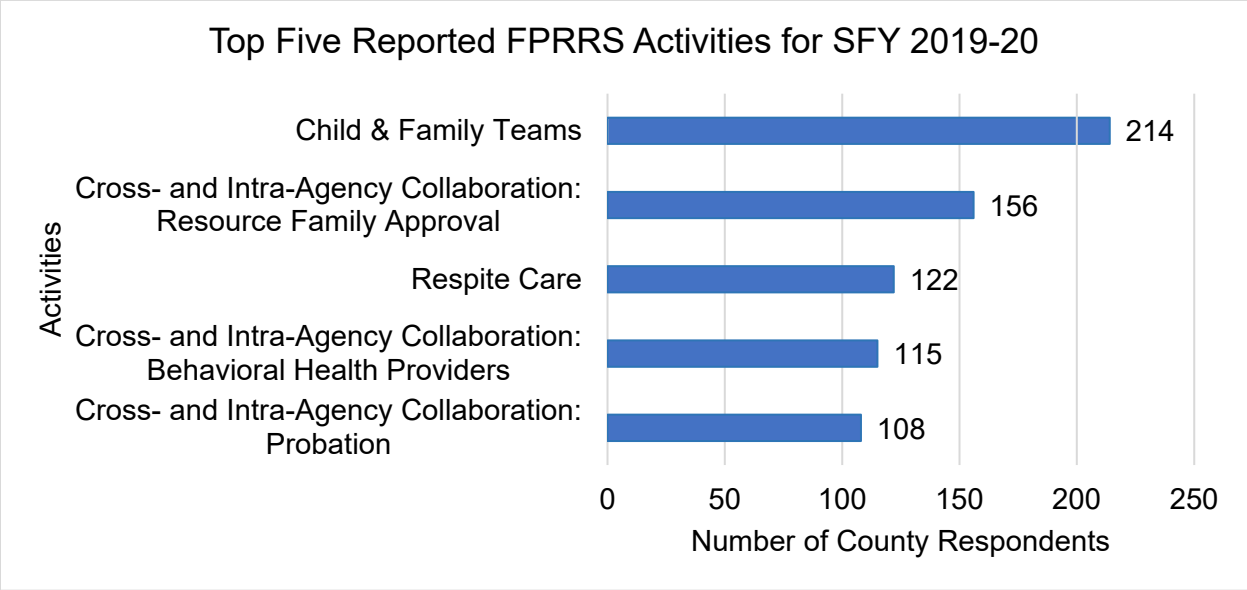
Furthermore, counties collaborated with community and faith-based organizations to recruit new caregivers. Hard copy flyers and recruitment brochures were distributed and displayed at hospitals, parent teacher associations, youth athletic leagues, and community events. Advertisements were crafted to reach a broad audience and for child-specific recruitment pertaining to the Commercial Sexual Exploitation of Children (CSEC), Intensive Services Foster Care (ISFC), infants with prenatal exposure, physical health, large sibling groups, and second languages, as well as youth who are medically fragile, parenting/pregnant, Lesbian Gay Bisexual Transgender Questioning, physical health issues, infants with prenatal exposure, large sibling groups, and second languages (please see below for additional information about how the CDSS has provided services to help serve this population). These efforts resulted in an increase in RFA applications to become a Resource Family.

Forty-two counties reported their recruitment and outreach efforts. Of the 8,322 prospective Resource Parents that attend orientations, 7,599 submitted RFA applications 4,765 of the submitted applications were approved, and 4,123 of those prospective Resource Parents that submitted an RFA application have a current placement.

For SFY 2019-20, counties reported their planned activities to support youth and caregivers. The utilization of CFTs as a mechanism to provide services and supports continued to be an essential activity. Counties and foster family agencies (FFAs) planned on maintaining their ongoing partnership to assist in conducting RFA family evaluations when county staffing levels

were low, and respite care would remain a planned activity to support caregivers. Counties intended to continue partnering with behavioral health providers to provide counseling and support groups for youth and caregivers. By continued collaboration between child welfare and probation departments, counties expected to pool resources to further reduce congregate care.

Listed below are the top five reported FPRRS activities spanning across the five goal areas that counties planned to implement for SFY 2019-20.



Other ways of supporting and retaining caregivers included a focus on the following:

- Dedicated Personnel and Liaisons
- Mentorships and Parent Partners
- Quality Parenting Initiative (QPI)
- Concrete Supports; and
- Emotional Supports.

Counties reported that transportation was a major challenge for potential resource families to get to necessary scheduled appointments and meetings; therefore, they contracted or provided this service directly to remove this barrier. Another significant challenge reported, were family members who were willing to take placement of a youth but were unable to complete the background check process. To help alleviate these challenges, counties hired and trained staff solely dedicated to assist caregivers throughout the life of their case, which helped manage social worker workload.

Upon the release of the Governor's Budget for SFY 2021-22, FPRRS funds were discontinued. To date, SFY 2019-20 was the final year for FPRRS funding. Despite the funding coming to an end, counties reported utilizing county funds to continue the activities that were started because of FPRRS and were shown to produce positive outcomes.

Partnership with Daly Solutions

County child welfare and nonprofit FFAs have expressed challenges in finding suitable resource parents for specific youth and populations of young people facing similar difficult circumstances

such as CSEC, or children who are medically fragile, behavioral, or developmentally challenged, on probation, requiring ISFC and others.

The CDSS has partnered with Daley Solutions, a digital foster parent recruitment service that works with County child welfare services (CWS) agencies, Probation departments, and FFAs. The goal of this effort is to find homes for young people whose circumstances have made it challenging to find a suitable home. The work involves running micro-targeted advertising on social media to customized audiences, while not compromising confidentiality. Although the partnership with Daly Solutions does not *specifically* increase the racial and ethnic diversity of foster and adoptive families, it does, more broadly, seek to increase the diversity of foster and adoptive homes available.

To demonstrate compliance with AB 403 (Chapter 77, Statutes of 2015), which was the intent of the initial contract, additional training and support is needed to show how the CCR improves outcomes for foster youth while supporting the needs of counties and providers. Implementation of the goals, programs, and mandates of the CCR remains a complex endeavor. Foster care providers, their staff, and county child welfare and probation departments still must develop the required core program competencies to implement certain changes. An obstacle to developing the necessary competencies has been a concern that the changes come at the expense of their unique program objectives.

AB 153 (Chapter 86, Statutes of 2021) WIC 16001.1 provided limited- erm and ongoing funds within the Budget Act of 2021 to support the urgent and exceptional needs of children and nonminor dependents (NMDs) in foster care and under the supervision of a county child welfare agency or probation department, including those who otherwise may be placed in an out-of-state residential facility. This contract supports the goals of AB 153 by providing micro-targeted recruitment of resource parents for children and youth with complex needs.

This CDSS initiative has generated over 1,600 inquiries from families across the state for the 38 campaigns launched so far over the last state fiscal year. The CDSS' partnership with Daley Solutions is the outgrowth of a pilot project that ran from February through June of 2021. The final number of executed campaigns totaled 32--20 campaigns for specific youth and 12 campaigns for youth with specific circumstances (e.g., CSEC, probation, etc.).

Pilot Results

This pilot generated 658 total inquiries (leads) and reached 651,000 Californians matching the target. Eight (of the 20) specific youth for whom campaigns were developed were placed during the campaign. Partnering agencies reported between five-12 percent of leads as actively engaged three months after their initial inquiry.

Since the launch of this pilot program, agencies across the state report there are still tremendous and diverse needs. Micro-targeted recruitment will expand this effort in a manner that meets the unique needs of each agency, whether it is a home for one specific child or several homes for children in similar circumstances.

By partnering with Daily Solutions, the CDSS is addressing these needs through the following:

- Social media and public outreach programs, the organization can reach mass audiences.
- The use of micro-targeted online resources for recruiting parents could prove to be a

powerful and cost-effective tool for helping counties and partner agencies meet their recruitment objectives

- Providing the opportunity to reach new audiences who are outside the reach of traditional or organic marketing methods. Typical efforts don't appeal to idealists who seek to influence lives but are historically overlooked groups that have adequate resources.
- Reducing the time spent between becoming interested in fostering and acting, from years to months.
- Recruitment that can be tailored to meet the needs of specific foster youth populations (i.e., diverse youth, LGBTQIA+ youth, youth with disabilities, youth involved with the juvenile justice system, youth who are commercially sexually exploited, etc.

Resource Family Approval Convening 2022

In June 2022, the Child Welfare Learning and Evaluation Bureau (CWLEB) attended the 2022 Resource Family Approval Convening in Sacramento, California. Attendees included individuals from county child welfare and probation agencies, Tribes, and Tribal organizations, FFAs, regional training academies (RTAs), the CDSS, and the California Social Work Education Center (CalSWEC). The CWLEB hosted a learning session and conducted focus groups with learning session attendees to discuss their experiences with and opinions of the statewide foster and adoptive parenting licensing, recruitment, and retention system, including areas of perceived strengths and weaknesses. Focus group notes were coded using primary and secondary rounds of content analysis to derive key themes and to help understand the context and frequency with which they appeared in the data.

Findings from these focus groups indicated that language barriers were an area needing improvement when it came to the foster and adoptive parent licensing, recruitment, and retention systems in California. Focus group participants notes that there were not enough Spanish-speaking homes, and similarly, not enough staff who spoke Spanish to be able to facilitate the recruitment of Spanish-speaking homes.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide? Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide. Please include quantitative data that specify the percentage of all home study requests received to facilitate a permanent foster or adoptive care placement that are completed within 60 days.

State Response:

State use of cross-jurisdictional resources for permanent placements is an area needing improvement in California.

The Interstate Compact on the Placement of Children

The Interstate Compact on the Placement of Children (ICPC) is a contract among member states and U.S. territories authorizing them to work together to ensure that children who are placed across state lines for foster care or adoption receive adequate protection and support services. The ICPC establishes procedures for the placement of children and fixes responsibility for agencies and individuals involved in placing children.

Interstate Compact on the Placement of Children Timeliness

The two primary reasons for home study requests completed beyond 60 days are:

1. Processing of exemptions related to criminal background checks - Fingerprint/LiveScan & Process Criminal exemption.
2. Compliance/cooperation by prospective caregivers and ICPC requests for placement in other jurisdictions within the state experience similar delays in completion.

Currently the CDSS has one avenue for accurately capturing data in relation to ICPC Timeliness. The CDSS utilizes The National Electronic Interstate Compact Enterprise (NEICE), which is an electronic case processing Information Technology solution that supports the administration of the ICPC by exchanging data and documents across state jurisdictions electronically. Guidance was issued on the NEICE case management system for county implementation via the ACIN No. 1-59-19 to discuss funding and an All County Letter No. 20-136 to discuss implementation. Use of this system was implemented to improve efficiency, shorten processing timeliness, and facilitate better communication.

Through the course of our work administering and overseeing ICPC policy, the CDSS engages with a variety of stakeholders including our partnering ICPC offices in other states, the National ICPC office, all 58 counties in California, and University of California Davis Continuing and Professional Education, Human Services Agency.

The CDSS utilizes a variety of strategies such as facilitating monthly TA calls for counties, utilizing a common email inbox to ensure timeliness of addressing county partner needs, hosting

ICPC Convenings for the State of California and producing ongoing training opportunities. In addition, ICPC staff participate in ongoing workgroups like the New ICPC Workgroup and the Probation Advisory Committee, and the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) Executive Committee.

The CDSS performs analysis on data from NEICE. Data gleaned from NEICE can be analyzed by Type of Care such as Group Home Care, Institutional Care, and Article VI Adjudicated Delinquent and Residential Treatment Center. However, there are limitations to the completeness, accuracy, and reliability of the data. User error must be accounted for when analyzing the data gleaned from NEICE. The CDSS cannot currently accurately present data from NEICE because not all 58 counties have been trained or fully implement using the database. Therefore, there are large gaps in data.

Counties that have onboarded and are successfully using NEICE have reported that they have seen both efficiency in processing required documents as well as enhanced communication with other states. They have also reported that this system is user friendly and easy to navigate, resulting in a positive user experience. During convenings, in-person and virtual meetings, and trainings, counties have reported that using NEICE enhances the ICPC system statewide.

NEICE onboarding for all California counties is currently anticipated to be completed in mid-2023. As of April 5, 2023, 39 California counties out of 58 are now live on the NEICE system. The NEICE database system transmits cases to other state ICPC offices instantly, which is quicker than standard or overnight mail. There is a built-in template (wizard) to ensure all the needed documents are included. When using the NEICE sending wizard, the correct documents are sent the first time with less omissions, resulting in increased accuracy of cases sent. The system encrypts all documents. Currently emailed documents are encrypted using different systems which are not always compatible. Time is spent setting up various accounts and passwords for assorted systems. Additionally, the NEICE system keeps records and data, and has automatic notifications to alert the user to deadlines. Once all 58 counties have successfully implemented NEICE, there will be an effective mechanism of collecting timeliness of home study requests.

California ICPC works within two sets of regulations, state and national, and those timelines do not always align. All the ICPC timelines, especially Regulation 7 regarding expedited placements, cannot be met when following the California RFA timelines.

The ICPC does not apply to transfer of jurisdiction. Native children are subject to the compact when placed state-to-state but are not subject to the compact in Tribally initiated placements under Tribal jurisdiction, and state-to-Tribe. The ICPC can facilitate ICWA placements and funding to support placements.

Current Challenges

There are currently ongoing challenges with delays regarding in CACI background checks. The CDSS ICPC continues to host TA sessions regarding problem solving for the ongoing delay issues in processing DOJ CACI requests as well as lack of ongoing open communication with DOJ when following up on delays or inquiring about problem solving. The California RFA process is not similar or congruent with other states, thus delaying the process of home studies and/or placements. In addition, the RFA timeline does not synch with the ICPC timelines. Ongoing understaffing challenges both internally in California counties and in other ICPC departments around the United States also are a cause of delay and are areas needing improvement.

Currently, California is on the lookout for how to implement and use diversity, equity, and inclusion (DEI) in the day-to-day processes related to the ICPC as well as how to capture this data in NEICE.

Intercounty Cross-Jurisdictional Approval

To assist with removing barriers and to support the goal of timeliness to permanency, the RFA process allows for cross-jurisdictional, or "out of county" placements. A county who has jurisdiction over a child or nonminor dependent in need of placement, may place the child in a home located in another county. The resource family may already be an approved or may be an identified relative, NREFM, or other extended family member in the case of an Indian child, who takes the child or nonminor dependent into placement and applies for approval as a Resource Family. When this occurs, both counties involved in the placement are encouraged to work together and follow the out of county placement protocol developed by the CWDA. The CDSS does not yet have any data relevant to the Statewide Intercounty Protocol. Further, this protocol is an agreement between counties and the CDSS does not have the authority to enforce the protocol.

Either county, the county of jurisdiction or the county of placement, may complete the approval of the home as agreed upon. In addition, when a relative, NREFM, or other extended family member in the case of an Indian child is approved as a Resource Family, the family is typically approved to take additional children or nonminor dependents into placement (as determined appropriate in the family evaluation) rather than being considered a child-specific home, as had been done with relative approvals prior to implementing RFA.

The purpose of the Statewide Intercounty Protocol is to provide guidance to counties seeking emergency assessment (pursuant to WIC 361.4) and emergency placement [pursuant to WIC 309(d) or WIC 361.45] of a child in a Resource Family Home and/or approval of a Resource Family home within the geographic boundaries of another county per the current Resource Family Approval Written Directives. This document discusses emergency placement of a foster child with a relative or NREFM in another county, compelling reason placement of a foster child with a relative or NREFM in another county, approval of resource family in another county, supervision of resource family homes, placement considerations, and transfer of approved resource families to another county.

Resources for Permanent Placement

The following are resources to help children who need a permanent placement:

1. Wendy's Wonderful Kids – North America
    a. Wendy's Wonderful Kids recruiters use an evidence-based, child-focused recruitment model to find the right family for every child. A rigorous, five-year national evaluation revealed that children referred to the program are *up to three times more likely to be adopted.*
2. Destination Family - Sacramento County / Stanford Sierra Youth and Families
    a. Destination Family is a one-of-a-kind child focused program that learns the unique needs of a child in foster care who has one or more barriers to adoption and the program seeks to find a family for children who may otherwise end up living in long-term foster care. Without specialized services, many of these youth will age out of the system. The team implements supports around children to

prepare them for a family. The team provides family finding, child focused recruitment, and ongoing family supports. Over one hundred youth receive these services annually in Sacramento, Placer, and Nevada Counties.

3. Seneca – Washington & California
    a. Seneca provides an array of permanency-focused programs and services to help ensure that every child has a safe and loving place to call home. While the first goal of permanency is to keep children with their family of origin, our continuum of permanency programs includes foster care, relative kinship care, visitation services, family finding, and adoption. Developed and practiced over the past three decades, Seneca's evidence-informed permanency programs help ensure that each child, no matter how challenging their needs and circumstances, has a family to support and nurture them through childhood and into adulthood.
4. California Kids Connection - California
    a. The California Kids Connection (CKC) provides assistance and support to counties to achieve permanency for children in foster care. Their services include photo listing of children and youth ready for permanent homes, providing information and support to new RFA resource families, helping social workers write child profiles, and navigation or matching services.
5. Consortium for Children (CFC) - California
    a. CFC created Permanency Planning Mediation (PPM) to assist in the development of post adoption/legal guardianship agreements between families of origin and prospective permanent families in California with the goal of preventing further loss for children by maintaining important connections, and potentially expediting their exit from foster care.
6. California Parent & Youth Helpline - California
   Reminds system-impacted families that many families are going through the same thing by connecting them to the California Parent & Youth Helpline.
7. Daley Solutions -California
8. The CDSS has partnered with Daley Solutions to offer a valuable service of digital foster parent recruitment at no cost to County Child Welfare, Probation, and Foster Family Agencies. The primary objective of this partnership is to provide secure homes for young individuals who face obstacles in finding a suitable living environment. The program incorporates targeted advertising on social media platforms, using customized audiences to identify potential foster parents, without risking the confidentiality of the children involved. This program is accessible to both county and partner agencies. Please see Item 35 for additional information.

AdoptUSKids

AdoptUSKids educates families about foster care and adoption and gives child welfare professionals information and support to help them improve their services. They also maintain the nation's only federally funded photo-listing service that connects waiting children with families.

AdoptUSKids mission:

- Raise public awareness about the need for foster and adoptive families for children in the public child welfare system
- In the United States, assist states, territories, and Tribes to recruit, engage, develop, and support foster and adoptive families

Serving families: They help families with the adoption process every step of the way.

- They answer questions from families who are exploring foster care and adoption online and over the phone.
- They help families who are approved to adopt search for children on our AdoptUsKids national photo-listing and make inquiries directly to the children's caseworkers.
- They connect a community of more than 260,000 families online through our AdoptUsKids Facebook page and AdoptUsKids Twitter channel.

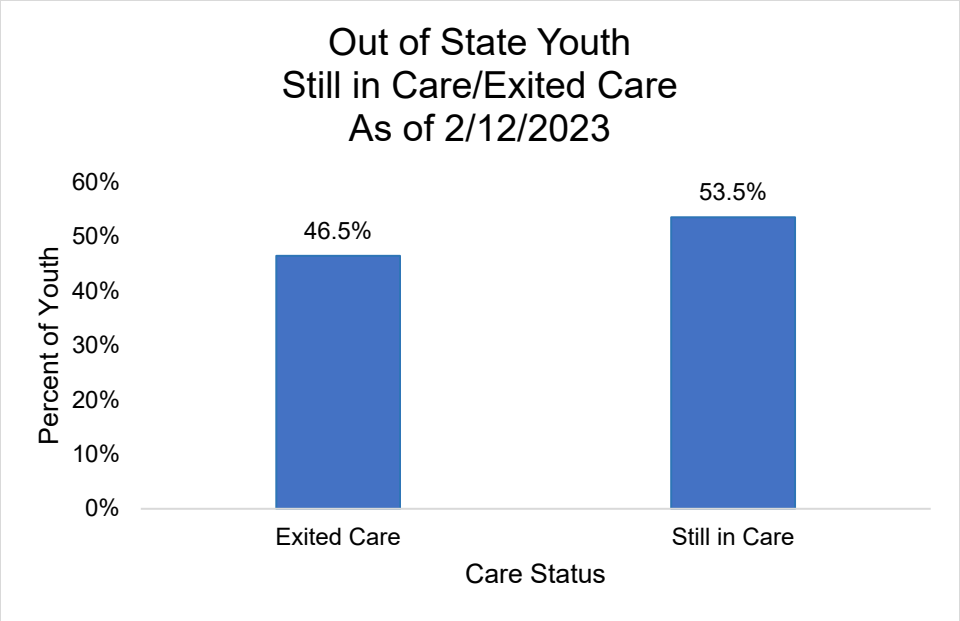
Helping professionals: They provide an array of resources to caseworkers and agency managers and administrators.

- Caseworkers use their site to search for families for children and access resources that help them manage their caseloads and find and support families.
- Administrators and managers come to them for resources and capacity-building services that improve their agency's ability to recruit and support families and help children.
- Emerging leaders develop skills and networks through their new Minority Professional Leadership Development program.
- All professionals access publications and archived webinars on topics ranging from finding families to working with diverse communities.

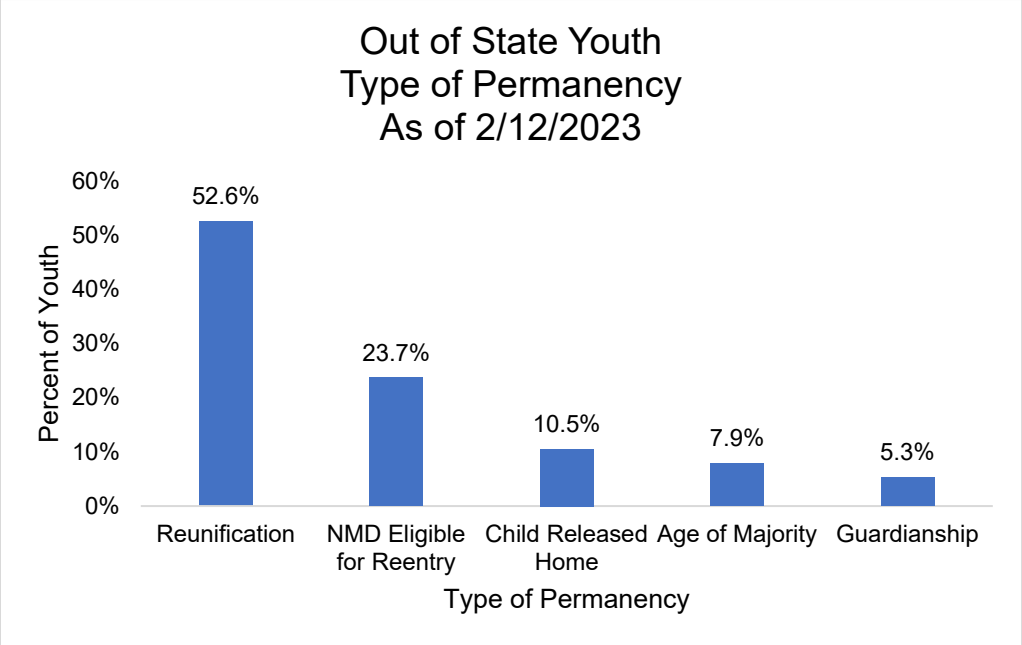
These resources are available in some counties. There is no formal process in place for how counties use these resources. Therefore, we do not currently have data on the manner or timeframe in which they are utilized.

Assembly Bill 153: Phasing out Out-Of-State Residential Facility Placements for Children in Foster Care

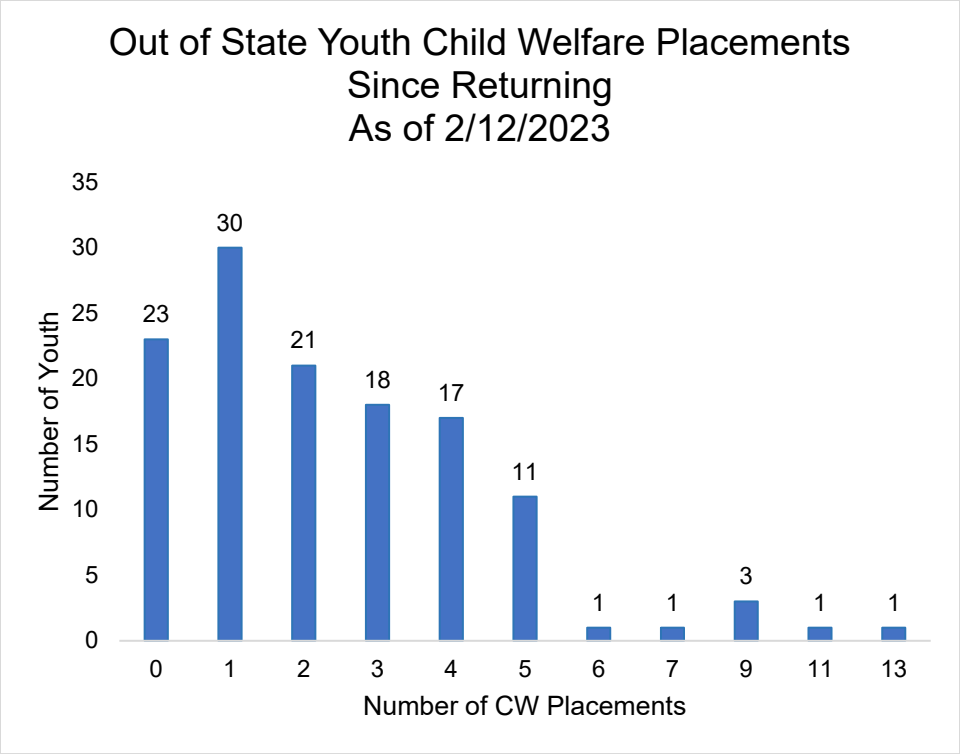
In December 2020, the CDSS decertified all the out-of-state facilities for failure to meet licensing standards, and all youth placed in those facilities returned to California. AB 153 phased out the use of out-of-state residential facilities by California child welfare and probation departments, removing foster children from out-of-state facilities by July 1, 2023. The charts below display the outcomes with regards to placement stability and permanency for the 127 children that returned to California from out-of-state residential facility placements:



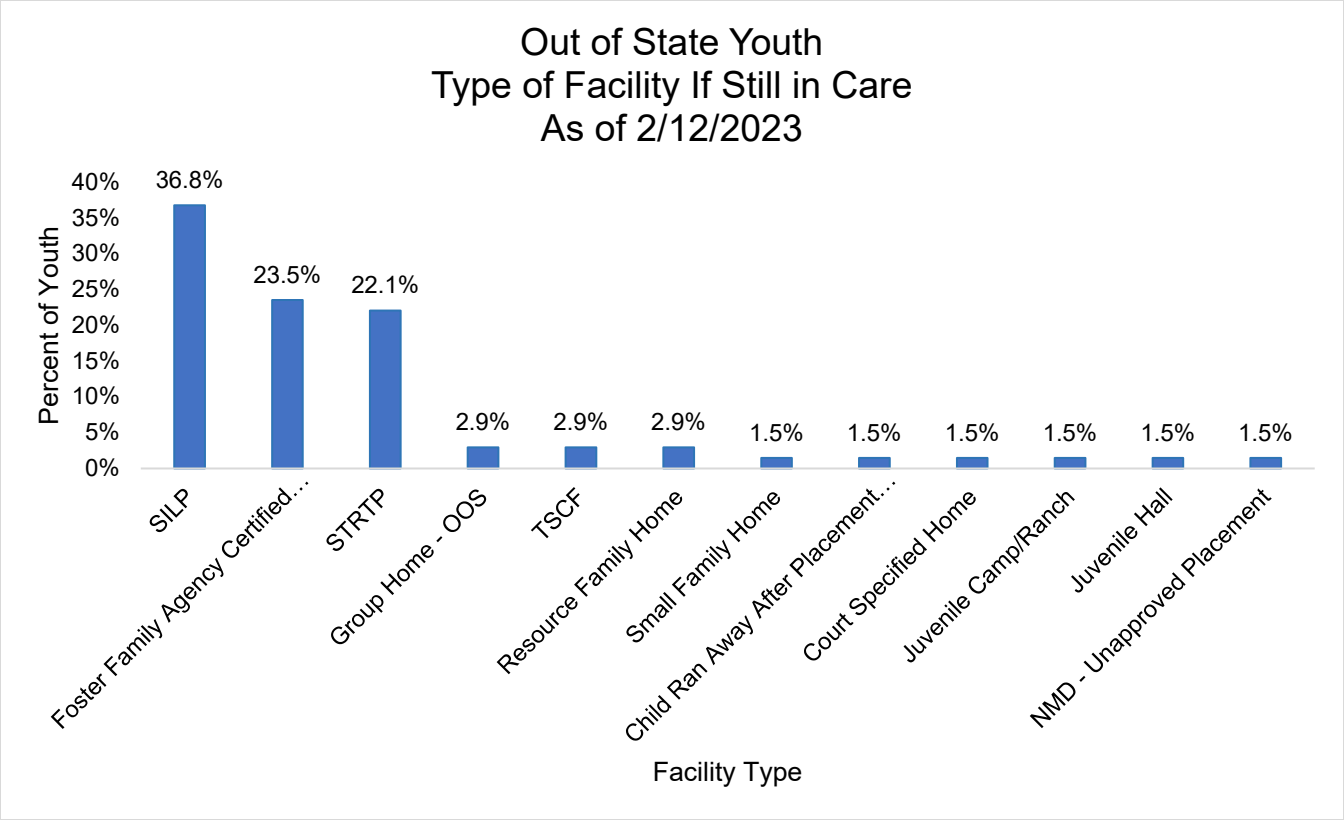
Of the 127 youth returned from out of state, 46.5 percent (59 youth) exited care and 53.5 percent (68 youth) are currently still in care.



Of the 38 youth returned from out of state who exited to permanency, 52.6 percent (20) exited to reunification, 24.7 percent (nine) were nonminor dependents (NMDs) eligible for reentry, 10.5 percent (four) were children released home, 7.9 percent (three) were age of majority, and 5.3 percent (two) exited to guardianship.



Of the 127 youth that returned from out of state, 23 youth had no child welfare placements, 30 youth had one placement, 21 youth had two placements, 18 youth had three placements, 17 youth had four placements, 11 youth had five placements, and seven youth had six or more placements.



Of the 68 youth that returned from out of state that were still in care, 36 percent (25 youth) were in a supervised independent living placement, 23 percent (16 youth) were in a foster family agency certified home, 22 percent (15) were in an STRTP, 3 percent (two) were in an out of state group home, 3 percent (two) were in a TSCF), 3 percent (two) were in a resource family home, 1.5 percent (one) were in small family home, 1.5 percent (one) ran away from placement in an STRTP, 1.5 percent (one) were in a court specified home, 1.5 percent (one) were in a juvenile camp/ranch, 1.5 percent (one) were in juvenile hall, and 1.5 percent (one) were in an NMD unapproved placement.

Appendix: Child and Family Services Review State Data Profile

The state data profile can be requested from the state or the Children's Bureau.