

California's Five-Year State Prevention Plan



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Implementing the
Title IV-E Prevention Program
Established by the Family First
Prevention Services Act

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

California's Five-Year State Prevention Plan: Implementing the Title IV-E Prevention Program Established By the Family First Prevention Services Act

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INTRODUCTION

California has a long history of commitment to the prevention of child maltreatment and its recurrence and is well-positioned to plan for and implement the Title IV-E Prevention Program established by the Family First Prevention Services Act (FFPSA). Implementation of the Title IV-E prevention program under the FFPSA will further California's efforts to transform from a child protection and foster care system to a child well-being system. The Title IV-E Prevention program is a shift in the current paradigm, changing from a focus on reaction to a focus on prevention and early intervention with the goal of reducing incidences of abuse and neglect, decreasing entries into foster care, reducing disproportionality, addressing systemic and historical traumas, promoting the social determinants of health, and improving the lives of children, youth, and families. The Title IV-E Prevention Program established by FFPSA will complement California's existing capacity to further the safety and permanency of children and youth who are brought to the attention of community partners, tribes, child welfare, or probation. The Title IV-E Prevention Program provides a valuable opportunity to serve children, youth, parents, and caregivers, as well as expectant and parenting foster youth, to promote access to other prevention services and programs, and as such, may have a high need for immediate supports and services to prevent entry into the foster care system. California intends to use Title IV-E prevention funding, alongside other available funding streams, and coupled with other parallel reforms, to continue to build a comprehensive system of care which emphasizes prevention and early intervention services.

In recent years, the California Department of Social Services (CDSS) has significantly increased the visibility and urgency around establishing a continuum of prevention services and supports throughout California. In partnership with CDSS, county child welfare Agencies created the Child and Family Enrichment Cabinet in 2018, which currently supports 24 cross-sector collaborative prevention planning teams in developing and implementing local prevention plans. The Cabinet is comprised of ten county child welfare directors, all of whom are champions for expanding prevention. The Cabinet's mission is to inspire and support each California county to develop an integrated system of care that supports families in providing (or providing return to) safe, stable, nurturing relationships and environments for their children. This integrated system's primary aim is keeping children safe at home by strengthening families through programs such as CalFRESH,¹ California Work Opportunity and Responsibility to Kids (CalWORKs) Homeless Assistance,² CalWORKs Home Visiting,³ and Differential Response.⁴ California plans to leverage these existing prevention planning efforts to embed FFPSA-funded prevention services into a comprehensive local prevention continuum.

This Plan (1) states California's commitment to opt into the Title IV-E Prevention Program established by the FFPSA (2) describes how, over the next five years, the CDSS plans to leverage the Act's benefits to accelerate and further a vision of a comprehensive child well-being system, a vision whose implementation is already in motion, and (3) provides key

¹<https://www.cdss.ca.gov/inforesources/child-welfare-protection/differential-response>
[https://www.cdss.ca.gov/inforesources/cdss-programs/housing-programs/calworks-homeless-assistance#:~:text=The%20CalWORKs%20Homeless%20Assistance%20\(HA,or%20at%20risk%20of%20homelessn](https://www.cdss.ca.gov/inforesources/cdss-programs/housing-programs/calworks-homeless-assistance#:~:text=The%20CalWORKs%20Homeless%20Assistance%20(HA,or%20at%20risk%20of%20homelessn)
 ess.

²<https://www.cdss.ca.gov/inforesources/calworkshomevisitinginitiative>

³ <https://californiafamilyresource.org/>

⁴<https://www.cdss.ca.gov/inforesources/child-welfare-protection/differential-response>

information describing how California will meet the federal statutory requirements of the Title IV-E Prevention Program.

California's Vision for Prevention

Prior to the enactment of FFPSA, California has been committed to steadily and equitably shifting the focus from the protection of children and youth who have been harmed by abuse or neglect to the strengthening of families within a reimagined Child and Family Well Being Continuum in order to support the prevention of child maltreatment and the recurrence of maltreatment. The CDSS envisions “An integrated state-wide system that supports families to provide safe, stable, nurturing relationships and environments for their children and youth”.⁵ This vision involves a system of care supported by a framework for prevention that includes primary, secondary, and tertiary strategies, grounded in principles of fairness and equity.

Theory of Change

IF California shapes policy and practice to promote the safety and well-being of its children, youth, and families, **THEN** California's prevention partners and family strengthening agencies have the opportunity to

- Promote child and family safety and well-being by strengthening the capacity within communities to care for one another
- Work effectively together as a network of support
- Leverage resources to enhance impact

SO THAT an integrated state-wide system supports families to provide safe, stable, and nurturing relationships and environments for their children and youth, **THEREBY** preventing child abuse and neglect.

By applying the “no wrong door” philosophy of entry to supports and services for children, youth, and families, help can be equitably and respectfully provided at every level of need within the community in which a family lives, grows, works, and plays. The CDSS will promote and support strategies for local prevention planning that include:

- Building and strengthening primary prevention and early interventions predating risk indicators for harm and health problems;
- Assessing and identifying community-driven needs and practices;
- Utilizing service delivery methods rooted in frameworks of equity;
- Increasing capacity for true integration between systems; and
- Providing holistic models of care, integrating *whole child*, *whole family*, and *whole community* approaches.

This vision is supported by the following pillars:

- *Family Voice Centeredness*- Uplifting the voices of children, youth and families in all aspects of individual case planning and development of system-wide policy, practice and implementation; as well as adapting evidence-based prevention and early intervention services to be culturally appropriate and to focus on the well-being of all family members.
- *Racial Equity*- Promoting racial equity by specifically seeking to reduce disproportionality in the foster care system, supporting the development of community-based, culturally responsive services and programs, and incorporating outcomes measures that help to

⁵ OCAP 2020-2025 Strategic Plan

ensure equitable implementation and provision of services and inform the continuous quality improvement and evaluation frameworks established by the CDSS.

- *Tribal Consultation and Collaboration*- Recognizing the sovereignty of tribal governments and establishing deliberate, inclusive, participatory processes for effective government-to-government consultation, collaboration, and collective, informed decision-making in the development of programs, systems, and policies that impact tribes and Indian families, ensuring meaningful collaboration with tribes in all aspects of individual assessment and case planning for Indian children and families, and actively supporting tribes developing and operating services and programs under a Title IV-E or other agreements between the State and Tribe.
- *Strength-Focused and Trauma-Informed*- Supporting families with services, practices, and policies that are strength-based, trauma-informed, and culturally responsive.
- *Community Capacity Building*- Empowering community leadership to assist families and to support community efforts in developing needed services and definitions of success.
- *Workforce Excellence*- Striving for workforce excellence with a staff composition that reflects the ethnic, linguistic, and cultural aspects of the community, incorporates individuals with lived experience, and is grounded in trauma-informed practice.
- *Integration and Collaboration*- Integrating and collaborating across systems to maximize and leverage funding, share information and data, and provide families with services and supports to meet their specific needs.
- *Monitoring, Integrity, and Continuous Quality Improvement (CQI)*- Focusing on program monitoring, integrity, and CQI to ensure high-quality, ever-improving, and equitable services.

THE TITLE IV-E PREVENTION PROGRAM AS A COMPONENT OF CALIFORNIA'S VISION FOR PREVENTION

The CDSS' commitment to prevention goes back almost four decades, by leveraging existing federal programs such as Title IV-B (IV-B) funding, the Child Abuse Prevention and Treatment Act (CAPTA) funding to support prevention services and the Title IV-E Waiver Demonstration Project. With the expiration of the IV-E waivers, FFPSA's authorization to use IV-E funds for prevention services stands to positively impact ongoing efforts to build a robust prevention continuum. Using IV-E funds will allow for service delivery to traditionally underserved populations and testing culturally responsive evidence-based practices to prevent child harm, especially the harm caused by trauma associated with detention and foster care. Below are the strategies California currently employs at each level of prevention, with those most impacted by FFPSA highlighted.

Primary Prevention

Prevention at the primary level addresses general population child well-being by looking at social determinants of health. Although IV-E funding may be unavailable to support primary prevention, California will continue to develop and fund the following primary prevention strategies through other resources:

- Reducing substance use;
- Reducing poverty, improving economic stability, transportation and access to supports;
- Increasing social connections within families and the community;

- Improving health and access to healthcare;
- Improving school readiness, neighborhood safety and play areas for children and youth; and
- Increasing communication and public awareness strategies for education, engagement, and outreach.
- Increasing access to concrete supports such as childcare, food and housing.

For Child Welfare or Probation Agencies (local IV-E Agencies) and Tribes with a Title IV-E agreement with the State who opt-in, the FFPSA can enhance secondary and tertiary prevention services.

Secondary Prevention

Prevention at the secondary level involves providing and evaluating direct services that develop and amplify protective factors and are provided to families objectively assessed to be at risk of child abuse or neglect. Secondary strategies California employs are:

- Increasing accessibility to family resource centers that offer information and referral services to families needing support;
- Offering parent education programs in strategic locations;
- Providing home visiting programs that provide support and assistance to expecting and new parents*;
- Providing respite care for families that have children and youth with special needs;
- Increasing access to family-centered substance use disorder (SUD) treatment services*;
and
- Connecting families to public assistance programs, such as Medi-Cal, WIC, CalWORKs and CalFresh.
- Connecting families to Regional Centers for programs and services for children and youth with intellectual or developmental disabilities.

Tertiary Prevention

Prevention at the tertiary level involves providing services to support families in which child harm has already occurred or has been indicated. Prevention activities must focus on trauma mitigation, reduction of negative consequences, and prevention of recurrence. If child maltreatment is not prevented, recurrence could result in detention of children and youth, and their placement in foster care. Tertiary strategies California employs are:

- Providing family preservation or reunification services;
- Providing permanency planning
- Offering parent support groups that help parents strengthen positive parenting behaviors and attitudes*;
- Providing behavioral health and health services for children, youth, and families affected by maltreatment*; and
- Providing parent mentoring programs to families in crisis*.

* Strategy is aligned with FFPSA-eligible services

EQUITY AND INCLUSION AS A PRIMARY LENS

Black, indigenous, and people of color (BIPOC) face particular disparities and disproportionalities in access and outcomes that stem from historical inequities and systemic factors. This plan has been created to reflect California's ongoing commitment to increasing equitable approaches to child and family well-being and addressing the disparities that impact BIPOC families. An 'equity and inclusion' lens will precede every phase of planning, design and implementation of FFPSA as a part of broader prevention efforts.

An equity lens proscribes that family experiences and perceptions are a key data source for driving program design, and that qualitative data are equally valued as quantitative data. The CDSS has created intentional and targeted engagement with youth and parents to gather feedback on this Plan and will continue to engage these individuals and communities in a culturally-responsive way throughout implementation. For example, as one strategy, the CDSS plans to engage an advisory body which centers on lived experience and influences the local and statewide implementation processes.

The data provided by the California Child Welfare Indicators Project (CCWIP) at the University of California, Berkeley demonstrate that Native American and Black families are over-represented and experience disparity in most aspects of California's child welfare system. This data (depicted in Appendix B) shows that Black, Native American children and youth are all disproportionately more likely to be involved in the child welfare system, receive child maltreatment allegations, and are currently in foster care. Additionally, Black and Native American children and youth disproportionately yield high abuse and neglect substantiation rates, as well as higher rates of entry and re-entry to foster care, while Native American and Asian/Pacific Islander children have a higher rate of short stays in foster care. Furthermore, poverty (economic inequity) and structural racism are contributing factors to these disproportionalities and disparities. While the following section focuses on systemic data regarding Black and Native American families, many of the same inequities contribute to adverse outcomes for Latino families and families with LGBTQ children or youth. California fully intends to develop a Title IV-E Prevention Program whose service array contains evidence-based practices (EBPs) which have proven to work with historically underserved racial and ethnic groups or to be adaptable to meet cultural needs when identified.

In 2020, the CCWIP reported there were 60,045 children and youth aged 0-20 in California's Child Welfare system served by local IV-E Agencies. According to the 2019 CCWIP data, African American or Black children and youth make up 21.5% of the foster system but are only 5.6% of the general California population and are 2.8 times more likely to be reported in child welfare allegations than white children. Also, per CCWIP in 2019, Hispanic or Latino children and youth entered foster care at a rate of 3.6 per 1,000 children, and Native American children and youth at a rate of 8.6 per 1,000 children.

STRATEGIES TO ADDRESS AND PREVENT DISPROPORTIONALITY AND DISPARITY

Governance Structures Which Support Equity and Cultural Responsiveness

Governor Newsom's administration has made important changes within state government, including appointments and reorganizations that support a focus on equity and well-being that will assist the State in addressing the disproportionality in outcomes and overrepresentation in child welfare and criminal justice systems of BIPOC and Native American children and youth.

Several of these appointments within the CDSS include leadership staff appointed to address equity in public social services, tribal engagement, and the use of data to inform success. They also resulted in the creation of the Office of Equity (OOE) and Office of Tribal Affairs (OTA) within the CDSS.

The OOE works to do the following:

- Expand services for people with disabilities;
- Provide services in multiple languages;
- Review data to understand who is served, and how;
- Learn about racial equity;
- Enforce civil rights laws;
- Support the work of tribal, immigrant, and refugee programs;
- Contract with providers to increase services to underserved populations;
- Diversify the CDSS workforce; and
- Create an inclusive environment that engages and partners with community.

The OOE will assist in elevating the work of the Child and Family Well-being Continuum by fostering increased collaboration across the CDSS, building capacity, and identifying priority operational and policy areas to increase access and improve outcomes. Improving access and opportunity and translating efforts into meaningful change will require teamwork, healthy dialogue, and commitment to learning.

The OTA organizes and facilitates government consultation with tribal leaders and hosts quarterly tribal engagement meetings on various policy topics. The CDSS has placed a priority on tribal consultation and engagement in all of its efforts, increasing accountability within the various bureaus and branches. While the OTA works with tribes on behalf of all the CDSS programs, a major focus is to support and promote county activities that include, yet go beyond, compliance with the Indian Child Welfare Act (ICWA) to elevate practice and respectful engagement with tribal populations. To improve consultation efforts with tribes, the CDSS instituted the Tribal Consultation Policy (TCP) in 2017 to guide consultations between the CDSS and the 109 federally recognized tribes in California on policies and procedures that affect them. The Five-Year State Prevention Plan's review adhered to the 2017 TCP.

These recent changes within the CDSS have supported the State's efforts to build on prior work engaging communities and in increasing partnership with BIPOC, tribal communities, and immigrant communities, as well as support the additional work that is necessary to strengthen equity within CDSS programs. These structures will also support the equity efforts for FFPSA.

Cultivate and Maintain Meaningful Relationships with Tribes

With 109 federally recognized tribes in California and 78 entities petitioning to be recognized, California inhabits the United States' largest Native American population. The United States and California's history of actions, laws and policies discriminating against Native Americans and denying the existence of tribal government sovereignty has long lasting impacts causing trauma to Native Americans today. The detrimental impact of these actions on tribal children and families is evident in the overrepresentation of Native American children in the child welfare system and in foster care. California recognizes the significant work that must be done to address the impacts of systemic and historical trauma and is committed to working with tribes to address these impacts and create healing opportunities.

The CDSS is especially committed to improving the outcomes of tribal children, youth, and families. CDSS has Title IV-E Agreements with the Yurok and Karuk tribes that recognize tribal sovereignty and support partnering in government-to-government relationships aiming to support tribes' control over the operation of a child welfare system that serves tribal children and families. Over the last several years, the CDSS has ramped up efforts to improve relationships with tribes by ensuring that the needs of Native American families are consistently at the forefront of policy development. This is demonstrated by the following:

- Establishing the Tribal Advisory Council (TAC) as a primary strategy to engage tribes and tribal partners in CDSS initiatives. Through the TAC, information and invitations to contribute input into key decisions are shared to ensure opportunities for deeper participation.
- Engaging tribes to ensure that the objectives for, and updates to, the ICWA State Plan are embedded in the Annual Progress and Services Report (APSR), and that it expresses what happens within the child welfare services and foster care system. ICWA compliance is the focus of this effort. Once fully developed, the ICWA State Plan will also account for delivery of prevention services, and work to ensure the delivery of culturally relevant services, in collaboration with a child's tribe, as a part of active efforts to maintain an Indian child with their family.
- An ongoing workgroup with tribes regarding the Federal Adoption and Foster Care Analysis and Reporting System (AFCARS) data requirements related to Native American children and youth. The workgroup, comprised of state, tribal, and county representation, is planning for the build of the new statewide comprehensive child welfare information system to ensure that ICWA data elements are captured and measured through the AFCARS. Improved data collection will, at minimum, help California understand how to better meet the needs of the tribal families with longer term goals to eliminate disproportionality.

California's prevention efforts will be coordinated in consultation and collaboration with tribes to ensure the provision of culturally appropriate prevention services in a manner consistent with active efforts to support Indian families in both rural and urban settings. Historically rural local IV-E Agencies have fewer local funding resources to draw upon, and struggle to meet the needs of their tribal families. While tribes have established culturally appropriate services to meet their members' needs, limited funding has typically been available through child welfare Agencies. The availability of Title IV-E prevention services will help to address these resource deficits.

Address the Systemic Disparities Black Families Face in Child Welfare Programs

The significant histories of systemic racism in society and in government actions have also had lasting impacts within California's child welfare programs on Black children and families. Black children and youth are four times **more likely to enter foster care** than white children and youth but **are less likely to leave foster care** within 72 months compared to other groups.⁶

Racial disproportionality in child welfare systems can manifest in several ways: (1) by the kinds of services developed, (2) by inequitable treatment based on race within the service delivery

⁶ CalSWEC Symposium on Fairness and Equity Issues - Equity from the Start - CCWIP Data Presentation." CCWIP, California Child Welfare Indicators Project, May 2017, ccwip.berkeley.edu/cwscmsreports/presentations.

system, and (3) by incomplete efforts to change the system,⁷ and 4) the lack of training of the state and local workforce regarding the impact of implicit bias when interacting with the Black community. Biases or cultural misunderstandings and distrust between child welfare decision makers and families also contribute to children's and youth's removal from their homes into foster care.⁸ With this understanding in mind, the State and local governments are relying more on the help of community partners to implement culturally relevant community programs and services that can better serve Black families and communities.

Economic marginalization and disproportionate levels of poverty also increase Black families' exposure to the child welfare system. Black households experience homelessness at a disproportionate rate relative to the general population. Families living in poverty have more difficulties accessing the housing, behavioral health and health services, and other resources required to keep families stable and children and youth safely at home. California offers a number of safety net programs that are intended to alleviate and disrupt poverty, including the CalWORKs (the state's Temporary Assistance to Needy Families welfare-to-work program), CalFresh (the state's Supplemental Nutrition Assistance Program) and a variety of housing and homelessness programs, including the Bringing Families Home program. The CDSS is committed to addressing inequities within each of these programs as well, and that commitment will carry over to FFPSA programming, while acknowledging that disproportionate experiences of poverty are not the only cause for Black children and youth to be disproportionately placed into the child welfare system. California has taken, and will continue to take, steps to improve and increase relevant trainings, such as cultural humility and implicit bias trainings, within child protection departments to reduce racial biases.

Black Child Legacy Campaign

Local IV-E Agencies have been at work on reducing the disparities and disproportionalities experienced by Black children and families in connection with our child welfare services and foster care systems. One example of work targeted at improving the experience and outcomes for Black families is Sacramento County's Black Child Legacy Campaign, a data-driven model initiative with a public health lens, led by the Steering Committee on Reduction of African American Child Deaths, and established by a resolution of the Sacramento County Board of Supervisors in June 2013. Its charge is to provide coordination and oversight of efforts, create a strategic plan, monitor implementation, and evaluate and report on progress toward reducing the disproportionate number of African American child deaths by 10% to 20% by 2020. Since the launch of this campaign, seven neighborhoods were selected with the highest numbers of African American child deaths in the county. A Community Incubator Lead organization in each of these neighborhoods has been charged with prevention and intervention efforts to reduce disproportionate African American child deaths. Sacramento County is beginning to see results that indicate this targeted effort is reducing Black child deaths. In 1990, the Black child death rate was 166.1 per 100,000. By 2016, the rate had dropped to a low of 54.9 per 100,000.

⁷ Children and youth in Foster Care, by Race/Ethnicity." *Kidsdata.org*, Lucile Packard Foundation for Children and youth's Health, 2018, www.kidsdata.org/topic/22/foster-in-care-race/table.

⁸ African American Children and youth In Foster Care: Additional HHS Assistance Needed to Help States Reduce the Proportion in Care." *U.S. Government Accountability Office (U.S. GAO)*, 30 July 2007, www.gao.gov/products/GAO-07-816.

When comparing 2014 to 2016, there was a 45% decrease in the Black infant death rate and a 76% decrease in disparity.⁹

Sacramento County is decreasing death rates for every strategic area except perinatal deaths, even surpassing its 2020 goal of 10% to 20%. Between 2014 and 2016, the county demonstrated a number of other critical improvements in trends for Black children:

- The rate of infant sleep-related deaths per 1,000 decreased from 2.8 to 1.5;
- The child abuse and neglect homicide rate per 100,000 decreased from 7.1 to 4.5;
- The third-party homicide rate per 100,000 decreased from 4.5 to 1.8;¹⁰ and
- Crime data from the Sacramento Police Department found that not a single juvenile of any race was the victim of murder within the city limits in 2019.¹¹

Adapt the Integrated Core Practice Model to Reflect Authentic Engagement and Partnership

In 2010, the CDSS received a federal grant to create the California Partners for Permanency Project (CAPP). CAPP's goal was to improve permanency outcomes for all children and reduce disparities in permanency outcomes for African American and American Indian children in or entering Long Term Foster Care (LTFC). CAPP implemented a Child and Family Practice Model (a precursor to the Integrated Core Practice Model now being used) that included culturally sensitive engagement; empowerment of family, tribal, and community networks; and use of culturally based healing practices and practice adaptations.¹² CAPP found strategies like (1) ensuring the system becomes aware of, and more sensitively interprets, the cultural values and traditions of families being served as strengths; and (2) ensuring access to, and supporting use of, well-being and healing practices that are relevant and meaningful to the family and its culture. While these strategies were important in improving responsiveness to culture and trauma, CAPP also found that California's public child welfare systems needed to be changed. Through the CAPP work, the CDSS discovered that in order to provide some of the more culturally responsive supports that are needed for families and tribes to heal, the child welfare system must first develop or adapt internal business processes and fiscal mechanisms to effectively host and integrate those supports and services. Another important lesson learned from the CAPP Project is the **level of investment needed for a sufficient, stable, trained, and well-coached workforce so that it effectively delivers evidence-based or evidence-informed practices with fidelity.** Without fidelity to the model, the child and family outcomes promised are unlikely to manifest.

Create a Community Pathway for FFPSA Part I Prevention Services

In a community-pathway, the lead agency which conducts family strengths and needs assessments, coordinates services, and monitors safety and progress, is a community-based

⁹ Casey Family Programs (2020), How is the Black Child Legacy Campaign saving lives and advancing equity in Sacramento? Bright Spot: Safe Children, Questions from the Field. <https://caseyfamilypro-wpengine.netdna-ssl.com/media/20.07-QFF-SC-Black-Child-Legacy-Campaign-1.pdf>

¹⁰ https://blackchildlegacy.org/wp-content/uploads/2019/02/BCLC_2016_Community_Indicator_Report_012319_Final.pdf

¹¹ Sullivan, M. (2020). Teen homicides fall to zero as Sacramento sees overall decline in murders in 2019. *The Sacramento Bee*. <https://www.sacbee.com/news/local/crime/article239093098.html>

¹² Children's Bureau (2016). Site Visit Report: California Partners for Permanency (CAPP). <https://www.childwelfare.gov/pubPDFs/CAPIL.pdf>

organization (CBO) or family resource center (FRC) contracted by the local IV-E Agency to perform the services¹³. The local IV-E Agency's role is peripheral, and its purpose is to be the authorizing entity for Title IV-E funded prevention services that determines eligibility and maintains responsibility for supervising the Title IV-E funded activities of the community agency. Developing a community pathway is critical to an equity-centered approach to FFPSA as studies have demonstrated that "racial disparities occur at various decision points in the child welfare continuum".¹⁴ California's vision for prevention includes a community pathway for families to access services prior to a call being made to the child welfare hotline.

Elevating the role of CBOs and FRCs as points of access for prevention services reinforces California's commitment to the vision of a true prevention continuum.

Emphasis on Trauma-Informed Approaches

Child abuse, trauma, and other adversities experienced in childhood disproportionately impact people of color and low-income communities because of systemic racism and the stressors associated with economic and structural inequalities. Given what is now known about the health consequences of the of trauma experienced by families and children when separated, preventing foster care is a greater imperative than it has ever been.

Cultural Modifications of Evidence Based Programs (EBPs)

"Evidence-Based Practice" (EBP) is an approach to prevention or treatment that is backed by documented scientific evidence demonstrating positive outcomes in multiple research studies. Evidence can be obtained through a variety of methods such as randomized clinical trials, experimental studies, or meta-analyses".¹⁵ The federal Substance Abuse and Mental Health Services Administration (SAMHSA) defines an EBP as an "intervention which has been consistently shown in several research studies to assist consumers in achieving their desired goals of health and wellness." (SAMHSA, 2008).

However, well-supported EBPs will still likely need to be modified to serve California's diverse cultural needs. These modifications must be planned for, encouraged, and resourced as part of FFPSA implementation.

Guidance from the Administration for Children and Families, Information Memorandum 21-04, allows states to make eligible adaptations of approved programs reviewed in the Title IV-E Prevention Services Clearinghouse. Under this guidance, minor changes to programs that support the delivery of services to meet the cultural needs of specific populations may be included so that local IV-E Agencies can serve their unique populations. The CDSS is committed to providing opportunities to better serve the needs of tribal children and families through eligible cultural adaptations to the services and will consult with tribes to identify and determine eligible adaptations.

¹³ The assessment of whether a candidate may be appropriate for prevention services may be done through contracted sources, such as a CBO, however, only the IV-E Agency may make the determination of candidacy for the purposes of provision of services.

¹⁴ https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf

¹⁵ https://www.racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf

COLLABORATION, CONSULTATION AND STAKEHOLDER ENGAGEMENT

To effectively meet the prevention needs of a diverse population in terms of ethnicity, geography, sexual orientation, gender identities, abilities, and socio-economic status, as well as honor the sovereignty of tribal nations, California needs: 1) on macro level, a well-coordinated and diverse System of Care; 2) on the mezzo level, a coordinated network of service providers and community-based organizations; and 3) on a micro level, a coordinated approach to family-centered service planning which includes both formal agency and informal community supports.

Cross-System Coordination, Collaboration and Practice

The FFPSA provides an opportunity to enhance and support California's comprehensive System of Care for children, youth, and families across the state, which includes all levels of prevention. An integrated system is supported by developing a cross-collaborative network of support that meets the needs of families at every prevention level. Families' needs are diverse and cannot be addressed by any one profession or service system; those needs span public and private systems including Public Child Welfare, Behavioral Health, Healthcare, Public Health, Maternal and Child Health, Education, Housing and Juvenile Probation agencies, the Juvenile Court, the Child Abuse Prevention Council, First 5, Child Care, and partners. Only with programming that reaches across professions and service sectors, can California create comprehensive approaches to meeting these needs and promoting child and family well-being.

The prevention of child maltreatment and its recurrence cannot only be the charge of the child welfare system. Therefore, cross-system coordination, collaboration, and practice are critical to meeting the goals of FFPSA. The following innovations reflect California investment in cross-system practice:

Integrated Core Practice Model

Grounding cross-system work at every level is the State-wide Integrated Core Practice Model (ICPM).¹⁶ The ICPM is a practical guide to support county child welfare, juvenile probation, behavioral health agencies, and community partners to improve delivery of timely, effective, and integrated services to children, youth, and families. The ICPM requires a commitment to shared values and practices, building positive, respectful relationships across systems with youth and family members, and recognizing and appreciating the value of differing perspectives and accountability to achieve a shared vision.

Continuum of Care Reform

In 2015, the Continuum of Care Reform (CCR), (Assembly Bill 403 (Chapter 773, Statutes 2015)), provided the statutory framework to ensure services and supports are focused on maintaining stability for foster youth in a permanent home, and reducing the use of congregate care facilities.¹⁷ To achieve these outcomes, the CDSS has implemented a number of reforms, including the expanded use of Child and Family Teams (CFTs) to develop family-driven, child-focused case plans and promote access and availability of services and support for home-based family care settings. The teaming model, a key component of the ICPM, can and should be extended to also support activities that prevent out-of-home care in the first place.

¹⁶ <https://www.the.cdss.ca.gov/inforesources/the-integrated-core-practice-model>

¹⁷ https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB403

System of Care Reform (AB 2083)

Building on ICPM, California enacted Assembly Bill 2083 (Chapter 815, Statutes 2018) for children and youth in foster care to guide county and state stakeholder engagement.¹⁸ In California, System of Care reforms require the development of “a coordinated, timely, and trauma-informed system-of-care approach for children and youth in foster care who have experienced severe trauma, implementing related memoranda of understanding on the county level, and establishing a joint interagency resolution team on the state level to assist counties in serving those children and youth.”¹⁹ This legislation directly aligns with the vision of the FFPSA to ensure each child and family is provided a trauma-informed prevention plan, rooted in evidence-based practices (EBPs). The legislation requires county Child Welfare, Probation, Behavioral Health departments, county Office of Education, and Regional Centers form Interagency Leadership Teams (ILTs) to create Memoranda of Understanding (MOUs) that will design, implement, or otherwise improve their System of Care for foster youth. The System of Care reform also required the establishment of a Children and Youth System of Care State Technical Assistance Team. The teams consist of representatives from California Health and Human Services (CHHS) Agency, the CDSS, the Department of Health Care Services, Department of Developmental Services, the California Department of Education, and tribes, along with assistance from the Department of Rehabilitation as needed. Additionally, the Children and Youth System of Care State Team will partner with the CDSS’ Office of Tribal Affairs to appropriately seek consultation with tribes. The primary role of this Team is to develop guidance and provide technical assistance to local partner agencies in order to identify and secure the appropriate level of services to meet the needs of children and youth in foster care. The CDSS plans to leverage the structures, funding, and resources of the System of Care reform to include the prevention continuum.

CalAIM

California Advancing and Innovating Medi-Cal (CalAIM) is an initiative supported by the California Department of Health Care Services (DHCS) that seeks to build upon past success and improve the entire continuum of care across Medi-Cal, ensuring the system more appropriately manages patients over time through a comprehensive array of health and social services spanning all levels of intensity of care, from birth to end of life. As evidenced by CalAIM, the CDSS and DHCS have worked collaboratively to strengthen preventative systems of care by improving access to services, which is also a fundamental goal of the FFPSA.

Coordination with Title IV-B Services

California will ensure that the FFPSA and IV-B California Family Services Plan (CFSP) goals align. The California Title IV-E Prevention Program will function alongside other prevention programs and funds, such as Promoting Safe and Stable Families (PSSF) funding, FRCs, and contracts with, or grants to, CBOs, all acting in concert in order to move the gravitational center of child and family serving systems upstream. Within this framework, local IV-E Agencies can provide a complete and comprehensive array of services to meet the needs of children and families across the entire continuum of care.

¹⁸ https://leginfo.ca.gov/faces/billHistoryClient.xhtml?bill_id=201720180AB2083

¹⁹ Assembly Bill 2083 (Chapter 815, Statutes 2018) Section 1, https://leginfo.ca.gov/faces/billHistoryClient.xhtml?bill_id=201720180AB2083

Prevention services provided for children and parents or caregivers will be coordinated with services provided under Subparts 1 and 2 of Title IV-B of the Social Security Act. Title IV-B, Subpart 1 funds are primarily used for child welfare caseworker services. In this capacity, these funds support essential caseworker activities with children and families. Title IV-B, Subpart 2 funds support case worker visits and kinship navigator funds services and supports under the PSSF program. The CDSS will inform and educate the local IV-E Agencies on how the services within these programs may overlap. Local IV-E Agencies are required to complete an assessment to determine how to best spend their PSSF funds. During this process the CDSS will encourage the local IV-E Agencies to select programs which will not be funded by the FFPSA and vice-versa. The CDSS is committed to programs and processes that complement each other and serve the overall purpose of creating a robust service array that creates and supports a full system of care for children, youth, and families.

Realignment

California has shifted programmatic and funding responsibility between the state and local IV-E Agencies for various programs a number of times in recent decades. These shifts (referred to as “realignments”) have aimed to provide greater local flexibility over services, improve program outcomes, and to encourage cost savings by requiring local IV-E Agencies to share in program costs. Any cross-sector service planning effort in California occurs within the context of these realignments, which adds complexity to the state-local fiscal and policy relationship. In 2010, AB 118 and AB 16 passed, realigning funding from the budget for the CDSS for Adoption Services, Foster Care, Child Welfare Services, and Adult Protective Services, and programs from the CDSS to local governments, and redirecting specified tax revenues to fund this effort. In essence, the local IV-E Agencies are now responsible for the “full federal match” for activities that were realigned and receive greater independence associated with that responsibility. While the CDSS and local IV-E Agencies must share in the non-federal costs for new federal mandates, FFPSA is structured as an optional program to states. Accordingly, California is enabling local IV-E Agencies to participate in the Title IV-E Prevention Program at their option. If they participate, they are responsible for the full non-federal share of costs.

A Coordinated Network of Service Providers and Community-Based Organizations

As part of readiness work, local IV-E Agencies will be asked to map community resources, contracted services, non-contracted services, and grassroots organizations, particularly those which are culturally and trauma-responsive in the areas of substance use, mental health and in-home parenting skills based. It is critical that there is sufficient capacity to deliver services to meet the demand for early intervention with more families, serving the diverse needs of California. Local service organizations may be called on to conduct assessments of the family's strengths and needs, recommend and/ or plan treatment, provide case management, and provide aftercare. Readiness work will expose gaps in the local service array which can be strategically filled by targeted service procurement by county agencies.

Re-Centering Lived Experience

As stated earlier, the CDSS considers family experiences and perceptions to be a key data source, where qualitative data are equally valued as quantitative data, and that an ‘equity and inclusion’ lens will precede every phase of planning, design and implementation. The CDSS has created intentional and targeted engagement with youth and parents to gather feedback on this Plan. Groups involved include Parents Anonymous, the California Youth Connection, the Youth Empowerment Project, and the Citizen's Review Panels. These same groups that provided plan

feedback will also serve as venues to discuss implementation and will serve CDSS in the creation of an advisory body which centers lived experience and influences the local and statewide implementation processes.

The CDSS also considers teaming models (e.g. child and family teams, family team decision making) to be a strategy that, if deployed correctly, centers the lived experience of families in crisis and leverages families' inherent strengths and resilience to remediate the crisis. Together, teams create exponential energy and connect families to resources to meet the family's needs and support their success. In a complex service system like California, work product is created through a series of business processes which support the mission of the organization, county systems, and provider contractors. Healing from trauma and connecting youth to their natural and community supports can be challenging in government-centered systems. The key elements of the ICPM such as engagement, assessment, service planning and delivery, monitoring and adapting, and transition, not only guide existing policy, but also undergird this Prevention Plan.

Stakeholder Engagement Efforts

In order to create a Prevention Plan that reflects California's diverse population, the CDSS has engaged in a robust process with other State Departments, counties, tribes, and stakeholders throughout plan development. Since the spring of 2019, the CDSS convened multiple stakeholder workgroups including a widely attended Prevention Summit, designed to orient stakeholders and gauge their needs and readiness to implement. The CDSS sought feedback through a detailed survey process, as well as through focused conversations with Child Welfare Directors, Chief Probation Officers, youth and parents with lived experience, service providers, and training academies. Throughout this process, the CDSS regularly engaged tribes through the Tribal Advisory Committee and solicited input on the development of the Title IV-E Prevention Program. The CDSS will continue to reach out to varied partners and stakeholders as the Title IV-E Prevention Program is implemented. In addition, the CDSS has committed to an annual planning update process in collaboration with counties and stakeholders, and in consultation with tribes. At that time, program enhancements such as adding EBPs or modifying candidacy populations may be considered.

CHILD AND FAMILY ELIGIBILITY

CDSS Data on Potential Candidates for Prevention Services (FFY 2019)

The FFPSA defines a candidate for prevention services as a child who is identified in a prevention plan as being at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement as long as eligible prevention services that are necessary to prevent the entry of the child into foster care are provided. The CDSS has analyzed historical data from 2016-2019 and collaborated with various stakeholders to identify methods for determining which children and families are eligible for referral for prevention services under FFPSA. California recognizes that while categories of children and families eligible for prevention services can be identified and referred, actual "imminent risk" of foster care entry and candidacy can only be determined on a case-by-case basis, with thoughtful consideration for each child and change family's unique needs and circumstances, and with use of an unbiased process and/or tools to assess risk.

Target Population of Potential Candidates

The CDSS and stakeholders relied heavily on 2016-2019 data from the state's Child Welfare Services/Case Management System (CWS/CMS) to inform this proposal for a more specific method for local IV-E agencies (child welfare and probation) and tribes with a IV-E agreement to identify children and youth at "imminent risk" of entering foster care. Following consultation with counties, tribes, and community-based organizations, as well as those with lived experience, California has determined that a child that falls within one of the categories of circumstances specified below can be considered for receipt of prevention services, following a further assessment and determination as to whether the child within that category is at imminent risk of entering foster care. While the groups described below are at increased risk of foster care, a case-by-case, individualized assessment is required to determine whether an individual child within that category meets the criteria of being at imminent risk of entering foster care. CDSS will collaborate with county IV-E agencies and consult with tribes on the procurement or development of an assessment tool that can guide practitioners through the determination of candidacy based upon the child's imminent risk of foster care.

The following children are currently considered candidates for foster care and will now be eligible for prevention services under Part I based upon an individual assessment using a state-approved assessment tool:

- Children in Families Receiving Voluntary or Court-Ordered Family Maintenance services who are also determined to be at imminent risk for foster care will be eligible to receive services under the Title IV-E Prevention Program. These services are the traditional pathway to prevent entry into foster care and may also be provided after reunification to prevent reentry. During SFY 2019-20, there were 12,064 Voluntary Family Maintenance (VFM) cases in California, of whom 991 (8%) were removed within 12 months and placed in foster care. In that same year, there were 37,769 court-ordered Family Maintenance (FM) cases in California, of whom 3,878 (10%) were removed within 12 months and placed in foster care. FFPSA provides an opportunity to expand service capacity to this population.
- Probation youth subject to a petition under section 602 of the Welfare and Institutions Code, and for whom the probation department determined to be at imminent risk for foster care per a state-approved assessment tool, will be eligible to receive services under the Title IV-E Prevention Program. Per CDSS data, in any given month, approximately 3,900 probation youth per month in California have been determined to be at "imminent risk" of foster care.

Below are potential categories of circumstances under which children may be eligible for prevention services funded through Title IV-E, if in each case they are also individually determined by a local IV-E Agency, or a tribe with a IV-E agreement to be at "imminent risk for foster care" using a state-approved assessment tool.

- Children whose guardianship or adoption arrangement is at-risk of disruption and who are also determined to be at imminent risk of foster care per an approved assessment tool, will be able to receive FFPSA services. These are non-reunified children and youth who have exited foster care to some form of permanency and are at risk of re-entry due to disruption of that permanency arrangement according to an approved assessment

tool. In SFY 19-20, 1,092 children, or four percent of children from the entering cohort, were in adoption or guardianship arrangements prior to detention.

- Children with a Substantiated or Inconclusive Disposition of a child abuse or neglect allegation, but no case opened, will also be eligible for FFPSA Prevention Services if the assessment tool indicates the child is at imminent risk of foster care. Per CWS/CMS, from March 2020 to March 2021, a total of 360,673 referrals were made reporting allegations of child abuse or neglect. Of those referrals, 40,761 (11.3%) were substantiated, meaning that more likely than not child abuse or neglect had occurred. Inconclusive referrals made up 79,394 (22%), meaning that the findings cannot be made as to whether child abuse or neglect has occurred due to insufficient evidence. Of the substantiated dispositions, 16,292 (11.3%) were closed after investigation, while 63,947 (44.1%) of inconclusive dispositions were closed after investigation.
- Children who have siblings in foster care, and who are determined at imminent risk of foster care per an approved assessment tool will be eligible to receive FFPSA services. Siblings have been defined by statute as children or youth related by blood, adoption, or affinity through a common legal or biological parent (in essence- full, adopted, or half siblings through both biological and legal parents.)²⁰ In SFY 2019-2020 there were 8,144 children in California who were not in foster care themselves, who had a sibling in foster care. It is presumed that circumstances that necessitate one child entering care may also impact the child that remains at home. In these instances, FFPSA services could be provided in order to prevent additional children in the family entering care.
- Homeless or runaway youth who are determined to be at imminent risk of foster care through use of an approved assessment tool can receive prevention services through FFPSA. While state law provides that the homelessness itself is not a basis for removal, for those who are assessed to be candidates, FFPSA provides the opportunity to keep families together by directly addressing certain root causes of homelessness, such as mental health and substance use disorders.
- Substance-exposed newborns who are also determined to be at imminent risk of entering foster care using an approved assessment tool, will be eligible to receive FFPSA services. Substance-exposed newborns are defined as infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including both illegal and prescribed drugs.
- Trafficked children and youth who are determined to be at imminent risk of entering foster care by an approved assessment tool will be eligible to receive FFPSA services. These are children and youth experiencing commercial sexual exploitation (CSE), as defined in WIC section 300(b)(2). During SFY 2019-20, there was an average of 1,081 youth identified as victims of CSE in both child welfare and probation care with 275 (25%) of those youth being newly identified within this timeframe. Thus, FFPSA-funded prevention efforts will be essential for addressing the exploitation of vulnerable youth in

²⁰ Per California Welfare & Institution Code §388(b)

these age ranges at highest risk for candidacy due to being trafficked based upon the use of an approved assessment tool for this specialized population.

- Children exposed to domestic violence who are determined to be at imminent risk of entering foster care by an approved assessment tool will also be eligible to receive FFPSA services. Between February and September of 2020, a total of 34,433 “Emotional Abuse” referrals were screened in for investigation. Of those, 23,409 (67.98%) had the “Exposure to Domestic Violence” indicator selected. FFPSA-funded prevention services stand to bolster the protective capacity of the non-abusing caretaker, thus preventing the child’s entry into foster care.
- Children whose caretakers experience a substance use disorder who are also determined to be at imminent risk of entering foster care by an approved assessment tool, will also be eligible to receive FFPSA services. These are children living in households with at least one parent who has a substance use disorder and are at increased risk for child maltreatment and child welfare involvement compared to other children.²¹ The children who are at a greater risk may be affected by trauma due to parental neglect, the results of their own prenatal substance exposure, chaotic environments, or removal by child welfare professionals. FFPSA-funded prevention services can support parents in accessing substance use treatment and develop parenting skills to help to reduce the effects of parental substance use disorders on their children.

Indian children and their families may be referred to FFPSA services under any of the potential categories above either through the child abuse hotline or another pathway. Regardless of the pathway, county IV-E Agencies must collaborate and partner with the child’s tribe to ensure that the tribe is involved in the assessment process. Tribal communities have unique concerns such as access and invisibility which will require a candidacy assessment and determination specifically tailored to an Indian family’s circumstances and needs. When the county Title IV-E Agency knows or has reason to know a child who is being assessed as a candidate for foster care is an Indian child (as defined in 25 USC 1903), the local title IV-E Agency must provide written notification to the child’s tribe inviting the tribe to partner with the local agency in the initial and ongoing assessments of the child and family. County Title IV-E Agencies must partner with the child’s tribe to identify prevention services as necessary for the child to remain in their home, including the non-foster care home of an Indian custodian or kin caregiver.

PREGNANT AND PARENTING YOUTH IN FOSTER CARE

In an effort to improve outcomes for older youth, FFPSA Part I includes pregnant and parenting foster youth, including fathers, as categorically eligible for prevention services. In other words, there is no requirement that the foster youth’s child be determined to be at imminent risk of foster care. A Strategy Brief, titled Strong Families published by Casey Family Programs, highlights the challenges parenting youth in foster care face, including being “twice as likely to be reported for abuse and neglect and have their children removed from their care when compared to older mothers, and twice as likely as their peers to have a child by the age of 19.”

²² Per the CCWIP as of January 1, 2021, 3.3 percent of youth in foster care between the ages

²¹ <https://ncsacw.samhsa.gov/topics/parental-substance-use-disorder.aspx#fn1>

²² https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Pregnant-parenting-teens-in-foster-care.pdf

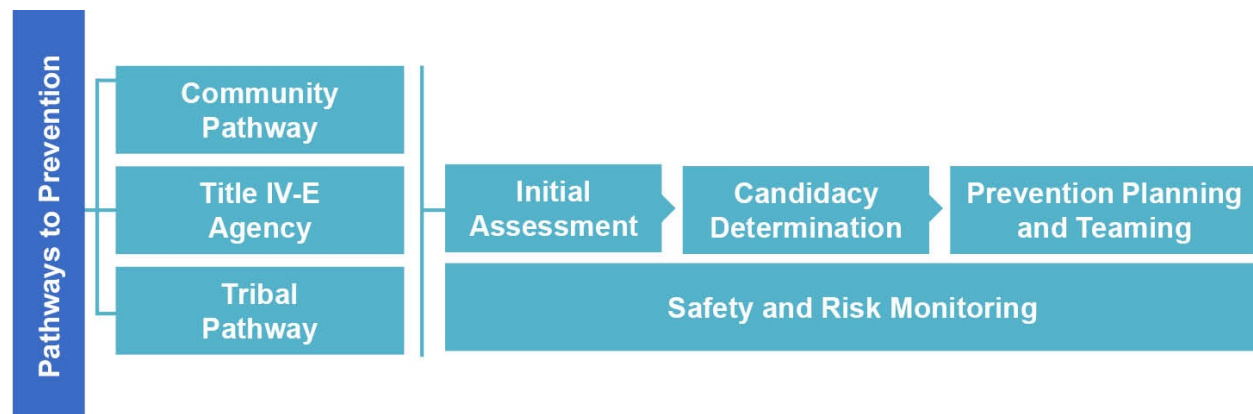
of 10 to 20 years were parents. In addition, a study conducted by Katie Massey Combs et al., *Pregnancy and Childbearing among Young Adults Who Experienced Foster Care* indicates that by “age 21, 49 percent of young women [with a history of foster care] became pregnant and 33 percent of young men reported getting someone pregnant.”²³ These statistics demonstrate the need for prevention services for pregnant and parenting foster youth. The prevention plan for pregnant or parenting foster youth would also detail the foster care prevention strategy for any child currently in the youth’s care and custody. Given the pregnant or parenting youth is already in foster care, the regular monthly social worker visits that take place may also satisfy the requirement of child safety monitoring and periodic assessments, so as not to put an increased surveillance burden on the youth if not needed. Pregnant and parenting youth in foster care will be offered services but will not be required to accept or participate in these services. As these youth are categorically eligible, and there is no imminent risk determination, services must be delivered in such a way that does not indicate a suspicion of risk. Finally, the social worker shall engage the youth in the structuring of their FFPSA prevention plan.

PATHWAYS TO PREVENTION SERVICES

Child welfare Agencies across the nation are tasked with the challenging responsibility of investigating reports of child abuse and neglect as well as providing needed services and supports to ensure a child can remain in or return safely home. The FFPSA extends services and supports to children and families at risk of entry or reentry into foster care, thereby increasing opportunities for success, safety, and long-term stability. The FFPSA recognizes that expanding access to trauma-informed, evidence-based interventions may lead to fewer children in foster care on the condition that the safety and well-being of children remain the highest priority of local IV-E Agencies.

California will allow Local Title IV-E Agencies to utilize the following Pathways to identify, assess and support a child or family with IV-E-funded prevention services. The Pathways represent the ways in which vulnerable children and families may come to the attention of service providers and be approved for Title IV-E prevention services.

Figure 1. Pathways to Prevention



²³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5902410/>

Community Pathway

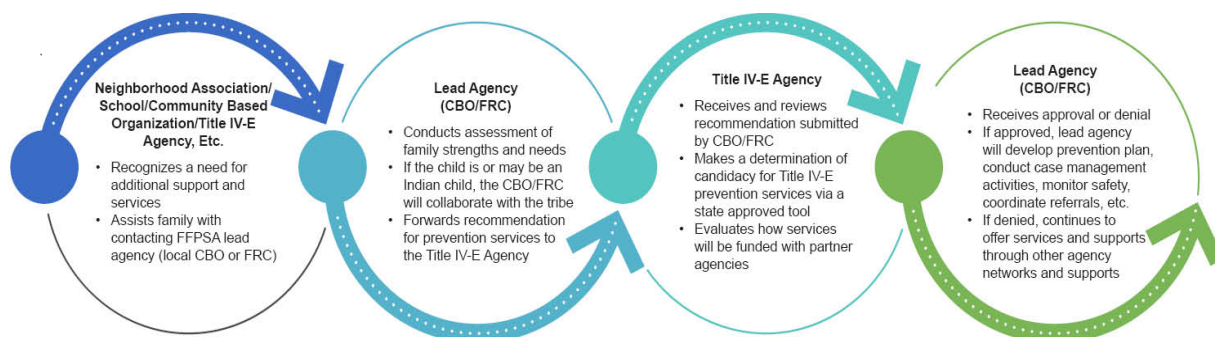
Central to California's vision for a robust prevention continuum is expanding the services and supports for all children, youth and families. Often families voluntarily seek support from public and private community agencies, such as faith-based organizations, schools, local athletic organizations, after school programs, scouting organizations, etc. Engaging and strengthening connections between these organizations and local agencies that provide direct services such as Family Resource Centers (FRC) or other community-based organizations (CBOs) is key to prevention.

Through the Community Pathway, a public or private agency may connect children, youth and families to an FRC or CBO that is contracted by a local IV-E Agency to complete an assessment of the family's strengths and needs. Once the assessment is complete, the FRC or CBO will make a recommendation for prevention services to the local IV-E Agency, which will make the final determination of candidacy. After the candidacy determination has been made by the local IV-E Agency, the FRC and CBO will be notified that the child, youth and family are eligible for FFPSA Part I prevention services. Within the community pathway, the local IV-E Agency ultimately retains responsibility for supervising Title IV-E Prevention Program activities and ensuring all requirements are met. The FRC or CBO can develop the prevention plan that will then be approved by the local IV-E Agency. While services are delivered, the FRC or CBO will maintain contact with the local IV-E Agency and will provide continuous safety and risk monitoring that is shared through regular reports with the local IV-E Agency.

Children, youth and families often come into contact with other system of care partners during times of need, such as public assistance agencies, health care, or behavioral health providers. These partners may determine that prevention services would benefit a child, youth, or family and bring this to the attention of the contracted central FRC or CBO, which will follow the process established to conduct the assessment of the family's strengths and needs, provide a recommendation for prevention services to the local IV-E Agency for a determination of candidacy, and provide services and supports while providing regular reports to the local IV-E Agency. In the case of an Indian child referred via the community pathway, the provider and local IV-E Agency will coordinate with the child's tribe when conducting an assessment of the family's strengths and needs.

The community pathway is an avenue in which children, youth and families can receive and accept voluntary Title IV-E funded prevention services without the fear or stigma of engaging directly with the local IV-E Agencies. It is an opportunity for ensuring families with children at imminent risk for entry into foster care receive the necessary mental health, substance use disorder, in-home parenting or kinship navigation services and supports to prevent system involvement.

Figure 2. Community Pathway Model



Title IV-E Agency Pathway (Child Welfare and Probation Cases)

The Child Welfare Pathway for FFPSA prevention services allows local Title IV-E Agencies that are interfacing with children and families identify, assess and support families with prevention services directly. There are several ways that a child or family might be identified by the local Title IV-E Agency.

A Child Abuse Hotline is a potential access point of the Child Welfare Pathway for FFPSA prevention services. When the referral from the Hotline is assigned to an emergency response social worker, they make contact with the family to investigate the allegation(s). If the investigation results in substantiated or inconclusive findings, yet a case is not opened, a child may be identified as a candidate based upon an assessment using a state-approved imminent risk tool.

The Family Maintenance (FM) pathway is another avenue through which families are eligible to receive voluntary or court ordered services to prevent removal of children from their homes. FM services may occur to prevent entry into care and may be provided after reunification to prevent reentry. The FFPSA provides an opportunity for child welfare agencies to develop or expand capacity of the prevention services delivered under FM. FFPSA offers an opportunity for a family to receive EBPs that they may not normally receive as part of a traditional FM plan.

FFPSA funding and services also increase the ability of Family Reunification Social Workers to connect families that recently reunified to services and supports to improve the likelihood of successful transition.

In California, probation officers already conduct assessments to determine candidacy for foster care. The probation department assesses all probation youth either during intake or upon referral from a deputy probation officer (DPO) or partner agency using a state-approved candidacy tool for probation. Probation Agencies must opt into the proposed Title IV-E Prevention Program through their county's child welfare agency or will be unable to draw down Title IV-E Prevention Program funds. This will require probation departments to partner with child welfare to meet the requirements for opting-in detailed later in this Plan.

Tribal Pathway-Meeting the Needs of Indian Children and Families.

California is committed to meeting the unique needs of Indian children and families by ensuring that services are provided in a manner consistent with the Indian Child Welfare Act of 1978 (25 U.S.C. Sec. 1901 et seq.) and implementing state statutes.

Indian children may be provided prevention services either by a tribal Title IV-E Prevention Program or a local IV-E Prevention Program. Currently in California, only the Tribes that have a Title IV-E agreement with the State pursuant to WIC Sections 10553.1 and 16000.6 to operate, independent of counties, a Title IV-E Program may opt to provide Title IV-E prevention services. For children served by Tribal Title IV-E Prevention Programs, tribal caseworkers will have the discretion in determining whether the child is a candidate.

Local IV-E Agencies must inquire whether a child who is referred to the hotline, or who is under assessment as a candidate for foster care by a CBO or the local IV-E Agency, is or may be an Indian child. If the child may be within the jurisdiction of a tribal Title IV-E Prevention Program, the local IV-E Agency must notify the tribal Title IV-E Agency so that the tribal Title IV-E Agency can assess and determine whether the child is a candidate for foster care eligible for prevention

services under the tribal Title IV-E Prevention Program. For all Indian children, the local IV-E Agency must notify the child's tribe with an invitation to partner in the initial and ongoing assessments of the family and the development and implementation of the family's prevention plan. Furthermore, the local IV-E Agency will ensure that prevention services to Indian children and families are provided in a manner consistent with active efforts as described in state and federal law. These requirements reaffirm the state's commitment to meeting the unique needs of Indian children and families by ensuring that services are provided in a manner consistent with the Indian Child Welfare Act of 1978 (25 U.S.C. Sec. 1901 et seq.) and implementing state statutes.

CALIFORNIA'S PROCESS AND RATIONALE FOR INTERVENTION SELECTION

Many of California's counties have been implementing EBPs for more than a decade, especially in the larger, more urban jurisdictions. Several rural and smaller jurisdictions still struggle to garner the resources to deploy EBPs at scale. Many EBPs are currently being delivered through braided funding from a variety of sources, such as Medi-Cal, MHSA, CalWORKs, and local sources like First 5. This section describes California's strategies for the initial selection of EBPs to launch the implementation of the Title IV-E Prevention Program established by the FFPSA.

The CDSS reviewed several criteria to select EBPs that included the target population to include in the prevention state service array, including whether the EBP was currently being implemented in California, the qualifications of those who would be delivering the EBP, the eligibility requirements of the EBP, whether or not the EBP was effective at serving BIPOC youth, and the amount of support provided by the purveyor of the EBP. The capacity of counties, their providers, and the CDSS was also taken into consideration to determine the service array. After reviewing all of this information, the CDSS made the determination to begin implementation with the entire list of well-supported EBPs. At the local level, counties will have the flexibility to select the EBPs that best meet the needs of their children, youth, and families.

Local Selection of EBPs Based on Readiness Assessments and Asset Mapping

Local IV-E Agencies will use a systematic planning process and document a phased approach to implement selected EBPs. This planning process will begin with readiness assessments conducted locally as a condition of opting-into the Title IV-E Prevention Program. As part of the readiness assessment, the CDSS will ask local IV-E Agencies to develop asset maps. Local IV-E Agencies may leverage their Families First Transition Act (FFTA) allocations for this purpose. The asset mapping exercise will enhance local IV-E Agencies' understanding of the service needs of their potential prevention services candidates. This information will enable them to assess whether their current service array meets those needs, and how Title IV-E funded prevention services might fill any identified gaps. In this way, counties will be able to align Title IV-E funded EBP selection and implementation timelines based on the demonstrated needs of their jurisdiction as evidenced by the data collected. As local IV-E Agencies begin their planning process, county child welfare agencies must collaborate and partner with local tribes on the decision to opt in and what services, including which cultural adaptations to support for inclusion in the local prevention plan and the outcome of such planning efforts. Local IV-E Agencies must partner with local tribes when developing a Local Prevention Services Plan to outline how services to Indian families will be provided, and to ensure that the plan meets the unique needs of Indian children and families and ensures access to culturally appropriate services.

During the readiness assessment, local IV-E Agencies will map existing local funding sources to better understand how these funds can be leveraged and combined with other eligible funding sources. This could include funding for traditional services, especially those used by Tribes, that meet cultural needs but may not yet be eligible for FFPSA funding, and the types of evaluations required to meet the Title IV-E Prevention Services Clearinghouse criteria and permit use of IV-E funding. Local communities and Tribes may have informal, more community-based forms of evaluation of services which could be supported by other funding streams.

The Title IV-E funding is the “payer of last resort” as required by FFPSA. CDSS and DHCS will provide support through the dissemination of joint guidance on EBPs that include activities eligible under Medi-Cal, once any necessary federal Medicaid approvals are obtained. Other payers for services include individual insurance plans and CalWORKs or similar safety-net funding sources. FFPSA-authorized IV-E funding for prevention services will be used to implement an EBP adding to, or filling a service gap, of the continuum of services available in a given jurisdiction. Other EBPs may be chosen to reach a population where services are not yet available to meet the local demographic’s unique and culturally diverse needs. The Title IV-E funding can also be leveraged when other funds, such as those described above, have been applied, but do not cover all activities within an EBP, or when a recipient does not qualify for services through other funding sources.

Well Supported EBPs for Inclusion in Year One

California will select all EBPs with a Well-Supported rating, as currently approved by the Title IV-E Prevention Services Clearinghouse for inclusion at the inception of the Title IV-E Prevention Program. As they become available, any new Well-Supported services that have been included in the Title IV-E Prevention Services Clearinghouse will be integrated into the selected automation solution and a state plan amendment will be submitted to make them available for use by local IV-E Agencies. The State will receive a 50 percent federal match for the delivery of these EBPs and will require that they be delivered with model fidelity. Upon federal approval, the evaluation process outlined in the federal law for EBPs can be waived for Well-Supported EBPs, providing a cost savings for implementing local IV-E Agencies. California is requesting a waiver of the evaluation of each of the well-supported programs, as included in Attachment II ²⁴. Furthermore, Well-Supported EBPs have established training and fidelity structures that meet the demands of FFPSA, and their program developers have the experience and resources to support large implementations.

California intends to use Motivational Interviewing as a cross-cutting intervention beyond solely substance use disorder treatment, showing considerable success in services including in-home parenting skill-building, mental health treatment, and family engagement and interaction. California may use Motivational Interviewing in a variety of settings such as community agencies and clinical settings. Counties may use Motivational Interviewing to improve engagement with families during each encounter. The Children Now AirTable (the AirTable) is a prevention services inventory that includes evidence-based programs and practices with relevance to FFPSA implementation in California.²⁵ While this inventory is extensive, it is not an

²⁴ The CDSS is requesting a waiver for the evaluation of Motivational Interviewing both as a substance use disorder treatment intervention as well as a cross-cutting intervention.

²⁵ <https://airtable.com/shrngl4JrHdo6LZp9>

exhaustive list. The AirTable was created to assist local IV-E Agencies in assessing their current landscape of EBPs and was utilized in determining EBPs for selection. The EBPs which California has selected for the Title IV-E Prevention Program include all the well-supported EBPs currently in use within California, and are listed in Appendix A.

The cultural appropriateness of EBPs has been raised as a concern by stakeholders. To meet model fidelity standards, support is available for providers of EBPs from program developers, to include a weekly contact option that can assist with creative solutions to accommodate the needs of diverse populations. Accommodations can be made to the well-supported EBPs for cultural appropriateness with guidance from EBP providers to ensue model fidelity standards are maintained.

MONITORING CHILD SAFETY & RISK

In accordance with state requirements, local IV-E Agencies who opt-in will be responsible for monitoring and overseeing the safety of children throughout the time period they are receiving IV-E prevention services. These requirements include monitoring of child safety through in-person contact with the child or youth by a caseworker of the local IV-E Agency, or a community-based organization that the local IV-E Agency has contracted with for case management activities. Caseworkers will have in-person contact as necessary to ensure the ongoing safety of the child or youth and as specified in the child or youth's prevention plan. These in-person visits that are required to occur while prevention services are being offered will provide ongoing opportunities for caseworkers to monitor and oversee safety, observe the child and family, assess for and manage safety threats, conduct required periodic risk assessments using approved tools, and re-examine the child's prevention plan when risk remains high or as otherwise needed. Local IV-E Agencies will have the flexibility to describe in their local or tribal prevention services plans specific protocols for implementing these minimum requirements, as well as any additional mechanisms used by the local IV-E Agency for monitoring child safety and risk.

For pregnant and parenting foster youth receiving prevention services, the regular monthly social worker visits that take place may also satisfy the requirement of child safety monitoring and periodic assessments, so as not to put an increased surveillance burden on the youth.

DATA, EVALUATION & CONTINUOUS QUALITY IMPROVEMENT

Outcome Assessment and Reporting Requirements

The FFPSA requires the CDSS to report the following information about its Title IV-E Prevention Program:

- The specific services or programs provided and the total expenditures for each of the services or programs;
- The duration of the services or programs provided; and
- The child's placement status at the beginning, and at the end, of the 1-year period, respectively, and whether the child entered foster care within 2 years after being determined a candidate for foster care.

To meet these data collection and reporting requirements, the CDSS is developing functionality in the Child Welfare Services- California Response and Engagement System (CARES) for the

collection and reporting of child, service, and program-level data required by the FFPSA. However, this will not be available for first year implementation.

Continuous Quality Improvement and Fidelity Monitoring

In addition to the outcome assessment and reporting requirements noted above, the FFPSA requires participating states to detail how implementation of the services or programs will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices. California plans to address this requirement through continuous quality improvement (CQI) and fidelity monitoring approaches described below.

The CDSS is committed to the improvement of practice, service delivery, and outcomes for children, youth, and families, who come in contact with local IV-E Agencies by investing in a robust CQI program. The CDSS employs practices that lead to the development, implementation, and evaluation of local IV-E Agencies' performance to statewide standards to ensure mandates are effectively transformed into action. The CDSS CQI system is also designed to enable local IV-E Agencies to analyze their administrative, quantitative, and qualitative data to critically assess the quality of service delivery throughout their System of Care. The Title IV-E Prevention Program will become part of the CDSS CQI Program, for which the primary objectives are to ensure:

- Delivery of consistent, high-quality services to children, youth, and families;
- A reduction in the possibility of adverse occurrences;
- Critical reflection and actionable enrichment in programs and processes required to achieve targeted performance outcomes; and
- Safety, success, and progress of children and youth living in appropriate and permanent homes.

The CDSS recently provided local IV-E Agencies updated guidance regarding CQI and guidelines for implementing at the county level (July 2019). These guidelines serve as a resource to enhance the work of state and local child welfare and probation Agencies and identify key elements in a strong CQI system. The framework depicted in Figure 4 undergirds the CDSS CQI system.

Figure 4. The CDSS Continuous Quality Improvement Process

A robust CQI program includes the following critical elements:

- Integrated and user-friendly information systems;
- Methodologies to assess the quality and fidelity of selected services and their providers; and
- Processes to facilitate outcome evaluations to assess whether selected services are meeting the goals of program, as well as goals co-created with families, tribes, and communities, and improving lives as intended.

A coordinated approach to CQI will determine protocols for regular assessment of service delivery, measuring effectiveness, and how lessons learned can improve future practice. The CDSS plans to engage external experts as well as local IV-E Agencies, tribes, and program developers to develop standardized, statewide approaches to fidelity monitoring and CQI for each specific EBP which is part of the Title IV-E Prevention Plan. This statewide approach will draw upon any available technical assistance and training from each EBP's program developer.

Each EBP has “essential requirements” and “quality standards” to which providers must adhere to in order to implement the EBP with fidelity to the practice model. These requirements and standards typically include training and supervision requirements, as well as specific

commitments to various model requirements. Some EBPs include case review, consultation, specified assessment tools and protocols, as well as technical assistance activities as additional tools that work to ensure interventions are being delivered with fidelity to the practice model. Once agreed upon, it is anticipated that local service provider contracts will be developed or amended to include fidelity monitoring and CQI processes and requirements in accordance with state-issued guidance to ensure standardized practice for each EBP being implemented at various localities throughout the State. Although it is the responsibility of the local Title IV-E Agencies to evaluate the EBPs and work with the purveyor to ensure model fidelity, the CDSS will conduct periodic audits to monitor fidelity.

Evaluation of Interventions Which Currently Lack Sufficient Evidence for a Favorable Rating by the Title IV-E Prevention Services Clearinghouse

As detailed earlier in this document, California is choosing to launch its Title IV-E Prevention Program using the ten (10) well-supported EBPs in the Title IV-E Prevention Services Clearinghouse. For these EBPs, California is requesting a waiver of the evaluation requirement due to the compelling effectiveness of the practices and adherence to continuous quality improvement processes included in the design.

During an annual planning process with stakeholders, the CDSS may support the inclusion and evaluation of prevention services and programs which lack sufficient evidence to be rated in the Title IV-E Prevention Services Clearinghouse as “well supported” (i.e. Promising or Supported). The CDSS will consult with opt-in agencies to identify additional programs and services that align with the CDSS’ prevention strategy and have the potential to meet the Title IV-E Prevention Services Clearinghouse criteria. The CDSS will consult with tribes to best determine additional programs and services to be evaluated that will support the provision of active efforts to Indian children and youth, as well as their families.

The most frequent request from local IV-E Agencies, advocates, and service providers regarding EBPs is the selection of programs that are culturally responsive and tailored to sub-populations whose overrepresentation in the child welfare system is a symptom of the mismatch between their needs and the services the system provides – Native American or Indigenous and African American or Black families. California will invest in evaluation of EBPs that specifically target BIPOC and LGBTQ families. In addition, California will prioritize including EBPs which include direct services to parents.

State-Wide Title IV-E Prevention Program Evaluation and Outcomes

Once the Title IV-E Prevention Program planning is completed and a IV-E Agency is ready to begin claiming, family specific data collection will be obtained by the CDSS. The data should indicate a family’s prevention plan and progress toward completion. A pre and post assessment may be administered to determine initial risk factors and strengths, and at the conclusion of services, whether a family is no longer at imminent risk and has the necessary supports to maintain a safe, stable, nurturing environment for their child(ren) with supportive community connections in place.

The CDSS expects the Title IV-E Prevention Program to reduce a child’s likelihood of entry or re-entry into foster care and future referral to the child welfare system. The CDSS will monitor and analyze removals of children and re-referrals for families who received Title IV-E prevention services. The CDSS will also measure outcomes examining the equitable implementation and provision of services, as well as equitable distribution of outcomes. These include monitoring of disproportionate entries into foster care and analysis of the distribution of outcomes across

diverse populations. On a yearly basis, the CDSS will work with local IV-E Agencies to determine if corrections or program redesign are required as a result of outcomes monitoring and evaluation findings. The findings will be integrated into the CQI system detailed above and those improvements needed will be monitored regularly.

The CDSS will allow counties that receive an approval of their county's Prevention Services Plan to begin implementation earlier so that once the automation is in place, counties can begin claiming. The CDSS will ensure the Title IV-E Prevention Program will be supported by an information system which ultimately allows for the following:

- Comprehensive data collection methodologies to facilitate the ability to gather high-quality data to assess the quality of the Title IV-E Prevention Program and the services it provides to families;
- Ease of data entry and data sharing with local IV-E Agencies;
- Comprehensive procedures to be in place to promote quality data extraction and reporting of performance;
- The use of analytical competencies to use data to identify trends, investigate root causes of challenges, and interpret performance;
- High-quality data to be disseminated broadly and utilized by CDSS, local IV-E Agency staff and, where appropriate, service providers and stakeholders.
- Collection of all data relevant to measuring outcomes by each EBP and for the overall Title IV-E Prevention Program;
- Provision of basic case management functionality including prevention plans, referrals for services, and tracking of child safety; and
- The tracking of all relevant funding sources and map expenditures on a per-child basis.

LOCAL TITLE IV-E AGENCY OPT-IN PROCESS

California's child welfare system is state-supervised, and county or tribe administered. Furthermore, the Budget Act of 2011 included a major realignment of public safety programs from the state to local governments. The realignment moves programs and fiscal responsibility to the county level of government that can best provide the services, while eliminating duplication of effort, generating savings, and increasing flexibility.

Local IV-E Agencies will be provided the option to opt-into the Title IV-E Prevention Program. Not all local IV-E Agencies will be able to opt-in in Year 1, however, the CDSS envisions eventually all local IV-E Agencies will develop a Title IV-E Prevention Program. Local IV-E Agencies could benefit from opting into the Title IV-E Prevention Program in the following ways:

- Ability to leverage federal funds to support the delivery of prevention services;
- Broader understanding of the strengths and needs within local communities;
- Cross-sector collaboration leading to improved coordination between systems and increased access to services;
- A coordinated prevention plan which takes a proactive rather than a reactive approach to the needs of vulnerable populations;
- Coordinated services with tribes to address the unique needs of Indian children and youth to better address ICWA through preventing the breakup of the Indian family;

- Cross-sector collaboration that improves the ability of agencies to gather information, share data, and blend and braid funding sources to improve access to, and quality of, services;
- As entries to foster care slow, workforce retention will be positively impacted, improving access to services across all helping professions, as systems are not as overburdened or consistently focused on crisis intervention; and
- A coordinated response to the needs of families and tribes that leads to preservation of the family unit and prevents displacement (homelessness, foster care, congregate care, juvenile or adult detention, psychiatric hospitalization, etc.) while maximizing the use of available funds.

Requirements for Participating IV-E Agencies

A county may elect to participate in the Title IV-E Prevention Program by providing the CDSS with a written plan in accordance with instructions issued by the department. During the first year of implementation, a county may provide the department a letter of intent in order to provide prevention services while they are in process of developing the written plan. Thereafter, county IV-E Agencies will align their Prevention Service Plan in accordance with the California-Child and Family Services Review cycle.

During implementation of the Title IV-E Prevention Program, the CDSS will provide local Title IV-E Agencies guidance on the elements necessary to opt in to enable California to meet all federal requirements. This may include the use of an advisory body to ensure that cross sector collaboration occurs and to encourage partnerships between local government, service providers, tribes, community based organizations and parents and youth with lived experience. A readiness assessment or other local needs analysis may be required to inform the creation of a local Prevention Services Plan. The CDSS may also include the use of memorandums of understanding or Terms and Conditions to demonstrate agreement among the parties to ensure understanding and intent in developing the local Prevention Services Plan.

WORKFORCE TRAINING AND DEVELOPMENT

California's child welfare system presents particular challenges and considerations. For a large state that is state-supervised and county-administered, with 58 local IV-E Agencies to serve, devising a training system that adequately addresses needs statewide requires thoughtful planning and problem-solving. California's 58 county child welfare services programs range from rural to highly urbanized, a workforce comprised of just a few workers to a staff of thousands, and informal county workforce development efforts to highly developed and sophisticated workforce development departments. Successful execution of a system that can address this range of needs requires much innovation and flexibility.

California's Training System Structure

Prevention service coordination and delivery will become part of the statewide coordinated training program and may utilize the existing structures currently in place to develop and deliver a training curriculum to implement the Title IV-E Prevention Program. In California, the Regional Training Academies (RTAs) provide a continuum of training and professional educational opportunities for child welfare staff through the State. This structure currently includes regional delivery of foundational and ad hoc trainings through five RTAs with curricula coordinated by the California Social Work Education Center (CalSWEC). Additional training resources also include the Center for Human Services at University of California at Davis

Extension, the Resource Center for Family-Focused Practice (RCFFP) which focuses on family centered practice, and the Chief Probation Officers of California which develops and delivers foundational, supervisory and ad hoc training on child welfare practices to their members.

FFPSA Training

In order to promote a competent, skilled, professional child welfare workforce, prepared to implement the Title IV-E Prevention Program, training tools must be provided that can be adapted for each local Prevention Services Plan. The CDSS will direct a portion of FFTA funds to develop a fundamental statewide training curriculum for local and tribal agencies implementing the IV-E Prevention Program. Participating agencies will have flexibility to build upon the curriculum to meet the specific needs of their jurisdiction and may reserve Transition Grant funds for these purposes. This approach will enable participating agencies flexibility in meeting their training needs, while supporting a coordinated approach to meeting the State's workforce training and development needs as they relate to the Title IV-E Prevention Program. The state-wide training curriculum will cover:

- The Title IV-E Prevention Program overview, including California's vision for prevention, CQI, model fidelity and outcome monitoring, and data tracking and reporting;
- Trauma-informed practice;
- The intersection between the Title IV-E Prevention Services Program and ICWA requirements such as Inquiry, Notice and Active Efforts.
- Connecting with families served;
- Implicit bias, structural racism, and their contribution to disproportionality and disparity;
- Assessment and determination of candidates for prevention services using a state-approved imminent risk tool;
- Needs assessment, accessing and delivering trauma-informed and evidence-based services, case planning (including evaluating continued appropriateness of services), and documentation for prevention plans; and
- Monitoring child safety and assessing risk.

Opt-in agencies will also articulate a plan for workforce training in their local Prevention Services Plan, which will include how they will acquire certifications and other EBP-specific requirements based on the local service array.

PREVENTION CASELOAD

As California is a state supervised county administered system, caseload monitoring is dependent on local IV-E Agencies, which will be directly responsible for ensuring appropriate caseloads for agency and contracted caseworkers. Social worker supervisors of the local IV-E Agencies must monitor prevention caseloads of individual caseworkers, and promptly address any issues impacting the effective performance of case management activities and the provision of services to families. Local IV-E Agency contracts for case management activities with other agencies or community-based organizations must specify appropriate caseload sizes. Additionally, the determination of caseloads and capacity of local IV-E Agencies will be informed by data reports and supervision of the new caseloads, which will be used to assess the ideal caseload size. During the California -Child and Family Services Review process, counties will assess the current caseloads for the Title IV-E Prevention Program. Currently, a caseworkers'

family maintenance caseload varies based on the standards set by the county. Lastly, local IV-E Agencies will describe in their local Prevention Services Plan additional local strategies or protocols for how caseload size and type for prevention caseworkers will be determined, managed, and overseen.

ASSURANCES AND MAINTENANCE OF EFFORT

The State of California is including the following assurances and attachments:

- State Title IV-E Prevention Program Reporting Assurance (Attachment I)
- State Request for Waivers of Evaluation Requirement for a Well-Supported Practice (Attachment II)
- State Assurance of Trauma-Informed Service-Delivery (Attachment III)
- State Annual Maintenance of Effort (MOE) Report

APPENDIX A

Table 1. Well-Supported²⁶ EBP Usage in California²⁷

EBP	Service Category	Age of Child Served	Number of Local IV-E Agencies Utilizing	Existing Teams	Description of Service, Target Population, and Rationale for Selection
1. Brief Strategic Family Therapy (BSFT)	Substance Use Disorder	6-18	1 county	Los Angeles county	Brief Strategic Family Therapy (BSFT) has been shown to be effective with Hispanic families, African Americans, women, and those with HIV/AIDS. This EBP was selected as part of the service array because it has a high level of support from the purveyor and is shown to be effective with non-white youth. In addition, stakeholders expressed a lack of family therapy services in many counties and this EBP may be able to address this gap. Los Angeles, California's largest county as well as the nation's largest child welfare system, is currently implementing BSFT. Additionally, BSFT is one of the few EBPs that can be used with children 6-18, giving it an important role in ensuring coverage of mental health support within the prevention continuum for school-aged children and adolescents.
2. Family Check-Up	Mental Health In-Home Parenting	2-17	1	Travis Air Force Base for military families	Family Check-Up has been rated Well-Supported by the Federal Title IV-E Clearinghouse as both a Mental Health Service and an In-Home Parent Skill Based Program. Currently, there is one authorized provider in California, located in Solano County. Family Check-Up was selected as it is a well-supported program and is capable of serving a wide range of families (those with children ages 2-17) potentially including parenting youth. Additionally, material for Family Check-Up is also available in Spanish, increasing its applicability for California's families.

²⁶ Per the [Title IV-E Prevention Services Clearinghouse](#), an EBP is rated Well-Supported if the evidence supporting it consists of at least two studies with non-overlapping samples carried out in usual care or practice settings which achieve a rating of moderate or high on design and execution and demonstrated favorable effects in a target outcome domain. At least one of the studies demonstrated a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome.

²⁷ Per the Children's Now AirTable: <https://airtable.com/shrngl4JrHdo6LZp9>

EBP	Service Category	Age of Child Served	Number of Local IV-E Agencies Utilizing	Existing Teams	Description of Service, Target Population, and Rationale for Selection
3. Functional Family Therapy (FFT)	Mental Health	11-18	15 authorized sites in 7 Local IV-E Agencies ²⁸	1. Fresno county (Fresno); 2. Los Angeles county (LA-5, Long Beach, Lancaster, Watts); 3. Placer county (Auburn); 4. Sacramento county (Sacramento, North Highlands); 5. Riverside county (Riverside); 6. San Bernardino county (San Bernardino); 7. San Diego county (San Diego)	Functional Family Therapy (FFT) is selected from the Mental Health EBP options. This program serves parents with children 11-18 years of age and may be appropriate for many probation youth, and teens demonstrating behavioral issues. This program is in use in 15 locations within 7 jurisdictions across the state and serves an age range for which few services are available. This program affords the opportunity for the entire family to receive mental health support.
4. Healthy Families America (HFA)	In-Home Parenting	0-5	41 sites in 23 Local IV-E Agencies	Los Angeles county (13 sites); 2. Nevada county; 3. Yolo county; 4. Butte county; 5. Madera county; 6. Imperial county; 7. Riverside county (2 sites); 8. Solano county; 9. San Diego county (4 sites); 10. Contra Costa county; 11. Alameda county; 12. Tehama county; 13. Mendocino county; 14. Merced county; 15. Marin county; 16. Sacramento county; 17. Siskiyou county; 18. Sutter county; 19. Del Norte county; 20. San Mateo county; 21. Fresno county (4 sites); 22. San Luis Obispo county; 23. San Bernardino county	Healthy Families and Tribes America (HFA) is included as the EBP for the In-Home Parenting Skills category. This program focuses on families with children ages 0-5 and is available currently in 41 locations within 23 local jurisdictions. HFA reaches some of California's most vulnerable candidates and has been adapted to meet the cultural needs of tribal families.
5. Homebuilders - Intensive Family Preservation and Reunification Services	In-Home Parenting	0-18	1 county	Ventura county	Homebuilders provides intensive, in-home counseling, skill-building and support services for families who have children (0-18 years) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services. Families receive 40 or more hours of direct services over 4 to 6 weeks primarily at the families' home. Homebuilders intervenes at the point of crisis and responds to families in a natural setting, creates concrete goals for families and utilizes research-based intervention strategies to teach new skills and facilitate behavior change. Therapists must be available to families 24 hours per day, 7 days per week, and are required to have a master's or bachelor's degree in social work, psychology, counseling, or a closely related field with at least 2 years of related experience. Homebuilders is important for youth in immediate danger to provide ongoing, all-encompassing support that immediately promote safe practices.

²⁸ Authorized by FFT LLC

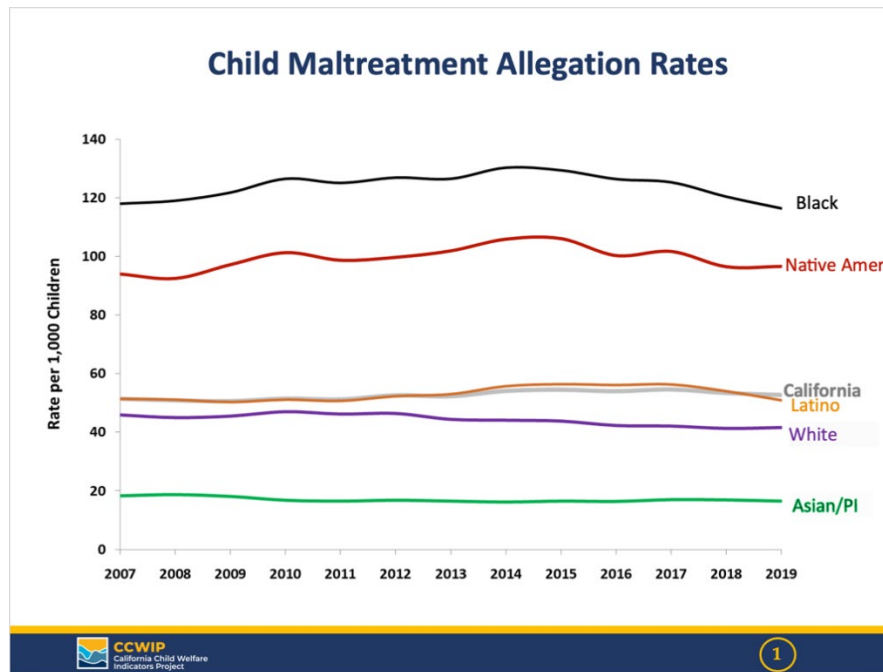
EBP	Service Category	Age of Child Served	Number of Local IV-E Agencies Utilizing	Existing Teams	Description of Service, Target Population, and Rationale for Selection
6. Motivational Interviewing (MI)	Substance Use Disorder	Adults with children and youth of any age	14 Local IV-E Agencies	Alameda county (Pleasanton, Berkeley-2, Emeryville, Oakland); 2. Los Angeles county (Santa Monica, Los Angeles-6, Westlake Village, Long Beach, Newhall); 3. Marin county (San Rafael-3, San Anselmo, Larkspur, Mill Valley); 4. Placer county (Tahoe City); 5. Sacramento county (Sacramento-2); 6. San Diego county (La Jolla-2, Vista, San Diego-6, Carlsbad); 7. San Francisco county (San Francisco-4); 8. San Joaquin county (Tracy); 9. Santa Barbara county (Santa Barbara); 10. Santa Clara county (Palo Alto, Stanford); 11. Santa Cruz county (Aptos, Santa Cruz); 12. Sonoma county (Santa Rosa); 13. Tuolumne county (Mather-2); 14. Yolo county (Davis)	CDSS selects Motivational Interviewing (MI), to ensure the inclusion of an evidenced based approach to Substance Use Treatment. MI serves adults with children and youth of any age and is currently available in 14 California child welfare jurisdictions, and all county probation agencies. Although not yet evaluated as such, MI has also been proposed for use as a case management strategy, and if found to be a well-supported practice upon evaluation, could be a potential candidate for subsequent years. The Title IV-E Prevention Services Clearinghouse reviewed studies of MI focused on illicit substance and alcohol use among youth and adults, and nicotine or tobacco use among youth under the age of 18. This broad applicability of MI across the lifespan makes it a good fit for serving families.
7. <u>Multisystemic Therapy (MST)</u>	Mental Health Substance Use Disorder	12-17	7 authorized sites in 4 Local IV-E Agencies	1. Contra Costa county (Community Options for Families and Tribes and Youth); 2. Los Angeles county MST Teams (SHIELDS for Families and Tribes in Long Beach; SFVCMHC North Valley Youth and Family Center in North Hollywood; CFGC –Antelope Valley in Palmdale); 3. Sacramento county (River Oak Center for Children and youth); 4. Alameda county (Seneca Center in Oakland)	Multisystemic Therapy (MST) is an intensive treatment delivered to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use for troubled youth (12 to 17 years) and their families. MST has a variation specifically for child abuse and neglect, and is already utilized by five counties (Los Angeles, Alameda, Contra Costa and Sacramento). MST was recommended by Chief Probation Officers of California (CPOC) because is successful in reducing long-term rates of criminal offenses by youth involved in the juvenile justice system.
8. Nurse Family Partnership	In-Home Parenting	0-2, 1 st time mothers	21 Local IV-E Agencies	1. Del Norte county; 2. Humboldt county; 3. Redding county; 4. Sonoma county; 5. Solano county; 6. Sacramento county; 7. Contra Costa county; 8. Alameda county; 9. San Francisco county; 10. San Mateo county; 11. Santa Cruz county; 12. Santa Clara county; 13. Monterey county; 14. Stanislaus county; 15. Fresno county; 16. San Luis Obispo county; 17. Kern county; 18. Los Angeles county; 19. Orange county; 20. Riverside county; 21. San Diego county	Nurse Family Partnership (NFP) is currently in 21 counties throughout California. NFP is a home-visiting program that is typically implemented by trained registered nurses. NFP serves young, first-time, low-income mothers beginning early in their pregnancy until the child turns two. The primary aims of NFP are to improve the health, relationships, and economic well-being of mothers and their children. Typically, nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning. However, the content of the program can vary based on the needs and requests of the mother. NFP aims for 60 visits that last 60-75 minutes each in the home or a location of the mother's choosing. For the first month after enrollment, visits occur weekly. Then, they are held bi-weekly or on an as-needed basis. NFP is rated as a well-supported practice because at least two studies with non-

EBP	Service Category	Age of Child Served	Number of Local IV-E Agencies Utilizing	Existing Teams	Description of Service, Target Population, and Rationale for Selection
					overlapping samples carried out in usual care or practice settings achieved a rating of moderate or high on design and execution and demonstrated favorable effects in a target outcome domain. At least one of the studies demonstrated a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome. The NFP has shown to be effective in Latino and African American Families based on a review from Chaplin Hall from information from the CEBC website.
9. <u>Parents as Teachers (PAT)</u>	In-Home Parenting	0-5	30 affiliates in 15 Local IV-E Agencies	1. Monterey county (Door to Hope Action Council in Salinas; Go Kids in Salinas; North Monterey county Unified School District/Castro Plaza Family Resource Center in Castroville); 2. Los Angeles county (Richstone Family Center in Hawthorne; SHIELDS for Families and Tribes in LA; Plaza Community Services in LA; Child Care Resource Center in Chatsworth; The Whole Child/Intercommunity Child Guidance Ctr in Whittier; Friends of the Family in North Hills; El Nido Family Centers in LA; Human Services Associate in Bell Gardens); 3. San Joaquin county (Family Resource and Referral Center First5; Mary Magdalene Community Service; Council for the Spanish Speaking/El Concilio in Stockton; San Joaquin Office of Education Family Works); 4. San Francisco county (City and county of SF-HSA); 5. Tehama county (Tehama county Department of Education/School Readiness in Red Bluff); 6. Placer county (KidsFirst is Roseville); 7. Riverside county (Jurupa Unified School District in Jurupa Valley; Riverside-San Bernardino county Indian Health, Inc. in Banning); 8. Kings county (county of Kings in Hanford); 9. Madera county (North Fork Rancheria Tribal TANF in North Fork); 10. Mono county (First5 Mono county); 10. Napa county (Cope Family Center in Napa; Napa county PAT); 11. Sierra county (Sierra Parents as Teachers in Loyalton); 12. Ventura county (county of Ventura Parents as Teacher in Oxnard); 13. Merced county (Merced county Office of Education); 14. Yolo county (Yolo county Health and Human Services); 15. Tulare county (First5 Tulare county)	Parents As Teachers (PAT) is an In-Home Parent Skilled-based program with the objective of increasing parental knowledge of childhood development and school readiness, improving parenting practices, promoting the early detection of developmental delays and other health issues, as well as preventing incidences of child abuse and neglect. The PAT model has four components which includes home visits, group events, developmental screenings and community resource networks. The program is targeted to parents that are expecting or have a child 0 to 5 years of age. The Title IV-E Prevention Services Clearinghouse summary of findings indicate that the program has been shown to demonstrate an improvement in social functioning.
10. Parent-Child Interaction Therapy (PCIT)	Mental Health	2-7	71 certified therapists in 16 Local IV-E Agencies	1. Fresno county (3); 2. Los Angeles county (11); 3. Placer county (3); 4. Monterey county (1); 5. Marin county (4); 6. Madera county (1); 7. Mendocino county (7); 8. Riverside county (9); 9. San Bernardino county (3); 10. San Diego county (13); 11. Santa Barbara county (2); 12. Sonoma	Research indicates that Parent-Child Interaction Therapy (PCIT) is an effective intervention across genders and amongst different ethnic groups. The Title IV-E Clearinghouse summary of findings indicates that PCIT is effective in improving the behavioral and emotional

EBP	Service Category	Age of Child Served	Number of Local IV-E Agencies Utilizing	Existing Teams	Description of Service, Target Population, and Rationale for Selection
				county (4); 13. Santa Clara county (4); 14. San Mateo county (3); 15. Sacramento county (1); 16. San Francisco county (2)	functioning of children, overall family functioning and parenting practices.

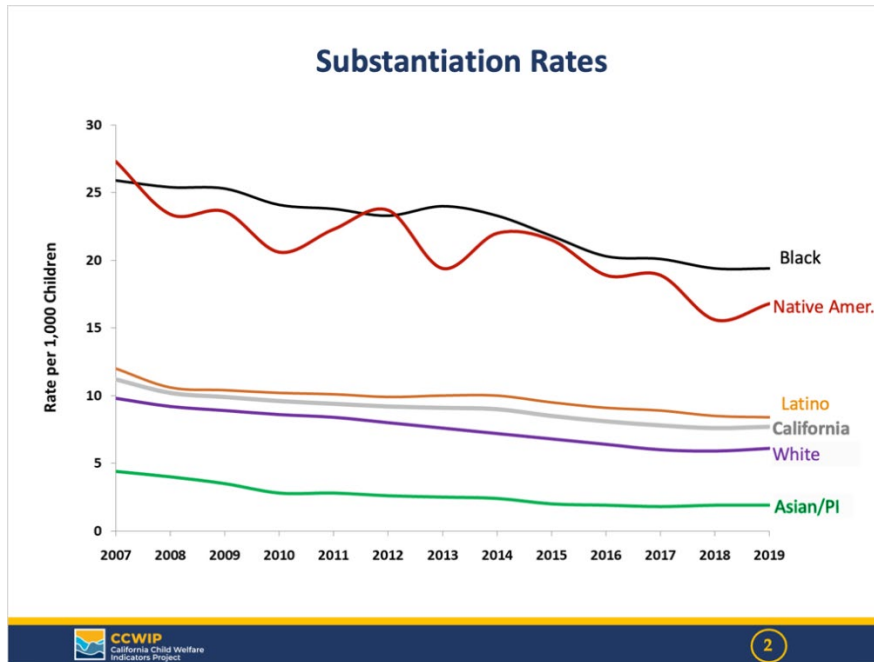
APPENDIX B

The tables below depict CWS/CMS data on disproportionality, as arranged by the CCWIP.



Graph I: Child Maltreatment Allegation Rates

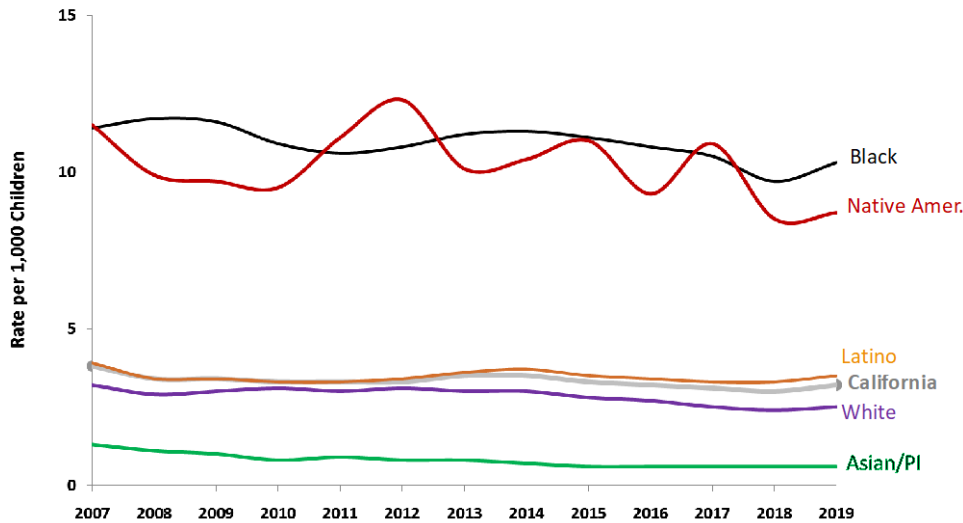
The graph I above depicts the child maltreatment allegations based on ethnic group. Per the California Child Welfare Indicators Project (CCWIP) data, Black, Native American and Latino children and youth have higher rates of child maltreatment allegation than Whites or Asians. Although there has been a decline in the child maltreatment allegation rates for minorities, the graph demonstrates the disproportionate rate at which Black, Native Americans and Latino children and youth are referred to the child welfare system.



Graph 2: Substantiation Rates

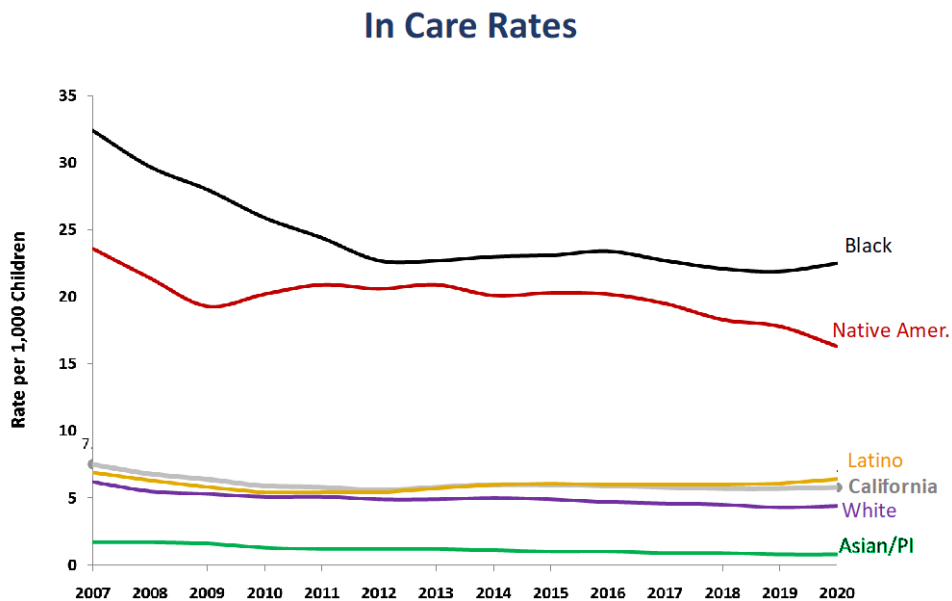
Graph 2 from the CCWIP shows the child abuse and neglect substantiation rates by ethnic group. From 2007 to 2019 there has been a slight overall decline in the number of substantiations for Black, Latino, White, Asian/Pacific Islander, and Native American children. The data reflects higher rates of child abuse and neglect substantiations for Black and Native American children.

Entry Rates



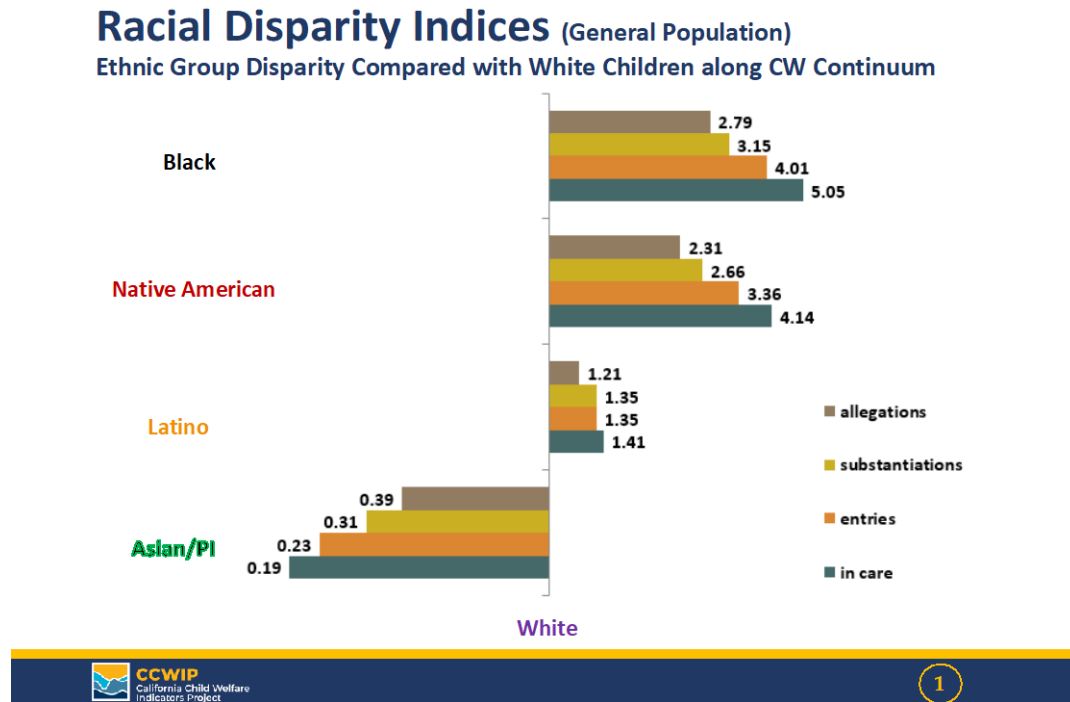
Graph 3: Entry Rates

Consistent with higher rates of substantiations for Blacks and Native American children, Graph 3 from the CCWIP data shows Black and Native American children also have a higher rate of entry into the child welfare system.



Graph 4: In Care Rates

Graph 4 above describes the in care rates based on ethnicity. There has been a slight uptick in the number of Black children and youth in the child welfare system since 2018, but an overall decline since 2007. For Native American youth and children there has been a decline in entry rates since 2007, and for Latino a slight increase since 2018. For White and Asian children it appears in care rates of remained relatively consistent, with a slight decline since 2007. As demonstrated in earlier graphs, overall there is a disproportionate number of Black and Native American children and youth.

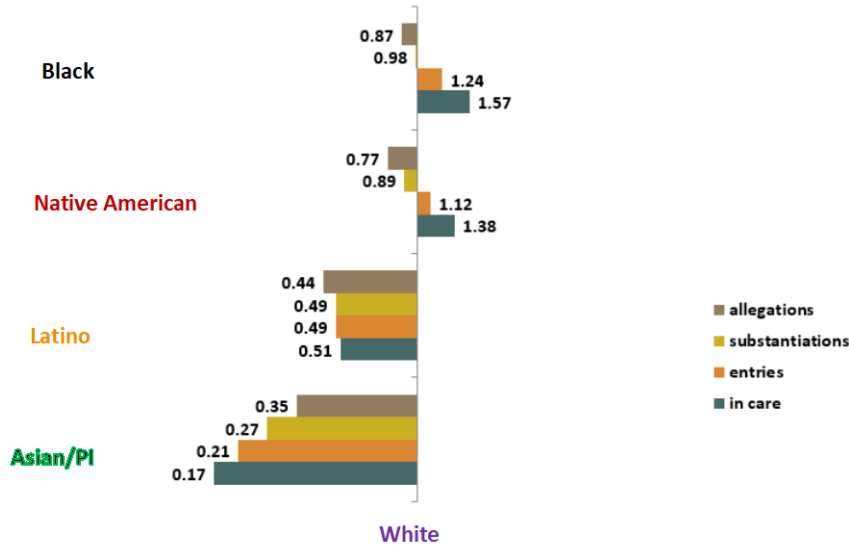


Graph 5: Racial Disparity Indices (General Population)

The above Graph 5 indicates which ethnic groups of children have contact with child welfare systems. Blacks, Native American, and Latino children and youth are more likely to be system involved based on entry rates and in care rates compared to White children and youth.

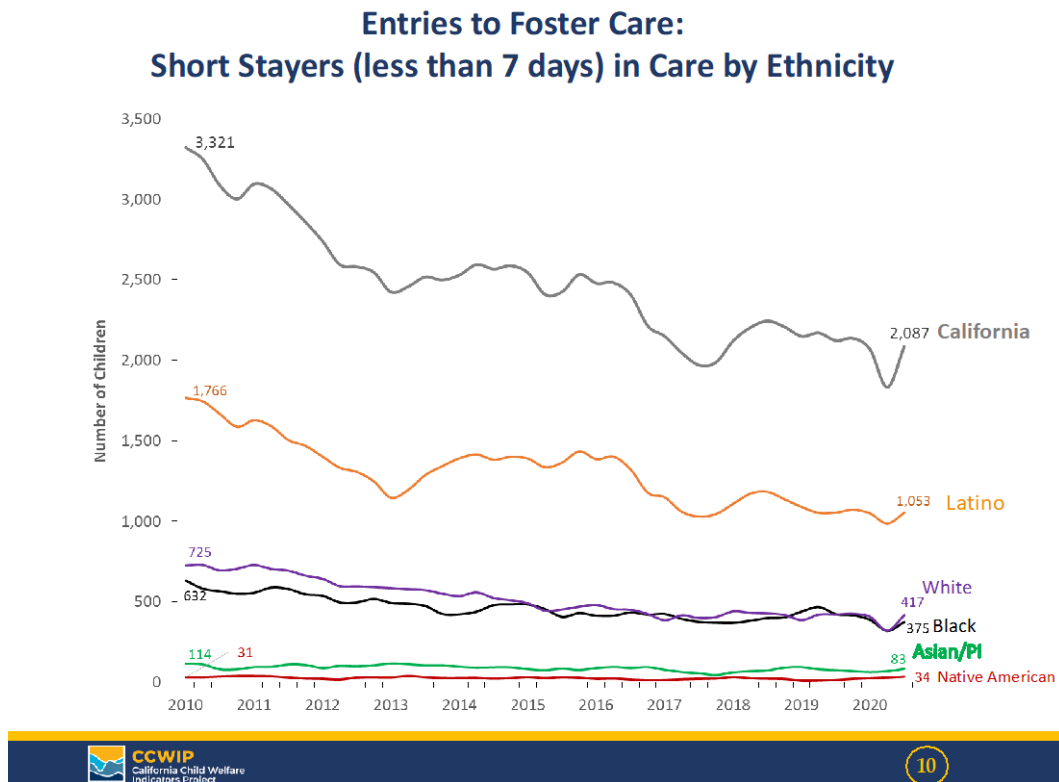
Racial Disparity Indices (Poverty Population)

Ethnic Group Disparity Compared with White Children along CW Continuum



Graph 6: Racial Disparity Indices (Poverty Population)

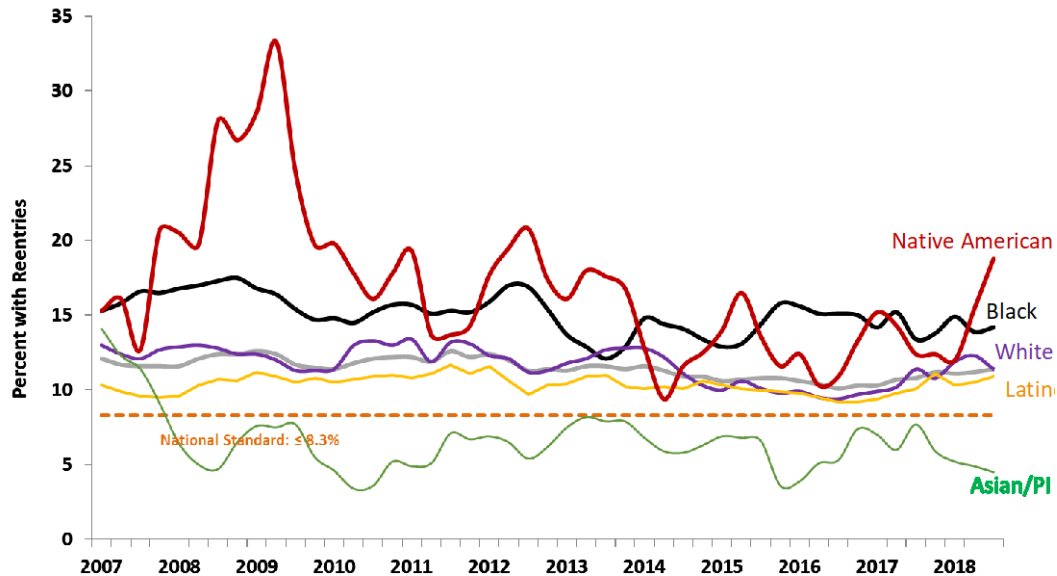
Similar to Graph 5, Graph 6 indicates that even when accounting for poverty, Black and Native American youth are more likely to be system involved based on entry and in care rates compared to white children and youth.



Graph 7: Entries to Foster Care: Short Stayers in Care by Ethnicity

Graph 7 above indicates a slight decline in the number of California children entering foster care for short stays. It indicates slight declines in Latino, White and Black children entering foster care for short stays and indicates that levels have remained virtually the same over time for Native American and Asian children's entries into short term care.

Reentry to Care



Graph 8: Reentry to Care

In addition to high allegation, substantiation, and entry rates, Graph 8 depicts a higher rate of re-entry into the child welfare system for Black and Native American children. Also, California's re-entry rates are above the national standard for all children except Asian and Pacific Islander indicating a need for effective aftercare services.