



Child and Family Services Reviews

Statewide Assessment Instrument

California

March 25, 2016



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

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 found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb.>)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: California Department of Social Services

CFSR Review Period

CFSR Sample Period: April 1, 2015 – September 30, 2015

Period of AFCARS Data: 14B/15A

Period of NCANDS Data: FY13, 14

(Or other approved source; please specify if alternative data source is used):

N/A

Case Review Period Under Review (PUR): Beginning April 1, 2015

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Insert names and affiliations of statewide assessment participants

Section II: Safety and Permanency Data
State Data Profile

(CB-generated state data profile will be inserted here)

Section II Data Profile deleted in its entirety.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

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.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

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

Measure: Maltreatment Recurrence

Of all children who were victims of a substantiated maltreatment report during a 12-month period, the percentage who were victims of another substantiated or indicated maltreatment report within 12 months

Oct 2013 – Sep 2014: 9.1%
(CFSR 3 Data Profile)

Measure: Maltreatment in Foster Care

Of all children in foster care during a 12 month period, the rate of substantiated maltreatment reports per 100,000 days

Oct 2013 to Sep 2014: 7.41
(CFSR 3 Data Profile)

Measure: Immediate Response Referrals Receiving Timely Response

The percentage of investigations of immediate response referrals receiving a timely response

Apr – Jun 2010:	97.7%
Apr – Jun 2011:	98.1%
Apr – Jun 2012:	98.4%
Apr – Jun 2013:	98.0%
Apr – Jun 2014:	98.1%
Apr – Jun 2015:	97.7%

(CWS/CMS 2015 Quarter 3 Extract)

Measure: Ten Day Response Referrals Receiving Timely Response

The percentage of investigations of ten day response referrals receiving a timely response

Apr – Jun 2010:	94.6%
Apr – Jun 2011:	94.5%
Apr – Jun 2012:	94.3%
Apr – Jun 2013:	94.2%
Apr – Jun 2014:	95.0%
Apr – Jun 2015:	94.0%

(CWS/CMS 2015 Quarter 3 Extract)

Assessment of Safety Outcome 1 Strengths and Concerns

Recurrence of Maltreatment

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

The most recent available data shows that of all children who were victims of a substantiated maltreatment report between October 2012 and September 2013, the percentage who were victims of another substantiated maltreatment report within the following 12 months was 9.1%.

Factors Affecting Progress

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

The Standardized Safety Assessment System

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

As of July 1, 2016, all counties in California are using the Structured Decision Making (SDM) suite of assessment tools. California continues to help improve the design and content of the SDM

assessment tools, in addition to the SDM-related training for county users, to address assessment-related issues in California's child welfare system. Additionally, CDSS, through its annual county data comparison report, will identify how social workers are using these tools and determine what changes may be needed to strengthen the assessment of safety and risk.

The CDSS contracted with the Children's Research Council (CRC), a division of the National Council on Crime and Delinquency (NCCD), to conduct a validation study of the SDM Risk Assessment Tool to assess the likelihood of future child maltreatment among families investigated by county child welfare agencies. The findings of the study were published in October 2013 and updated in March 2014. The chief objective of the validation study was to assess how well the SDM Risk Assessment Tool estimates future maltreatment. A second objective was to explore opportunities to improve the classification abilities of the assessment tools. The validation study concluded that the current risk assessment tools classified the risk level of families reasonably accurately overall but that performance could be improved and subsequent enhancements were recommended. The SDM tool enhancements described below were implemented in November 2015.

Mandated Reporter Training

The Office of Child Abuse Prevention (OCAP) maintains a statewide training for mandated reporters, as defined by the Child Abuse and Neglect Reporting Act (PEN 11165.7). This training provides mandated reporters with guidance on identifying potential signs of child abuse and neglect and direction on how to report to local Child Welfare Agencies. The OCAP oversees the content of this training and ensures it is updated to reflect the most recent legislation regarding mandated reporting. The training consists of a general training module and six additional job-specific modules and is available in Spanish as well. The training of mandated reports is an effort to reduce the reoccurrence of maltreatment by identifying those children who are suspected to be victims of abuse or neglect and reporting them to local Child Welfare agencies; this is part of a larger statewide effort to engage families in an appropriate array of services to prevent future maltreatment. During the State Fiscal Year 2014-2015 just under 100,000 individuals visited the CA Mandated Reporter Training website and since 2010 approximately 34,000 individuals have completed the online Mandated Reporter Training.

Maltreatment in Foster Care

For all children in foster care from October 2013 to September 2014, there were 7.41 substantiated maltreatment reports per 100,000 days of foster care.

Factors Affecting Progress

Data analysis by demographic factors such as age, gender, and race/ethnicity reveals minimal differences between these groups and there are few variations across the 58 California counties. The State's consistent improvement in this measure, as well as the lack of variation among demographic groups and counties, may be attributed to the controlled and protected nature of foster care environments. Each must adhere to multiple protection requirements including consistent contact with case workers and compliance with caregiver licensing and approval processes. However, the State continues to pursue improvement in the prevention of maltreatment to children placed in out-of-home foster care.

Safety Assessment Tools, Substitute Care Provider Tool (SCP tool)

The SCP tool's goal is to eliminate systemic issues that may be a contributing factor in children's re-traumatization. The priority is placed on children's well-being as the module aids in identifying gaps between a child's needs and the substitute caregiver's willingness and ability to provide the needed care. The SCP Module continues to be used by San Francisco, Riverside, and San Luis Obispo counties. Under a county-funded contract, the Children's Research Center (CRC) focused on expanding training efforts designed to improve use of the SCP tool and improve communication between units responsible for placement and evaluation. These enhancements focus on cross-unit communication and collaboration within the county and the ability and resources to provide identified supports to families. The CRC established a webinar to present training enhancements to the counties and other interested parties using the Data Collection System (DCS). There were inquiries from various counties and Madera County elected to implement the SCP model.

Timely Response

Timeliness to Investigation reports count both the number of child abuse and neglect referrals that require and then receive an in-person investigation within the time frame specified by the referral response type. The response time frame could be either immediate (within 24 hours) which would apply to more severe allegations and ten days, which would apply to less severe allegations. Over the last three years, California has performed well above the state goal of 90 percent for all counties, with immediate responses hovering around 97 and 98 percent, albeit with a small drop in the past year. In the same time period, the ten-day responses maintained around 94 to 95 percent, again with a small decrease in the past year.

Factors Affecting Progress

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

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

Timely response of child abuse and/or neglect referrals is essential to children's safety. Over the past three years California has consistently performed well above the statewide goal of 90 percent for immediate and ten-day responses. Many efforts have contributed to California's success such as the C-CFSR outcome and accountability practice, statewide safety assessment tools, DR, and the Pre-

Placement Policy Workgroup's collaborative efforts. The CDSS provided oversight and compliance review procedures to ensure children were visited within policy timeframes. Continuous improvements of the safety assessment tools have increased the consistency and accuracy of emergency response in child welfare statewide.

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

Measure: Entries Rates into Foster Care per 1,000 Children

Entry rates for a given year are computed by dividing the unduplicated count of children entering foster care by the child population and then multiplying by 1,000

Jan – Dec 2009:	3.4%
Jan – Dec 2010:	3.3%
Jan – Dec 2011:	3.3%
Jan – Dec 2012:	3.4%
Jan – Dec 2013:	3.5%
Jan – Dec 2014:	3.5%

(CWS/CMS 2015 Quarter 3 Extract)

Assessment of Safety Outcome 2 Strengths and Concerns

Entries into Foster Care

California's entries into foster care rates have remained relatively flat over the last six years, either remaining static or with fluctuations of plus or minus .1% from year to year. The State's entry into foster care rate of 3.5 percent remained unchanged the past year. This consistent figure is an indication the services provided prevent the removal of children while keeping them safely in their homes

Factors Affecting Progress

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

Linkages:

Linkages is a service coordination partnership between CWS and California Work Opportunity and Responsibility to Kids (CalWORKS) addressing the common barriers limiting parents' ability to work and keep their children safely at home. Since 2002, Linkages has been a critical part of the OCAP's efforts to heighten and improve collaboration among two of the most critical child safety and family support systems. The OCAP will not continue its Linkages project funding, however, the project will be sustained by counties starting in 2016. Families must be strengthened and receive much needed services and support during their times of need and vulnerability. Over the course of the reporting period, the CFPIC

continued to disseminate strategies across Linkages counties to connect vulnerable families to the training, employment, asset building, housing, and other benefit programs to help address poverty-related safety risks for children and keep families together.

Wraparound:

Keeping children safe is one of California's primary goals and services are designed to help protect children while providing supports to strengthen families to prevent abuse and neglect (Safety Outcome 1). Before a decision is made to remove a child, efforts are made to safely maintain children in their homes whenever possible and appropriate (Safety Outcome 2). California Wraparound is a systemic practice element of child welfare, probation and mental health services across the state and widely recognized as a promising practice that promotes the engagement of children and families in a team-driven process. A Child and Family Team (CFT) develops and follows a service plan that is comprehensive, family-centered, strengths-based, and needs driven. This engagement with families is an essential factor in achieving positive outcomes. When families are actively engaged in services, they are more likely to follow through with case plan requirements, including safety plans, because they reflect their own input. This engagement may also improve the nature of the relationship between child welfare, mental health, probation, and other formal support systems and families so that these systems are viewed by families as a resource and not an adversary. Many of the Wraparound practice elements can also be seen in other programs statewide including Pathways to Well-Being (PWB) and Continuum of Care Reform (CCR) efforts (discussed further in the Well Being section).

Case Worker Visits:

Case Worker Visits will be discussed in more depth in the Well Being section of this report. It is identified as a factor contributing to maintaining children in the home and improved safety outcomes as social workers are required to visit each child, with an approved case plan and living in the home, to assess the safety and risk level as well as the family's progress with services.

Parenting Education:

The OCAP captures county reported data on a variety of prevention service categories through our online web-based reporting system, Efforts to Outcomes (ETO). The provision of Parenting Education services at the county level is one strategy for keeping children safely maintained in their homes whenever possible and appropriate. *Parenting Education* is defined as child development, home management and consumer education provided through social services and/or specialized formal instruction and practice in parenting skill achievement in accordance with Welfare and Institutions Code Section 16507.7. Activities in this service category include, but are not limited to, child birth education, child safety education, and father involvement programs. During the SFY 2014-15 forty-one counties reported serving more than 32,000 individuals and almost 6,000 families through Parenting Education Programs in California.

Summary

The CDSS in collaboration with counties continues to support services for children and families aimed at preventing removal. Key initiatives and strategies include Linkages, Wraparound, social worker visits, and parenting education programs. The hallmark of these approaches is family engagement,

collaboration across service systems, early intervention and support, and social worker contact with children and families.

B. 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.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

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

Measure: Placement Stability

Of all children who enter care in a 12 month period, the rate of placement moves, per 1,000 days of out-of-home care

Jul 2009 – Jun 2010:	4.35
Jul 2010 – Jun 2011:	4.14
Jul 2011 – Jun 2012:	4.06
Jul 2012 – Jun 2013:	3.83
Jul 2013 – Jun 2014:	3.82
Jul 2014 – Jun 2015:	3.78

(CWS/CMS 2015 Quarter 3 Extract)

California has been making continuous and steady improvement in the measure of placement stability with decreases every year over the past six years in the number of placement moves per 1,000 days of foster care. During the most recent period of measure, July 2014 to June 2015, the number of placement moves per 1,000 days of foster care fell to 3.78, which meets the national standard of 4.12 or fewer.

Measure: Permanency within 12 months of entry for 12 month entry cohort

Of all children who enter care in a 12 month period, the percent who discharge to permanency within 12 months of entering care

Jul 2008 – Jun 2009:	40.9%
Jul 2009 – Jun 2010:	40.9%
Jul 2010 – Jun 2011:	39.7%
Jul 2011 – Jun 2012:	37.6%

Jul 2012 – Jun 2013: 36.0%
Jul 2013 – Jun 2014: 35.5%
(CWS/CMS 2015 Quarter 3 Extract)

California has seen a sustained yearly decrease in the percentage of children who exit to permanency within 12 months. Data from the most recent period, July 2013 to June 2014 show that 35.5 percent of the 12 month cohort exit to permanency within a year, a percentage that has fallen well below the national standard of 40.5 percent or greater.

Measure: Permanency in 12 months for children in care 12-23 months

Of children in care on the first day of the 12 month period who had been in care for 12-23 months, the percent discharged to permanency within 12 months

Jul 2009 – Jun 2010: 44.9%
Jul 2010 – Jun 2011: 44.5%
Jul 2011 – Jun 2012: 45.5%
Jul 2012 – Jun 2013: 46.0%
Jul 2013 – Jun 2014: 45.4%
Jul 2014 – Jun 2015: 45.0%
(CWS/CMS 2015 Quarter 3 Extract)

The measure for children in care 12 to 23 months who exit to permanency within 12 months shows more stability, hovering around 45 percent for the past six years. Despite a .4 percent decrease in this outcome measure in the most recent year, California continues to surpass the national standard of 43.6 percent or greater.

Measure: Permanency in 12 months for children in care 24 months or more

Of children in care on the first day of the 12 month period who had been in care for 24 months or more, the percent discharged to permanency within 12 months

Jul 2009 – Jun 2010: 25.9%
Jul 2010 – Jun 2011: 23.5%
Jul 2011 – Jun 2012: 25.2%
Jul 2012 – Jun 2013: 25.1%
Jul 2013 – Jun 2014: 24.7%
Jul 2014 – Jun 2015: 27.9%
(CWS/CMS 2015 Quarter 3 Extract)

While percentages of children in care for 24 months or more who exit to permanency within 12 months have fluctuated over the past six years, they have risen to their highest yet in the most recent period of July 2014 to June 2015, at 27.9 percent. However, despite this improvement, this figure falls below the national standard of 30.3 percent or greater.

Measure: Re-entry to care in 12 months

Of children who enter care in a 12 month period, the percent who re-entered care within 12 months of their discharge to reunification or guardianship

Jul 2007 – Jun 2008:	11.9%
Jul 2008 – Jun 2009:	12.4%
Jul 2009 – Jun 2010:	11.9%
Jul 2010 – Jun 2011:	11.9%
Jul 2011 – Jun 2012:	12.5%
Jul 2012 – Jun 2013:	11.9%

(CWS/CMS 2015 Quarter 3 Extract)

This measure provides the percent of children who enter care in the 12-month period, discharged within 12 months to reunification or guardianship, and re-entered foster care within 12 months. Though California does not meet the national standard of 8.3 percent or less for this measure, improvement in performance is evident when comparing data from the most recent year, to the year prior.

Assessment of Permanency Outcome 1 Strengths and Concerns

The Core Practice Model (CPM) provides a framework of coordinated, comprehensive, individualized, and home-based services, and aims to improve permanency and stability in children’s living situations (Permanency Outcome 1) and preserve continuity of family relationships (Permanency Outcome 2), including providing necessary supports and services that may include mental health services when needed (discussed further in the Well Being section). The Child and Family Team (CFT) is one process that supports these outcomes. Teaming within the CPM involves bringing together extended family; informal support persons such as friends, coaches, faith-based connections; and other formal supports such as educational professionals and representatives from other agencies providing services to the child and family, thus preserving the continuity of family relationships. At its best, teaming embraces family empowerment and inclusion, respects family culture and values, and honors diversity of perspectives and culture among all team members. The aforementioned efforts and practices represent a portion of the work surrounding the State’s commitment to placement stability for children in out of home care.

California law requires that reasonable efforts to return the children to their families occur at six months for children three years of age and under, otherwise 12 months is the model, except in specified exceptional circumstances. Further, FR services may be extended to 18 months if, at the 12 month permanency hearing, the court finds that there is substantial probability of reunification if services are extended an additional six months. In addition, recent state legislation allows an additional six months of FR services to be extended up to a total of 24 months by court order in the event that a parent who has been incarcerated, enrolled in an in-patient substance abuse program, or other institution, can prove in court that their circumstance prevents them from accessing or being provided adequate FR services. Such parent must show that they will be able to provide the child with a safe and stable living environment if returned to their care and custody by the end of the additional six month provision of services. Note these timeframes do not preclude the social worker from recommending return home at any time during the reunification process. There have been efforts, through the work of the Priority

Access to Social Services (PASS) from the Child Welfare Council, which is actively seeking to eliminate reunification barriers for incarcerated parents or those recently released from state prison/county jail.

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

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

The OCAP works closely with counties on the development of their prevention services plan including efforts to ensure children have permanency and stability in their living situations. County reported data captured through our online web-based reporting system, Efforts to Outcomes (ETO), illustrates the work county Child Welfare Agencies are engaging in to promote permanency through the provision of Adoption Support Services. Examples of these types of services may include adoptive parent recruitment and / or specialized adoption training. During the SFY 2014-15 nineteen counties reported serving more than 6,700 individuals and over 14,000 families through Adoption Support Services in California.

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

Proximity of Placement

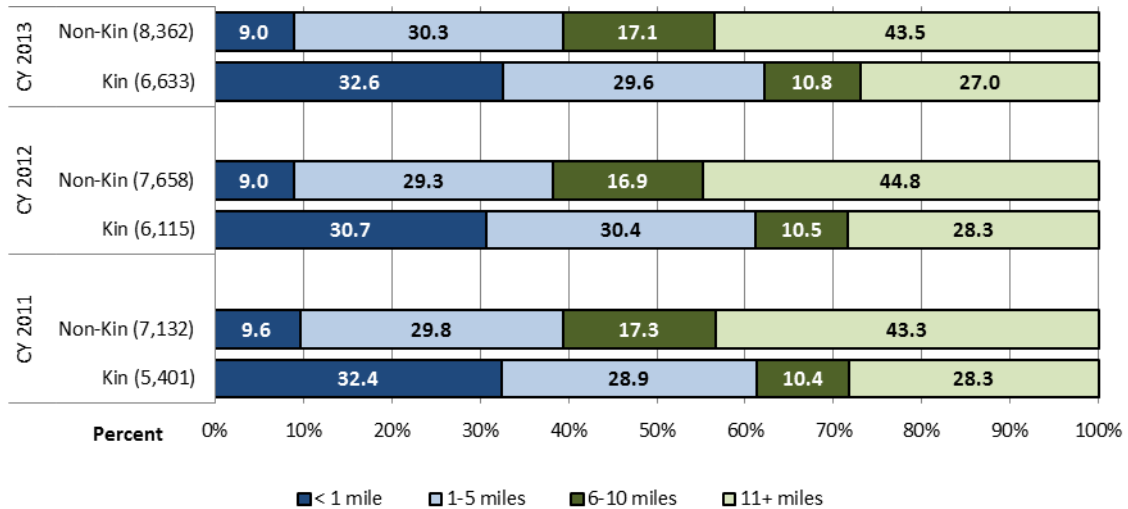
Ensure that the state is placing foster children close to their birth parents or their own communities or counties

Indicator of Progress

Figure 40 below is a distribution of the distance, in miles, between a child’s removal address and placement address at 12 months between kin and non-kin placements for CY 2011-13. The analysis is limited to children who are in a first foster care placement episode and who are still in care one year after entry. This measure, in concert with the other measures of sibling placement, relative placement, and parental involvement is a positive demonstration of the state’s commitment to ensuring that children in care preserve their connections with their communities.

Based on these data, the most notable difference for placement between kin and non-kin continues to be the ends of the distribution, closest (less than one mile) and furthest (greater than 11 miles) distances. Kin placements within one mile of the child’s home address increased from 2012 to 2013, while placements beyond one mile slightly decreased from 2012 to 2013. Comparing the two fiscal years, the majority of kin placements (61.1 percent in 2012, and 62.2 percent in 2013) occurred within five miles of the removal address. The figure below indicates that California continues to show strength in ensuring efforts are made to place children in foster care placements that are close to their parents or relatives. Over the period 2011 through 2013, placements with kin within five miles of the home of removal remained above 60 percent.

First Entries: Distance from Home Address to First Spell Placement Address For Children Still in Care 12 Months After Entry, Stratified by Placement at 12 Months with Kin or Non-Kin, CWS/CMS CSSR Data Q4 2014



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

local level will inform additional strategies and practices that will lead to improved outcomes in this area.

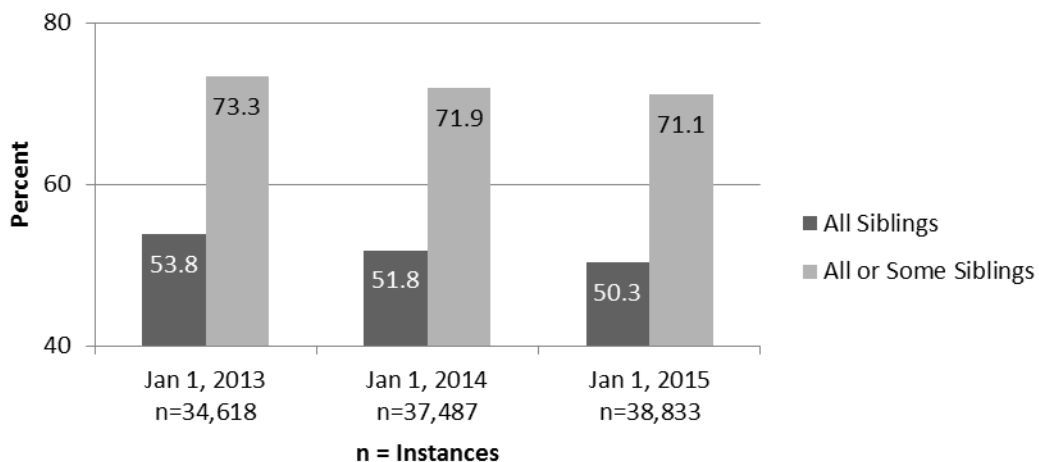
Sibling Placement

Ensure that siblings are kept together in foster care.

Indicator of Progress

California has remained fairly constant over the last five years with ensuring sibling groups remain together when placed in foster care. The data in the figure below shows a point-in-time count of sibling groups placed in Child Welfare supervised foster care. The data illustrates California is maintaining within a percentage point or two the number of sibling groups being placed together. According to data from the CDSS/UCB site the percentage of all children with siblings who were placed with all of their siblings decreased from 53.8 percent in January of 2013 to 50.3 percent in January of 2015, and those placed with all or some of their siblings decreased from 73.3 percent in 2013 to 71.1 percent in 2015. This decrease in performance may be explained by the 3.6 percent increase in the number of sibling groups in the foster care system from 37,487 in January of 2014 to 38,833 in January of 2015. The number of available placements for siblings is reduced when there are a higher number of sibling groups entering the system.

Point in Time Counts, All Children w/Siblings Placed Together in Foster Care, CWS/CMS CSSR Data Q4 2014



California has longstanding policies regarding sibling placement. Maintaining sibling relationships is a high priority and social workers must make every possible effort to place children together in the same foster care placement unless it is determined that it is contrary to the safety or well-being of any of the siblings. California statute mirrors and in some areas has a higher standard than federal law in the provision of keeping siblings placed together in foster care. The Preventing Sex Trafficking and Strengthening Families Act, PL 113-183, came into effect on September 29, 2014. The PL 113-183 encourages the placement of children in foster care with siblings. It also ensures that when a child is removed from their home, agencies also notify all parents of siblings to the child (where the parent has legal custody of the sibling) within 30 days after the removal of a child from the custody of the parent(s). In addition, recent state legislation requires social workers to notify attorneys (if different) of siblings being separated in their foster care placements. The efforts made to keep siblings together must be reported to the court. Otherwise, the social worker must explain to the court why placement of the siblings together is not possible and must either outline the efforts s/he is making to remedy the

situation or explain why the efforts are inappropriate. In situations when siblings are separated, social workers must arrange for visitation between them. California’s core curriculum for all newly hired social workers includes training on the importance of sibling placement.

Relative Placement

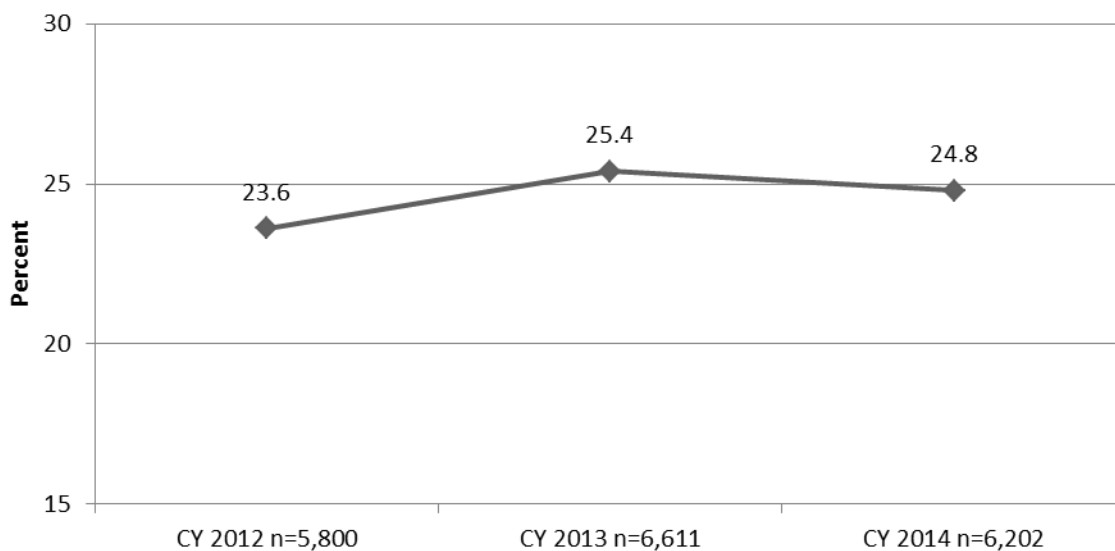
Ensure that the agency is identifying relatives who can care for children in foster care and using them as placement resources when appropriate.

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

Indicator of Progress

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

First Entries into Foster Care – Relative Placement (Kin), CWS/CMS CSSR Data Q4 2014, Agency Type: All, Ages: 0-20



As indicated by the data, placement of children with relatives has remained the “placement of choice.” County child welfare agencies continue refining their practices to find and place children with relatives, as evidenced by the continuation of realigned programs that serve and support relatives. New tools have been provided to assist in the location of noncustodial parents and relatives to increase opportunities for children to remain connected to their families. Best practice

guidance has been provided to county child welfare agencies through the release of information and instructions to locate and contact relatives early in the child's out of home episode, seeking their input and utilizing them as placement options whenever possible. The Kin-GAP Program continues to function as an incentive for relative placement by continuing financial support a relative received while a child was in care once the child leaves dependency.

C. 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.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

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

Measure: Timely case worker visits (out of home cases)

The percentage of months in which case workers made visits per the number of months cases were open for out of home cases

Jul 2009 – Jun 2010:	87.8% (child welfare only)
Jul 2010 – Jun 2011:	90.5% (child welfare only)
Jul 2011 – Jun 2012:	93.4% (child welfare only)
Jul 2012 – Jun 2013:	92.1% (child welfare and probation)
Jul 2013 – Jun 2014:	93.6% (child welfare and probation)
Jul 2014 – Jun 2015:	94.0% (child welfare and probation)

(CWS/CMS 2015 Quarter 3 Extract)

Measure: Timely case worker visits (out of home cases) that were made in the residence

The percentage of months in which case workers made visits in the child's residence per the number of total visit months for out of home cases

Jul 2009 – Jun 2010:	71.4% (child welfare only)
Jul 2010 – Jun 2011:	73.6% (child welfare only)
Jul 2011 – Jun 2012:	75.7% (child welfare only)
Jul 2012 – Jun 2013:	77.2% (child welfare and probation)
Jul 2013 – Jun 2014:	87.9% (child welfare and probation)
Jul 2014 – Jun 2015:	79.6% (child welfare and probation)

(CWS/CMS 2015 Quarter 3 Extract)

Measure: Timely case worker visits (in home cases)

The percentage of months in which case workers made visits per the number of months cases were open for in home cases

Jul 2009 – Jun 2010:	74.4%
Jul 2010 – Jun 2011:	79.6%
Jul 2011 – Jun 2012:	81.5%
Jul 2012 – Jun 2013:	82.0%
Jul 2013 – Jun 2014:	82.2%
Jul 2014 – Jun 2015:	81.8%

(CWS/CMS 2015 Quarter 3 Extract)

Measure: Timely case worker visits (in home cases) that were made in the residence

The percentage of months in which case workers made visits in the child's residence per the number of total visit months for in home cases

Jul 2009 – Jun 2010:	74.4%
Jul 2010 – Jun 2011:	76.1%
Jul 2011 – Jun 2012:	76.1%
Jul 2012 – Jun 2013:	75.9%
Jul 2013 – Jun 2014:	76.6%
Jul 2014 – Jun 2015:	76.6%

(CWS/CMS 2015 Quarter 3 Extract)

Child and Family Well-Being 1 Outcome Strengths and Concerns

Parent Education

At the state level, the OCAP funds parent leadership programs, such as the Parent Services Project (PSP), to administer training in an effort to strengthen the Five Protective Factors for families across the state. These factors, as identified by The Center for the Study of Social Policy, play an integral role in promoting positive outcomes for families, and include: Parental Resilience, Social Connections, Concrete Support in Times of Need, Knowledge of Parenting and Child Development, and Social and Emotional Competence of Children. From 2012-2015, the PSP received three years of funding from the OCAP and implemented the *Leaders for Change* program to 288 parents and 75 staff members in 19 counties across California. Parent participants demonstrated significant increases in knowledge, confidence, and skills relating to how the Five Protective Factors related to their own family, as well as significant improvements in their communication and leadership skills (as measured by Philliber Research and Evaluation, in the [Leaders for Change: Protective Factors in Action, Final Evaluation Report, July 2015](#)).

Strengthening Families

OCAP is promoting **the dissemination and utilization of the Strengthening Families framework and the Five Protective Factors** throughout the state as a means of advocating for systemic change. The OCAP is implementing Strengthening Families through many vehicles; its primary strategy is through training and technical assistance (TA). The OCAP funds a statewide training and technical assistance (T&TA) initiative called Strategies. Strategies is comprised of three funded entities, (Youth for Change, Interface Children & Family Services, and Children's Bureau), tasked with the provision of T&TA throughout the state to promote the strengthening families framework and the 5 protective factors. Strategies provides training and technical assistance to family strengthening organizations throughout California in an effort

to enhance their capacity to prevent child abuse and neglect. Fifty seven of the fifty eight counties have participated in these trainings provided by Strategies in SFY 2014-15.

Training: Strategies offered a total of 126 trainings which included those scheduled in their training catalogue for the general public and those customized according to agencies' requests and needs. Trainings attracted more than 4,183 participants.

Highlights of customized trainings included:

- ▶ A training on "Home Visitation through a Trauma Informed Lens," a one day training held in Los Angeles where thirteen separate agencies were represented.
- ▶ Two trainings held in the Central Region were conducted in Spanish, and Spanish translations were offered for all 49 trainings conducted in the region.
- ▶ Training and coaching regarding implementation of the Strengthening Families™ Framework was the most requested training.
- ▶ Two e-learning sessions were developed for Home Visiting Essentials and Using Community Data for Program Development

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

Timely caseworker visits for children in out of home care continue to trend steadily upward, reaching 94% for the period of July 2014 to June 2015, demonstrating California's positive progress towards meeting the federal benchmark of 95%. After reaching a high point of 87.9% during June 2013 to June 2014, timely caseworkers in the residence for out of home cases fell to 79.6% in the most recent year, but still remain far above the national benchmark of 50%. For in home cases, timely case worker visits continuously improved for 5 years before last year's small decrease to 81.8%. The percentage of those visits that were made in the residence of the child has remained above 76% for four out the past six years, including the most recent period, July 2014 to June 2015.

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

Educational Services

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

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

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

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

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

Measure: Timely case medical exams

The percentage of children who have received a timely medical exam

Oct – Dec 2009: 89.7%

Oct – Dec 2010:	90.8%
Oct – Dec 2011:	91.0%
Oct – Dec 2012:	89.7%
Oct – Dec 2013:	88.9%
Oct – Dec 2014:	87.7%

(CWS/CMS 2015 Quarter 3 Extract)

Measure: Timely case dental exams

The percentage of children who have received a timely dental exam

Oct – Dec 2009:	68.7%
Oct – Dec 2010:	71.7%
Oct – Dec 2011:	75.6%
Oct – Dec 2012:	72.0%
Oct – Dec 2013:	67.1%
Oct – Dec 2014:	62.5%

(CWS/CMS 2015 Quarter 3 Extract)

Measure: Children authorized for psychotropic medications

The percentage of children in care authorized for psychotropic medications

Oct – Dec 2009:	12.4%
Oct – Dec 2010:	11.9%
Oct – Dec 2011:	12.3%
Oct – Dec 2012:	12.2%
Oct – Dec 2013:	11.3%
Oct – Dec 2014:	10.3%

(CWS/CMS 2015 Quarter 3 Extract)

Ensuring children and youth receive services to meet their physical and mental health needs continues to be a priority for California. In the past year, functionality added to the CWS/CMS system provides counties the ability to record information about screens, referrals, and plan interventions for a child’s mental health and developmental health. All children who enter the child welfare system are expected to receive a screen for possible mental health needs, and referred for a full clinical assessment if a possible mental health need is identified. Counties are expected to complete these activities for all children, and record the information into CWS/CMS. The functionality also includes a place to record information on specific plan interventions, or services, provided to a child. This information is also expected to be recorded into CWS/CMS, which can be a challenge when services are provided by an outside agency.

Wraparound

Wraparound is a collaborative approach to care that encourages coordination across agencies, disciplines, and communities to enhance outcomes for children and families. The Wraparound model enhances safety, permanency, and well-being for children and youth consistent with state and federal mandates. Wraparound is considered a promising practice that is complimentary to a variety of other practice models. Wraparound Services involve engaging children and families as team members and providing facilitated opportunities to build on existing strengths and overcome challenges. Services are individualized and delivered in settings familiar to the family. Intensive services that occur in families' homes and communities, as opposed to clinical or office settings, help families build on existing skills and relationships, and to develop new ones. Ultimately, services based in the community allow families to grow their abilities to access individual, family, and community supports and resources necessary to provide for their children's needs.

Pathways to Well-Being (PWB)

In the last several years, California's child welfare and mental health systems have experienced systemic change in incremental and meaningful ways. Several State initiatives as well as the implementation of the *Katie A. v. Bontá* Settlement Agreement, and most recently the passage of Assembly Bill (AB) 403, Continuum of Care Reform (CCR), have been catalysts for both systems to become more integrated and collaborative in order to meet the individualized needs of California's children, youth, and families.

Most recently in February of 2016, the State received approval from the Centers for Medicaid and Medicare Services (CMS) for a reimbursement methodology under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit for Medi-Cal contracted agencies that will be providing Therapeutic Foster Care (TFC) to children and youth with intensive mental health needs. TFC is identified as one of the major services provided through PWB (alongside ICC and IHBS) and is included in the CPM. TFC providers will be change agents that provide individualized behavioral health care for children who have been traditionally placed in group care, but have been assessed as needing more personalized individual care. For successful implementation of TFC, beginning January 1, 2017, additional policies and programs will need to be developed to ensure provider quality and access. This includes, and is not limited to, areas regarding Medi-Cal certification; screening and assessments; child and family teams; service planning; monitoring and transitions.

The Core Practice Model (CPM)

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

Services within the CPM must be needs driven, strength-based, and family focused from the first conversation with or about the family. Needs driven services, as opposed to services driven by symptoms, provide the best guide to effective intervention and lasting change. When children and

parents/families see that their strengths are recognized, respected and affirmed, they are more likely to rely on them as a foundation for taking the risks of change. When service providers focus on strengths they provide hope for healing and recovery. As a result, families have an enhanced ability to provide for their child and youth's needs (Well-being Outcome 1), while children and youth receive adequate services to meet their physical and mental health needs (Well-being Outcome 3).

Intensive Care Coordination (ICC)

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

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

Intensive Home Based Services (IHBS)

The IHBS are individualized, strength-based mental health rehabilitation services designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child and youth build and improve skills necessary for successful functioning in the home and community. In addition, these services are aimed to improve the child/youth's family's ability to help the child/youth successfully function in the home and community. In October 2014, AB 403, CCR, was signed as a significant reform with the intent of reducing the reliance on congregate care, providing more services in family based settings, and making core services available to children, youth and families. One of the core services is the provision of mental health care in family based settings. CCR creates another pathway to services, specifically when it comes to the provision of ICC and IHBS to children and youth.

Mental Health Coordination

In January, 2016, The State technical support teams began the delivery of monthly *Child and Family Services Integrated Technical Assistance* calls. Building on the successful TA calls in use under PWB (formerly known as Katie A) in recent years, these expanded TA calls provide an opportunity for counties, providers, and youth to receive timely updates, guidance, and technical support as they prepare for local CCR enhancements and to further develop integrated models or otherwise desired support or information about State reform efforts. An *Integrated Practice Bulletin* is produced on a monthly basis, summarizing the information provided during the monthly calls and providing links to useful resources on policy and practice guidance discussed during each call; this bulletin

is disseminated electronically approximately two weeks after the *Child and Family Services Integrated Technical Assistance* call.

Behavioral and Mental Health Services

The OCAP works closely with counties on the development of their prevention services plan including efforts to ensure children receive adequate services to meet their physical and mental health needs. County reported data captured through our online web-based reporting system, Efforts to Outcomes (ETO), illustrates the work county Child Welfare Agencies are engaging in to promote child well-being through the provision of Behavioral Health and Mental Health Services. Examples of these types of services may include anger management services, individual, couples, family and/or group therapy or counseling, Parent-Child Interaction Therapy (PCIT), play therapy, psychological or psychiatric assessment / screening, and/or other behavior and mental health services. During the SFY 2014-15 thirty-two counties reported serving more than 16,000 individuals and over 2,000 families through Behavior Health and Mental Health Services in California.

Commercially Sexually Exploited Child (CSEC) Program

Counties were provided \$750,000 in Fiscal Year (FY) 2014-2015 to teach children in foster care ways to recognize commercial sexual exploitation and how to avoid becoming a victim of commercial sexual exploitation. By recognizing and avoiding the predatory nature of sex traffickers, children can maintain their well-being. No data is available on the number of youth trained.

Thirty-five of California's 58 counties participated in the county-optional FY 2015-16 CSEC Program and received \$10.75 million in funding to provide services to youth. Key services included medical care, safe housing/placements, advocacy, and therapy to address trauma suffered by CSEC victims. Twenty-three counties did not opt-in to the state CSEC Program. However, these same counties received individual allocations to comply with the Preventing Sex Trafficking and Strengthening Families Act/P.L. 113-183 (Federal CSEC Program). This law was codified in SB 794 and became operative on January 1, 2016. Within this bill, CDSS was required to develop a model policy and procedure (P&P) and to disseminate it to counties for individualization. CDSS has created a P&P workgroup that consists of, but is not limited to, educators, law enforcement, former foster youth and victim service providers to collaborate in creating the model P&P that includes the following:

- The identification of children who are, or at risk of becoming, victims of commercial sexual exploitation;
- Documentation;
- Determination of appropriate services for the child;
- Receiving the proper training on the identification, documentation, and determination of appropriate services for a child identified as commercially sexually exploited or at risk of being commercially sexually exploited;
- The reporting to law enforcement of:
 - A child who is receiving child welfare services and is believed to be the victim of, or is at risk of being commercially sexually exploited, *and* is missing, *or* has been abducted. The county probation or the child welfare department is to report the occurrence to law enforcement for entry into the National Crime Information Center database of the Federal Bureau of Investigation and to the National Center for Missing and Exploited Children;

- A child who is receiving child welfare services and is a victim of CSEC.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

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?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

California is in substantial conformity with this systemic factor.

POLICY

Pursuant to Senate Bill 370 (Chapter 1294, Statutes of 1989) and federal law (Omnibus Budget Reconciliation Act of 1993), California maintains the Child Welfare Services/Case Management System (CWS/CMS) as its federal Statewide Automated Child Welfare Information System (SACWIS). The CWS/CMS was developed to automate many of the tasks county child welfare staff performed routinely and often manually. The CWS/CMS does provide the state and its counties with requisite status, location, demographics, and service goals for the children and families service by the Child Welfare Services system. The California SACWIS is a longitudinal database that became operational in all 58 counties in 1998.

Federal legislation (Omnibus Budget Reconciliation Act of 1993) established functional system requirements, which have been largely met. Of 87 required SACWIS elements, California has incorporated 73 (60 fully implemented and 13 partially implemented) in its CWS/CMS system. The SACWIS requirements that have not been fully met are primarily related to interfaces with other systems; these include Titles IV-A, IV-D, IV-E and XIX data systems. Efforts to implement these areas are currently in development under the CWS-New System Project (see Promising Practices section).

Pursuant to State Law (Assembly Bill 636, Steinberg, Ch. 678, Statutes of 2001), effective January 2004, a new Child Welfare Services Outcome and Accountability System began operation in California. The new system focuses primarily on measuring outcomes in safety, permanence and child and family well-being. This placed increased importance on the need for accurate, timely and complete CWS data. The CDSS has issued various All County Information Notices (ACINs) and All County Letters (ACLs) to assist counties in meeting critical CWS program documentation, data reporting, and program performance measurement requirements in accordance with Assembly Bill 636. The CDSS now routinely incorporates data entry instructions into ACINs and ACLs for guidance on program policy and data entry protocols to continuously improve data in the CWS/CMS.

PRACTICE

- The CWS/CMS is capable of tracking the location of each child in a foster care setting, the placement status, demographic characteristics, and permanency goals. The system is used at every level of the state's child welfare system. The CWS/CMS is a tool that provides the ability to document critical information necessary for timely child welfare intervention and case management. Timely and accurate data entry practice is incorporated into the CWS/CMS application by use of automated business rules and embedded guidance for the individual end-user. County and statewide data is available to child welfare administrators to support program management, budgeting and quality assurance activities.

- Examples of functionality of the system at the client level are:
 - ✓ Referral Management: This is the primary intake and investigation section of the CWS/CMS which has the capacity to collect required data elements for the annual report to the National Child Abuse and Neglect Data System. Extensive information can be documented on alleged victims, caregivers, family members, siblings, perpetrators, collateral contacts, and services referrals. The referral function includes functionality for processing reports of alleged child abuse and neglect, documenting assessments, and the investigations and dispositions.
 - ✓ Search: Because of the nature of the longitudinal database, the system is a valuable tool for caseworkers to locate statewide history of a child, family or a perpetrator. This provides child welfare staff with vital information that needed for timely and thorough assessments for response criteria and safety planning.
 - ✓ Case Management: This is a comprehensive section that includes documentation of contacts, assessments and service plans, managing a child's health and education information, placement history for children in foster care, and includes court notices and reports. The section provides the majority of the required data elements for the bi-annual reports to the Adoption and Foster Care Analysis and Reporting System, and all of the required data elements for the bi-annual reports to the National Youth in Transition Database. In addition, the status of the case is contained within this section.

- Examples of functionality of the system at the management level include:
 - ✓ The CWS/CMS is the primary source of data used for state and county caseload monitoring, program analysis, and outcomes and performance metrics. Basic demographic statistics and program reports are available on the Department's public internet site. Detailed performance data reports pertinent for designated state and county staff are available on the Department's internal extranet site.
 - ✓ The CWS/CMS provides current and historical caseload information essential to accurately project caseload trends and resource needs. The Department's fiscal forecasting, budgets and accounting staff rely on the system's data for developing county allocations and other financial management needs.
 - ✓ The CDSS is able to utilize this statewide system for online review of specific cases as part of critical incident reviews, and other program specific assessments; example, Safely Surrendered Babies, Child Fatalities, public inquiries. The system helps CDSS to quickly and efficiently identify areas when technical assistance is necessary and to determine training needs.
 - ✓ Internal to the system is a cadre of program reports available to management that provides caseload counts and characteristics. The CWS/CMS also has the capacity for the end-user to create ad hoc reports to support local or regional needs. The Statistical Analysis System (SAS) software is used to extract data from the system's mainframe for real-time information, particularly for federal reports.

MEASURES OF EFFECTIVENESS

The CWS/CMS is the largest statewide automated child welfare case management system in the United States. Today the system is operational in over 400 sites, with 19,708 workstations, 216 servers and over 26,000 active users. Currently, there are approximately a total of 1,730,875 case records and 8,186,810 referral records that have been recorded in the system. Of those records, approximately 104,328 are active cases and 57,146 are active referrals. The system is designed to retain all referral and case data, with archiving ability for non-active records. The record retention aspect is vital for the longitudinal data analysis and research efforts that are important to the outcomes and accountability metrics and program evaluation and planning efforts.

The CWS/CMS application and technical platforms are designed to protect the integrity and confidentiality of the data. Over 7,000 business rules are contained in the application to maintain data integrity and bring it into conformance with state and federal laws and regulations governing the child welfare services programs. System integrity is further maintained through an ongoing process of change control management.

The initiating authority for replacement of the state's Foster Care Information System was the State Senate Bill 370, Statutes of 1989. This legislation established a set of goals that the CWS/CMS has achieved. Those goals are:

- Providing child welfare staff with immediate access to child, family and case-specific information needed to make good and timely case decisions.
- Providing child welfare staff with current and accurate information to effectively and efficiently manage caseloads and to take appropriate and timely case management actions.
- Providing State and county administrators with the information needed to monitor and evaluate the achievement of program goals and to administer programs.
- Providing State and county child welfare agencies with a common database and definition of information from which to evaluate child welfare services.
- Consolidating the collection and reporting of information for child welfare programs pursuant to State and federal requirements.

In 2015, the information in CWS/CMS was used to assist counties during a state declared natural disaster (wildfires throughout the state). The data regarding the whereabouts and the status of the children were highly reliable in the three counties where information was needed.

Similarly, each month the CDSS sends addresses that have been matched to the Department of Justice database for registered sex offenders to ensure that registrants are not living in homes approved for foster youth. These matches offer an additional "check" to ensure that the data in CWS/CMS is accurate with respect to the location of children in care.

CHALLENGES

Although the CWS/CMS is a tool that is intended to meet a multitude of needs, it is an aging system that has struggled to stay current with emerging practice needs and is an expensive system to maintain,

partly due to the DB2 mainframe architecture. System change requests are prioritized within a long-standing and effective governance structure consisting of technical and program experts from the state and county staff. Continued improvement is focused on:

- Software and hardware upgrades needed for system reliability.
- Mobile access.
- Improved functionality for accurate, timely and complete data entry.
- Data clean-up as an ongoing effort.

B. Case Review System

Item 20: Written Case Plan

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?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

Child welfare and probation agencies are required to develop case plans for each child in foster care. These case plans are to be developed in collaboration the child's parent(s). CWS/CMS data for youth and non-minor dependents in foster care at some point during Calendar Year (CY) 2015 (n = 79,526) indicates that of the 79,526 youth in open cases in 2015:

- 61,470 cases (77%) had a case plan in effect during the last 6 months from December 31, 2015 or from case closure if on or before December 31, 2015
- 73,703 cases (93%) 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

California does not have quality data to determine the that the case plans were developed jointly. Recently instituted case record reviews will help determine the level of conformity with this expectation.

Item 21: Periodic Reviews

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?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

California is in substantial conformity with this systemic factor. In the state, the juvenile court must conduct a periodic review hearing for all children and non-minor dependents in care no less frequently than once every six months. Data indicate that California is performing well on this systemic factor. CWS/CMS data for youth and non-minor dependents in foster care at some point during calendar year 2015 6 month review hearings were completed as follows:

Children in Care 6 Months or More

6 Month Review Hearing	Number of Children	Percent
Yes	59,031	85.7%
No	9,830	14.3%
Total	68,861	100%

Item 22: Permanency Hearings

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?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child 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:

California is in substantial conformity with this item. In the state, a permanency review hearing is required to be held in the juvenile court for each child in foster care no later than 12 months from the date they enter care and at least every six months thereafter. California is performing well in this systemic factor. CWS/CMS data for youth and non-minor dependents in foster care at some point during calendar year 2015 review hearings were completed as follows:

Children in Care 12 months or More

Review Hearings	Number of Children	Percent
Yes	51,162	96.7%
No	1,736	3.3%
Total	52,898	100%

Children in Care 24 Months or More

Review Hearings	Number of Children	Percent
Yes	29,630	98.9%
No	325	1.1%

Section IV: Assessment of Systemic Factors

Review Hearings	Number of Children	Percent
Total	29,995	100%

Children in Care 36 months or more

6 Month Review Hearing	Number of Children	Percent
Yes	18,112	98.7%
No	234	1.3%
Total	18,346	100%

Children in Care 48 months or More

6 Month Review Hearing	Number of Children	Percent
Yes	12,137	98.4%
No	202	1.6%
Total	12,339	100%

Children in Care 60 months or more

6 Month Review Hearing	Number of Children	Percent
Yes	8,880	98%

Section IV: Assessment of Systemic Factors

6 Month Review Hearing	Number of Children	Percent
No	181	2.0%
Total	9,061	100%

Item 23: Termination of Parental Rights

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?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

California does not have data indicating when filings of TPR occur. Through the course of our case reviews, California will be able to determine conformity with this requirement. Typically, after 12-months of reunification services to parents, a permanency hearing is requested that may include a petition to terminate parental rights. While the state can more easily determine when and how often these hearing occur, we are not able to administratively pull data to see which of those had a recommendation of TPR.

Item 24: Notice of Hearings and Reviews to Caregivers

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 are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show 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:

Similar to Item 23, the case record reviews will assist in determining conformity to this requirement. The CWS/CMS does not automatically track all noticing that occurs.

C. Quality Assurance System

Item 25: Quality Assurance System

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?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

California has demonstrated substantial conformity with this systemic factor. Described below are the state's recent efforts to evaluate services through the California-Child and Family Services Review and to provide continuing education to staff, legislators, and others of changes in outcome measures and California performance.

CFSR Updated Data Measures

On October 10, 2014, the Administration for Children and Families (ACF) issued a new Federal Register notice that notified states of the final plan to replace the data outcome measures used to determine a state's substantial conformity with Titles IV-B and IV-E of the Social Security Act. On September 28, 2015 the CDSS released All County Letter (ACL) 15-63 that outlined these changes and provided instructions to counties on the integration of these new measures.

These federal data outcome measures are used by county child welfare and juvenile probation agencies via the California Child and Family Services Review (C-CFSR) process to measure performance in ensuring the safety, permanency, and well-being of children involved in their respective systems. The previous 17 federal data outcome measures have been replaced, updated, or eliminated to produce a total of seven new data outcome measures. These new measures more closely resemble what we want to know about how practice works. CDSS has hosted several training opportunities via webinars for county child welfare and probation agencies on the new measures and have staff working closely with counties in transitioning to these new measures.

Quality Assurance System

The C-CFSR is the primary tool for State program oversight and places an emphasis on continuous quality improvement. The California system contains similar features to the federal CFSR oversight system, a self-assessment, 5 year plan and annual progress updates. The C-CFSR was designed to be compatible with federal reporting and future federal reviews.

Section IV: Assessment of Systemic Factors

California's current accountability system is built on an open and continuously recurring five-year cycle of self-assessment, planning, implementation and review. The use of both quantitative and qualitative data is fundamental to this cycle. The quantitative data comes from Child Welfare Services/Case Management System (CWS/CMS), the statewide child welfare database. The qualitative data is drawn from reviews of individual cases within each county. Key components are: quarterly county data reports, peer reviews, county self-assessments, and county system improvement plans and annual plan updates.

Below is a list of areas of focus for California counties as listed in their individual System Improvement Plans:

Recurrence of Maltreatment	Timely Reponse to Investigation	Permanency in 12 months - Entering Care	Permanency in 12 months - 12-23 months	Permanency in 12 months - 24+ months	Re-Entry into FC in 12 months	Complete HS Employed Housing Perm. Conn	Monthly Visits out of home	Psych Meds	Health Exams	Dental Exams
Alpine	Alameda	Alameda	Alameda	Alameda	Amador	Glenn	Contra Costa	Siskiyou	Del Norte	Del Norte
Butte	Alpine	Amador	Fresno	Calaveras	Butte	Kern	Del Norte	Sonoma		
Calaveras	Colusa	Calaveras	Kings	Colusa	Calaveras	Kings	Glenn			
Glenn	Marin	Del Norte	Lake	Contra Costa	Del Norte	Lassen	Mariposa			
Humboldt	Santa Clara	Fresno	Los Angeles	El Dorado	Fresno	Mendocino	Modoc			
Imperial	San Francisco	Inyo	Madera	Fresno	Glenn	Plumas	Sierra			
Kern	Sonoma	Kings	Merced	Kings	Humboldt	Sacramento	Siskiyou			
Lake	Tehama	Lake	Mono	Lake	Imperial	Sonoma	Sonoma			
Marin	Yuba	Lassen	Monterey	Los Angeles	Inyo	Sutter				
Mariposa		Los Angeles	Napa	Madera	Kern	Tehama				
Modoc		Merced	Nevada	Merced	Los Angeles	Yolo				
Monterey		Mono	Shasta	Mono	Madera					
Nevada		Monterey		Monterey	Marin					
San Joaquin		Napa		Nevada	Mariposa					
San Luis Obispo		Orange		Orange	Modoc					
Santa Barbara		Riverside		San Bernardino	Napa					
Santa Clara		San Benito		Santa Cruz	Nevada					
Santa Cruz		San Bernardino		Shasta	Riverside					
Shasta		San Diego		Siskiyou	San Benito					
Solano		San Francisco		Sonoma	San Francisco					
Sonoma		San Joaquin		Stanislaus	Santa Clara					
Stanislaus		San Mateo		Sutter	Santa Cruz					
Tehama		Santa Clara		Yuba	Shasta					
Ventura		Santa Cruz			Siskiyou					
Yolo		Shasta			Sonoma					
Yuba		Siskiyou			Stanislaus					
		Solano			Sutter					
		Stanislaus			Trinity					
		Sutter			Tulare					
		Trinity			Tuolumne					
		Tulare			Yolo					
		Tuolumne								
		Ventura								
		Yolo								

In an effort to move toward the integration of case reviews into a CQI model, California has implemented CWS Case Reviews, in which all counties have staff trained to conduct ongoing case reviews, perform first level quality assurance (QA) and use the findings to both inform overall state performance and identify areas needing improvement, as well as county level performance on the federal tool and look at local systemic issues. This holistic, system wide use of case reviews was implemented in 2015 and state funding was committed to developing this process. In addition, the CDSS is building capacity to support this process by forming the Case Review Unit within the Outcomes and Accountability Bureau within CDSS. This dedicated staff will ensure fidelity to the case review process, provide second level QA to counties, technical assistance and support and ensure the use and integration of the case review findings into the C-CFSR process as well as support and guide practice and policy changes.

In addition to the C-CFSR oversight system, the State has other quality assurance processes in place as described below.

County Administrative Reviews & Grievance Procedures: California WIC Section 16503, requires each county to develop and implement processes, procedures and standards for administrative reviews for foster placements. In addition, the Manual of Policies and Procedures, Division 31 regulations direct counties to develop grievance procedures to review complaints from foster parents, legal parents, guardians and children concerning the placement or removal of a child from a foster home.

Targeted Case Reviews: The CDSS, as part of its larger CQI system, conducts focused case reviews and offer specific technical assistance to counties when a specific need is identified and determined to necessitate agency review. These reviews are conducted under WIC 10605 and are a part of the larger oversight role of CDSS. When a specific need is identified, CDSS determines which program areas of the Children & Family Services Division is best suited to act as lead and team of staff and subject matter experts are formed. This team conducts reviews of both CWS/CMS and one-site case records, including interviews with staff, clients, and other important collaterals. Staff look for compliance with regulation, policy clarifications and practice, as well as looking for systemic strengths and challenges. In the last five years, CDSS has conducted targeted onsite reviews and provided technical assistance to counties in the areas of: Indian Child Welfare Act and tribal services; front end emergency response practice; critical incidents and child deaths; and general child welfare practices. Reviews have been held in the following counties: Los Angeles, Shasta, Modoc, Lassen, Del Norte, and Monterey. The reviews typically result in modifications to county System Improvement Plans and occasionally, Corrective Action Plans.

Foster Care Ombudsman: At the State level, the Foster Care Ombudsman (FCO) was established by Senate Bill 933 (Chapter 311, Statutes of 1998) as "...an autonomous entity within the department..." This autonomy was necessary for current and former foster youth and those who care about them to have an objective forum for resolution of complaints and concerns regarding their care, placement and services. While there is no requirement that counties establish a FCO, ten counties have established an "Ombudsman-like" office to address complaints and concerns. The counties are Contra Costa, Kern, Los Angeles, Placer, Sacramento, San Bernardino, San Francisco, San Mateo and Santa Clara. The FCO refers complaints regarding investigations to the County Ombudsman, Community Care Licensing and the County Child Abuse Hot Lines, when appropriate. The FCO staff follows up with the complainant and the referral organization to verify resolution. The FCO staff conducts the investigation in all counties where there is not a County Ombudsman. The FCO also hosts quarterly meetings of all the County Ombudsman to discuss their issues and coordination of complaint processing. The FCO protocols also require Ombudsman staff to "notify" the Child's Attorney regarding a complaint involving the child.

State Hearings: The State Fair Hearings Process as required by WIC Section 1950 allows an Administrative Law Judge (ALJ) to conduct informal administrative hearings, evaluate evidence, issue subpoenas if necessary, make evidentiary findings, research applicable law and prepare decisions. ALJs may issue final decisions on behalf of the Director or submit proposed decisions for the Director's consideration. The Director may adopt the proposed decision, issue a Director's alternate decision or order a further hearing. Released decisions are binding unless

overturned by judicial review. Hearing parties may request a re-hearing if dissatisfied with a released decision. State Fair Hearing decisions are intended to benefit the child. The State Fair Hearing process has been in place since the early 1970's. It has served as a means of assuring program integrity because it enforces a strict interpretation of all guiding rules and regulations.

Social Worker Empowerment Hotline: In 2014, in response to concerns that social workers did not have a process by which to report internal concerns about practices and policy, AB 1978 passed. This added section 10605.5 to the W&IC, which mandates that CDSS develop, in consultation with county and labor organizations, and implement a process by which county child welfare and state adoptions social workers may make voluntary disclosures to the CDSS related to negative impacts on child health and well-being. Specifically under W&IC section 10605.5(a), workers are able to report or disclose information confidentially if they have a reasonable cause to believe that a policy, procedure or practice in child welfare meets any of the following conditions: 1) endangers the health or well-being of a child; 2) is contrary to existing statute or regulation; or 3) is contrary to public policy. After consulting with county and labor organizations through 2015, the CDSS created the Social Worker Empowerment Hotline (AB 1978). The hotline was developed and is located within the Outcomes & Accountability Bureau and is strategically placed as to be able to investigate concerns and report findings directly to the internal CQI process. CDSS began taking calls on January 1, 2016 and will be releasing data publically from the hotline on January 1, 2018.

D. Staff and Provider Training

Item 26: Initial Staff Training

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 that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

California is in substantial conformity with this item. California is a state-supervised, county-administered child welfare services system presents unique challenges and opportunities for developing and delivering training to various professional and paraprofessional child welfare staff and providers throughout the state.

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

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

Training content is developed by CalSWEC, the Regional Training Academies, and the University Consortium for Children and Families in conjunction with stakeholders representing

county child welfare agencies, CDSS, youth, Parent Partners, CASA, the courts, Tribes, and service providers. Content development guidelines require that training content be evidence-based and applicable to practice in all 58 counties. Several processes are used to ensure content meets the requirements outlined in statute and meets the needs of the child welfare social workers in California, including review of content by the Statewide Training and Education Committee (STEC), oversight of content by the Content Development Oversight Group (CDOG - a subcommittee of STEC), vetting of content via surveys and focus groups conducted by CalSWEC, formative evaluation of new training materials through a piloting process, and ongoing curriculum evaluation to ensure the curricula effectively increase knowledge and skills among participants.

Staff and Supervisor Training are delivered regionally, and organized and delivered by the following Regional Training Academies (RTA's):

Northern California Training Academy (NCTA) - The Northern California Children and Family Services Training Academy, located at the University of California at Davis (UCD), provides training and technical support tailored to the varied needs of 28 counties and 2 tribes in Northern California.

Bay Area Training Academy (BAA) - The Bay Area Academy, at California State University, Fresno, serves 12 counties that are very diverse in size, challenges and internal resources.

Central California Training Academy (CCTA) - Located at California State University, Fresno, the Central California Training Academy (CCTA) works collaboratively with 12 counties in the central region to develop training strategies and to implement the statewide training program.

Public Child Welfare Training Academy (PCTWA) -Based at California State University, San Diego, the Public Child Welfare Training Academy for the Southern Region provides a comprehensive, competency based in-service training program for the public child welfare staff of 5 Southern California counties. PCTWA also provides some support to Los Angeles County for ongoing training topics, e-learning and Common Core 3.0 support.

University Consortium for Children and Families (UCCF) - The UCCF is comprised of California State Universities, Long Beach, Northridge, Dominguez Hills, and Los Angeles; University of California, Los Angeles; and the University of Southern California. The UCCF is under contract with the Los Angeles County Department of Children and Family Services to provide comprehensive training for the county's child welfare professionals. Additionally, UCCF contracts provide a Los Angeles County specific Masters in Social Work (MSW) stipend program that requires participants to work in Los Angeles County after graduation.

The Resource Center for Family Focused Practice (RCFFP) - The RCFFP, located at the University of California at Davis (UCD), employs a variety of means to engage with all 58 California Probation Departments in meeting their required and elective training needs for probation placement officers and supervisors.

Regulations

During the 2008 CFSR PIP, California included the mandate for standardized training in child welfare. The CDSS, in cooperation with the Statewide Training Education Committee (STEC), has developed standardized curricula in the Core Training Program to be used statewide for the mandatory training of child welfare social workers and supervisors. Instructors

are experts in the field of child welfare who use a variety of teaching methods based on adult learning theory and best practices.

These regulations were published in the Manual of Policies and Procedures (MPP), and have been in effect as of July 1, 2008, and are as follows:

1. New employees are required to complete Phase I Line Worker Common Core within their first 12 months from date of hire (MPP 14-611.11).
2. New employees are required to complete Phase II Line Worker Common Core within their first 24 months from date of hire (MPP 14-611.12).
3. New supervisors must complete Supervisor Core within 12 months from the date of hire, assignment, or promotion (MPP 14-611.2)

Reporting

Every year, each county is required to complete an Annual Training Plan Survey. The questions are focused your county’s employee statistics, satisfaction of RTA training, and staff’s completion of mandatory training regulations in the previous fiscal year (FY). Along with being a key requirement in our Cost Allocation Plan (CAP) fiscal policy reporting, this report also helps CDSS and your RTA evaluate training needs in each county, and throughout the state.

In 2015, an in-depth analysis was done of the survey and it was updated to improve county response rate, increased accuracy of responses, and to provide more concrete answers to the reporting and compliance of mandated training.

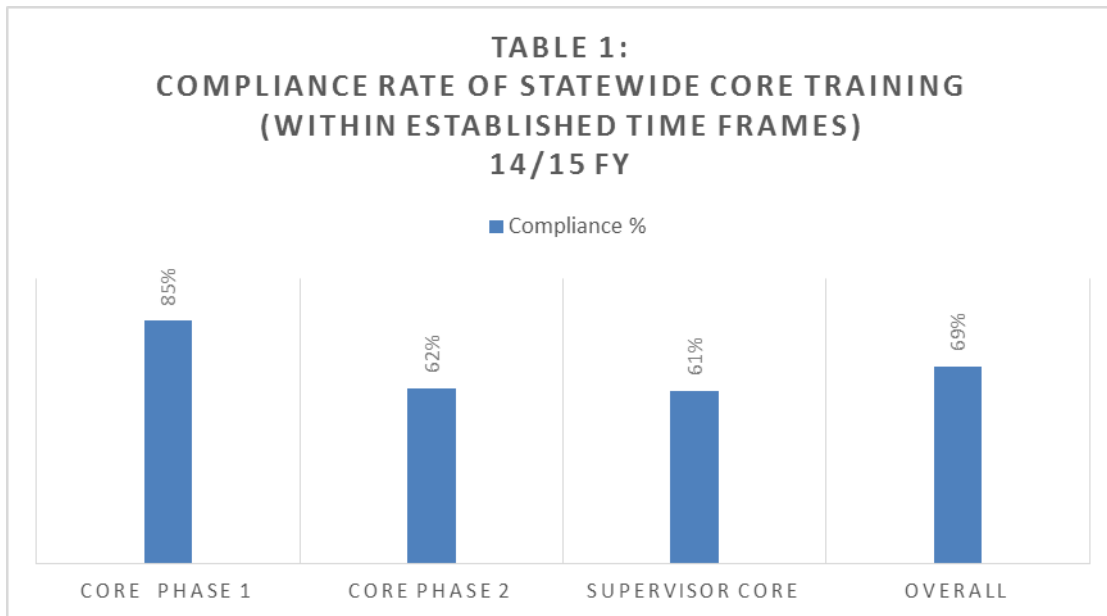


Table 1: Completion Rate of Statewide CORE Training (within established time-frames) 14/15 FY.

This graph depicts the training completion rate of all 58 counties. Overall, the compliance rate was 69% for initial staff training. Each county that had staff out-of-compliance was required to submit a Plan of Correction (POC). This POC reported the classes missed for each staff, reason for non-compliance, and scheduled makeup plan. Throughout the state, there were common patterns found in reasons for non-compliance (see Table 2).

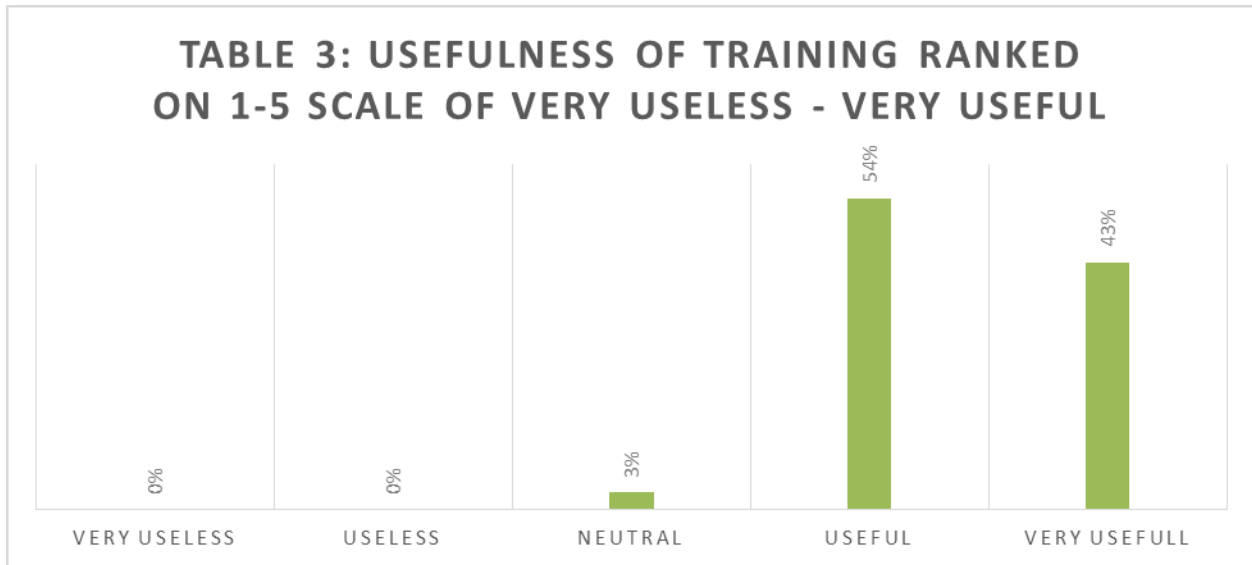


There were several consistent patterns that emerged. Time sensitive commitments, such as court dates and deadlines, emerged as a top reason for staff missing scheduled training. Next, was in relation to poor timing of offered classes, such as classes not being offered frequently enough, frequency in convenient location, timing of hiring date, or cancellation of scheduled classes by the RTA. Also, many counties reported low staff coverage, which left the county understaffed if they sent staff to scheduled trainings.

The ATP survey not only collects data on the compliance of mandated training, but also on the perceived usefulness of the initial staff training provided by the RTAs. The question asks the reporter to rank the “Usefulness of Training” on a scale from 1-5; 1 being “Very Useless”, 5 being “Very Useful” (see Table 3).

The purpose of this question is to determine the perceived usefulness of initial training to staff, supervisors, and the job field. Overall, the response was very positive. 97% of counties reported that the training is “Useful to Very Useful” in meeting the training needs to prepare staff for work in their county Child welfare roles. With our full

implementation of CORE 3.0 in the near future, we expect this number to be even more positive.



The RTAs conduct Satisfaction Surveys at the end of each training that they conduct. Some of that information is used to assess this item. This sample consists of 20,605 surveys taken during the 14/15 and 15/16 FY. When asked if the raining directly addressed the skills and knowledge needed to perform their job duties, on a scale from 1-5 (1 being dissatisfied, 5 being very satisfied), the average response was 4.51. With a satisfaction rate of 90.2%, the overall response to initial staff trainings is very positive.

Current Changes/Improvements

CORE 3.0

California is moving toward the full implementation of a Child Welfare Core Practice Model (CPM) and a transformed system for working with children and families. The CPM is a framework for practice and principles for child welfare that defines a theoretical framework, values, principles, and practice behaviors that define child welfare social work practice in California. This Child Welfare Core Practice Model serves as an umbrella to better define improvement initiatives and practice changes underway in the state. The CPM is linked to the Pathways to Mental Health Practice Model that defines collaborative practice with behavioral health service providers.

The decision to undertake a large scale revision of Common Core arose from an effort to ensure that Core provides new social workers with key information linked to the CPM in a format that streamlines knowledge acquisition and facilitates skill building. Current evaluation of the 2.0 version of Common Core shows that trainees gain knowledge, but trainers received feedback that trainees struggled to transfer training to practice because the curriculum offered few opportunities for trainees to carry classroom activities into a field setting and receive the feedback necessary for skill development. The new Common CORE 3.0 curriculum has been structured to mirror the CPM components Engagement, Assessment, Service Planning and Implementation, Monitoring and Adapting, and Transition by providing training in blocks centered on these 5 practice areas. There is an additional training block focused on foundational skills and key policies that define practice.

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

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

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

Core Practice Component IV: Service Planning and Implementation Goal: Provide a continuum of safe placement resources that support children's well-being and needs for timely permanency. Using a multi agency collaborative approach to provide services and supports where there is full collaboration and shared accountability across all service providers. Case

plans, services and supports will be strength based, needs driven and individualized. Plans will be developed to reflect cultural sensitivity and address any identified trauma needs. Individual plans and services need to be consistent and coordinated with steps toward the family's goals and tasks prioritized to ensure safety and well being of the children, youth, families and young adults.

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

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

Evaluation

The CDSS uses a multi-pronged approach to evaluate training programs. The Macro Evaluation Team works to develop and implement evaluation tools that assess the quality of statewide curriculum materials. The membership is comprised of representatives from the CDSS, county staff development organizations, Regional Training Academies (RTAs), the Resource Center for Family Focused Practice (RCFFP), and University Consortium for Children and Families (UCCF) in Los Angeles. The Team is charged with making recommendations about statewide CWS training evaluation that follows the statewide Training Evaluation Framework. This evaluation framework was first applied with the introduction of the Common Core Curriculum for new child welfare workers and supervisors. Over the course of the next 5 years the Statewide Training System will update the evaluation to coincide with CC 3.0 using the established framework.

In Common Core version 2.0, curriculum evaluation was focused on 7 standardized curricula (Child and Youth Development, Permanency and Placement, Case Planning, Critical Thinking and Assessment, Structured Decision Making Assessment, Child Maltreatment Identification I, and Child Maltreatment Identification II). Four classes used pre-and post- tests to identify knowledge gains. Years of data show that trainees made significant gains in knowledge related to the training content during the training. Over time, the frequency of testing and analysis has been decreased due to the stable nature of the curricula and the ongoing stability of findings; however, the findings clearly show increases in knowledge gains. Three classes used embedded skills evaluations to identify whether or not trainees were able to effectively use the skills taught in the classes. Years of data show that students are more often than not able to successfully complete standardized assessments and identify child maltreatment following completion of the class.

The Common Core 3.0 revision includes changes to the evaluation system including an effort to measure application of skill in the field. We will continue to assess knowledge and skill acquisition through the use of knowledge tests and embedded skill evaluations. Knowledge-

based pre-and post-tests will be used in three classes that have high knowledge acquisition content (ICWA, Trauma-informed Care, and Laws and Policies). Embedded skill evaluation will be used in three classes identified as teaching critical skills (Assessment, Child Maltreatment Identification, and Case Planning). Further testing includes a ten-item post quiz for all e-learning courses which requires an 80% pass rate for completion of the course, end of block exams to test knowledge in each of the defined content blocks following completion of the training (Foundation, Engagement, Assessment, Service Planning, Monitoring and Adapting, and Transition), and evaluation of the field training activities associated with assessment and case planning.

Probation Training

Initial training for county probation placement workers and supervisors is developed and implemented by the Resource Center for Family-Focused Practice (RCFFP), located at the University of California at Davis (UCD). The CDSS works with the RCFFP to ensure that probation placement officers and supervisors receive training included, but not limited to the following:

- Probation Placement Core
 - Visitation with the Ward
 - Contact with Care Providers
 - Case Planning
 - Juvenile Court Proceedings
 - CWS/CMS training

The RCFFP is responsible for the development and delivery of Juvenile Placement Probation CORE Training to officers and supervisors. They have a dedicated, full-time Probation Training Specialist on staff to oversee Juvenile Probation CORE, provide specialized technical assistance and consultation to both county departments and approximately six to nine probation curriculum instructors. The instructors hold a wealth of knowledge and experience in the field of juvenile probation. Instructors are brought together annually to review and update the Probation Placement CORE Curriculum. The Probation Training Specialist reviews legislation and practice issues to ensure that the information is incorporated into the Probation Officer CORE curriculum. RCFFP has also begun to incorporate an additional curriculum review with CPOC, so as to provide an additional level of oversight and collaboration.

The Juvenile Placement Probation CORE Training Program is comprised of three modules with a total of nine days of training. Participants may complete any or all of these modules. A certificate of completion is awarded upon successful completion of all three modules.

MODULE 1: Community and Youth Safety - 3 days

Juvenile probation officers who provide supervision and services to wards in out-of-home placement carry both dual responsibility and dual accountability. They must both ensure the safety of the community as well as the safety of the ward in placement and work toward a safe return of the youth to family and community. During this module, officers learn:

- Their responsibilities for and to the ward in placement
- The federal outcomes for Title IV-E eligible youth
- An overview of the legal requirements and timelines for youth in out-of-home placement
- The definition of a reasonable candidate for foster care and IV-E eligible placements

- Federal and state laws and regulations regarding the youth in placement and his/her family
- The legal findings required at detention, jurisdiction, and disposition and in cases involving the Indian Child Welfare Act
- How to analyze the initial assessment and case plan for the elements required under Division 31
- Concurrent planning and its impact on the services that will be provided

As a result of this training, the officer will be oriented to legal and regulatory requirements regarding youth in care.

MODULE 2: Supervision and Services - 3 days

In this module, juvenile probation officers develop knowledge and skills to work with youth in placement, care providers, and family members. Officers will also learn to:

- Determine appropriate placements based on the youth's needs and understand responsibility for the youth in placement
- Understand the legal hearings and findings of six-month reviews
- Write court reports that support the recommendations and findings
- Know the specific contact requirements for youth, family and care providers under Division 31
- Conduct quality reassessments with youth, family, and care providers
- Develop updated case plans with youth and families
- Engage youth and family in services through strength-based practice and interviewing skills
- Develop transitional independent living plans with youth and care providers

As a result of this module, officers will be able to provide supervision and support to youth, care providers and families with a dual focus on reunification and permanency.

MODULE 3: Permanency - 3 days

Providing permanency and reclaiming a positive, contributing citizen for the community remain the greatest responsibilities for juvenile probation officers. The placement officer's effectiveness in reaching these goals can lead to profound, positive results that will carry a ward through adulthood. Officers will learn to:

- Understand the permanency planning hearing, termination of reunification services, and adoption assessment hearings and legal findings that must be made
- Become familiar with differences in legal permanency options for wards
- Know the process used for termination of parental rights
- Become familiar with the implications of the Indian Child Welfare Act on permanency, especially termination of parental rights
- Understand the use of youth-specific recruitment in establishing permanency
- Effectively terminate their relationship with the ward
- Set the youth up for success when the youth returns to his/her community

Juvenile probation officers will be equipped to establish permanency for the wards for whom they are responsible.

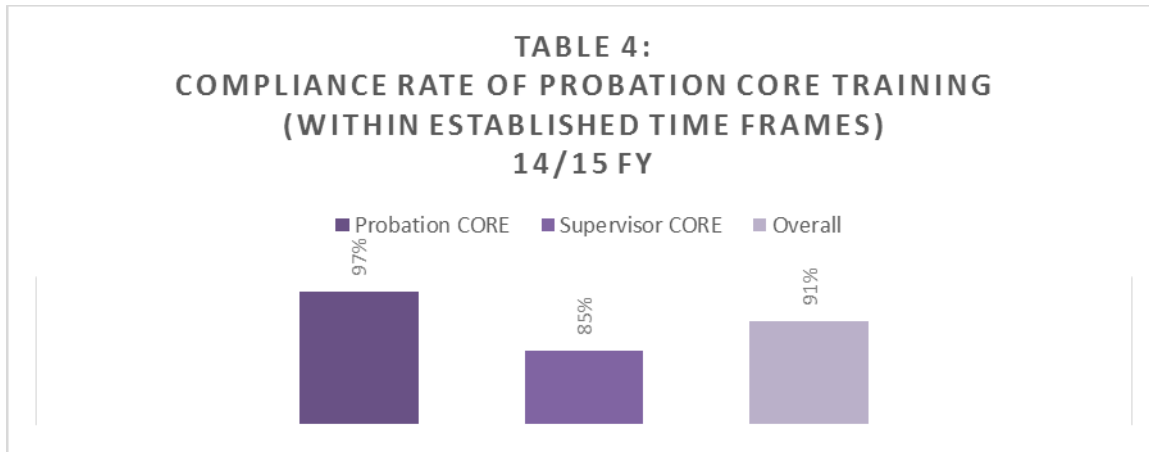
Regulations

California created training regulations to ensure that all probation officers and supervisors in placement units receive standardized statewide child welfare CORE training. The child welfare probation training requirements for all counties are as follows:

- Juvenile probation officers and supervisors responsible for Title IV-E placement activities shall include once in their annual training: concurrent planning, visitation requirements, and termination of parental rights practices. The training, approved by the California Department of Corrections and Rehabilitation and CDSS, shall be completed within 24 months of being assigned responsibility for Title IV-E placement activities. (MPP 14-611.6)
- Supervisor training shall also include, but is not limited to: Case planning practices, Comprehensive assessment of wards who are receiving Title IV-E placement services including screening for educational and mental health needs, and understanding the significance of state and federal reporting requirements such as the Adoption and Foster Care Analysis and Reporting System and the National Child Abuse and Neglect Data System. (MPP 14-611.613)

Reporting

In 2015, as a result from analysis of the ATP survey, the CDSS required all county child welfare probation placement departments to complete a similar survey to report on their mandated training compliance. For the first year of this requirement, 43 of the 58 counties submitted responses. We expect a higher response rate in 2016, and will follow-up with the counties to assure this requirement is met.



This graph depicts the training completion rate of the 43 counties that submitted reports. Overall, the compliance rate was high, at 91% for Probation Placement Officer CORE Training and Supervisor Training. Each county that had staff out-of-compliance was required to submit a Plan of Correction (POC). Throughout the state, there were common patterns found in reasons for non-compliance.

There were several consistent patterns that emerged. Time sensitive commitments, such as court dates and deadlines, emerged as a top reason for staff missing scheduled training. Next, was in relation to poor timing of offered classes, such as classes not being offered frequently enough, frequency in convenient location, timing of hiring date, or cancellation of scheduled classes by the RCFFP. Also, many counties reported low staff coverage, which left the county understaffed if they sent staff to scheduled trainings.

As part of their evaluation process, the RCFFP conducts satisfaction surveys after each training. Two of the questions asked help determine the usefulness of the training provided. The two questions ask the student to rate on a scale from 1-5 (1 being “strongly disagree”, 5 being “strongly agree” to the following statements:

- I will be able to apply the course learning objectives and course material to my job in a timely manner
- I will be able to apply learning objectives to improve my job performance.

An analysis from the statewide data from these two questions from FY 13/14, 14/15, and 15/16 show the average response was a rating of 4.37 out of 5, or an 84% usefulness satisfaction rate.

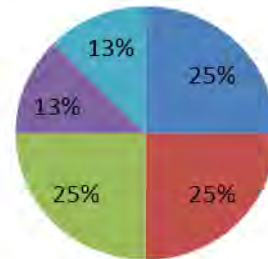
The nine-day core training to juvenile probation placement officers does not have a pre-post testing process. Juvenile probation placement officers are generally educated at a bachelor's level with emphasis on juvenile and adult systems, restorative justice, risk and planning for communities, re-entry, criminogenic needs, recidivism, etc. Topics mostly relate to youth and adult corrections.

Prior to receiving the CORE placement training series, participant's academic focus is not as intensive or specific to families and individuals working through placement.

Therefore, it is expected the training provided through CORE placement training is new and/or contextually different. Pre-test data is not in consonant with a pre-test for child welfare workers that generally have background training in social work prior to receiving CORE training.

**TABLE 5:
REASON FOR
NON-COMPLIANCE**

- 25% Timing
- 25% Miscalculation in Tracking
- 25% No Explanation
- 13% Low Staff Coverage
- 13% Other Job Related Duties



Item 27: Ongoing Staff Training

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?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

California has substantial conformity with this item. Welfare and Institutions Code (W&IC) section 16200 et. seq., (Chapter 1310, Statutes of 1987) requires CDSS to provide practice-relevant training for social workers, agencies under contract with county welfare departments, mandated child abuse reporters and all members of the child welfare delivery system.

As discussed in Item 26, training content is developed by CalSWEC, the Regional Training Academies, and the University Consortium for Children and Families in conjunction with stakeholders representing county child welfare agencies, CDSS, youth, Parent Partners, CASA, the courts, Tribes, and service providers. Content development guidelines require that training content be evidence-based and applicable to practice in all 58 counties. Several processes are used to ensure content meets the requirements outlined in statute and meets the needs of the child welfare social workers in California, including review of content by the Statewide Training and Education Committee (STEC), oversight of content by the Content Development Oversight Group (CDOG - a subcommittee of STEC), vetting of content via surveys and focus groups conducted by CalSWEC, formative evaluation of new training materials through a piloting process, and ongoing curriculum evaluation to ensure the curricula effectively increase knowledge and skills among participants.

Regulations

In the State of California, the CDSS regulates the minimum number of hours of ongoing training that child welfare social workers and supervisors are mandated to complete. These regulations were published in the Manual of Policies and Procedures (MPP), and have been in effect as of July 1, 2008, and are as follows:

- Continuing workers are required to complete 40 hours of ongoing training within 24 months of completing Common Core, and every 24-month period that follows (MPP 14-611.5).

While the CDSS regulates the amount of hours needed, the state does not mandate the topics covered. This flexibility allows each county to customize the training they see necessary for their staff each year, and allows for the RTAs to accommodate a wide range of topics requested from the counties.

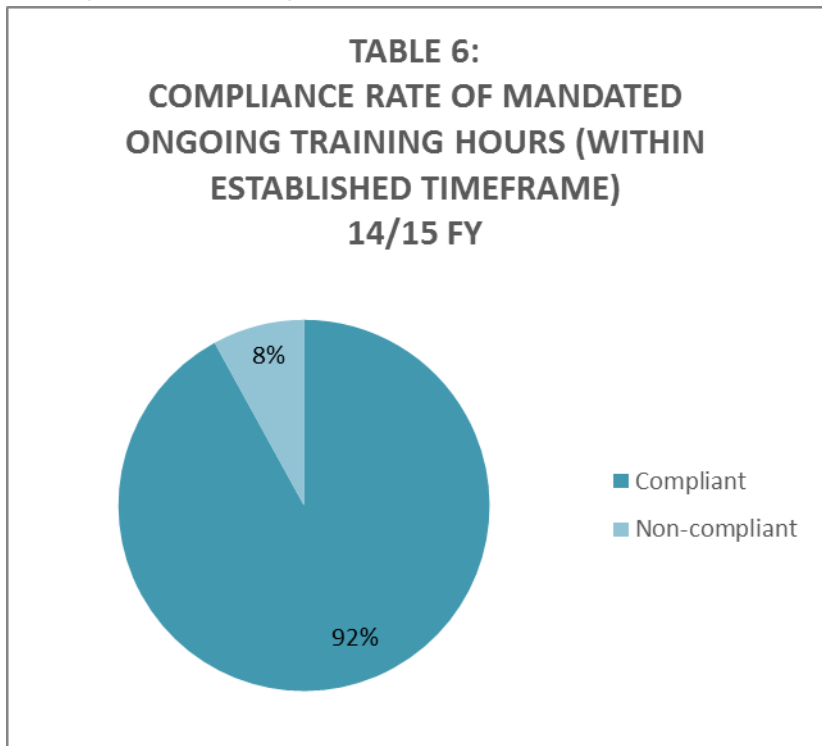
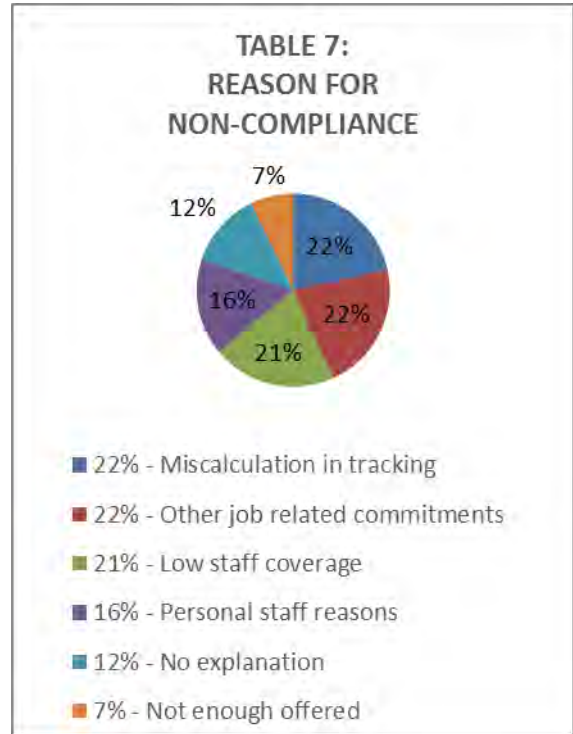
Reporting

Every year, each county is required to complete an Annual Training Plan Survey. The questions are focused your county’s employee statistics, satisfaction of RTA training, and staff’s completion of mandatory training regulations in the previous fiscal year (FY). Along with being a key requirement in our Cost Allocation Plan (CAP) fiscal policy reporting, this report also helps CDSS and your RTA evaluate training needs in each county, and throughout the state.

In 2015, an in-depth analysis was done of the survey and it was updated to improve county response rate, increased accuracy of responses, and to provide more concrete answers to the reporting and compliance of mandated training.

Each county that had staff out-of-compliance was required to submit a Plan of Correction (POC). Throughout the state, there were common patterns found in reasons for non-compliance.

Several consistent patterns emerged. Miscalculation of tracking was the top reason for non-compliance. The CDSS has reinforced the mandates to those counties, and intend to follow up during the 15/16 reporting year to correct these errors. Time sensitive commitments, such as court dates and deadlines, emerged



as a top reason for staff missing scheduled training. Also, many counties reported low staff coverage, which left the county understaffed if they sent staff to scheduled trainings.

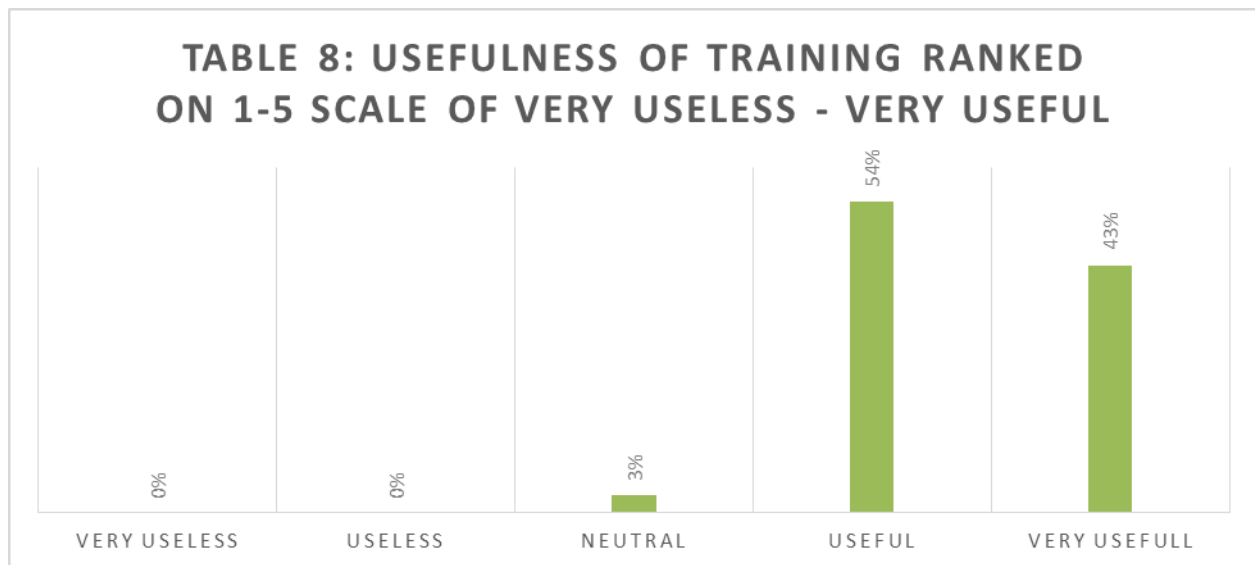
The ATP survey not only collects data on the compliance of mandated training, but also on the perceived usefulness of the initial staff training provided by the RTAs. The question asks the reporter to rank the “Usefulness of Training” on a scale from 1-5; 1 being “Very Useless”, 5 being “Very Useful”.

HOW WELL THE INITIAL
TRAINING ADDRESSES BASIC
SKILLS AND KNOWLEDGE
NEEDED BY STAFF TO CARRY
OUT THEIR DUTIES?

4.57 of 5
or
>91%
Satisfaction rating

The purpose of this question is to determine the perceived usefulness of initial training to staff, supervisors, and the job field. Overall, the response was very positive. 97% of counties reported that the training is “Useful to Very Useful” in meeting the training needs to prepare staff for work in their county Child welfare roles.

As reported with Item 26, the RTA’s conduct their own Satisfaction Surveys at the end of each training that the conduct, and we were able to gather this information to help in this analysis. This sample consists of 17,128 surveys taken during the 14/15 and 15/16 FY. When asked if the training directly addressed the skills and knowledge needed to perform their job duties, on a scale from 1-5 (1 being dis-satisfied, 5 being very satisfied), the average response was 4.57.



Item 28: Foster and Adoptive Parent Training

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 (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- 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:

California provides training for foster parents through the Foster and Kinship Care Education program. The California Community College Foster & Kinship Care Education (FKCE) program was established in 1984 with the passage of Senate Bill 2003 (Chapter 1597, Statutes of 1984). The purpose of the program is for community colleges to provide high quality education and training to foster parents and kinship care providers throughout the State, to prepare them for working with the specialized needs of foster children and youth in their care. The Chancellor's Office administers this statewide education program in conjunction with 62 colleges.

The FKCE Program supports statewide training requirements for preparing and retaining well qualified foster parents and kinship caregivers. FKCE delivers education and training for foster care providers to meet the educational, emotional, behavioral and developmental needs of children and youth in out-of-home care. In 2012-13, the colleges provided over 37,000 hours of education throughout the State to more than 27,000 participants caring for foster children and youth.

The target populations for FKCE are licensed and approved foster parents, kinship care providers and other resource families caring for foster children and youth placed in out-of-home care.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is 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.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

California is in substantial conformity with this systemic factor. Specifically, as a county-administered system, local jurisdictions are able to ensure that the services available in the county address the needs to those residing there.

Structured Decision Making – Family Strengths and Needs Assessment

The family strengths and needs assessment (FSNA) likely has the most significant changes of all the SDM 3.0 changes introduced in November 2015. While the FSNA's overall intent remains the same—a guide to gathering information with families that informs case planning related to identified safety threats and risk factors—it has a much greater focus on strengths, barriers to creating safety, permanency, and well-being, and contributions to imminent threats of harm to children. The changes in the domain structure will affect the gathering of information with families and children, as well as evaluation of the information, and will present a clearer, more concise path to case planning with families. This change is in line with practice changes that have been implemented in California over the past several years.

Most importantly, the FSNA now evaluates several new pieces of information that are crucial to effective case planning, including Tribal Affiliation, Sexual Orientation, Gender Identity/Expression, Religious/Spiritual Affiliation, and Other Cultural Identity important to either the caregiver or the child/youth/young adult. Additionally, the tool now evaluates Prior Adverse Experiences/Trauma and Cognitive/Developmental Abilities for the caregivers in the home. This will result in an ultimately positive impact on the evaluation of changed behaviors in the risk reassessment and the reunification reassessment.

CSEC Program

SB 855, Chapter 29, Statutes of 2014: 1) Clarified existing law by stating that CSEC victims are to be served by child welfare; 2) Created the CSEC Program; and 3) Funded the program by

appropriating \$14 million annually to support child welfare agencies in serving the special needs of commercially sexually exploited children. SB 855 required counties to develop and implement: 1) Interagency protocols to coordinate their responses to CSEC; and 2) A multi-disciplinary team to wrap around the child to address all of their complex needs. In addition, a county plan was required of each opt-in county and specifically called on each county to describe their future approach to serving CSEC which encouraged counties to think through the services that would be needed to assess the strengths and needs of CSEC through identifying a screening tool, provide a list of providers in their county that would serve CSEC in the areas of placements and specialized services such as tattoo removal, intensive therapy, etc.

Jurisdictionally, the CSEC Program does not cover all counties or all tribal communities. However, the counties who did not choose to participate in the CSEC Program are provided funding through the federal CSEC Program and are required to identify CSEC, collect data on CSEC, and determine appropriate services for CSEC as of September 29, 2016. For tribes, CDSS provided a CSEC County Coordinator list with our ICWA Workgroup partners so that they can coordinate with a nearby county to serve CSEC in their communities.

ICWA

California has the largest Native American population in the United States, with the majority affiliated with tribes located in other states. There is great diversity in tribal demographics, sophistication of tribal governments and governmental operations which require Child Welfare Programs to consider appropriate services for these children. The CDSS continues to engage in the following efforts to strengthen state, county, and tribal partnerships and thus work towards continuous improvement of service array and resource development:

- Statewide ICWA Workgroup:
- Tribal Consultation Policy committee (TCPC):
- Tribal Title IV-B and IV-E Collaboration
- State-County-Tribe Collaboration
- Annual California Statewide ICWA Conference
- Revision of Division 31 Regulations

The CDSS is confident that its continued efforts to improve collaborative relations between the county, state, and tribes, will positively impact delivery of services to Native American children and families.

Due to jurisdictional and cultural complexities, availability and delivery of services varies widely across California and may be performed by the county, tribe or collaboration of both. Through County Self Assessments (CSA) provided to the CDSS Outcomes and Accountability Bureau (OAB) and Office of Child Abuse Prevention (OCAP), counties routinely report their collaboration with stakeholders, to address serving Native American children and families. Alameda and San Francisco counties, for example are part of the Bay Area Collaborative of American Indian Resources (BACAIR), collaboration with various Native American community partners and service providers in the Bay Area and Casey Family Programs. The group discusses issues of ICWA compliance and disproportionality and provides training to county staff regarding service delivery to Native American children and families. In the past, these trainings have consisted of presentations by service providers.

The ICWA Initiative

The ICWA Initiative was created in 2005 and is a partnership between the CDSS and the Judicial Council of California (JCC). Funding was renewed in 2013 for three years. The ICWA Initiative provides a Clearinghouse of Resources, Tribal Court-State Court Forum activities, and comprehensive ICWA services.

Indian Health Program

The Indian Health Program (IHP) exists to improve the health status of Native American families who live in urban, rural, and reservation or Rancheria communities throughout California. IHP provides technical assistance and training to American Indian health clinics and conducts studies on the health and health services available to American Native Americans and their families throughout the state. Additionally, IHP administers the American Indian Infant Health Initiative (AIIHI), which provides home visitation to high risk Native American families.

California Partners for Permanency (CAPP)

The California Partners for Permanency works to reduce long-term foster care and improve well-being of African American and Native American children. CAPP promotes family, Tribal, and community relations and seeks to create an integrated system of services that is culturally-sensitive and trauma-informed. Four counties: Los Angeles, Fresno, Humboldt, and Santa Clara participated in the grant's pilot model ending 2016. Invitation to implement the model is expected to be extended to other counties in the near future. For example, Humboldt County is participating in the CAPP grant with the goal of improving their county-wide capacity to serve Native American communities and will increase access to culturally appropriate service providers and culturally responsive interventions. Lake County, where 7 California's 109 federally recognized tribes are located, provides a picture of the diversity within counties and their approach to utilizing a collaborative model in provision of services. The Lake County Tribal Health Consortium (LCTHC) provides medical, dental, human services, public health and outreach services. Other programs available to families are the Parent-Child Assistance Program (PCAP), a case management-based home visiting model with a focus on preventing substance-abuse exposed pregnancies and births; the Nurturing Parenting education program which teaches parenting skills and provides parenting resources; the Tribal Home Visiting Program; and the 4P's Program which screens pregnant women for drug and alcohol use and, as needed refers them to appropriate services. The California Tribal TANF Partnership (CTTP) provides career development, life skills workshops, youth services, teen pregnancy, prevention program, parenting workshops, marriage promotion and counseling, and cash assistance. Finally, local tribes provide direct services including educational, recreational, and parenting resources.

Mental Health Services

Wraparound

Ensuring that children and youth receive appropriate services to meet their mental health needs in a timely manner is one of California's primary goals. Specific elements of the Wraparound model include teaming, family and youth engagement, individualized and strength-based case planning, and transition planning. A quarterly extract from Q1 2015—Q3 2015 shows approximately 3,500-4,000 children and youth open to CWS/CMS received Wraparound services (see figure below), but because this program supports a multitude of agencies statewide in addition to child welfare services, it is not possible for the State to quantify the total number of children and youth served. However, Wraparound is currently in a stage of sustained implementation in forty-six counties, with an additional county actively engaged in planning to launch Wraparound. The number of children enrolled in the Wraparound program is driven by the service capacity that exists in each county. Wraparound's specific target population is defined in State statute as: 1) A child or non-minor dependent who is a dependent or ward of

the court and is currently placed in or at risk of placement in a group home with an RCL of ten or higher, 2) a child or non-minor dependent who would be voluntarily placed in a group home with an RCL ten or higher, 3) a child who is eligible to receive AAP benefits when the responsible public agency has approved the provision of Wraparound in lieu of placement in a group with an RCL ten or higher. However, counties are not prohibited from providing Wraparound to other populations, as well.

Children Receiving Wraparound by Child Welfare Service Component:

Period	State Totals	Emergency Response	Family Maintenance	Family Reunification	Permanent Placement	Supported Transition
Q1 2015 CWS	3679	4	924	866	1631	254
Probation*	223	0	10	205	2	6
Total	3902	4	934	1071	1633	260
Q2 2015 CWS	3605	5	871	855	1587	287
Probation*	223	0	11	207	2	3
Total	3828	5	882	1062	1589	290
Q3 2015 CWS	3467	6	779	830	1576	276
Probation*	225	0	13	205	3	4
Total	3692	6	792	1035	1579	280

*May include probation youth being served through the Title IV-E Waiver Demonstration Project
 Data Source: CWS/CMS UCB Quarterly Extract, Quarter 1, 2015—Quarter 3, 2015

Pathways to Well-Being (PWB)

The addition of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) for eligible children and youth broadens California’s child welfare service array. Pathways to Well-Being (PWB) and Continuum of Care Reform (CCR) efforts involve the continuous work of numerous staff from CDSS and DHCS working closely with counties, youth, parents, the provider community, and others. The work that has been completed to date has demonstrated improvements in the delivery of medically necessary mental health services to children in or at risk of placement into foster care, with the primary focus on Medicaid eligible children and youth in need of intensive specialty mental health services. Currently all fifty-eight counties have implemented many components as outlined in the court implementation plan, with fifty-two counties providing ICC and/or IHBS. The figure below shows the progression of implementation for these specialty mental health services and increased capacity of county systems to identify and serve children in foster care with mental health needs. Data in the table below demonstrate continued gains in provision of ICC and IHBS by the counties during a period of movement toward stabilizing implementation and at a time when the child welfare census fell statewide. Placed in the context of qualitative data provided in county progress reports, which describe significant improvements in shared information and data systems as well as more coordinated screening, referral, assessment, and tracking processes being implemented by the counties, these numbers tell the story of counties’ efforts not only to build a foundation of joint implementation but to strengthen and sustain targeted, intensive mental health services within the Core Practice Model (discussed further in the Well Being section).

Key Indicators of County Progress Between the October 2014 and April 2015 Katie A. Progress Reports

Measure	October 2014	April 2015	Percent Difference
Counties Providing ICC and IHBS	50	52	↑ 4 percent
Children & Youth Receiving ICC	5,800	6,429	↑ 11 percent
Children & Youth Receiving IHBS	2,862	4,364	↑ 9 percent
Children & Youth Projected for Services by Next Report Period	8,558	8,638	↑ 1 percent

Source: Katie A. Semi-Annual Progress Reports, March 1, 2014-August 31, 2014 and September 1, 2014-February 28, 2015

Item 30: Individualizing Services

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?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are 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:

Child and Adolescent Needs and Strengths

The Child and Adolescent Needs and Strengths (CANS) standardized assessment can be used to assist in treatment planning (including for individualized education plans, permanency, etc.). It informs the intensity of service decision making and can be used to monitor outcomes. The CANS operates from a shared vision and philosophy consistent with the system of care. It is a consensus based approach used to identify strengths and needs in order to move forward in a transformative way with children and their families, programs, and systems.

One benefit to the CANS assessment is its flexibility, which allows it to be adapted to a variety of settings. Unlike traditional assessments, 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. Currently, 13 California counties are utilizing CANS.

Wraparound

The California Department of Social Services (CDSS) recently updated its Wraparound Program Standards, which were released via an All County Information Notice on July 29, 2015 and are available on the CDSS Wraparound web page. The standards describe the principles, values, and essential elements that serve as the foundation for high-fidelity Wraparound programs in California. In addition, the standards provide guidance on fiscal policies designed to allow funding to follow the needs of the child, and ensure that Child and Family Teams (CFT) have timely access to flexible funds, including mechanisms to access emergency funds. Counties are aware that all fiscal policies and procedures must be aligned with the values and principles of Wraparound in order to ensure and support the provision of family-centered services that are individualized and build on a child and family's unique strengths. The Wraparound process is always guided by individualized service plans that are culturally respectful, and developed in partnership with children, youth, and families to achieve positive goals identified by the family themselves. As families move through the process and make progress toward their goals, plans are updated to reflect current circumstances and achievements.

Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)

Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) are specific

intensive services that are delivered through a multi-agency collaborative approach that is grounded in a strong community base. These services are individualized, strength-based and culturally respectful and designed to meet the needs of the child and family. ICC and IHBS must be implemented within the context of the Core Practice Model (CPM) as described in the *Pathways to Mental Health Services: Core Practice Model (CPM) Guide* released by the CDSS in March 2013. These services help the child and youth build skills necessary for successful functioning in the home and community and improve the child and family's ability to help the child and youth successfully function in the home and community.

CSEC Program

Many counties are using the West Coast Children's Clinic Commercially Sexually Exploited Identification Tool (CSE-IT) to screen youth in child welfare to assess whether they are victims of commercial sexual exploitation. Once identified, youth are referred to their county multi-disciplinary team (MDT), where individualized case management occurs. MDT mandated participants are staff from child welfare services, probation, mental health/substance abuse, and public health departments. MDTs are in the process of being formed in 22 counties that have received a higher level of funding due to prevalence of CSEC and progress in developing services for CSEC.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

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?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and 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:

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

Significant to the development of policies and programs to ensure the safety, permanency, and well-being of every child involved in CWS is system-wide collaboration and stakeholder involvement with state and local agencies, community-based and philanthropic organizations, the courts and community service providers, Tribal representatives, interagency teams, workgroups, commissions and other advocacy groups are significant in developing policies and programs and ensuring the safety, permanency and well-being of every child involved in child welfare services. For example, stakeholders and partners were involved in the implementation of the California Partners for Permanency Project (CAPP) to reduce long-term foster care, CCR efforts and CFSP and APSR development. Several of these collaborations are detailed below.

California Child Welfare Council (CWC)

An overall description of the CWC is provided in California's 2015-2019 CFSP. Detailed information regarding the CWC's activities can be found on their webpage at <http://www.chhs.ca.gov/Pages/GeneralInformation.aspx>. This page contains meeting agendas and various reports produced by and for the council and subcommittees. During the 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 the child welfare system.

The *Prevention and Early Intervention (PEI) Subcommittee* is supported by ongoing technical assistance from OCAP. The PEI Subcommittee has served as the Statewide Citizen's Review Panel (CRP) since 2014 and makes substantive recommendations to the CDSS/OCAP that pertain to critical statewide issues. Among the PEI-CRP's recommendations is to identify key California leaders to actively participate in and help shape the ongoing national conversation regarding federal child welfare finance reform. This involves bringing together persons with influence to define the "California voice" with respect to federal reform of child welfare financing. Having a uniform voice will strengthen the state's influence.

In consultation with the CDSS, the **Statewide CRP** facilitator created and implemented the PEI-CRP Orientation Manual to assist with:

- Role orientation for members of the California Prevention and Early Intervention Subcommittee
- PEI-CRP of the CWC
- Specification of the relationship between the California CWC and PEI-CRP
- Clarifying guidelines for PEI-CRP activities and decisional processes
- Developing and organizing PEI-CRP policy review activities

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

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

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

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

- Convene researchers to discuss current research in the area of family reunification and identify further research needed.
- Explore ways to coordinate training of juvenile court stakeholders on research and services that promote reunification efforts.
- Disseminate information and implement services that promote reunification to social service agencies.

- Promote and educate the use of family and child engagement practices to juvenile court stakeholders.
- With stakeholders, prepare a checklist for juvenile courts to aid them when reviewing case plans for families engaged in reunification to ensure meeting individual family needs.
- Request that a central online resource for family reunification research and best practices be developed.
- Promote expansion and increased sustainability of Dependency Drug Treatment Courts.
- In collaboration with stakeholders, take the lead on providing technical assistance to facilitate leveraged reinvestment of savings achieved by moving youth and children with delayed permanency into safe reunification.

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

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

The California Wraparound Advisory Committee

The California Wraparound Advisory Committee (CWAC) is a multi-disciplinary stakeholder group focused on promoting and improving high-quality Wraparound services. The CWAC follows a collaborative process for gathering and sharing feedback from Wraparound service providers, parent and youth partners, and county administrators from both child welfare and probation departments to identify strategies and strengths, promote best practice and fidelity to the Wraparound model, and make recommendations for statewide policy and practice changes. The group continues to meet on a twice yearly basis, with the next meeting scheduled for April, 2016.

The CWAC met in October 2015 and discussed the recently updated Wraparound Program Standards, which were released via an All County Information Notice on July 29, 2015 and available on the CDSS Wraparound web page. These standards provide a framework for high-fidelity Wraparound practice and define key values, principles, and processes that guide implementation of the program statewide. These updated standards complete the work described in California's CFSP 2015-2019 (p. 59).

Also during the October 2015 meeting, the CWAC re-convened its three currently active workgroups: the Adoption Assistance Program (AAP) Workgroup; the Early Childhood Wraparound Workgroup; and the Wraparound Training Curriculum Workgroup. These three workgroups addressed and discussed emerging needs within the Wraparound statewide network specific to families receiving AAP funds, children ages 0-5 in need of and receiving Wraparound, and the re-development of the Wraparound Training Curriculum. A discussion of the Early Childhood Wraparound and AAP Wraparound workgroups can be found in the Permanency section of the 2016 Statewide Assessment (addressing Goal 7: Services for Young Children 0-5 Years Old and Goal 9: Ensure Reducing Time in FC to Adoption, respectively).

The *AAP Workgroup* discussed potential strategies to engage adoptive families before a crisis occurs. One strategy discussed was developing a brochure to provide families information on how their AAP benefits may be used to access Wraparound services. AAP Wraparound resources such as sample authorization and family agreement forms have been made available on the CDSS Wraparound web page to facilitate families' access to Wraparound.

The *Early Childhood Wraparound Workgroup* developed and disseminated a survey to counties in order to obtain information regarding measurement tools and data specific to the 0-5 age group and agreed to meet on a monthly regular basis. Responses were received from county staff and community providers from 13 counties participating in the workgroup and indicated that anywhere from 25-33 percent of the respondents were either tracking the provision of Wraparound services to children ages 0-5, had customized a Wraparound program to fit the particular needs of this population, or were in the process of developing such a customized program and seeking consultative technical assistance to meet that goal. Most of the respondents indicated that their programs currently served up to ten children in the 0-5 age group, with some serving up to twenty-five children and one county indicating that over eighty 0-5 year olds were being served across the two major Wraparound program providers in their jurisdiction.

An all-day *Wraparound Training Standards Subcommittee* meeting is in the process of being scheduled for the fall of 2016 in order to revise the Wraparound Training Standards. Using the information received from the survey mentioned above, it is the intention of the subcommittee to produce a framework for statewide Wraparound training that is aligned with the new Wraparound program standards and defines the necessary elements that must be included in a training program to be considered "basic Wraparound training," sample syllabi based on the framework that can be used as a template for training sessions, and guidelines for regions, counties, and practitioners to develop "advanced" practice trainings and other skill-building opportunities.

The *Partnerships for Well-Being Institute*, a semi-annual conference providing workshops and other opportunities for shared learning in the field of Wraparound and other integrated services, will be held in June 2016. Co-sponsored by CDSS, DHCS, and the University of California at Davis Resource Center for Family-Focused Practice, the conference will this year include a number of workshops developed by and for youth and parent participants, as well as plenary sessions, panels, and keynote speakers to share lived experience and expertise to help guide and improve child, youth, and family-focused child welfare and mental health programs from the perspective of those who are served by these systems. Professionals from the fields of child welfare, probation, and mental health have incorporated a specific focus in integrated practice, collaboration and coordination, and work within the context of a child and family team process into their presentations for the conference, a reflection of increased stakeholder involvement requested in the development and preparation of workshop proposals.

The Child Welfare Co-Investment Partnership

The Child Welfare Co-Investment Partnership is a collaboration of private and public organizations working to improve outcomes in the child welfare system through smart, strategic cross-sector collaboration. Recent investments by members of the Partnership include funding the evaluation of the Essentials for Children (EFC) Program, supporting CAPP, and communicating the findings of a report on educational outcomes for foster youth (At Greater Risk). The Partnership members include the CDSS, JCC, CWDA, and Casey Family Programs, Conrad N. Hilton Foundation, Stuart Foundation, Walter S. Johnson Foundation, and Zellerbach Family Foundation.

An archive of recent reports produced in cooperation with CDSS can be found at http://co-invest.org/home/?page_id=432.

California's Collaboration with the Courts

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

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

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

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

The JCC continued to provide *custom reports* from UCB CSSR on safety and permanency outcomes for children specifically for judicial officers to further their involvement in the state's Outcomes and Accountability system. The reports are available to all local BRCs and are available on the California Dependency Online Guide (CalDOG) website. CalDOG provides assistance to attorneys, judicial officers, and other professionals working in California's child welfare system.

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

Collaboration with Tribes

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

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

CDSS seeks to include tribal organizations in the dissemination of programmatic letters and notices, engaging in more frequent dialogs with tribal representatives and continuing to support local tribal engagement. Additionally, CDSS has worked with the CWDA to create regional county liaisons to increase and broaden tribal connections to county child welfare agencies. The CDSS has also been exploring methods that will increasing outreach, communication, and consultation with tribes that do not participate as part of the workgroup attends tribal council meetings and local meetings such as the Los Angeles ICWA Taskforce Meeting.

Transcripts from these listening sessions are available on the CDSS website with a goal to promote awareness and to increase accessibility by interested parties. Since the ICWA Conference, the development of a tribal consultation policy remains a priority within CDSS. In 2014 and 2015, several visits to California Tribes allowed CDSS to better understand the process needed to successfully develop a formal government-to-government tribal consultation policy. The CDSS developed the foundational framework for a Tribal Consultation Policy Committee (TCPC) and held five convenings to further develop the consultation policy.

An ICWA Workgroup Subcommittee was established to assist in tribal community engagement and input for the implementation of Assembly Bill (AB) 2418 (Ch. 468, Statutes of 2010), a foster care bill which extends the provision of ICWA for dependent youth age 18-21; and input for the implementation of the EFC Program. Successful implementation requires that CDSS make a fundamental shift in its practice and look to a new level of collaboration between the co-sponsors of the EFC Program, particularly California Native American Tribes. Accordingly, CDSS has convened informational forums at tribal government offices throughout California to describe the new program and solicit tribal input on the potential impacts on Native American youth and families.

New ICWA curricula and an online toolkit were developed by the California Social Work Education Center (CalSWEC) and Tribal STAR. The training curricula, which includes desk aids and tools reviewed by the ICWA Workgroup, was posted online in March, 2012. The toolkit was a product of collaboration with the American Indian Enhancement Team on the Casey Disproportionality Project. In an effort to increase transparency, the CDSS ICWA website has links to all ICWA job aides and trainings that have been successfully implemented to county social workers via CalSWEC and its RTAs. Essential topics covered in training included: tribes' rights and roles per ICWA; understanding the child welfare system and courts; and the availability of resources to respond to ICWA issues. The CDSS continues to collaborate with tribes, the ICWA Workgroup and CalSWEC to ensure the most accurate, culturally appropriate and effective trainings are being provided to new and seasoned social workers.

Family Development Matrix

The Family Development Matrix (FDM) Project is a family engagement tool that documents prevention and early intervention services and tracks progress and outcomes for services provided by community based organizations. It has been offered for use to tribes and tribal service providers who have begun to use it to assist in providing active efforts. Beginning next state fiscal year, the FDM will no longer be funded through a grant administered by CDSS. However, the program will continue to be funded and utilized through the administering organization.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well 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?

Please provide relevant quantitative/qualitative data or information that show 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:

California is in substantial conformity with this systemic factor. CDSS remains dedicated to continuously improving responsiveness to the community system by coordinating with federal and federally assisted programs that serve the population served under the CFSP. The efforts of the State Interagency Team (SIT) and CDSS collaboration with the State Title XIX Medicaid agency, DHCS, serve as key examples of this dedication.

The State Interagency Team (SIT)

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

- Building community capacity to promote positive outcomes for vulnerable families and children.
- Maximizing funds for our shared populations, programs and services.
- Removing systemic and regulatory barriers.
- Ensuring policies, accountability systems and planning are outcome-based.
- Promoting evidence-based practice that engages and builds on the strengths of families, youth and children.
- Sharing information and data.

The SIT workgroups are described below:

The Workgroup to Eliminate Disparities and Disproportionalities (WGEDD) continues to develop SIT policy, practice and cross system recommendations to reduce the disproportionate representation of children of color in the child welfare system, as well as other service systems and to improve outcomes for children and families of color across the state of California.

Specific accomplishments and continuing work include:

- Developing training materials and making them available to Regional Training Academies (RTA);
- Developing a training and resource list and posting on WGEDD website;
- Information sharing and training on data collection;

- Initiated Interagency Collaboration Project forum for sharing efforts to address disproportionality and disparity; and,
- Developed and adopted Racial Impact Statement (RIS), which was tested at 2013 Beyond the Bench Annual Conference.

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

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

Collaboration around Child Health Care

The support and continuous improvement of a coordinated system for screening, assessment, referral, monitoring and treatment of emotional trauma, mental health, and other health care needs for children in foster care requires continued partnership with the State Title XIX Medicaid agency, known in California as the DHCS, and other state agencies as necessary.

Through an interagency agreement, CDSS provides an annual appropriation to DHCS, for allocation to county Child Health and Disability Prevention (CHDP) programs in proportion to their foster care populations. With these funds, county CHDP programs employ public health nurses stationed in county child welfare agency offices to provide intensive administrative medical case management services to ensure that children and youth in foster care receive the full array of CHDP services. Budget actions in 2011-12 augmented funds for the Health Care program for Children in Foster Care (HCPCFC), permitting counties to hire additional public health nurses and reducing their caseload sizes. In 2012, the HCPCFC was realigned to counties. The CDSS, DHCS and county representatives collaborated throughout the past year to develop the mechanism for continued administration of programs that will continue to ensure the health and mental health needs of children in foster care are addressed and services are provided in 2016.

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

Additional work completed thus far includes:

- Since the state submitted its CFSP, the Joint Management Task Force (JMT) completed and presented its recommendations for a Shared Management Structure (SMS) to the CDSS and DHCS leadership. In February 2015, a joint letter was issued by the State Departments announcing the SMS, which includes an Executive Team (ET), a Community Team (CT), a Transformation Manager, a State Team and ad hoc workgroups as needed.
- The work of the Accountability, Communication, and Oversight Taskforce within the Joint Management Taskforce and the Core Practice Model Fiscal Taskforce has likewise been completed and their recommendations submitted along with those of the JMT. Additional collaborative efforts are continuing with the county child welfare and mental health agencies, DHCS Performance Outcome System and members of both State Teams to determine what will be measured to evaluate progress in implementing and providing access to CPM activities and EPSDT services.
- The regional learning collaboratives discussed in the prior report held their final meetings in April and May, 2015; a final statewide convening of the seventeen participating counties will take place in August, 2015 to share promising practices and lessons learned through the implementation of the new Medi-Cal service codes, the CPM, identified needs for training and technical assistance and additional county strategies to overcome barriers and challenges to providing services.
- The CDSS and DHCS continue to facilitate technical assistance phone calls with county child welfare and mental health agencies twice per month. On-going inquiries submitted by phone, in-person at site-visits or meetings, or by email, to the State Teams continue to inform on-going topical webinars addressing county policy and program implementation needs.

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

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

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?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

California is in substantial conformity with this item. The State of California has an approval process for relative and nonrelative extended family member (NREFM*) foster care placements. The approval process is codified in California state statute in Welfare and Institutions Code sections 309(d)(1)-(4), 319(f)(1), 361.2(j)(1)(A)-(C) and (j)(2), 361.3, 361.4, 361.45 and 362.7, Title 22, California Code of Regulations, Division 6, Chapter 9.5, Article 3 (sections 89317 through 89388) and in California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Section 31.445. Under this process, relative and NREFM placements are not issued a license, but instead receive approval as meeting California foster care licensing standards. Approval is equivalent to a foster family home license that is issued by the CDSS, Community Care Licensing Division. The relative and NREFM approval process ensures that the home meets the core licensing standards required of licensed foster family homes in California. These core licensing standards are: Criminal Records Check; Caregiver Qualifications; Safety of the Home and Grounds (Physical Environment); and Personal Rights. All foster family homes in California are required to meet the same health and safety standards in order to become approved or licensed. California's relative and NREFM approval process is recognized by the federal government as meeting licensing standards. This recognition is set forth in California's Title IV-E State Plan which was submitted to and approved by the federal Administration for Children and Families (ACF). In compliance with the Social Security Act section 471(a)(3) [42 U.S.C. 671], the Title IV-E State Plan foster care payments shall be in effect in all political subdivisions of the state, which includes all county welfare and probation departments, and is mandatory upon the political subdivisions administering it. As such, approved homes are eligible for Title IV-E federal financial participation (FFP). CDSS' review of the [UCD Berkeley California Child Welfare Indicators Project](#) show that out of 19,887 children placed in approved relative homes, a total of 103 children statewide are showing as a court-specified placement.

Item 34: Requirements for Criminal Background Checks

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?

Please provide relevant quantitative/qualitative data or information that show the state is complying 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:

Based on approved relative placements that were open at some point in time during Federal Fiscal Year 2015 (October 2014 – September 2015), there were a total of 17,573 homes where children/youth were placed. In 11,098 (or 63.2%) of the relative placement homes all adults (substitute care provider(s), and any other adults either residing in the home or had significant contact but not residing in the placement home) passed all background checks. However, 6,475 (or 36.8%) of the relative placement homes had adults that had not passed all background checks.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

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?

Please provide relevant quantitative/qualitative data or information that show the state's 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:

California is substantially conforming to this systemic factor. The state's overall goal is to attract quality resource families who reflect the diversity within California and of the children in foster care, and to provide services that support resource families as they work to improve the lives of children in their care. California continues to consolidate and better coordinate existing efforts, improve customer service and initiating, with philanthropy and counties, a pilot program aimed at enhancing the state's recruitment and retention of quality foster parents. California's efforts are exemplified in the following activities:

- Quality Parenting Initiative;
- Foster Care and Adoptive Resource Families Recruitment and Training web page;
- California Kids Connection Program/Website;
- Foster Parent and Relative Caregiver Education Program;
- Foster Parent Retention, Recruitment and Support funding (see below for further details); and
- Diligent Recruitment.

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

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

Targeted recruitment activities are used to recruit foster families that reflect the foster youth population being served and the ethnic diversity of children in care; many of these activities are consistent with the MEPA requirements.

Foster Parent Retention, Recruitment and Support Funding

By and through the 2015 California Budget Act (Senate Bill 97) and Assembly Bill 403, California made funding available to support counties in investing in activities to both retain and increase the number of foster caregivers available for placement of court dependent children/youth. There were two appropriations available in the 2015-16 state budget:

- \$2.7 million, available to both child welfare and county probation departments for foster caregiver retention, recruitment, support and training strategies and goals; and
- \$15 million, of which \$14.5 million, is available only to child welfare departments for foster caregiver retention, recruitment, support and training strategies and goals.

The remaining \$500,000 is earmarked for use by the CDSS to identify and implement best practices and strategies.

Allowable uses for the funding include:

- Staffing to provide and improve direct services and supports to caregivers, remove any barriers defined as priorities in the county implementation plan and developing reports on outcomes.
- Costs for exceptional child needs not covered by the caregiver-specific rate that would normalize the child's experience, stabilize the placement, or enhance the child's well-being.
- Intensive relative finding, engagement, and navigation efforts.
- Emerging technological, evidence-informed, or other nontraditional outreach approaches to potential caregivers.

To be eligible for funding, counties were required to submit plans, that outlined specific activities and strategies that would be used to recruit, retain or support foster caregivers. County welfare and probation departments were invited to submit plans either separately or jointly. The CDSS reviewed and approved the plans and amount of funding to be awarded to each county child welfare or probation department (or both) based upon an evaluation of factors such as the scale of the individual county's recruiting efforts and the probable efficacy of each of the strategies proposed. Counties receiving funding for their approved plans will be required to report the outcomes achieved through the use of the funds and the activities that contributed to those outcomes.

A total of 54 County welfare departments submitted plans, of which 10 submitted jointly with their probation department. Probation departments from 12 counties submitted separate plans.

Generally, funding was requested for the following core activities: Wraparound; mental health services coordination; mobile LiveScan machines; initial placement support; concrete support; normalizing activities; respite care; placement support staff; caregiver support; caregiver training; family finding and other databases; family finding support and staff; Models for Engagement; step-down shelters; Quality Parenting Initiative; recruitment and outreach.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

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 what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

California is substantially conforming to this systemic factor. The CDSS has continued to increase the use of cross-jurisdictional resources for adoptive placements: **California Kids Connection (CKC)**: CKC serves as California's adoption exchange program and provides several important services - all of which have the final goal of finding permanent adoptive families for children who are available and waiting in the foster care system. Statewide, five regional exchanges are held monthly or quarterly to meet and share information regarding waiting children currently in foster care with foster families that are currently in search. There are approximately 60 public and private foster/adopt agencies that regularly participate in exchange activities. There are a total of four program staff members working to support and facilitate matches between waiting children and available families. The CDSS contract includes the interface with the following services in order to increase the quality of responses to inquiries and the level of customer service in linking interested families to agencies with available children: Adoption Navigator Services AdoptUSKids 1-800-KIDS-4-US **Heart Gallery of America**: Child adoption advocates come together to create heart gallery exhibits to feature children from their areas find a "forever family." The two main goals are to 1) create awareness on adoption and the children in foster care and, 2) advocate for children in foster care by inspiring people to adopt. In California, there are seven counties who have a Heart Gallery, including: Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, and San Diego. **Wednesday's Child**: Los Angeles County teams up with Fox 11 news and features a child in foster care ready and looking for a forever family every Wednesday and Sunday night during their 10 p.m. broadcast.

In calendar year 2014, the most recent year for which data is available, 53 of 58 California counties have provided information about home study requests received for incoming ICPC placements to ensure safe and appropriate interstate placement of children. A total of 1220 home study requests were received for the following placement types: foster family homes, NREFM, biological parent, and adoptive placements. Of those home study requests, 49 percent

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

CY 2014 – As of March 16, 2016 53 counties have submitted data for Incoming ICPC Home Study Requests (HSR). In total the reported counties have completed 1,220 HSR's.

Type of HSR	FFH	Relative/NREFM	Parent	County Adoptive	Private Adoption Agency	
Total	111	719	249	139	2	1220

Of the 1,220 HSR completed, 597 were within the required 60 day timeframe

Type of HSR	FFH	Relative/NREFM	Parent	County Adoptive	Private Adoption Agency	
Total	36	381	146	33	1	597
Percentage	32%	53%	59%	24%	53%	49%

Primary Reasons for Delay:

- 1) Processing of criminal Background Check – Fingerprint/LiveScan & Process Criminal exemption
- 2) Lack of compliance/cooperation from prospective caregivers