

California's Five-Year State Prevention Plan



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

California Department of Social Services | 2022



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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 agencies. 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; and
- 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

⁵ OCAP 2020-2025 Strategic Plan

responsive services and programs, and incorporating outcomes measures that help to 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 Title IV-E waivers, FFPSA's authorization to use Title IV-E funds for prevention services stands to positively impact ongoing efforts to build a robust prevention continuum. Using Title 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 needs and child well-being through a social determinants of health approach. Although Title IV-E funding may be unavailable to support primary prevention, through other resources California will continue to develop and fund primary prevention strategies with the following objectives:

- Increasing access to supports such as childcare, food and housing;
- Reducing poverty and improving economic stability;
- Improving school readiness;
- Improving transportation;
- Increasing social connections within families and within the community;
- Reducing substance use;
- Improving access to healthcare;
- Improving neighborhood safety and play areas for children and youth;
- Increasing public awareness through engagement, education, and outreach.

For child welfare or probation agencies (hereinafter “local Title 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 strategic objectives include:

- Improving 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 to support and assist new and expecting parents;
- Providing respite care for families that have children and youth with special needs;
- Improving access to family-centered substance use disorder (SUD) treatment services*;
- Connecting families to public assistance programs, such as Medi-Cal, WIC, CalWORKs and CalFRESH; and
- 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 strategic objectives include:

- 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 wellness services for children, youth, and families affected by maltreatment*; and
- Providing parent mentoring programs to families in crisis*.

* Strategic objective 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 service 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 broad prevention efforts.

An equity lens prescribes 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 and Native American children and youth are disproportionately more likely to be involved in the child welfare system, to be the subject of child maltreatment allegations, and to be placed 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 lesbian, gay, bisexual, transgender, queer or questioning (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 success with historically underserved racial and ethnic groups or can 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 as victims in child maltreatment 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

California, through the recent administrations of both Governor Brown and currently Governor Newsom, 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. This 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 they are served;
- Embed racial equity into policy and practice;
- 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-to-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 CDSS programs, a major focus is to support and promote county activities that include, and go beyond compliance with the Indian Child Welfare Act (ICWA) to elevate practice and respectful engagement with tribes and tribal families. 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 tribes. 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 increasing partnerships with BIPOC, tribes, and immigrant communities, as well as support the additional work that is necessary to strengthen equity within

CDSS programs. These structures will also supporting the equity efforts for implementation of Title IV-E prevention services under FFPSA.

Cultivate and Maintain Meaningful Relationships with Tribes

With 109 federally recognized tribes in California and 78 entities petitioning to be recognized, within California is 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 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. The 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 the ICWA State Plan and APSR capture and improve the experiences of tribal children and families within the child welfare services and foster care system. The 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 Title 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 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 welfare agencies to reduce racial biases.

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.

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.

Black Child Legacy Campaign

Local Title IV-E agencies are also working on reducing the disparities and disproportionalities experienced by Black children and families in connection with local 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. 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). The 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). The 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

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-OFF-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>

networks; and use of culturally based healing practices and practice adaptations.¹² The CAPP promoted strategies such as (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 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 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 that can effectively deliver 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 Title IV-E 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 organization (CBO) or family resource center (FRC) contracted by the local Title IV-E agency to perform the services¹³. The local Title 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 Title IV-E prevention 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 abuse 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.

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

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

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 Adaptations of Evidence Based Programs (EBPs)

“Evidence-Based Practice” 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).

Well-supported EBPs have met or exceeded a standard of sufficient evidence existing to make claims of positive outcomes for specified populations of consumers. Even well-supported EBPs may need to be modified in the future to as they expand and evolve to serve the diverse cultural needs of California’s families. These modifications will 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 Title IV-E agencies can serve their unique populations. In conjunction with purveyors and fidelity specialists, the CDSS is committed to providing opportunities to make those minor culturally relevant changes to EBP models 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 that may support service delivery to tribal families.

COLLABORATION, CONSULTATION AND STAKEHOLDER ENGAGEMENT

To effectively meet the prevention needs of a diverse population in terms of ethnicity, geography, sexual orientations, gender identities, abilities, and socio-economic status, as well as honor the sovereignty of tribal nations, California requires: 1) on a 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.

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

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 already includes all levels of prevention. An integrated system must develop 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 child welfare, behavioral health, healthcare, public health, maternal and child Health, education, housing and juvenile probation agencies, juvenile courts, 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’s investment in cross-system practice:

Integrated Core Practice Model

Grounding cross-system work at every level is the statewide 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.

System of Care Reform (AB 2083)

Building on the 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

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

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

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

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 (TA) 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, 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 of 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 service delivery systems, ensuring the care experience of Medi-Cal beneficiaries and their families is integrated across a comprehensive array of health and human services, from perinatal care through end of life care. The CDSS is working collaboratively with DHCS to strengthen health preventative programs and systems of care by improving pathways for access to services, which is a fundamental goal of the FFPSA.

Coordination with Title IV-B Services

California will ensure that the Title IV-E Prevention Program and Title 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 Title 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.

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 C Title IV-E Agencies on how the

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

services within these programs may overlap. Local Title 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 Title IV-E agencies to select programs which will not be funded by Title IV-E prevention 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 Title 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 Title 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 Title 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 Title IV-E agencies must share in the non-federal costs for new federal mandates, Title IV-E prevention services under FFPSA are structured as an optional program to states. Accordingly, California is enabling local Title 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 offer culturally responsive and trauma-informed substance use, mental health and in-home parenting skills based programs. It is critical that there is sufficient capacity to deliver services to meet the demand for early intervention with more families, and to serve the diverse needs of California families. 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 is intended to 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-operated 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 and training, 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

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 Title IV-E 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 Title IV-E agencies (child welfare and probation) and tribes with a Title IV-E agreement with the state 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 if a child falls within one of the categories specified below, the child can be considered for receipt of Title IV-E prevention services. Further assessment and determination will be required 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 will be required to determine whether an individual child within that category meets the criteria of being at imminent risk of entering foster care.

The following children are currently considered candidates for foster care and may be eligible for prevention services under Title IV-E based upon an individual assessment.

- 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 \(WIC\)](#), 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 Title IV-E agreement with the state to be at "imminent risk for foster care".

- Children whose guardianship or adoption arrangement is at-risk of disruption and who are also determined to be at imminent risk of foster care will be able to receive Title IV-E prevention 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 Title IV-E Prevention Services if 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 will be eligible to receive Title IV-E prevention 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, Title IV-E prevention 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 can receive Title IV-E prevention services. While state law provides that the homelessness itself is not a basis for removal, for those who are assessed to be candidates, Title IV-E prevention services provide the opportunity to keep families together by directly addressing certain root causes of homelessness, such as mental health and substance use disorders.
- The LGBTQ youth who are determined to be at imminent risk of entering foster care may also receive prevention services. Nationwide, 30% of children in out of home care identify as LGBTQ. One in five youth in juvenile justice facilities identify as LGBTQ. There is a higher risk of suicide for LGBTQ than their heterosexual peers and they are disproportionately represented amongst homeless and trafficked youth.
- Substance-exposed newborns who are also determined to be at imminent risk of entering foster care, will be eligible to receive Title IV-E prevention 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 will be eligible to receive Title IV-E prevention services. These are children and youth who have experienced 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 by child welfare

²⁰ Per California [WIC §388\(b\)](#)

and probation, with 275 (25%) of those youth being newly identified within this timeframe. Title IV-E funded prevention efforts will be essential for addressing the exploitation of vulnerable youth at risk for entry into foster care 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 will also be eligible to receive Title IV-E 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. Title IV-E 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 will also be eligible to receive Title IV-E prevention 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, or chaotic environments. Title IV-E 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.
- Children or youth experiencing other serious risk factors that when combined with family instability or safety threats would be assessed to be at imminent risk of foster care. Families of such children may be served under the Title IV-E prevention program when services identified in the state’s prevention plan may provide interventions that mitigate risk of entry into foster care.

While the characteristics of children in the categories above may contribute to their increased risk of foster care, the existence of these characteristics do not, in and of themselves mean that they are likely to enter foster care. In order to be considered “at imminent risk for foster care” an assessment would seek to understand current circumstances that may exacerbate the impact of such characteristics and increase the likelihood that, without intervention, placement may be needed.

In California, children and youth assessed for candidacy will be viewed in context with presenting risk factors of the family as well as current family circumstances. California recognizes that families are complex and dynamic, therefore assessments must view the family history in context with current circumstances to best understand their needs. For example, a family may have risk factors such as an historical mental health or substance use diagnosis but the current circumstance of a hospitalization or substance use relapse may place the child or youth at imminent risk of removal and foster care placement. In these situations, when there is a recommendation that a prevention service may provide supports and interventions that mitigate such safety threats, a determination of candidacy can be made. Other examples of imminent circumstances may include but are not limited to:

- Current or recent (within 6 months) family involvement with social services agency

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

- A change in family relationships characterized by frequent conflict or violence;
- Recent increase in substance use that impacts daily functioning and ability to care for the child or youth;
- Recent incident in which a parent or guardian made a plausible threat to cause serious physical harm to a child or youth;
- Incarceration of the caregiver;
- Child or youth participated in criminal activity; and
- Other recent or current circumstance that may cause family instability or a threat to the child/youth's safety or well-being.

For a child or youth entering the Title IV-E prevention program through the Community Pathway, the initial assessment of the family can be completed by a locally contracted Community Based Organization, Family Resource Center or a local behavioral health agency. The assessment must include the necessary information for the local Title IV-E agency to determine candidacy. These local contracted agencies will document their assessment of a family, including a recommendation for services intended to mitigate the family's risk, using the Child Welfare Services – California Automated Response and Engagement System (CWS-CARES)²², and the assessment must be reviewed by the local Title IV-E agency to determine candidacy and eligibility for Title IV-E prevention services.

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 Title IV-E agencies must engage 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

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."²³ Per the CCWIP as of January 1, 2021, 3.3 percent of youth in foster care between the ages 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

²² The Child Welfare Services – California Automated Response and Engagement System (CWS-CARES) is the state's Comprehensive Child Welfare Information System and must meet all federal requirements for [CCWIS](#).

²³ https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Pregnant-parenting-teens-in-foster-care.pdf

young men reported getting someone pregnant.”²⁴ These statistics demonstrate the need for prevention services for pregnant and parenting foster youth.

In an effort to improve outcomes for older youth, FFPSA Part I includes pregnant and parenting foster youth as eligible for receiving Title IV-E funded services included in the state’s five year prevention plan. California law defines a pregnant and parenting foster youth as a child or nonminor dependent in foster care who is a parent, or an expectant parent of an unborn child, including fathers. There is no requirement that children of expectant or parenting foster youth (EPY) be determined to be at imminent risk of foster care in order to participate in services. The EPY can voluntarily engage in the design of their case plans to include supportive services that meet their individualized needs and the needs of their child(ren).

Per existing state regulations contained in [Division 31](#) of the Child Welfare Services Manual of Policies and Procedures (MPP), the child welfare worker assigned to the EPY will continue to assess for safety throughout the life of the case. Ongoing visits that include assessments for safety, risk and appropriate services in the youth’s case plan are required in all open cases including those for EPY, as specified in state regulations contained in [MPP Division 31](#). For some time, over surveillance of these cases has been of concern due to the overrepresentation of former foster youth also experiencing removals of their own children. Existing California law requires services and supports for parenting minor and nonminor dependents to ensure development of the parent-child bond and to support their ability to provide a safe and permanent home. This includes access to age appropriate activities separate from parenting, and access to legal counsel when entering into decisions regarding case services and when making decisions about custody arrangements for their children.

Within this existing framework, Title IV-E funded services provided to EPY under the state’s five-year prevention plan will be added to the EPY’s existing case plan and the youth will be eligible to receive services for a 12-month period. Contiguous 12 month periods of services can be provided as long as the prevention service is assessed to be of benefit to the youth and the requirements for reporting and model fidelity are adhered to. For this reason, Title IV-E funded prevention services provided to EPY will be documented in the CWS-CARES.

PATHWAYS TO PREVENTION SERVICES

California will allow local Title IV-E agencies to utilize the following pathways to identify, assess and support a child or family with Title 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.

The Family First Prevention Services Act requires the following information to be tracked for each child eligible to receive Title IV-e prevention services: 1) The date on which a child is identified in the prevention plan as a candidate for foster care 2) Description of services and programs provided and strategy for the child to remain safely at home

²⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5902410/>

3) Expected duration of services provided 4) Child-specific services expenditure data. For each of the pathways below, this information will be collected in the CWS-CARES.

Title IV-E Agency Pathway

Child Welfare Agencies

The Child Welfare Pathway for Title IV-E prevention services allows local child welfare agencies that are interfacing with children and families to identify, assess and support families with prevention services directly.

A Child Abuse Hotline is one access point of the Child Welfare Pathway for Title IV-E funded 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 the candidacy assessment tool.

The Family Maintenance (FM) 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. The FFPSA offers an opportunity for a family to receive EBPs that they may not normally receive as part of a traditional FM plan.

The Title IV-E funding and prevention 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.

For children and families receiving prevention services through the Title IV-E agency pathway, standard protocols for assessment such as the use of the Structured Decision Making tools and monthly visits will remain. The child welfare agency becomes the lead coordinator of services, and it is the responsibility of the child welfare agency to ensure that data is entered into the CWS-CARES for the purposes of monitoring progress. Updates to the family's prevention plan, including engagement efforts and ongoing safety and risk monitoring, will be documented in CWS-CARES.

Probation Departments

Currently in California, probation officers already conduct assessments to determine candidacy for foster care using the "Evaluation of Imminent Risk and Reasonable Candidacy" (EIRRC) tool. For those probation departments who do not opt into providing Title IV-E prevention services, they will continue to use this form to track traditional candidacy for juvenile justice youth. To ensure ongoing monitoring of safety and risk, Probation Department staff use a variety of tools for assessment, documenting results in the body of a family's case plan. Although tools may be different, the case plan identifies the required assessment creating a standard across all probation departments. While tools may be different, use of the case plan ensures that ongoing assessment is occurring.

Instead of the EIRRC tool, Probation Departments who opt into providing Title IV-E prevention services will use CWS-CARES for all case documentation, including candidacy determinations, ongoing safety and risk assessments, and fiscal reporting. This will ensure that prevention cases overseen by probation departments conform with the state's prevention plan and are aligned with all model fidelity and continuous monitoring processes.

Community Pathway

Central to California's vision for a robust prevention continuum is expanding the services and supports universally for all children, youth and families. Often struggling families, especially those residing in impoverished neighborhoods 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 service providers that understand the needs of the particular community and provide direct services, such as community-based organizations (CBOs), Family Resource Centers (FRC), or behavioral health agency, is key to realizing the ultimate vision for upstream prevention.

Referral, Intake and Assessment

The community pathway is an avenue in which children, youth and families can receive early intervention services at the earliest point possible to minimize the stigma of working directly with the child welfare agency. Through the community pathway, families can self-refer, or be referred by a public or private entity such as a school, healthcare provider, or local organization. These referrals can identify for families the local service provider that is contracted by a the Title IV-E agency for prevention services who will complete an intake assessment of the family's strengths and needs. The contracted agency will be trained to identify potential candidates for prevention services. During the intake process, the local service provider may identify the child as eligible for Title IV-E Prevention services based on the family's risk factors coupled with circumstances that indicate imminent risk of entry to foster care.

Candidacy Determination

If the local service provider identifies a child they believe may be an eligible candidate and can provide a Title IV-E prevention service to mitigate the family's risk and safety concerns, they can recommend the Title IV-E agency review an assessment by transmitting the family's information to the Title IV-E agency for a candidacy determination, with appropriate consent from the family. This interaction between the local service provider and the Title IV-E agency will protect family privacy by using a unique case identifier.

Prevention Planning, Coordination of Delivery of Services

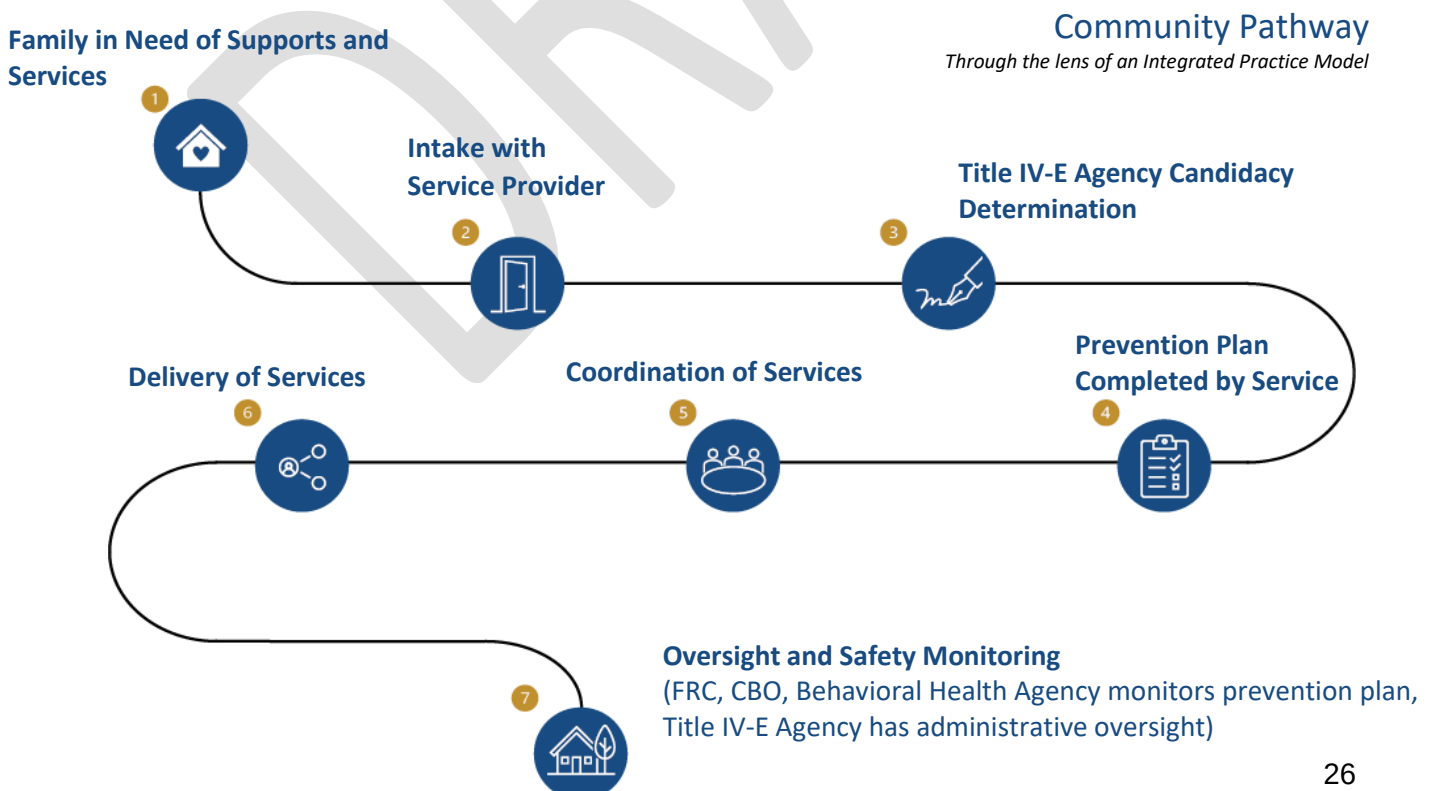
Upon notification of candidacy determination the local service provider may begin prevention planning with the family and, if applicable, in partnership with the child's tribe. If more than one service is to be provided, the local service provider will assume the role of care coordination and ensure that referrals made to prevention service providers and other service that supports the family's needs in accordance with their contract with and under the oversight of the local Title IV-E agency. The local service provider assumes the case management role and is responsible for the coordination of services.

The local service provider will ensure the delivery of EBP service is conducted to model fidelity standards and communicate with other providers for coordination of services under the oversight of the local Title IV-E agency.

Oversight of the Community Pathway, Safety Monitoring and Risk Assessments

The coordinator of services and/or service providers are responsible for oversight and monitoring of child safety and risk using service delivery interventions, consistent engagement practices and safety planning. Coordinators and/or providers will be trained to develop and monitor safety plans when appropriate. If an incident occurs where there is a safety threat that cannot be mitigated within a safety plan or other intervention within the framework of the services provided to the family, the service provider or coordinator will use traditional mandated reporter processes to seek support from the local Title IV-E agency.

Coordinators of services will be required to track data for each child that is deemed a candidate for Title IV-E prevention services and share this information with local Title IV-E agencies. Updates to the family's prevention plan, including engagement efforts and ongoing safety and risk monitoring, will be documented in CWS-CARES by the coordinator of services. Aggregate reporting from CWS-CARES will ensure safety is being monitored as well as information on services outcomes and adherence to model fidelity while protecting the privacy of the family's involvement in services. The Title IV-E agency also has a role in oversight in that they will receive and review periodic, aggregate reports via CWS-CARES. Information within the reports may include, safety and risk monitoring, adherence to model fidelity standards, length and completion of services etc. The Title IV-E agency, as a part of continuous monitoring will address any concerns with the local service provider over observed systemic issues in care coordination. Attachment C Includes the following graphic with additional detail to describe an overview of the activities within each step of the Community Pathway.



Tribal Considerations

Compliance with the Indian Child Welfare Act

1.

As mentioned earlier, Indian children and their families may be referred to Title IV-E prevention services under any of the identified pathways above either through the child abuse hotline or another referral source such as a school or medical provider, including self referrals. 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 Title IV-E Prevention Program. In the Title IV-E pathway, prevention services to an Indian child under the Title IV-E program is closely intertwined with the requirement for active efforts that must be made to maintain an Indian child with their family. The following activities identify points in a prevention case where it is critical to engage and partner with a child's tribe.

- Inquiry regarding tribal membership or eligibility
- notice to the Tribe(s) where the child is a member or eligible for membership
- Sharing information with the Tribe(s) for the Tribe to make a membership determination including but not limited to the child and parents' names & dates of birth and other information about the current status of the child (and case).
- Joint referrals to Services, performed with the Tribe's input and involvement
- Intake for services and keeping the Tribe up to date on information regarding service delivery
- Ensuring access to information regarding candidacy determinations including sharing information with the Tribal IVE Agencies so that agency may make the agency determination for its children
- Co-development of a Prevention Plan
- Delivery and coordination of services
- Input into decision making regarding Safety and Risk Assessments

Local Title IV-E agencies must engage and partner with their local tribes to coordinate how their Title IV-E and community pathways will involve tribes and ensure compliance with the ICWA.

ICWA and the Community Pathway

The community pathway is intended to engage families in voluntary services as early as possible to prevent entry into foster care. It is also an opportunity to provide services that are consistent with active efforts described in WIC § 224.1(f) to prevent the breakup of the Indian family. Local programs should consider how to include culturally responsive services and make efforts to partner with the child's Tribe and other tribal benefits managed by tribal organizations to best meet the needs of the family. Local service providers will be trained to understand the purpose and components of ICWA relevant to their programs and to engage tribes in service planning and delivery.

Culturally Responsive Programming

The CDSS recognizes that identification of services that are culturally responsive are still needed for evaluation and inclusion both in the state's prevention plan and the Title IV-E Prevention Clearinghouse before they can be implemented locally for Title IV-E reimbursement. CDSS will encourage and support local Title IV-E agencies to implement available cultural adaptations to services that meet the cultural needs of local groups, particularly those disproportionately represented including tribal families. In addition, jurisdictions participating in the state's Family First Prevention Program will be able to supplement Title IV-E programming with culturally responsive programming not yet eligible or included using additional funds that are provided to those counties who opt in. Funding from other sources supporting prevention activities can be leveraged to accomplish these goals, including use of state funds through the Family First Prevention Program state block grant.

California Tribes with a Title IV-E Agreement with CDSS

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 directly provide Title IV-E prevention services. Both the Karuk and Yurok Tribes have entered into such an agreement with the CDSS. These tribes are in various stages of developing and implementing their Title IV-E programs including the Title IV-E Prevention Program and may work closely with county child welfare agencies for access to services not offered by the Tribe. The state has entered into consultation with both tribes in order to determine how the IV-E prevention program will be incorporated into their existing Title IV-E agreements. Future state plan amendments will include more details about those agreements.

Prevention Pathways and Differential Response

Differential or Alternative Response (DR) is an optional program that some California counties employ. For these counties there is potential crossover of the referral, assessment and service planning protocols between DR and the prevention pathways outlined in this plan. California's Community Pathway has commonalities to the DR Path 1 in that it aims to serve families outside of the CWS system, and with DR Path 2 in that the children and families served may be at a higher risk than the general public. In the community pathway these children and youth are determined to be at imminent risk of foster care. Because provision of Title IV-E prevention services is at the county's option, those counties who utilize DR will need to align their community and Title IV-E agency pathways with the paths they have created in their DR program to ensure that candidacy decisions are made by the Title IV-E agency and that reporting requirements and model fidelity are followed.

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 such as 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 ten EBPs listed in Appendix A. At the local level, counties will have the flexibility to select the EBPs from that list that best meet the needs of their children, youth, and families. 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 exhaustive list.

The AirTable was originally created to assist local IV-E Agencies in assessing their current landscape of EBPs and was utilized by the CDSS in determining EBPs for selection.

Local Selection of EBPs Based on Capacity Assessments

Local IV-E Agencies will use a systematic planning process and document their phased approach to providing prevention services and implementing selected EBPs. Depending on the current level of local ability to provide prevention programming, agencies are encouraged to begin the planning process with capacity assessments conducted locally. As part of the capacity assessment, the CDSS will ask local Title IV-E agencies to rate themselves in four areas: Motivation for Change; Provider Capacity and Capability, System Capacity and Capability; and Policy Supports. Local Title IV-E agencies may leverage their Families First Transition Act (FFTA) allocations for conducting this assessment. The capacity assessment exercise will enhance local Title 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 Title 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 to support for inclusion in the Local Prevention Plan and the outcome

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

of such planning efforts. Local Title IV-E agencies must partner with local tribes when developing a Local Prevention 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 capacity assessment phase, local Title 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 Title IV-E funding, and funding for the evaluations that may be required to meet the Title IV-E Prevention Services Clearinghouse criteria to permit use of Title IV-E funding for supported and/or promising EBPs. Local communities and Tribes may have informal, more community-based forms of evaluation of services which could be supported by other funding streams.

Any of the Title IV-E funded prevention services can be chosen by local IV-E agencies to implement EBPs which add to or fill a service gap in the continuum of services available in a given jurisdiction. Alternatively, they may be chosen to reach a population where services are not yet available to meet the local demographic's unique and culturally diverse needs. These services can also be leveraged when other funds, such as those described below, 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.

The Title IV-E prevention services funding is the “payer of last resort” as required by FFPSA. The 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.

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 by service providers as defined by the purveyor of the EBP. Upon federal approval, the evaluation process outlined in the federal law can be waived for EBPs in this Plan, all of which are Well-Supported EBPs according to the Title IV-E Prevention Services Clearinghouse. California is thereby requesting a waiver of the evaluation of each EBPs we have chosen, as included in Attachment II²⁶.

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 who 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 ensure model fidelity standards are maintained.

California intends to use Motivational Interviewing (MI) as a cross-cutting case management intervention beyond its application to substance use disorder treatment. Motivational Interviewing has shown considerable success as an application to service interventions including in-home parenting skill-building, mental health treatment, and family engagement and

²⁶ 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.

interaction. Motivational Interviewing may be applied in a variety of settings such as community agency and clinical settings as a stand-alone EBP intervention or in parallel with other EBPs providing those EBPs are being delivered with model fidelity. Motivational Interviewing as an application shall not be bundled with other specific EBPs. When delivered as a stand-alone EBP, Motivational Interviewing shall be delivered by clinicians, social workers, and/or case managers. As examples, clinicians may implement MI as a substance use treatment service; social workers and case managers of FRCs and CBOs may deliver MI as a family engagement and case management strategy; or Title IV-E workers may use Motivational Interviewing to improve engagement with families during each encounter.

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 CWS-CARES for the collection and reporting of child, service, and program-level data required by the FFPSA.

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 Title 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 EBPs 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.

The CDSS will hire a contractor for model fidelity oversight of EBPs across implementation sites. With guidance from the contractor, the CDSS will describe the process by which model fidelity of the programs will be overseen within each individual provider contract. Although it is the ultimate responsibility of the local Title IV-E Agencies to ensure model fidelity of their contracted services, CDSS will conduct quarterly reviews to assess and monitor fidelity of each EBP across local agencies and work with the purveyor to provide resources for improvements and course corrections. The fidelity measures that will be monitored for each EBP are listed in Appendix A.

The Title IV-E agency and the contracted provider will provide data requested by the CDSS which must be reported on to meet the Title IV-E prevention services requirements. This information will be documented in the CWS-CARES. This automated system will be used to capture the necessary data to ensure the service delivery of the program meets model fidelity standards.

CQI and Governance

The CDSS is creating the governance structure depicted below to oversee and guide the implementation of high-quality evidence-based, trauma-informed prevention programs. This governance structure includes feedback loops to inform continuous monitoring of fidelity and outcomes (intended and unintended) for the selected EBP and direct prevention services.

The governance structure below allows for the continuous monitoring of the prevention outcomes and allows for feedback loops. Key entities are represented such as the CDSS, the DHCS, local Title IV-E agencies, tribal governments, service providers, those with lived experiences, as well as the clients' receiving services.

It is intended to be flexible and to inform the feedback loops, cross sector partnerships, EBP providers as well as inform the action steps for the continuous monitoring network. The feedback loop reflects stages of Plan, Do, Study and Act (see image x). Aggregate data on implementation progress, model fidelity and child/family outcomes will be shared with each county's local cross-sector planning entity as a means of informing local cross sector partnerships of the progress made and/or the need for a change in provider and practice.

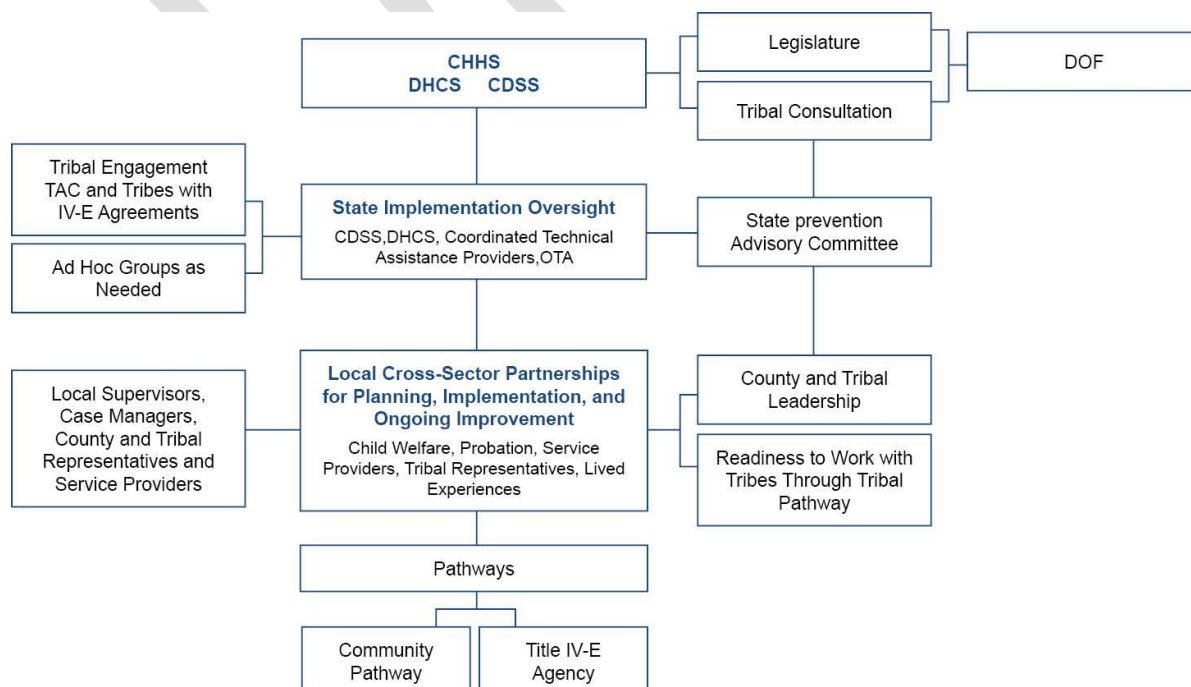
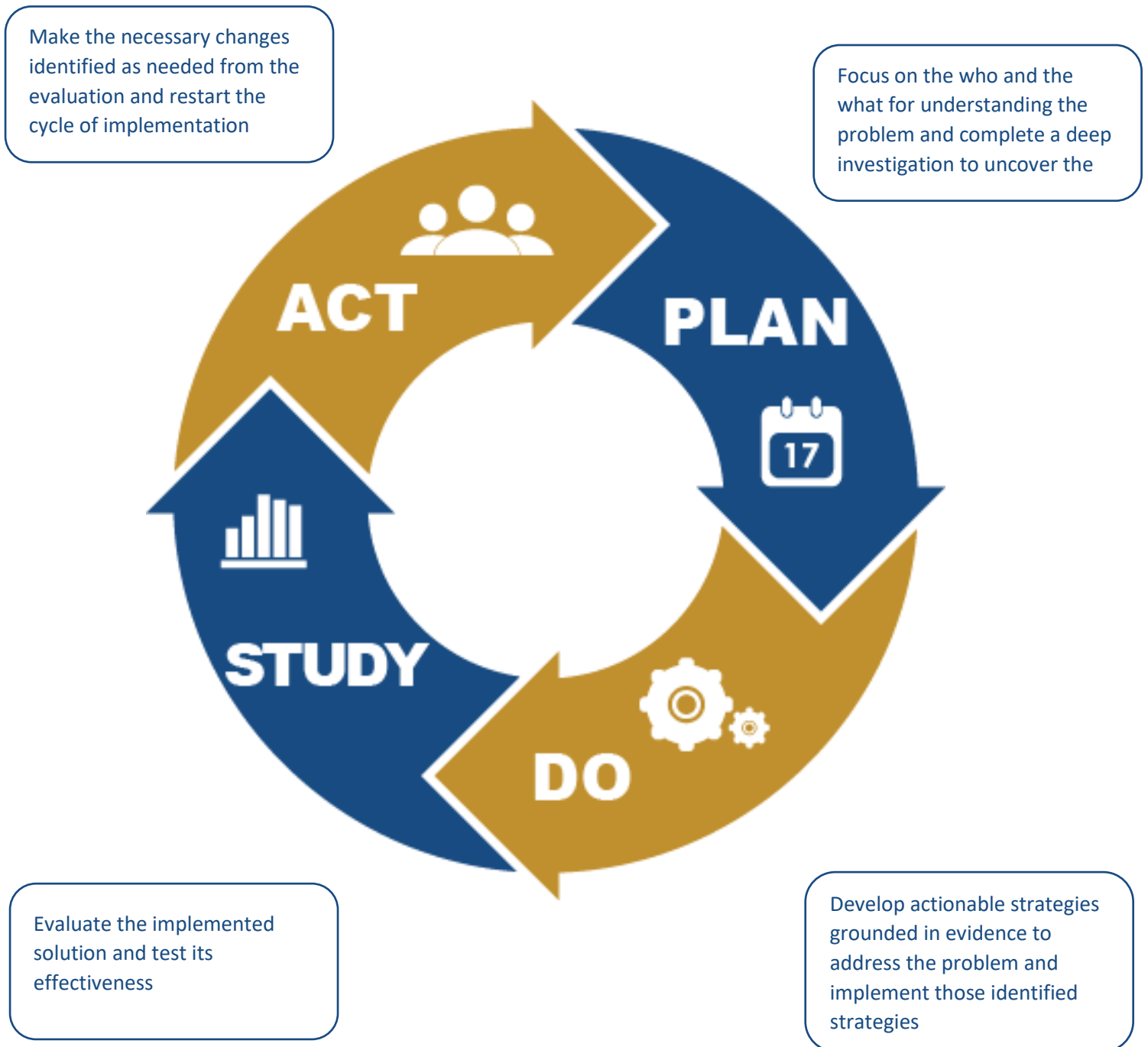


Figure x: Continuous Monitoring



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

The ten (10) EBPs chosen for California's five year prevention plan are all well-supported EBPs in the Title IV-E Prevention Services Clearinghouse and listed in Appendix A. For each of 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 are rated as "supported" or "promising" but lack sufficient evidence to be rated in the Title IV-E Prevention Services Clearinghouse as "well supported". The CDSS will consult with opt-in agencies to identify additional programs and services that align with the statewide prevention strategy, have demonstrated outcomes with specified target populations, and have the potential to meet the Title IV-E Prevention Services Clearinghouse criteria. The CDSS will also 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 Title 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 cultural needs and the approach to service delivery – Native American or Indigenous and African American or Black families. In future years, California is likely to 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.

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.

In July of 2021, California's FFPS program was established in [WIC §16585 through 16589](#) as an opt-in program for county and tribal Title IV-E agencies to develop and implement Title IV-E prevention services as part of the continuum of comprehensive prevention and early intervention services supporting child and family well-being. In accordance with state statute, local IV-E agencies will be provided the option to participate in the Title IV-E Prevention Program. To supplement the state's efforts to build evidence based prevention programming, through the passage of AB 153, California has provided local county agencies an additional \$199 million through a state-funded block grant to support local efforts to expand to a full continuum of prevention services through the development of local comprehensive prevention plans. Local Title IV-E agencies participating in the FFPS state block grant can use funds for

planning purposes, capacity building, implementation readiness, and building out the primary, secondary and tertiary levels of their prevention service system. Interventions and strategies must include culturally appropriate and responsive services that are tailored to meet the needs of local families who are disproportionately represented in the child welfare system, including Native American and Alaskan Native families, families of color, and lesbian, gay, bisexual, transgender, queer/plus, children or youth. Local Title IV-E agencies are required to include Title IV-E prevention services in their local prevention plans.

CDSS acknowledges that Title IV-E Agencies are at various stages of development of their Children's System of Care (AB 2083) Memorandum of Understanding, which calls for cross-sector leadership and planning to fill gaps in the continuum which supports children and families with complex unmet needs. Local Title IV-E agencies have also been encouraged to align their FFPS program with their System of Care (AB 2083) framework to include comprehensive prevention. For California, given the state's history with prevention, Title IV-E prevention services under Part I of FFPSA are a fundamental component of the broader comprehensive prevention planning for the State FFPS program. [All County Information Notice \(ACIN\) I-73-21](#) provides an overview describing the requirements of the State FFPS program, including the populations to be served, allowable services, and prevention services case requirements.

REQUIREMENTS FOR PARTICIPATING IV-E AGENCIES

To create their Comprehensive Prevention Plan, local Title IV-E agencies are encouraged to leverage and build upon existing partnerships which are anchored within its larger System of Care continuum. Title IV-E agencies may plan to expand, repurpose, or create cross-sector partnerships which include membership from child welfare, probation, behavioral health, and tribal partners at a minimum.

Title IV-E agencies have been strongly encouraged to additionally include partners in education, health care, developmental services, education, community-based organizations including Family Resource Centers and Child Abuse Prevention Centers, as well as to place a special focus on meaningfully involving parents and youth with lived experiences.

Comprehensive Prevention Plans (CPP)

Local Title IV-E agencies must submit a CPP outlining the agency's plan for primary, secondary and tertiary services and must include Title IV-E eligible service(s) pursuant to the FFPS Program outlined in [WIC §16585 through 16589](#).

Capacity and Readiness Assessments

Prior to the development of a CPP and implementation of the FFPS program, local and tribal Title IV-E agencies are encouraged to complete capacity and readiness assessments to determine the agencies' capacity, motivation for change, and level of readiness for successful implementation in several key areas. These assessments are intended to support the creation of a prevention system which is measurable, impactful and sustainable. Local and tribal Title IV-E agencies interested in receiving customized technical assistance from the state complete one or both assessments, depending on the agency's level of maturity with local prevention programming.

COMPONENTS AND REQUIREMENTS OF THE CPP

The following elements, consistent with state and federal law and the State's Five-Year Title IV-E Prevention Plan, will be required for inclusion in the CPP. A CPP template will be released that will include the following elements: .

2. A description of the outcome of Asset Mapping and Needs Assessment and any Capacity and Readiness assessments completed by the county that inform the plan's content.
3. A description and rationale for the selection of the candidacy population(s) to be prioritized and the services to be included in the plan.
4. The theory of change or logic model which describes the activities and intended outcomes for children, youth, parents, caregivers, and families. The logic model helps to connect the goals of the cross-sector partnership to align with the intent of both the state and federal legislation.
5. A description of the county's governance structure or engagement strategies to ensure that required cross sector collaboration was utilized in decision making for the CPP.
6. A description of efforts to invite and engage Indian tribes in cross sector collaboration and input into the CPP.
7. Assurance and plans for meeting the workforce and training requirements established under the state plan. Title IV-E agencies will follow the statewide curriculum to ensure that caseworkers within both the community and child welfare pathway are trained on all foundational requirements including the understanding of how tribal considerations intersect with community based and Title IV-E agency pathway services.
8. A description of how agencies will ensure that required cross sector collaboration is engaged in ongoing monitoring of the FFPS Program and how their input will be incorporated into strategies for continuous quality improvement of the local FFPS Program.
9. A description of how local Title IV-E agencies will ensure that all EBPs, whether delivered via contracted entity or by local Title IV-E agency staff, will adhere to model fidelity protocols and an assurance that the local Title IV-E agency will participate in state level fidelity oversight and coordination.
10. Assurance that the agency will monitor child safety, including conducting periodic risk assessments. Local Title IV-E agencies that contract with community-based organizations for services will also describe the process for how safety monitoring and periodic risk assessments will be overseen. Agencies must include language within service contracts that describes this process to ensure that roles and responsibilities are clear.

11. Strategies for use of the [Integrated Core Practice Model](#) (e.g., candidacy assessment, family engagement, service delivery and transitioning).
12. Inclusion of the local Title IV-E agency's spending plan which describes how the State FFPS Program Block Grant will be used for prevention activities and services and the extent to which additional funds are leveraged for comprehensive planning.
13. A description of the coordination with the local Mental Health Plan to ensure adherence to federal requirements that Title IV-E remains the payer of last resort.
14. A description of the Title IV-E agencies' plans to ensure the sustainability of services in the CPP and/or the barriers and needs to ensure that sustainability.
15. Assurances of all other requirements under the state Title IV-E Prevention Program Plan approved by the federal Administration for Children and Families (ACF).

Changes to the CPP

Counties are required to promptly notify the CDSS of any changes to the written plan, including, but not limited to, an elimination or reduction of services in accordance with WIC Section 16588(c)(2). The county must also consult with other relevant county agencies that serve families and children that include Indian Tribes, local community representatives, caseworkers, and individuals and families with lived experience with the child welfare system regarding any changes to the plan.

Approval Process

CDSS will review and approve all local plans submitted to opt into the FFPS program. Technical Assistance will be available to local Title IV-E agencies to ensure that their plans meet the aforementioned requirements and include all the required assurances to ensure compliance with federal and state statute and the state's Five-Year Title IV-E Prevention plan. Local Title IV-E Agencies who opt-in and/or submit a CPP may later determine they are unable to fulfill the requirements of the CPP or may subsequently choose to opt out of the FFPS program. Local Title IV-E agencies must promptly notify the CDSS of any changes and may only claim FFPS State Block Grant funds for allowable expenditures prior to opting out.

WORKFORCE TRAINING AND DEVELOPMENT

California's child welfare system presents particular opportunities, 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, rigorous standards, and built-in flexibility. California's 58 county child welfare services programs range from rural to highly urbanized, with workforces ranging

from just a few workers to a staff of thousands. Training sophistication ranges from informal grass-roots workforce development efforts to highly developed training departments with complex learning management systems. Successful execution of a system that can address this range of needs and dovetail with the existing training systems requires much innovation and strategic resource management.

California's Training System Structure

Prevention service coordination and delivery will become part of the statewide coordinated training program and will utilize the existing structures currently in place to regionally develop and deliver a training curriculum to implement the Family First Prevention Services Program. In California, the Regional Training Academies (RTAs) provide a continuum of training and professional educational opportunities for child welfare and Title IV-E tribal 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, Tribal STAR at San Diego State University Academy for Professional Excellence, which provides training and technical assistance (TA) to child welfare social workers, legal advocates, Tribal Nations and Tribal Social Service agencies in 5 Southern California counties, CalTrin and Strategies TA, which provides trainings to local service providers including Family Resource Center and community-based agency staff, and the Chief Probation Officers of California which develops and delivers foundational, supervisory and ad hoc training on child welfare practices to their members.

California will leverage current training in place that have topics related to ensuring successful delivery of Family First Prevention Services. Core curriculum for child welfare staff, known as Common Core, already consists of a combination of classroom and field training on topics such as:

- Trauma-informed practice
- Integrated Core Practice Model (ICPM)
- Tribal Engagement, ICWA including Active Efforts and culturally responsive programs
- Equity & cultural humility
- Engaging children & families
- Case planning with families and county partners
- Conducting risk assessments, including use of assessment tools
- Monitoring child safety
- Key issues in child welfare, including behavioral health, substance use disorders, and intimate partner violence
- Data systems & reporting

The RTAs are currently able to track workforce training and conduct evaluations of child welfare staff through pre-and post-surveys using an online learning and management system. Local agencies are provided access to this system, so tracking and evaluation of workforce development can be expanded to include probation, tribes, and community pathway partners.

California will leverage this system to track trainings and ensure that Title IV-E agencies and local service providers receive training prior to delivery of Family First Prevention Services.

Tiered Training Approach

The state will roll out a training plan for a diverse audience of Title IV-E agency staff, local prevention service providers, and other prevention partners with three different tiers. Attachment D includes the state's training plan which describes the content of each topic's curriculum. Topics infused throughout all trainings will include trauma-informed practice, ICPM, Diversity, Equity and Inclusion (DEI), tribal engagement, and the community pathway.

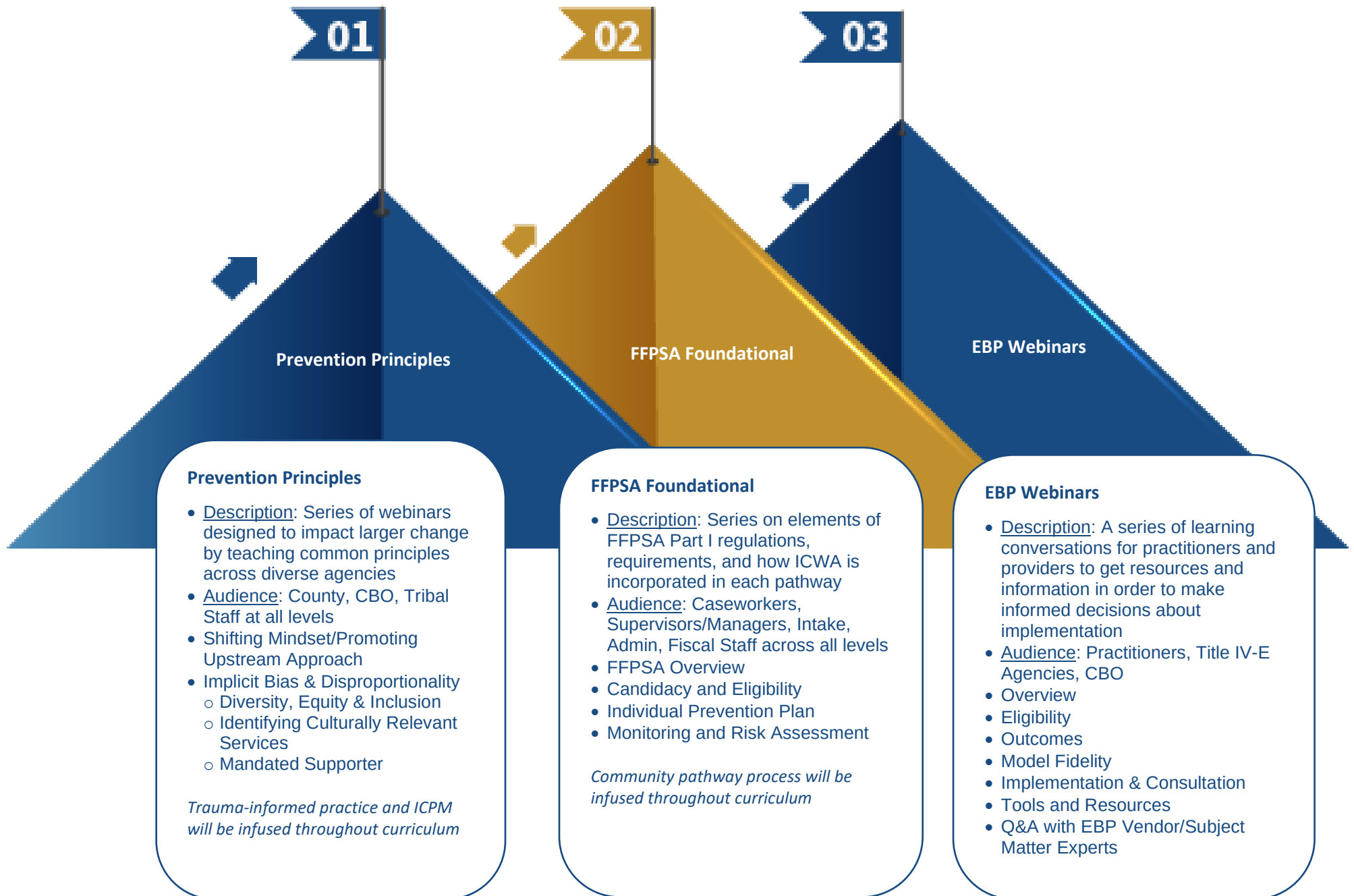
Tier 1: Prevention Principles will outline foundational best practices that are necessary for prevention networks to understand and move toward a system-wide shift of investing in prevention. This system-oriented training will target the widest audience, including local service provider staff, leadership on all levels, and cross-sector partners.

Tier 2: There will be two types of Tier 2 trainings. One training will be for local prevention providers and other prevention partners focused on the community pathway. The other training will be for Title IV-E caseworkers. Training specific to Title IV-E agency caseworkers will include tribal engagement, ICWA, and active efforts. This tier of trainings will include the specific details related to the delivery of FFPSA prevention services. These trainings will be centered around the federal requirements related to determining candidacy, developing a prevention plan, monitoring safety, etc.

Tier 2 will ensure that staff from child welfare, probation, tribal agencies, and local service providers who are part of the community pathway are qualified to develop prevention plans (including how to connect and engage with families and tribes, assess needs, and how families and tribes can access evidence-based services), understand when and how often to conduct risk assessments, monitor child safety, develop safety plans, and assess for continued appropriateness of prevention services.

Tier 3: The EBP Webinars will provide comprehensive training to the Title IV-E agencies and local service providers on the EBPs listed in their CPP. Local cross-sector planning entities can use this information to further assess, select, and confirm which EBPs are appropriate to the meet the needs of their local candidacy population. The visual below depicts the topics within each tier of the training plan and the intended audience. In addition, the state has detailed the proposed topic areas of each tier of the training plan in Attachment X.

Tiered Training Approach



EBP Certification Training

Title IV-E agencies will also articulate a plan for workforce training in their Local Prevention Services Plan, which will include how they will ensure contracted EBP providers meet minimum requirements of training and practitioner qualifications. The state intends to hire a training coordinator that will connect local service providers to the required training related to the EBP model that the service provider will be delivering.

PREVENTION CASELOAD

As California is a state supervised county administered system, caseload monitoring is dependent on local Title IV-E agencies, which will be directly responsible for ensuring appropriate caseloads for agency and contracted caseworkers. Using existing protocols for case assignment, caseloads will be determined at the local level, based on the complexity of family needs.

Social worker supervisors of the local Title IV-E agencies must be trained to 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 Title IV-E agency contracts with other agencies or community-based organizations for delivering EBPs must specify that caseload levels will be monitored to ensure that model fidelity is maintained where an EBP is being used. Where model fidelity does not dictate a prescribed caseload size, ongoing assessment of family needs and the time invested in the family's service or intervention must be taken into consideration to prevent caseloads from becoming unmanageable.

Prevention caseload numbers will be tracked through CWS-CARES and available for analysis throughout the continuous monitoring of the FFPS program. Local Title 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 monitored.

ASSURANCES AND MAINTENANCE OF EFFORT

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

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

APPENDIX A

This table shows information for each EBP selected for the prevention services array including: a description, rationale for selecting the service, the book/manual/documentation for the version of the program, target population, outcome measure, and fidelity indicators.

EBP Service, Description, Rationale, and Manual Version	Target Population	Outcomes	Fidelity Indicators
<u>Nurse-Family Partnership</u> 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-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.	First-time parents/ caregivers pregnant or with a child under 2 years of age	• Increased positive parenting practices • Improved maternal health • Family self-sufficiency	• Provider received and maintained required training • Meets staffing qualification requirements • 1:8 Supervisor to Staff Ratio • 1:25 Caseload Ratio • Use of NFP standardized web-based data system

Version: Nurse Family Partnership. (2020). <i>Visit-to-visit guidelines</i>.			
<u>Healthy Families America (HFA)</u> Healthy Families 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. California intends to apply for use of the HFA Child Welfare Protocol in implementation of the HFA program. This will include local agencies submitting the request to HFA for consideration of adaptation to allow the use the HFA Child Welfare Protocol for families referred through child welfare. Additionally, families will be enrolled into HFA per model fidelity requirements, including the majority of families being enrolled within the first three months of birth but before the child(ren) turn 24 months of age. Version: Healthy Families America. (2018) <i>Best practice standards</i>. Prevent Child Abuse America. and Healthy Families America. (2018). <i>State/multi-site system central administration standards</i>. Prevent Child Abuse America.	Prenatal to 5 years (services offered within 3 months of birth)	• Increased positive parenting practices • Increased nurturing parent-child relationships	• Provider received and maintained required training • Meets staffing qualification requirements • 1:6 Supervisor to Staff Ratio • Meets caseload requirements • Performance on ratings of HFA Best Practice Standards
<u>Parents as Teachers</u> 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	Parents/ caregivers with children age zero to kindergarten	• Increased number of developmental milestones met • Increased positive	• Adherence to PAT 17 Essential Requirements • Annual submission of each essential

early detection of developmental delays and other health issues, as well as preventing incidences of child abuse and neglect. The PAT model includes four core components, which include personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. PAT is designed so that it can be delivered to diverse families with diverse needs, although PAT sites typically target families with specific risk factors. 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. PAT is currently available in 12 counties (Monterey County, Merced County of Office of Education, Los Angeles County, Tehama County, Placer County, Mono County, Riverside County, Napa County, Kings County, Madera County, San Francisco County, and Ventura County) PAT also uniquely addresses the distinct challenges facing American Indian and Alaska Native (AIAN) families by leveraging strengths of their communities. Our tribal affiliate programs are culturally specific, locally implemented and use community-based paraprofessionals, which support the local workforce development. The program honors cultural heritages, tribal teachings, practices, traditions, values, beliefs and incorporates diverse cultural strengths and language into every personal visit. Each Parents as Teachers tribal affiliate works with their tribal elders and leaders when starting-up and implementing a program. Programs are operated by Native staff and organizations. The PAT model program is often enhanced to use Native language,		parenting practices Improvement of parent/caregiver emotional and mental health	requirement progress through the Affiliate Performance Report (APR) - Providing the Performance Measures Report (PMR) after APR submission 1:12 Supervisor to Staff Ratio
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incorporating traditional arts crafts, storytelling and connecting families to tribal events. Version: Foundational Curriculum. Parents as Teachers National Center, Inc. (2016) and/or Foundational 2 Curriculum: 3 Years Through Kindergarten. Parents as Teachers National Center, Inc. (2014) (dependent on age)			
<u>Parent-Child Interaction Therapy</u> PCIT is a program for 2 to 7-year-old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of parent-child relationship. 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 functioning of children, overall family functioning and parenting practices and is considered one of the most well supported and effective evidence-based practices in the field today, In PCIT, caregivers are taught specific skills to establish or strengthen a nurturing and secure relationship with their child, while encouraging pro-social behavior and decreasing maladaptive behavior. During weekly sessions, therapists provide live coaching to parents from behind a one-way mirror or in the same room if needed and coach caregivers in skills such as child-centered play, communication, increasing child compliance and problem-solving.	Children aged 2-7 and their parents/ caregivers	• Reduction in child negative behaviors • Increased positive parenting practices • Improvement of parent/caregiver emotional and mental health	• Provider received and maintained required training • Meets staffing qualification requirements • Use of Eyberg Child Behavior Inventory (ECBI) and Dyadic Parent-Child Interaction Coding System (DPICS-IV), and Therapy Attitude Inventory

Master's level therapist who have received specialized training provide PCIT services to children and caregivers, many PCIT Therapists can be found throughout the State of California and are currently located in these 40 cities: Alhambra, Beverly Hills, Burbank, Campbell, Claremont, Daly City, Fort Bragg, Fresno, Hermosa Beach, Huntington Beach, La Jolia, La Mesa, La Quinta, Los Altos, Los Angeles, Madera, National City, Orange, Palo Alto, Pasadena, Rancho Cucamonga, Redlands, Redwood City, Riverside, Roseville, Sacramento, Salinas, San Diego, San Francisco, San Marcos, San Mateo, San Rafael, Santa Barbara, Santa Rosa, Sherman Oaks, Stanford, Torrance, Ukiah, Ventura, and Windsor. PCIT is rated as a well-supported practice because at least two studies with non-overlapping samples carried out on usual care or practice settings achieved a rating of moderate or high. Most families can achieve mastery of the program content in 12 to 20 one-hour sessions. Version: Eyberg, S. & Funderburk, B. (2011). Parent-Child Interaction Therapy Protocol: 2011. PCIT International, Inc			
<u>Multisystemic Therapy</u> 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.	Children aged 12-17 and their parents/ caregivers	• Decrease in youth delinquent behavior and substance use • Improvement of parent/caregiver emotional and mental health	• Provider received and maintained required training • Completion of the Therapist Adherence Measure Revised (TAM-R) • Completion of the Supervisor Adherence Measure (SAM) • At least 66% of therapists have a

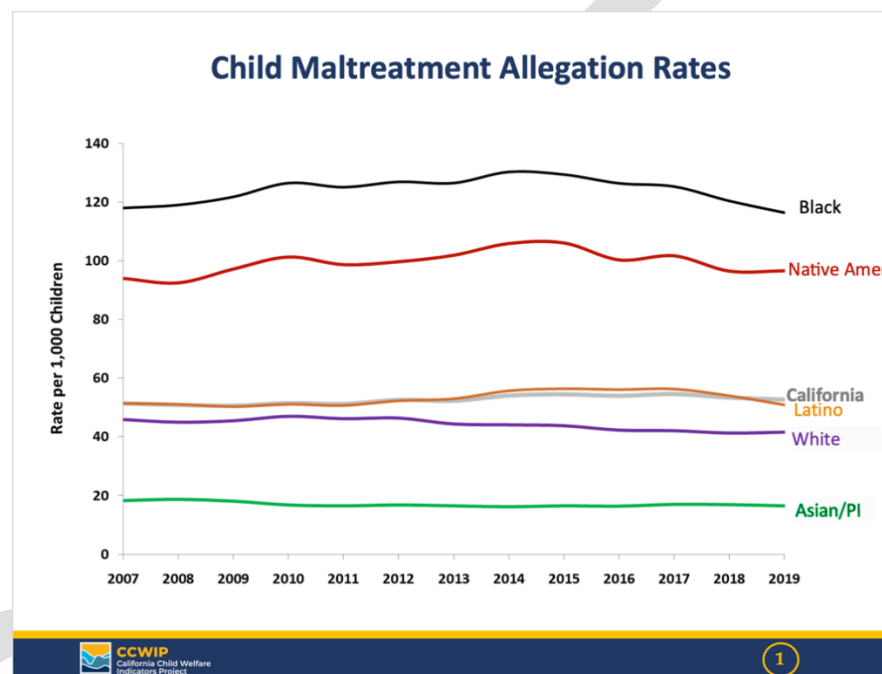
Version: Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2009). <i>Multisystemic Therapy for antisocial behavior in children and adolescents</i> (2nd ed.). Guilford Press.			Master's degree in social work or counseling
<u>Brief Strategic Family Therapy</u> Brief 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. Version: Szapocznik, J. Hervis, O., & Schwartz, S. (2003). <i>Brief Strategic Family Therapy for adolescent drug abuse</i> (NIH Pub. No. 03-4751). National Institute on Drug Abuse.	Adolescents aged 6-17 and parents/ caregivers	• Improved child behavioral & emotional functioning • Decrease in youth delinquent behavior and substance use • Decrease in parent/caregiver substance use	• Provider received and maintained required training • Meets staffing qualification requirements • Ongoing completion of the BSFT Adherence Certification Checklist
<u>Family Check-Up</u> 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,	Families with children ages 2-17	• Improved child behavioral & emotional functioning • Increased positive parenting practices	• Provider received and maintained required training • Meets staffing qualification requirements • Use of COACH Rating Form

material for Family Check-Up is also available in Spanish, increasing its applicability for California's families. Version: Dishion, T. J., Gill, A. M., Shaw, D. S., Risso-Weaver, J., Veltman, M., Wilson, M. N., Mauricio, A. M., & Stormshak, B. (2019). <i>Family check-up in early childhood: An intervention manual</i> (2nd ed.) [Unpublished intervention manual]. Child and Family Center, University of Oregon.			
<u>Functional Family Therapy</u> 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. Version: Alexander, J.F., Waldron, H.B., Robbins, M.S., & Neeb, A.A. (2013). <i>Functional Family Therapy for Adolescent Behavioral Problems</i>. Washington, D.C.: American Psychological Association.	Adolescents aged 11-18 and their parent/ caregivers	• Improved child behavioral & emotional functioning • Decrease in youth substance use • Improvements in parental capabilities	• Provider received and maintained required training (3 phases of training) • Meets staffing qualification requirements • Completion of Weekly Supervision Checklist • Supervisor completion of Global Therapist Ratings
<u>Homebuilders</u> 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	Families with children ages 0-18	• Increase in family interactions • Improvements in family safety • Improvements in parental capabilities	• Meets staffing qualification requirements • Caseloads do not exceed 1:3 ratio • Families met within 24 hours of referral

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. Version: Kinney, J., Haapala, D. A., & Booth, C. (1991). <i>Keeping families together: The HOMEBUILDERS model</i>. Taylor Francis.			• Meets Supervision requirements
<u>Motivational Interviewing</u> 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. 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. Version: Miller, W.R. & Rollnick, S. (2012). <i>Motivational Interviewing, Third Edition: Helping People Change</i>. New York: The Guilford Press.	Adolescents and their parents/ caregivers	• Decrease in youth substance use • Decrease of parent/caregiver substance use • Improved physiological, psychological and lifestyle outcomes	• Provider received and trained • Meets staffing qualification requirements • Completion of the MICA 3.2

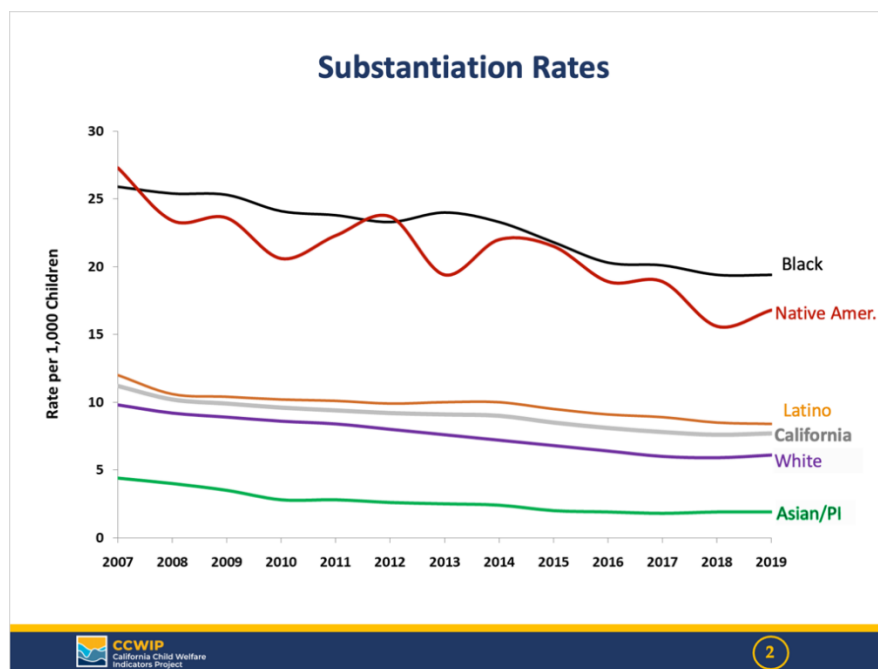
APPENDIX B

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



Graph I: Child Maltreatment Allegation Rates

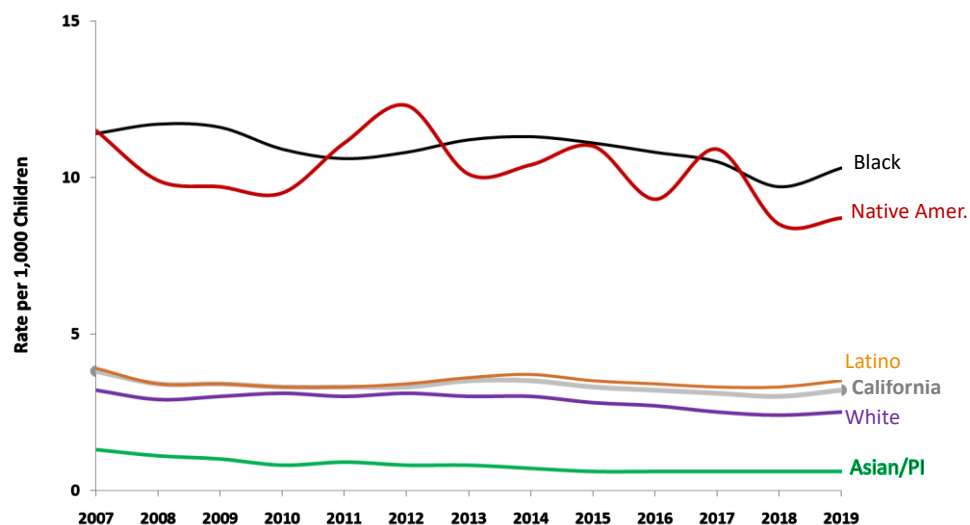
The graph I above depicts the child maltreatment allegations based on ethnic group. Per the California Child Welfare Indicators Project (CCWIP) data, Black, Native American and Latino children and youth have higher rates of child maltreatment allegation than Whites or Asians. Although there has been 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

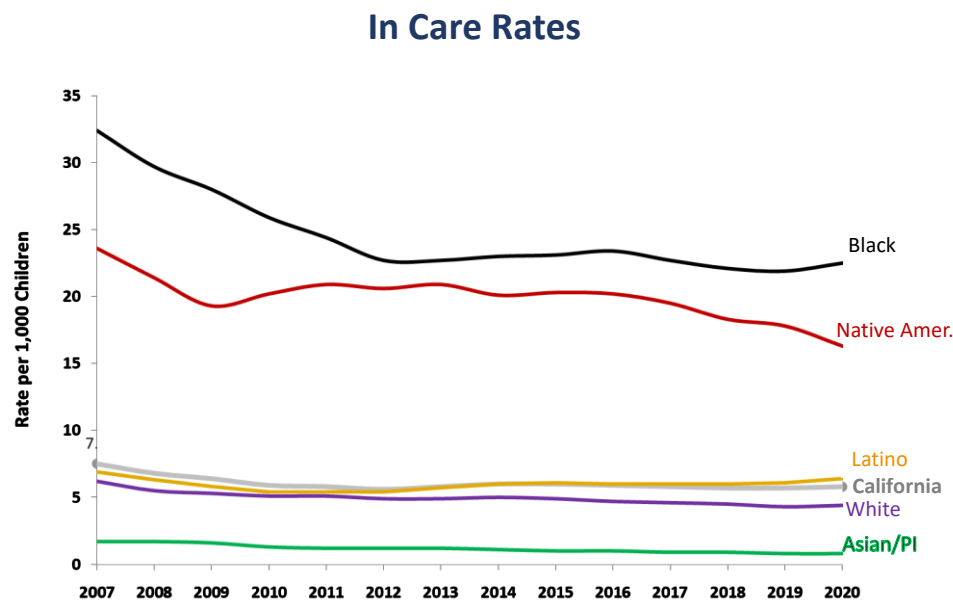
Graph 2 from the CCWIP shows the child abuse and neglect substantiation rates by ethnic group. From 2007 to 2019 there has been a slight overall decline in the number of substantiations for Black, Latino, White, Asian/Pacific Islander, and Native American children. The data reflects higher rates of child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

Entry Rates



Graph 3: Entry Rates

Consistent with higher rates of substantiations for Black 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.

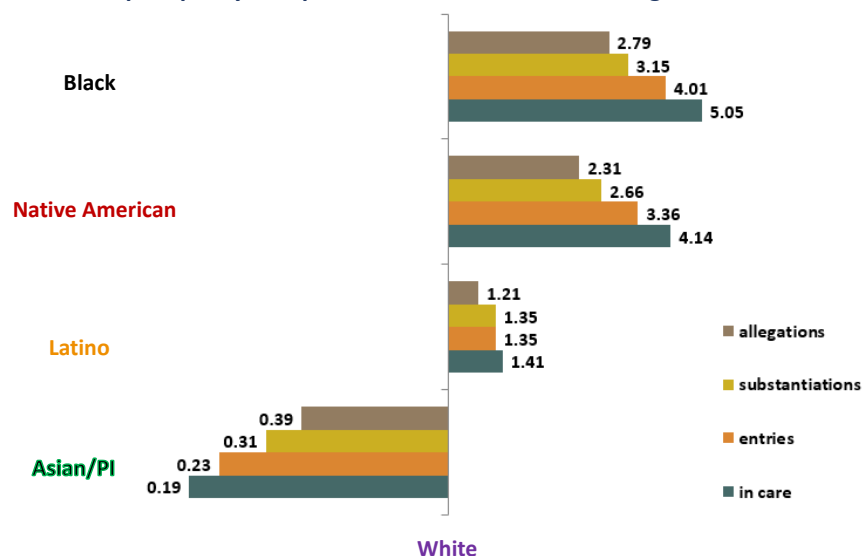


Graph 4: In Care Rates

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.

Racial Disparity Indices (General Population)

Ethnic Group Disparity Compared with White Children along CW Continuum

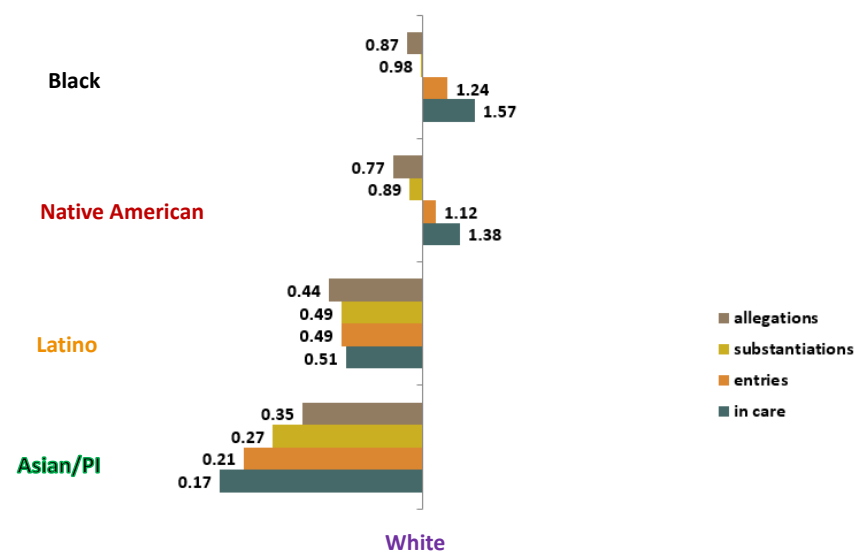


Graph 5: Racial Disparity Indices (General Population)

The above Graph 5 indicates which ethnic groups of children have contact with child welfare systems. Black, 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)

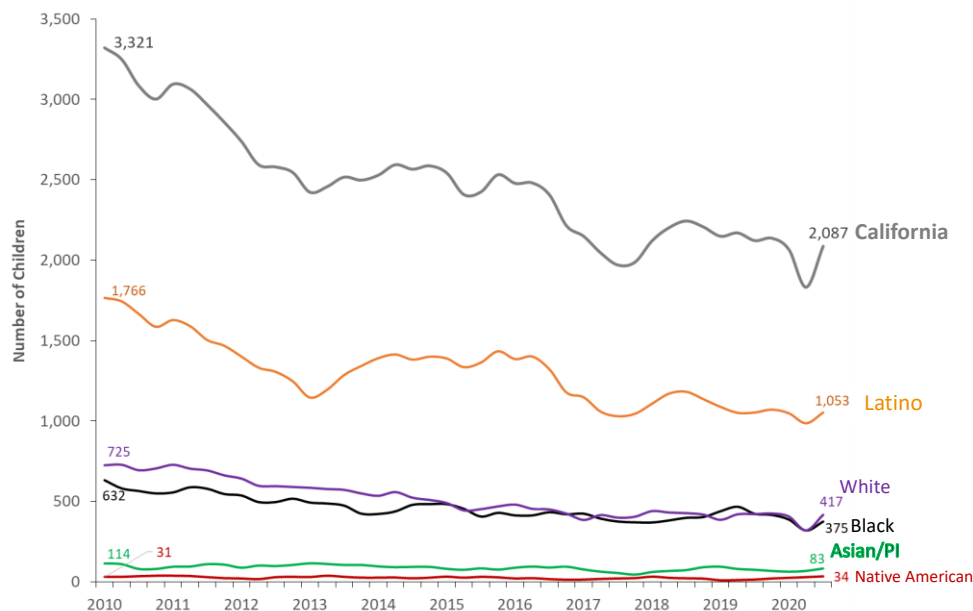
Ethnic Group Disparity Compared with White Children along CW Continuum



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.

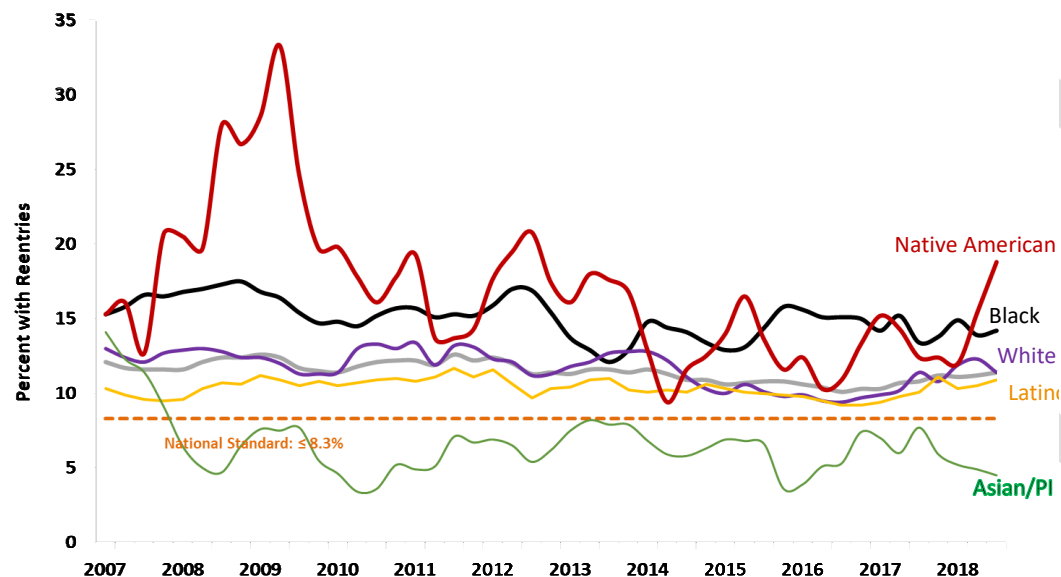
Entries to Foster Care: Short Stayers (less than 7 days) in Care by Ethnicity



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.

Proposed Community Pathway

Through the lens of an Integrated Practice Model



1. Family in Need of Supports and Services

Family is identified as in need of services and either self-identifies or is referred to a service provider (e.g., Family Resource Center (FRC), community-based provider (CBO) or behavioral health agency) by friend/neighbor, school, Indian Tribe, faith-based organization, local association, or a direct referral from a Title IV-E agency, etc.



2. Service Provider (FRC, CBO, Behavioral Health Agency)

Intake worker completes an assessment to determine immediate needs and identify if the family is at imminent risk, a referral is submitted to the IV-E agency to determine candidacy



3. Title IV-E Agency Candidacy Determination

Title IV-E agency (IV-E Tribe, Probation, Child Welfare) reviews requests for authorization and determines candidacy

Authorization is sent to the service provider (FRC, CBO, behavioral health agency) to begin prevention planning



4. Prevention Plan Completed by Service Provider (FRC, CBO Behavioral Health Agency)

Through further assessment, a child and family specific prevention plan is created to support the family in their well-being goals



5. Coordination of Services*

- Identify the service provider(s) that will best meet the family's needs including FPSPA well-supported practices
- Refer the family to the provider(s) for services
- Conduct case management services if indicated and coordination through multi-disciplinary teaming services
- Providing oversight and ensure the needs of the family are met



6. Delivery of Services

The service provider (FRC, CBO, behavioral health agency) will ensure the delivery of service is conducted to model fidelity standards and communicate with other providers for the coordination of services



7. Oversight and Safety Monitoring**

Coordinator and/or service provider (FRC, CBO, behavioral health agency) will oversee progress and monitor safety through consistent engagement practices and follow mandated reporter protocols

Title IV-E agency monitors administrative functions to ensure the deliverables of the contract are met and prevention plan efforts meets requirements

APPENDIX D

PROPOSED CALIFORNIA TRAINING PLAN TOPICS BY TIER

Tier One: Prevention Principles

- Training modules/theoretical approaches designed to impact larger change by teaching common principles across diverse agencies.
- Training that focuses on reaching a large audience of the workforce to help them in understanding their place in prevention work and to develop consistent prevention knowledge and approaches to be diffused across California.
- Audiences: caseworkers, supervisors, managers, directors from child welfare, juvenile probation, local service providers, community-based agencies, tribal agencies; county and community partners from behavioral health, substance use, public health, family resource centers, prevention networks

Curriculum	Description of Content
Shifting Mindset	A series of webinars and learning conversations that will help shift perspective & practice from intervention to prevention.
Implicit Bias/ Disproportionality	Staff will learn about understanding how implicit bias affects their work and practice; learn about current data on disproportionality with marginalized populations and how data contributes to disproportionality; and how to identify and assist families with accessing culturally relevant services.
Mandated Supporter	Enhancement of current Mandated Reporter training that will integrate trauma-informed and healing-centered practices; informing families of the mandated reporting process; providing support & resources to families with

	the goal of limiting and mitigating child welfare involvement.
FFPSA Part I Overview	Provides an overview of FFPSA Part I, including federal and state legislation, main elements required to implement FFPSA Part I, and roles & responsibilities of staff and cross-sector partners.
ICPM 101	Overview of Integrated Core Practice Model for agency partners not familiar with ICPM.

Tier Two: FFPSA Foundational

- Training curriculum on elements of FFPSA regulations and requirements
- Audiences: caseworkers and supervisors in child welfare, juvenile probation, tribal agencies and community pathway providers

16.

Curriculum	Description of Content
Candidacy and Eligibility	Staff will learn the definitions of candidacy, address safety concerns, and determine candidacy for prevention services using an approved process. Staff from local service providers and tribal agencies will also learn the process to submit a referral to the Title IV-E agency for determination of candidacy. Includes active efforts & inquiry for ICWA.
Family Prevention Services Plan	Participants will learn about conducting a needs assessment and engaging families in planning and co-creating a family prevention services plan, including collaboration with county and community partners, identifying and accessing evidence-based services, and tribal engagement in case planning. In addition, participants will learn how to connect families to the appropriate services.

Monitoring & Risk Assessment	Participants will learn how to monitor safety, assess risk, develop safety plans, and oversee and evaluate the continuing appropriateness of services provided. In addition, participants will learn best practices for developing post-FFPSA plans for all types of case closures. It includes how to create, develop and support plans for families, children, youth, and Non-Minor Dependents (NMDs) at case closure. Focuses on transition planning with the child and family team to minimize trauma, achieve permanency, mitigate occurrence/recurrence, and plan for after care. Includes tribal engagement in the assessment and monitoring process
Automation (Admin & Fiscal Analysts)	Staff will learn about obtaining reports related to FFPSA data from CWS-CARES; cross-sector data sharing and confidentiality considerations; and financial claiming of FFPSA-funded services.

Tier Three: Evidence-Based Practices Informational Webinars

- A series of webinars and learning conversations to provide local leaders and decision-makers resources and information to make informed decisions on selecting EBPs to implement or expand.

Webinar	Description of Content
FFPSA Well Supported EBPs Informational Webinar Series	Hosted by CalTrin, in conjunction with the California Evidence-Based Clearinghouse (CEBC), this series of webinars will provide a high-level overview of the Well Supported EBPs in the Title IV-E Prevention Services Clearinghouse. Included is information on the target populations, outcomes, implementation and training supports, and a review of tools provided by CEBC in helping local agencies decide which EBPs fit the needs of their community.

EBP Learning Exchange	Practitioners and local agency leadership will have an opportunity to interact with subject matter experts, including EBP purveyors, the CalWORKs Home Visiting Initiative, and the CA Department of Public Health's California Home Visiting Program, for more in-depth conversations about the Well Supported EBPs that are included in the CA Prevention Plan.

DRAFT