

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 | 2023

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INTRODUCTION

California has a long history of commitment to the prevention of child maltreatment and its recurrence which makes the state well-positioned to develop and implement the Title IV-E Prevention Program established by the Family First Prevention Services Act (FFPSA).¹ 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 within a reimagined child and family well-being continuum. This will provide for a shift in the current paradigm, changing from a focus on reaction to a focus on prevention and early intervention with the goals of reducing incidences of abuse and neglect, decreasing entries into foster care, reducing disproportionality, addressing systemic and historical traumas, promoting the social determinants of health, and improving the lives of children, youth, and families. The 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,² California Work Opportunity and Responsibility to Kids (CalWORKs) Homeless Assistance,³ CalWORKs Home Visiting,⁴ and Differential Response.⁵ California plans to leverage these existing prevention planning efforts to embed FFPSA-funded prevention services into a comprehensive local prevention continuum.

¹ Family First Prevention Services Act, [Bipartisan Budget Act of 2018](#)

² CalFresh Food, [Home | CalFresh Food](#)

³ CalWORKs Homeless Assistance, [CalWORKs Homeless Assistance](#)

⁴ CalWORKs Home Visiting, [CalWORKs Home Visiting Initiative](#)

⁵ CDSS Differential Response, [Differential Response \(ca.gov\)](#)

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 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”.⁶ 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 can:

- 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

⁶ OCAP 2020-2025 Strategic Plan

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 appropriate 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 consistent partnership 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 agreement 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 relevant.
- *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 is tied to 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 expand 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.

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, 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;
- Improving maternal health; and
- Improving paternal engagement.

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, Title IV-E prevention funding 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 services 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;
- Connecting families to Regional Centers for programs and services for children and youth with intellectual or developmental disabilities; and
- Parent education.

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 objectives are aligned with FFPSA-eligible services*

EQUITY AND INCLUSION AS A PRIMARY LENS

Black/brown, 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 the Five-Year State Prevention Plan and will continue to engage these individuals and communities in a culturally appropriate way throughout implementation. For example, as one strategy, the CDSS plans to engage an advisory body which centers on lived experience and influences to inform the local and statewide implementation processes.

The data provided by the California Child Welfare Indicators Project (CCWIP) ⁷at the University of California, Berkeley demonstrate American Indian/Alaskan Native (AI/AN) and Black families are over-represented and experience disparity in most aspects of California's child welfare system. This data (depicted in Appendix B) show that Black and AI/AN 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. Black and AI/AN 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 AI/AN 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 AI/AN, 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 Title IV-E Agencies. According to the 2019 CCWIP data, African American or Black children and youth make up 21.5 percent of the foster system but are only 5.6 percent 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 American Indian 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 AI/AM children and youth. Several of these appointments within the CDSS include leadership staff appointed to address equity in public

⁷ California Child Welfare Indicators Project (CCWIP) (2022), [California Child Welfare Indicators Project \(CCWIP\) \(berkeley.edu\)](https://www.cdwip.org/)

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 the 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 improve access and 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 representatives and hosts quarterly Tribal Advisory Committee (TAC) meetings with social services related topics that include engagement and updates from Child and Family Services Division. The OTA also hosts and advises department programs and policy divisions on tribal engagement meetings on various policy and practice topics. The CDSS has placed a priority on tribal consultation and engagement in its efforts to increase accountability within the various parts of the department. While the OTA works with Tribes on behalf of CDSS programs, a major focus is to support and promote county activities that include and align with and ensure 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 supporting the additional work that is necessary to strengthen equity within CDSS programs. These structures will also support 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 AI/AN population. The United States and California's history of actions, laws and policies discriminating against American Indian/Alaska native's and denying the existence of tribal sovereignty has long lasting impacts causing trauma today. The detrimental impact of these actions on tribal children and families is evident in the overrepresentation of American Indian and Alaska native 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 AI/AN children, youth, and families. The CDSS has Title IV-E Agreements with the Yurok and Karuk Tribes that support partnering in government-to-government relationships aiming to support Tribes' control over programs and services that assist AI/AN 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 AI/AN 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 state's Annual Progress and Services Report (APSR),⁸ 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 AI/AN 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.

⁸ [CDSS Child and Family Service Plan](#)

The APSR is an annual progress report to the Child and Family Services Plan submitted to the Federal Administration of Children and Families as a requirement to receive funding under Title IV-B of the Social Security Act. The APSR is a report to the Plan, which includes building ICWA.

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.⁹

Racial disproportionality in child welfare systems can manifest in several ways:

- by the kinds of services developed
- by inequitable treatment based on race within the service delivery system
- by incomplete efforts to change the system¹⁰
- 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.¹¹ With this understanding in mind, the State and local governments are relying more on the help of community partners to implement culturally responsive 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 several safety nets programs that are intended to alleviate and disrupt poverty, including the CalWORKs

⁹ CalSWEC Symposium on Fairness and Equity Issues - Equity from the Start - CCWIP Data Presentation." CCWIP, California Child Welfare Indicators Project, May 2017, [CCWIP CWS/CMS PowerPoint Presentations](#)

¹⁰ Children and youth in Foster Care, by Race/Ethnicity." *Kidsdata.org*, Lucile Packard Foundation for Children and youth's Health, 2018, [Kids Data](#).

¹¹ 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, [GAO African American Children in Foster Care](#)

(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 and the Black Child Legacy Campaign.¹² 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.

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 appropriate engagement; empowerment of family, tribal, and community networks; and use of culturally appropriate healing practices and practice adaptations.¹³

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 appropriate 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 conducting the assessment of family strengths and needs, also coordinates services, and monitors safety and progress. This agency may be a community-based organization (CBO) family resource center (FRC), or Tribal Social Services

¹² Black Child Legacy Campaign (2022), [Black Child Legacy Campaign \(BCLC\)](#)

¹³ Children's Bureau (2016). [Site Visit Report: California Partners for Permanency \(CAPP\)](#).

Agency contracted by the local Title IV-E agency to perform the services¹⁴. 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 performed by the contracted 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".¹⁵ **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 and for families to access services through community-based organizations when direct involvement with the local Title IV-E agency is unnecessary.** 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.

Cultural Adaptations of Evidence Based Practices (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".¹⁶ 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."¹⁷

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 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 culturally specific needs of diverse populations may be included so that local Title IV-E agencies can serve their populations. In conjunction with purveyors and fidelity specialists, CDSS is committed to working with Tribes and ACF to

¹⁴ 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.

¹⁵ Children Welfare Information Gateway, [Child Welfare Practices to Address Racial Disproportionality and Disparity \(April 2021\)](#)

¹⁶ Racial Equity Alliance, [Racial Equity Toolkit](#)

¹⁷ Substance Abuse and Mental Health Services Administration (SAMHSA), 2008

determine cultural adaptations of EBPs that are consistent with the EBPs model fidelity standards. Once those adaptations have been established, the CDSS will pursue their addition to the state's prevention plan.

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.

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 and agencies 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, childcare, and system 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).¹⁸ 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.

¹⁸ CDSS The Integrated Core Practice Model (ICPM) Resource, [The Integrated Core Practice Model \(ca.gov\)](#)

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.¹⁹ 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 \(Chapter 815, Statutes 2018\)](#) to guide county and state interagency coordination for children and youth in foster care.²⁰ In California, System of Care reforms require the development of “a coordinated, timely, and trauma-informed system-of-care approach for children and youth in foster care who have experienced severe trauma, implementing related memoranda of understanding on the county level, and establishing a joint interagency resolution team on the state level to assist counties in serving those children and youth.”²¹

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 reforms 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 continue partnership 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

¹⁹ Assembly Bill No. 403, (Chapter 773), [Bill Text - AB-403 Public social services: foster care placement: funding.](#)

²⁰ AB-2083 Foster Youth: Trauma-Informed System of Care (2017-2018), [Bill History - AB-2083 Foster youth: trauma-informed system of care.](#)

²¹ Assembly Bill 2083 (Chapter 815, Statutes 2018) Section 1, [Assembly Bill No. 2083, Chapter 815](#)

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, kinship navigator programs, and family services and supports under the PSSF program. The CDSS will inform and educate the local Title IV-E Agencies on how the 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 a mix of programs in their CPP including those which are not funded by Title IV-E. 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.

A Coordinated Network of Service Providers and Community-Based Organizations

As part of the Family First readiness work, local Title IV-E agencies will be asked to map community resources, contracted services, non-contracted services, and grassroots organizations, particularly those which offer culturally appropriate 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 contracted with to conduct assessments of the family's strengths and needs, recommend and/ or plan treatment, provide case management services, and provide aftercare services. 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 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 prevention services. 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. 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.

Tribal Consultation

Throughout the development of the prevention plan, the CDSS regularly engaged Tribes by requesting and engaging in formal government to government Tribal Consultations and through engagement of the Tribal Advisory Committee to solicit input on the development of the Title IV-E Prevention Program. The Tribal Advisory Committee convened in the fall/winter of 2021, where CDSS presented feedback on the state plan to respond to the Children's Bureau feedback and assisted drafting the most recent version of the Plan.

CHILD AND FAMILY ELIGIBILITY

CANDIDATES FOR FOSTER CARE

The FFPSA defines a candidate for foster care 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 if 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 eligibility for Title IV-E prevention services. 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 under the existing Title IV-E foster care program and may be eligible for prevention services under Title IV-E **based upon an individual assessment and determination that the child is at imminent risk of entering foster care but can remain safely in the home as long as allowable mental health, substance use, and/or in-home parent skill-based program services are provided.**

- Children in voluntary or court-ordered Family Maintenance services cases. 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 percent) 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 percent) were removed within 12 months and placed in foster care.²² The FFPSA provides an opportunity to expand service capacity to this population.
- Probation minors 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 will be eligible to receive services under the Title IV-E Prevention Program. According to CDSS data, in any given month, approximately 3,900 probation minors in California have been determined to be at “imminent risk” of foster care.

Below are potential categories of circumstances under which children are 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 but can remain safely at home as long as allowable mental health, substance use, and/or in-home parent skill-based program services are provided.**

- Children whose guardianship or adoption arrangement is at-risk of disruption will be able to receive Title IV-E prevention services. These are non-reunified children and youth who have exited foster care to permanency through guardianship or adoption and are at risk of re-entry due to disruption of that permanency arrangement according to an assessment of the child and their adoptive parent(s)/guardian(s) circumstances. 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, without a case being opened, are eligible for Title IV-E prevention services. According to CDSS data, 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 percent) were substantiated, meaning that more likely than not child abuse or neglect had occurred. Inconclusive referrals made up 79,394 (22 percent), 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 percent) were closed after investigation, while 63,947 (44.1 percent) of inconclusive dispositions were

²² Data provided in the Target Population of Potential Candidates referenced as CDSS and SFY 19-20 can be assumed to have been provided from the CWS/CMS system.

closed after investigation.

- Children who have siblings in foster care are 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).²³ 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. When the circumstances that necessitate one child entering care also impact the child that remains at home, Title IV-E prevention services could be provided in order to prevent additional children in the family entering care.
- According to California's Coalition of Youth, 30 percent of all homeless youth in the United States are living in California without a safe place to call home.²⁴ Abuse, neglect, and family conflict are often identified as precursors to youth homelessness. There is also a high percentage of homeless youth who have experienced physical abuse, sexual abuse, and trafficking because of homelessness.²⁵ While state law provides that the homelessness itself is not a basis for removal, 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 abuse, which may place a child at imminent risk.
- Lesbian, Gay, Bisexual, Transgender and Queer/questioning (LGBTQ) children care are eligible to receive Title IV-E Prevention Services. Nationwide, 30 percent of children in out of home care identify as LGBTQ.²⁶ One in five youth in juvenile justice facilities identify as LGBTQ. There is a higher risk of suicide for LGBTQ children than their heterosexual peers and they are disproportionately represented amongst homeless and trafficked youth.²⁷
- Substance-exposed newborns are 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. According to data compiled by CDSS, 49.98 percent of all infants under 12 months of age with referrals to child welfare services were identified as being affected by substance abuse or withdrawal symptoms.
- Trafficked children are eligible to receive Title IV-E prevention services. These children are at risk of or have experienced commercial sexual exploitation (CSE), as defined in WIC section 300(b)(2). During SFY 2019-20, there was an average

²³ Per California [WIC §388\(b\), Welfare and Institution Code](#)

²⁴ California Coalition for Youth, [Homeless Youth \(2022\)](#)

²⁵ National Network for Youth, Human Trafficking, [National Network for Youth](#)

²⁶ Family Builders, Suicide Prevention Among LGBTQ+ Youth (2022), [Family Builders Fact Sheet Did You Know \(ca.gov\)](#)

²⁷ "LGBTQ Youth in the Juvenile Justice System," Literature Review OJJDP, August 2014, [LGBTQ Youths in the Juvenile Justice System Literature Review \(ojp.gov\)](#)

of 1,081 youth identified as victims of CSE by child welfare and probation, with 275 (25 percent) of those youth being newly identified within this timeframe. Title IV-E prevention services will be essential for addressing the trafficking and exploitation of vulnerable children in California as well as to prevent their entry into the foster care system.

- Children exposed to domestic violence are eligible to receive Title IV-E prevention 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 percent) 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, address underlying needs that contribute to domestic violence, thus preventing the child’s entry into foster care.
- Children whose caretakers experience a substance use disorder are eligible to receive Title IV-E prevention services. In the United States, there is an average of 8.7 million children living in households with at least one parent who has a substance use disorder. These children are at a greater risk of child maltreatment and child welfare involvement due to parental neglect, chaotic environments, and exposure to substance use.²⁸ Substance use can negatively affect the ways in which parents interact with and care for their children, all of which can increase the risk of maltreatment. Children who were removed due to parental drug use are less likely to reunify and more likely to have reoccurrence of maltreatment.²⁹ 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 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.

²⁸ “Children living with parents who have a substance use disorder.” SAMHSA The CBHSO Report, August 24, 2017, [ShortReport-3223.pdf \(samhsa.gov\)](#)

²⁹ National Library of Medicine, “[The impact of parental alcohol or drug removals on foster care placement experiences: A matched comparison group study.](#)” May 2007

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
- 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)³⁰, and the assessment must be reviewed by the local Title IV-E agency to determine candidacy and eligibility for Title IV-E prevention services.

AI/AN children and their families may be referred to Title IV-E prevention 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(s) 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

³⁰ 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](#).

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.”³¹ 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 young men reported getting someone pregnant.”³² 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 prevention 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.³³ There is no requirement in FFPSA Part 1 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

³¹ Casey Family Programs, [Strategy Brief Strong Families](#), November 2018

³² National Library of Medicine, [Pregnancy and Childbearing among Youth Adults who Experienced Foster Care](#), May 2018

³³ CDSS All County Letter 16-82 (2016), [Reproductive and Sexual Health Care and Related Rights for Youth and Non-Minor Dependents \(NMD\) in Foster Care](#)

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 decisions regarding case services and when making decisions about custody arrangements for their children.

Within this existing framework, appropriate and relevant 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 youth is assessed to have a continued need for the services.

PATHWAYS TO PREVENTION SERVICES

California will provide local Title IV-E agencies the opportunity 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 collection of data to model fidelity and CQI activities involved in the prevention services. All the required FFPSA claiming data elements can be found in the Children's Bureau (August 19, 2019) Technical Bulletin #1 (**REVISED**): Title IV-E Prevention Program Data Elements.³⁴ 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 contact 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

³⁴ Children's Bureau, [Title IV-E Prevention Program Data Elements \(June 30, 2022\)](#)

candidate for foster care eligible for Title IV-E Prevention Services and referred to available and appropriate prevention services under the community pathway described below.

When direct involvement with the family by the local Title IV-E agency is necessary, Family Maintenance (FM) is another avenue through which families are eligible to receive voluntary or court ordered services to prevent removal of children from their homes. The 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. As well as the 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 (SDM) tools and monthly visits by the social worker will remain. The child welfare agency is the lead coordinator of services, and it is the responsibility of the child welfare agency to ensure that all necessary data is entered into the CWS-CARES for the purposes of safety and risk monitoring and progress towards case plan goals. Updates to the family's prevention plan, including engagement efforts, ongoing safety and risk monitoring including home visits, case plan content and SDM assessments, will be documented in CWS-CARES.

Per existing state regulations contained in Division 31-320 of the Child Welfare Services Manual of Policies and Procedures (MPP), requirements during social worker contacts with the child and family include ongoing monitoring of physical and emotional condition as well as adherence to the case plan including documentation of the progress towards the established goals. Child welfare social workers are required to conduct visits at least three times in the first 30 calendar days. After the initial 30 days, a visit must be conducted at least once every thirty days for ongoing safety and risk monitoring, and the majority of the visits must occur in the home.

In 2007, California implemented the use of a Standardized Safety Assessment System, Structured Decision Making (SDM) across all 58 counties in California. Use of SDM assessment tools ensures that families are systematically assessed for safety, risk and needs throughout the life of any child welfare case³⁵.

The following are descriptions of the SDM® Safety and Risk Assessments currently in use and that will continue to be used in accordance with the SDM Policies and Procedures Manual for children served by child welfare agencies through the Title IV-E agency pathway:

- SDM® Safety Assessment: The Safety Assessment is applied to referrals,

³⁵ The Structured Decision Making, [SDM Policy and Procedures Manual \(2021\)](#)

investigations and as a case management tool. The Safety Assessment is used to assess whether a child is likely to be in immediate danger of serious harm/ maltreatment or death, requiring a protective intervention to mitigate any immediate safety concerns.

- **SDM® Risk Assessment:** The Risk Assessment is applied to referrals, investigations and as a case management tool to identify the likelihood or “risk of” future child abuse, neglect, or maltreatment within the next 18 to 24 months. Risk Assessment is used after the safety assessment, in the closing of all referrals and in the opening or closing of child welfare cases.
- **SDM® Risk Reassessment:** The SDM® Risk Reassessment is completed on all open cases in which all children remain in the home, or cases in which all children have been returned home and family maintenance services will be provided. This assessment provides the ability to see if the family has made significant progress towards the case plan goal and/or to assess the level of change to the original level of risk determined in the SDM Risk Assessment.

PROBATION DEPARTMENTS

Probation departments use a variety of assessment tools in order to ensure ongoing monitoring of safety and risk. The Juvenile Assessment Intervention System (JAIS), Positive Achievement Change Tool (PACT), Youth Level of Service/Case Management Instrument (YLS/CMI), and the Risk Resiliency Check Up Tool (RRC) all include domains that assess for safety and risk. Currently in California, probation officers conduct assessments to determine traditional candidacy for foster care using the “Evaluation of Imminent Risk and Reasonable Candidacy” (EIRRC) tool. The EIRRC tool is a checklist that assists in accurately identifying why and how a child is considered a candidate. If the child is clearly identified as a candidate, then a Case Plan must be developed, and the following elements must be documented:

- Description of circumstances including but not limited to behavioral issues that place the child or youth at imminent risk of removal from the home absent the indicated services. This cannot be solely a list of problems but must include why these issues will result in out-of-home placement if services are not provided. This will include behavioral issues and obstacles related to the parents or guardian.
- Types of services needed for the child or youth to remain safely in his/her home. This must include any services aimed at the parents or guardians.
- Statement that absents the effectiveness of services, foster care is the planned arrangement for the child or youth and identify the type of planned placement setting.

For those probation departments who do not opt into providing Title IV-E prevention services, they will continue to use this assessment tool 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 and ensures that ongoing assessment is occurring.

The CDSS will ensure through the development of guidance to Title IV-E agencies that regular, ongoing safety monitoring and periodic risk assessments are included in local policies and procedures. Periodic risk assessments will also ensure that the child and family are assessed at minimum to ensure services are appropriate through a 12-month period. Per existing guidance in [All County Letter \(ACL\) 14-36](#), probation officer contact requirements include ongoing monitoring of physical and emotional condition as well as adherence to the case plan including documentation of the progress towards the established goals in the family's case plan. The Case Plan will determine the needs and frequency of ongoing safety and risk monitoring. During the 12-month period the probation officer is required to visit the child and family at a minimum of once per month where these activities will occur and complete new Case Plan every 6 months while the child remains a reasonable candidate for prevention services. Re-determination for candidacy shall be updated no less than every six months or as a new change occurs and will be done by completing both the "Evaluation of Imminent Risk and Reasonable Candidacy" document and new Case Plan.

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 as required. While prevention services data reporting will be collected through CWS-CARES, additional assessment tools beyond the FFPSA prevention services candidacy determination tool will be discussed and evaluated during the CWS-CARES Project's research and development work currently underway.

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. Struggling families, especially those residing in impoverished neighborhoods, often voluntarily seek support from public and private community agencies, such as faith-based organizations, schools, local athletic organizations, after school programs, scouting organizations, etc. Engaging and strengthening connections between these organizations and local service providers that understand the needs of the community and provide direct services, such as community-based organizations (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. Families may also be referred to the community pathway by a local Title IV-E agency that determines a family is eligible for prevention services, but a Family Maintenance case will not be opened. These referrals can identify for families the local service provider that is contracted by the Title IV-E agency for prevention services who will complete an intake assessment of the family's strengths and needs. During the intake process, the contracted agency will complete an assessment of the circumstances of the child/family. If the child/family is assessed to need mental health, substance abuse, and/or in-home parenting skill-based services for the child to remain safely at home, they will identify the child as potentially eligible for Title IV-E prevention services.

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 submit their recommendation for candidacy to the Title IV-E agency for a review to make 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 must begin prevention planning with the family and, if applicable, in partnership with the child's Tribe(s). If more than one service is to be provided, the contracted service provider and the Title IV-E Agency will determine the roles of care coordination and how the agencies ensure that community-based prevention services are provided to support the family's unique needs. The local service provider, in partnership with the child's Tribe(s), determine how case management and coordination of services will be conducted. The contracted local service provider will be required to deliver EBP services to model fidelity standards and coordinate with other service providers under the monitoring and oversight of the local Title IV-E agency.

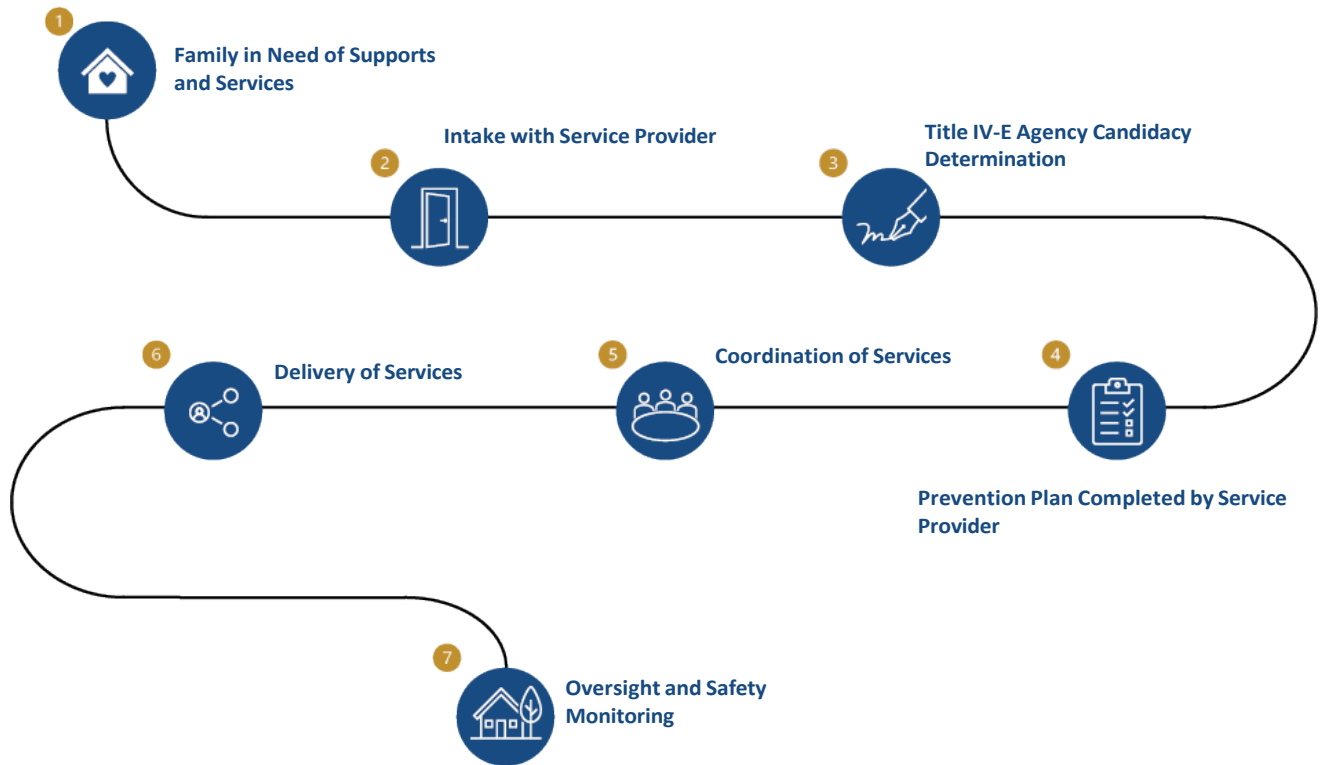
Oversight of the Community Pathway, Safety Monitoring and Risk Assessments

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. The frequencies of interventions and meetings will be based on the family's needs and documented in the child's written prevention plan. Coordinators and/or providers will be trained to develop and monitor safety plans when appropriate. Safety

monitoring and periodic risk assessment is required when services are being provided to the child and family. The CDSS will ensure through the development of guidance to Title IV-E agencies that regular, ongoing safety monitoring and periodic risk assessments are included in local policies and procedures. Periodic risk assessments will ensure that the child and family are assessed at minimum to ensure services are appropriate through a 12-month period. Re-determination for candidacy shall be updated no less than every six months as a new change occurs, any time a safety or new risk factor is identified, and/or any time services are not having the intended result as reported by the coordinator of services and/or provider or the family. The coordinator of services and/or service providers are responsible for updating the child and families written prevention plan, including engagement efforts and ongoing safety and risk monitoring, as well as communicating with the Title IV-E agency on any candidacy recommendations. Updates will be documented in CWS-CARES by the coordinator of services. If an incident occurs where there is a safety threat that cannot be mitigated with 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. 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.

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. As outlined above, the local Title IV-E agency is responsible for supervising and ensuring that its contractors appropriately perform all contracted Title IV-E administrative activities in accordance with federal and state requirements, and will receive and review periodic, aggregate reports via CWS-CARES to support their oversight of their contracted service providers. Information within the reports may include, safety and risk monitoring, adherence to model fidelity standards, length, and completion of services etc. The local 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. If the local Title IV-E agency identifies a problem through their review of periodic reports or other performance monitoring activities, they will follow up with their contracted entities to address it immediately. Appendix C Includes the following graphic with additional detail to describe an overview of the activities within each step of the Community Pathway. Figure 1 below illustrates the anticipated steps to meet the requirements of FFPSA within the Community Pathway. For further information, Appendix C contains additional descriptions of the activities within each step of the Community Pathway.

Figure 1: Community Pathway



PREVENTION PATHWAYS AND DIFFERENTIAL RESPONSE

Differential or Alternative Response (DR/AR) 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 commonalities 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.

TRIBAL CONSIDERATIONS

COMPLIANCE WITH THE INDIAN CHILD WELFARE ACT (ICWA)

As previously mentioned, AI/AN children and their families may be referred to Title IV-E prevention services under any of the identified pathways or referred for assessment from outside sources such as a school or medical provider, including self-referrals. California is committed to meeting the unique needs of AI/AN 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.

AI/AN 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 AI/AN child under the county Title IV-E program is closely intertwined with the requirement of the ICWA that must be made to maintain an Indian child with their family. The following activities identify points in a prevention case where a child's Tribe(s) must be engaged.

- 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 status of the child (and case).
- Joint referrals to services, performed with the Tribe(s) input and involvement in decision-making
- 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 IV-E Agencies so that agency may make the agency determination for its children
- Co-development of a Prevention Plan with the Tribe(s) input and involvement in decision making
- Delivery and coordination of services
- Input into decision making regarding Safety and Risk Assessments

Local Title IV-E agencies must engage and partner with local Tribes to coordinate how local 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. The AI/AN families can benefit from and access prevention services through this pathway as well. 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 for American Indian Alaskan Native children and their

families. When a family provides information that there is a 'reason to believe' a child is an Indian child³⁶ during an initial intake assessment by local service provider, further inquiry is necessary and must be done by contacting the Tribe consistent with Welfare and Institutions Code (WIC) Section 224.2(e). When a family provides information during an initial intake assessment by local service provider that there is a 'reason to know' a child is an Indian child, as described in WIC Section 224.2(d) the information must be shared with the Tribe so that the Tribe has an opportunity to participate in the family assessment, case planning, service delivery, and any safety and risk assessments. Local Title IV-E agencies must also partner with Tribes to ensure that culturally appropriate services are available at the local level to meet the needs of Indian children and families who are served through the community pathway.

CULTURALLY APPROPRIATE PROGRAMMING

The CDSS recognizes the need to identify culturally appropriate services for evaluation and inclusion both in the state's prevention plan and the Title IV-E Prevention Clearinghouse before they can be implemented locally and eligible for Title IV-E reimbursement. The CDSS will encourage and support local Title IV-E agencies to implement available cultural adaptations to services that meet the cultural needs of diverse groups, particularly those disproportionately represented in the child welfare system including tribal families. In addition, jurisdictions participating in the state's Family First Prevention Services Program will be able to supplement Title IV-E prevention services with culturally appropriate programs not yet eligible for Title IV-E reimbursement 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. These funds can also be used to contract directly with Tribes to build service capacity and/or provide services to their members.

CALIFORNIA TRIBES WITH A TITLE IV-E AGREEMENT WITH CDSS

Tribes that have a Title IV-E agreement with the State pursuant to [WIC Sections 10553.1](#) and [WIC Sections 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 choose to work with county child welfare agencies for access to services not offered by the Tribe. The state has entered 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.

³⁶ [Welfare and Institution Code 224.2\(d\) and \(e\)](#)

CALIFORNIA'S SELECTION OF EVIDENCE BASED PRACTICES

PROCESS AND RATIONALE FOR EBP 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, the Mental Health Services Act (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 for California's population the target population to include in the prevention state service array, including:

- the extent to which 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 the EBP was effective at serving BIPOC children and families,
- the amount of support provided by the purveyor of the EBP and
- whether or not the EBP required an evaluation.

The EBPs relevant to Title IV-E prevention services implementation that was developed in the AirTable created by Children Now.³⁷ Reviewing this AirTable provided the CDSS with information about each EBP which assisted in selecting 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.

LOCAL SELECTION OF EBPS BASED ON ASSESSMENT OF LOCAL NEEDS AND GAPS IN SERVICE ARRAY

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. This information, as well as information gathered during the asset mapping and strengths and needs assessment process, will enable them to assess whether their current service array meets local identified needs, and how Title IV-E funded prevention services might fill any identified gaps. Asset mapping is a process whereby a community's assets are specifically identified, described, and often visualized geographically on a map. This process provides information about the strengths and resources of a community, can help uncover solutions, and assists with thinking

³⁷ Children Now AirTable, [Prevention Services Inventory](#)

of how to build on current assets to address community needs and improve wellbeing. Similarly, a strength and needs assessment is a process by which information and data is gathered regarding the needs of a community. These assessment steps are conducted to determine specified needs and strengths which lead to the development of action steps. 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 from the asset map and strength and needs assessment.

As local Title IV-E agencies begin their planning process, county child welfare agencies must engage local Tribes on the decision to opt in and the services for inclusion in the local Comprehensive Prevention Plan (CPP). Communication with representatives of local tribes must include the outcome and reasons for decisions made regarding the services in the local CPP. Local Title IV-E agencies must also partner with local Tribes when developing a CPP 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 assessment phase, local Title IV-E agencies are encouraged to 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 included in Appendix A can be chosen by local IV-E agencies to fill a service gap in the continuum of services available in each jurisdiction or 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 may 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 EBP the state has chosen, as included in Appendix A³⁸.

The cultural relevance 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 and has requested the waiver for evaluation aspect. 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 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. When MI is bundled by a provider with another EBP e.g., Family Check-Up, the IV-E agency will only claim Title IV-E funds for Family Check-Up services. 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.

FUTURE PLANS TO INCLUDE ADDITIONAL INTERVENTIONS

The CDSS engaged a myriad of stakeholders in determining the services to include in California's five-year prevention plan. Ultimately, the ten (10) EBPs chosen 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.

Because not all services requested by stakeholders were able to be included in the current Prevention Plan, CDSS may support additional prevention services and programs for evaluation in the future, including those 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". During an annual planning process, 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

³⁸ 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.

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 appropriate 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 – AI/AN 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.

CONTINUOUS QUALITY IMPROVEMENT

OUTCOME ASSESSMENT AND REPORTING REQUIREMENTS

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. 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 to assist in the development of a proposal for model fidelity oversight of EBP’s across implementation sites. With guidance from the contractor, the program’s governance structure, and the State Prevention Advisory Committee, the CDSS will describe the process by which model fidelity of the programs will be overseen within each individual provider contract. Additionally, data will be collected from each provider either through the model fidelity oversight process developed within the CDSS contract and to the extent that CWS-CARES can collect the information or if there are additional ways to leverage other data systems through CWS-CARES to collect the data. Essentially the data will either come directly from the providers or from CWS-CARES. The CDSS will conduct periodic

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 model fidelity measures that will be monitored for each EBP are listed in Appendix A.

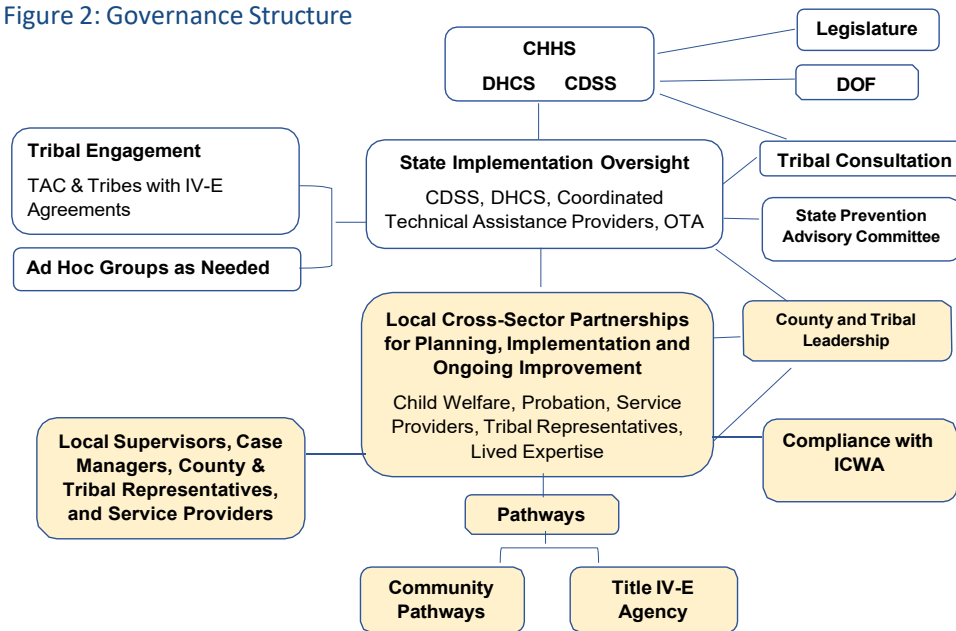
The local Title IV-E agency and the contracted provider will provide data requested by the CDSS which must be reported on to meet the Title IV-E prevention services requirements. This information will be documented in the CWS-CARES. This automated system will be used to capture the necessary data to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

CQI AND GOVERNANCE

The CDSS will also leverage contracted expertise to develop the program's CQI framework. This framework will ensure that the state's Title IV-E Program is equipped with the structures, policies, and procedures necessary to connect efforts between the state and local level to ensure that program data is analyzed to inform program changes.

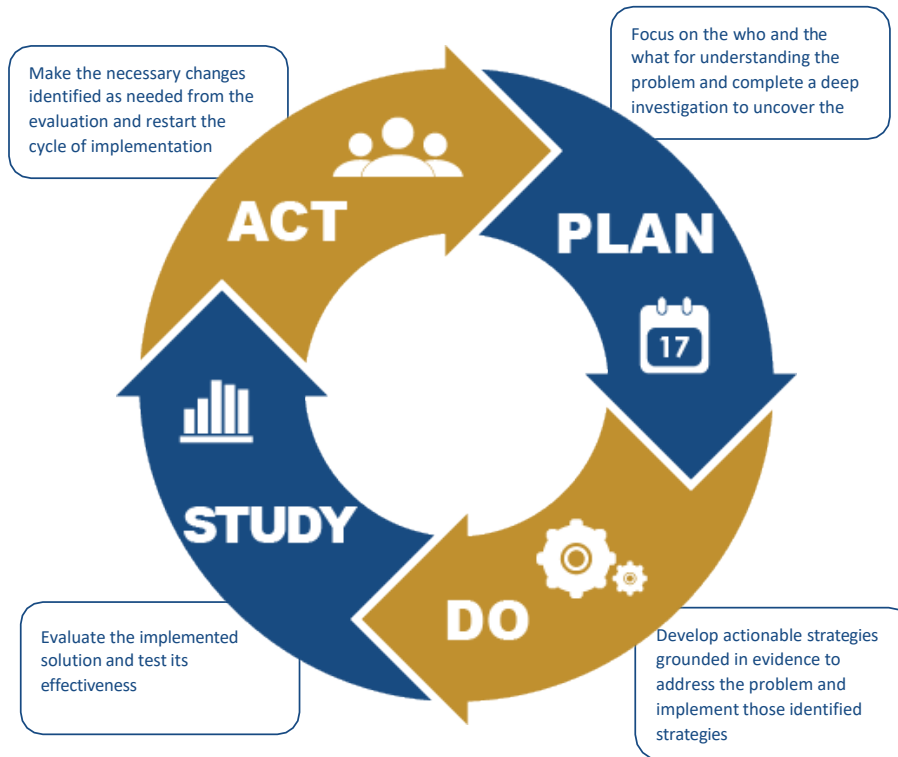
The CDSS has created the governance structure (figure 2. below) to oversee and guide the implementation of the Title IV-E Program. The governance structure leverages existing California government entities including the California Health and Human Services (CHHS), which oversees both CDSS and its partner agency the Department of Health Care Services (DHCS), existing relationships with the California Legislature, and the Department of Finance to provide oversight, direction, and culture of the program, and to determine state resources. The structure also depicts the critical relationships with local Title IV-E agencies, tribal governments, service providers, those with lived experiences, which are engaged for planning, implementing, and evaluating the program.

Figure 2: Governance Structure



Upon implementation, CDSS intends to use the Plan, Do, Study and Act model (see figure 3) to ensure feedback loops are embedded in the governance structure to analyze program performance and identify and implement additional changes. Aggregate data on implementation progress, model fidelity and child/family outcomes will be communicated between the state's oversight and advisory bodies and the counties' local cross-sector planning entities within the CQI framework as a means of informing and engaging local cross sector partnerships in progress and/or needs and to determine solutions for change.

Figure 3: Continuous Monitoring



LOCAL TITLE IV-E AGENCY OPT-IN PROCESS

California’s child welfare system is State-supervised, and county or Title IV-E 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 Family First Prevention Services Program (FFPS) 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 Title 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 (CPPs). 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 American Indian 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.

REQUIREMENTS FOR PARTICIPATING TITLE IV-E AGENCIES

To create their Comprehensive Prevention Plan (CPP), 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 Tribes, tribal organizations, consortium, and tribal service providers 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/primary caregivers and youth with lived experiences.

The 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](#) and [ACL 22-23](#) provides an overview describing the requirements of the State FFPS program, including the populations to be served, allowable services, and prevention services case requirements.

Asset Mapping and Needs Assessments for Selection of Prevention Strategies and EBPs

Local Title IV-E agencies opting into the FFPS program, and their partners must conduct asset mapping and a needs assessment to assist with the selection of prevention strategies and EBPs. The mapping should include a review of relevant demographics and other data or information that will help agencies to understand the service needs of the county or region. The CPP must include a description of the completed analysis and how the information was used to help agencies identify the candidate groups and/or other priority populations and prevention strategies that will be included in the CPP.

The plan will also include the selected EBPs and the rationale for their inclusion based on this analysis. The rationale for selection must be included for each EBP. Local Title IV-E agencies must consult their local behavioral health agencies in the selection of the EBPs for the CPP.

Title IV-E agencies are strongly encouraged to utilize and leverage existing needs or self-assessment processes, and the information contained therein, such as the California – Child and Family Services Review County Self-Assessment as well as assessment information from partners, if desired and if such processes meet the requirements of the FFPS program. The plan must specify which primary, secondary, and tertiary prevention services will be included and how the populations disproportionately represented in the system will be prioritized for such services.

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](#). 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:

1. 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.
2. A description and rationale for the selection of the candidacy population(s) to be prioritized and the services to be included in the plan.
3. 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.
4. 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.
5. A description of efforts to invite and engage Indian Tribes in cross sector collaboration and input into the CPP.
6. Assurance and plans for meeting the workforce and training requirements established under the state plan. Local 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.
7. A description of how local Title IV-E 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.
8. 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 model fidelity oversight and coordination.

9. Assurance that the local Title IV-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.
10. Strategies for use of the [Integrated Core Practice Model](#) (e.g., candidacy assessment, family engagement, service delivery and transitioning).
11. 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.
12. 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.
13. 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.
14. 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

The 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 as forementioned 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 opportunities, challenges, and considerations. For a large state that is state-supervised and county-administered, with 58 local Title 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 appropriate 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. Appendix 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. The CDSS is working with training partners to develop curriculum and creating a timeline for delivery of training. A rollout of FFPSA training for all staff is intended to happen as counties are ready to implement the FFPS Program, and recurring training will be considered as California's Five-Year State Prevention Plan is reviewed and amended.

Tier 1: Prevention Principles will outline 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 1 training and webinars will be ongoing and updated as needed for Continuous Quality Improvement.

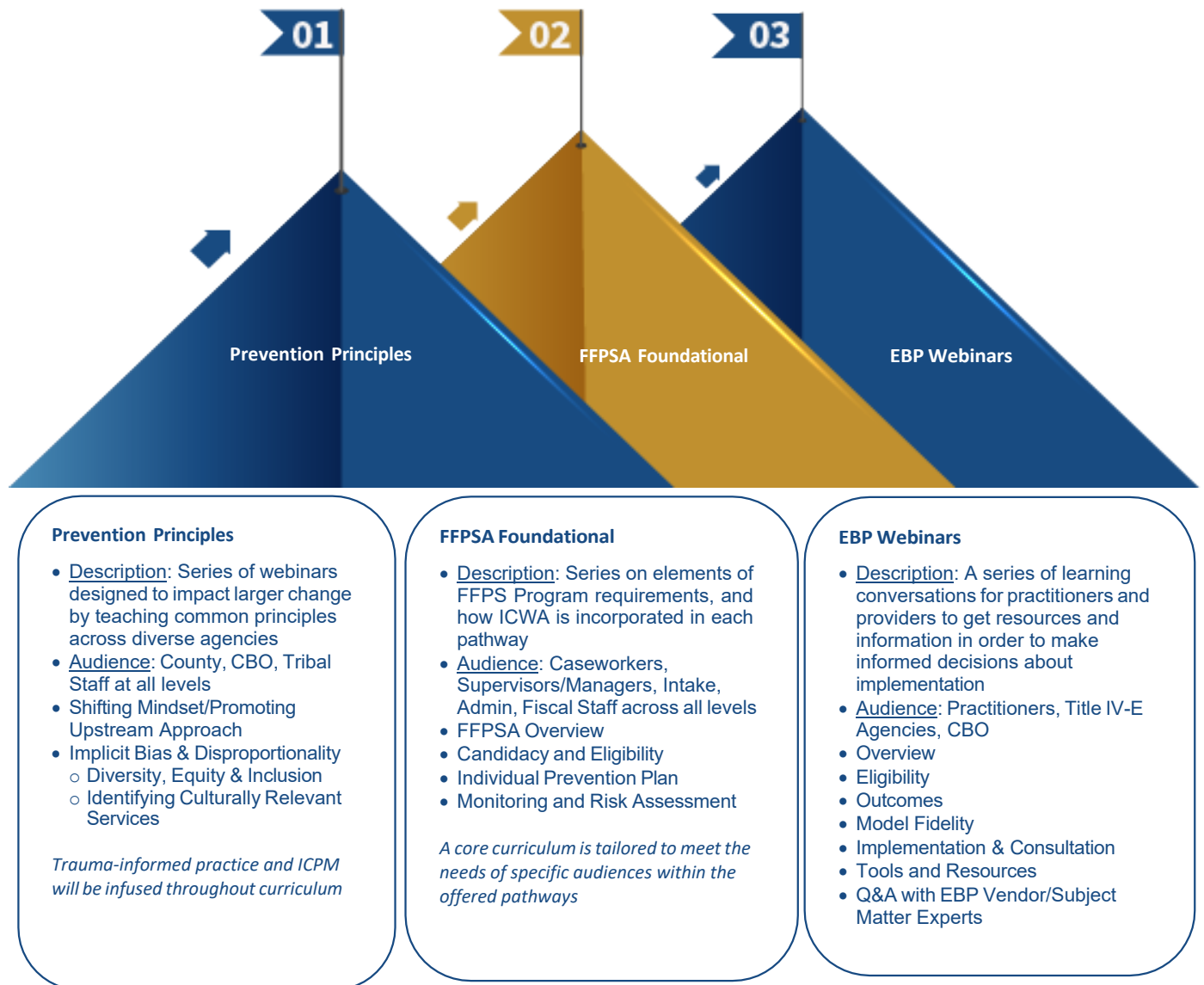
Tier 2: Foundational knowledge for direct services staff. This tier is focused on the needs of staff, supervisors and other professionals who will provide direct case coordination and services in both the Title IV-E and Community Pathway:

- Training will ensure that staff from child welfare, probation, tribal agencies, and local service providers are qualified to complete intake assessments, develop prevention plans, engage with families and Tribes, understand when and how often to conduct risk assessments, monitor child safety, develop safety plans, and assess for continued appropriateness of prevention services.
- Training will be offered to Title IV-E agency caseworkers and supervisors to ensure that foundational elements of the FFPS are incorporated into existing programs for family maintenance and probation service plans and ensure that the requirements of the ICWA are incorporated into training delivery. This tier of trainings will include the determination of candidacy and factor in the various ways in which families can be referred for services.

Tier 2 training will be delivered with a core curriculum that is tailored to be delivered based on the specific audience included in the offered pathways. This approach provides flexibility that can be tailored to meet the needs of each county or tribe depending on the pathways and services chosen. Tier 2 is inclusive of training needed to ensure documentation for federal reporting and fiscal claiming. This tier is not intended to include training on specific EBPs, but may include EBP providers in their role as contracted community pathway providers, case managers etc.

Tier 3: The third tier of the training plan will provide information on the EBPs listed in the FFPSA State Plan. 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 population that will be served. The visual below depicts the topics within each tier of training plan and the intended audience. In addition, the state has detailed the proposed topic areas of each tier of the training plan in Appendix D.

Figure 4: Tiered Training Approach

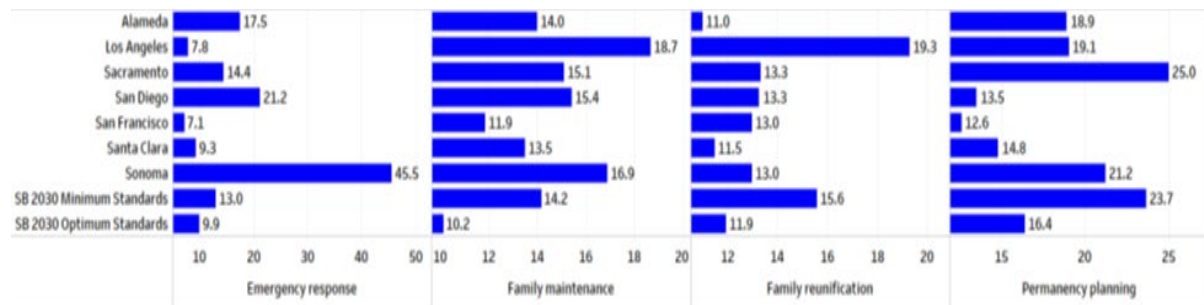


EBP CERTIFICATION TRAINING

Title IV-E agencies will also articulate a plan for workforce training in their CPP, 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. In California there is no required standard case load minimum or maximum. The chart below from the CDSS 2020 Realignment Report describes a representative sample of caseloads in California, including Family maintenance cases during the Title IV-E waiver demonstration project.



The Realignment data demonstrates that in family maintenance there is a range of 13.5-18.7 cases per caseworker across the five waiver counties. This caseload representation is most closely aligned with what is anticipated to occur in the FFPS program. Counties can compare this data to prevention caseloads as an expectation of what caseloads should be, however will also need to consider the complexity of family needs and adjust accordingly to meet those needs and the needs of staff. 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 are trained to monitor caseloads of individual caseworkers and can 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 by the local Title IV-E agency 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 CPP additional local strategies or protocols for how caseload size and type for prevention caseload size and the type of prevention case assignments will be determined, managed, and monitored. Any client to provider ratio shall not apply to any Medi-Cal delivery systems.

ASSURANCES AND MAINTENANCE OF EFFORT

The State of California is including the following assurances:

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

APPENDIX A - EBP TABLE

This table provides additional information for each of the 10 EBP’s selected by California for implementation as allowable Title IV-E Prevention Services for eligible children and/or their parents or kin caregivers. The table provides a description of each EBP, rationale for selection, connection to the need of the proposed populations that will be served, the book/manual/documentation for the version of the program, target population, outcome measures, and fidelity indicators.

Nurse-Family Partnership

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>As a Title IV-E prevention service NFP has been implemented in California for 25 years and is currently operating in 22 counties.)³⁹ 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-</p>	<p>Parent Skill-Based</p>	<p>First-time parents/ caregivers with a child under 2 years of age</p>	<p>Increased positive parenting practices Improved maternal health Family self-sufficiency</p>	<p>Provider received and maintained required training Meets staffing qualification requirements 1:8 Supervisor to Staff Ratio 1:25 Caseload Ratio</p>

³⁹ [CA_2021-State-Profile.pdf \(nursefamilypartnership.org\)](https://www.nursefamilypartnership.org/wp-content/uploads/2021/07/CA-2021-State-Profile.pdf)

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>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. A 2019 report on estimated NFP outcomes in California relied on findings from 30 studies to determine 19 life status and financial outcomes, including improved maternal health, fewer infant deaths, reduced intimate partner violence, fewer childhood injuries, fewer child maltreatments, reduced need for public assistance.⁴⁰ NFP will be a valuable program for California’s pregnant and parenting foster youth, and these outcomes align with the state’s proposed outcomes of positive parenting practices, improved maternal health, and family self-sufficiency.</p> <p>Version: <u>Nurse Family Partnership. (2020). Visit-to-visit guidelines.</u></p>				<p>Use of NFP standardized web-based data system</p>

⁴⁰ “Life Status and Financial Outcomes of Nurse-Family Partnership in California,” PIRE (2019), [NFP-Outcomes-CA_2019.pdf](https://nursefamilypartnership.org/NFP-Outcomes-CA_2019.pdf) (nursefamilypartnership.org)

Healthy Families America

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>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.</p> <p>The HFA model is the most widely used home visiting program in California and is implemented in roughly one-third of the counties. A variety of public agencies, community-based organizations, and Tribes currently operate HFA, and several counties are interested in implementing or expanding services in their communities³⁷. A review of various research shows HFA had increased positive parenting practices and increased nurturing parent-child relationships, including a study in young Native American mothers, which aligns with the states proposed outcomes.⁴¹</p> <p>California intends to apply for use of the HFA Child Welfare Protocol in implementation of the HFA</p>	<p>Parent Skill-Based</p>	<p>Birth to 5 years services offered within 3 months of birth</p>	<p>Increased positive parenting practices</p> <p>Increased nurturing parent-child relationships</p>	<p>Provider received and maintained required training</p> <p>Meets staffing qualification requirements</p> <p>1:6 Supervisor to Staff Ratio</p> <p>Meets caseload requirements</p> <p>Performance on ratings of HFA Best</p>

⁴¹ Barlow, A., Varipatis-Baker, E., Speakman, K., Ginsburg, G., Friberg, I., Goklish, N., Walkup, J. (2006). Home-visiting intervention to improve child care among American Indian adolescent mothers: A randomized controlled trial. *Archives of Pediatrics & Adolescent Medicine*, 160, 1101-1107. doi:10.1001/archpedi.160.11.1101 Green, B. L., Tarte, J. M., Harrison, P. M., Nygren, M., & Sanders, M. B. (2014). Results from a randomized trial of the Healthy Families Oregon accredited statewide program: Early program impacts on parenting. *Children and Youth Services Review*, 44, 288-298. doi:10.1016/j.childyouth.2014.06.006

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>program. This will include local agencies submitting the request to HFA for consideration of cultural adaptations to allow the use of the HFA Child Welfare Protocol for families referred through child welfare. Additionally, families will be enrolled into HFA per model fidelity requirements, including many families being enrolled within the first three months of birth but before the child(ren) turn 24 months of age. According to research, the HFA Child Welfare Protocol program improves child safety and prevents maltreatment⁴² and for families already involved in the child welfare system can reduce maltreatment by one-third⁴³.</p> <p>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.</p>				Practice Standards

⁴² Easterbrooks, M. A., Kotake, C., & Fauth, R. (2019). Recurrence of maltreatment after newborn home visiting: A randomized controlled trial. *American Journal of Public Health*, 109(5), 729-735. doi:10.2105/AJPH.2019.304957.

⁴³ Lee, E., Kirkland, K., Miranda-Julian, C., & Greene, R. (2018). Reducing maltreatment recurrence through home visitation: A promising intervention for child welfare involved families. *Child Abuse & Neglect*, 86, 55-66. doi:10.1016/j.chiabu.2018.09.004.

Parents As Teachers

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>Parents As Teachers (PAT) is an In-Home Parent Skilled-based program with the objective of increasing parental knowledge of childhood development and school readiness, improving parenting practices, promoting the early detection of developmental delays and other health issues, as well as preventing incidences of child abuse and neglect. The PAT model 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. A review of studies show evidence that PAT had increased number of developmental milestones met, increased positive parenting practices, and improvement of parent/caregiver emotional and</p>	<p>Parent Skill-Based</p>	<p>Parents/ caregivers with children aged Birth to kindergarten</p>	<p>Increased number of developmental milestones met</p> <p>Increased positive parenting practices</p> <p>Improvement of parent/caregiver emotional and mental health</p>	<p>Adherence to PAT 17 Essential Requirements</p> <p>Annual submission of each essential requirement progress through the Affiliate Performance Report (APR)</p> <p>Providing the Performance Measures Report (PMR) after APR submission</p> <p>1:12 Supervisor to Staff Ratio</p>

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>mental health⁴⁴. These outcomes align with the targeted outcomes in the state including increased number of developmental milestones met, improved parenting practices, and improved parent/caregiver emotional and mental health.</p> <p>A separate study⁴⁵ looked at the effectiveness of the service specifically for families at high-risk for child maltreatment as identified by Child Protective Services (CPS) and found those families were less likely to have substantiations of abuse and a decrease in out-of-home placements.</p> <p>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)</p>				

⁴⁴ **Schaub, S., Ramseier, E., Neuhauser, A., Burkhardt, S. C., & Lanfranchi, A. (2019).** Effects of home-based early intervention on child outcomes: A randomized controlled trial of Parents as Teachers in Switzerland. *Early Childhood Research Quarterly, 48*, 173-185. <https://doi.org/10.1016/j.ecresq.2019.03.007>

Wagner, M., Spiker, D., & Linn, M. I. (2002). The effectiveness of the Parents as Teachers program with low-income parents and children. *Topics in Early Childhood Special Education, 22*(2), 67-81. <https://doi.org/10.1177/02711214020220020101>

⁴⁵ **Chaityachati, B. H., Gaither, J. R., Hughes, M., Foley-Schain, K., & Leventhal, J. M. (2018).** Preventing child maltreatment: Examination of an established statewide home-visiting program. *Child Abuse & Neglect, 79*, 476-484. <https://doi.org/10.1016/j.chiabu.2018.02.019>

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>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, incorporating traditional arts crafts, storytelling and connecting families to tribal events.</p> <p>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)</p>				

Parent-Child Interaction Therapy

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>PCIT was selected because the 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. Additionally, the Handbook of Parent-Child Interaction Therapy provides information on adaptations tailored to specific client populations, including American Indian/ Alaskan Native families.</p> <p>Research indicates that Parent-Child Interaction Therapy (PCIT) is an effective intervention across genders and amongst different ethnic groups.⁴⁶ 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.</p>	<p>Mental Health</p>	<p>Children aged 2-7 and their parents/ caregivers</p>	<p>Reduction in child negative behaviors</p> <p>Increased positive parenting practices</p> <p>Improvement of parent/caregiver emotional and mental health</p>	<p>Provider received and maintained required training</p> <p>Meets staffing qualification requirements</p> <p>Use of Eyberg Child Behavior Inventory (ECBI) and Dyadic Parent-Child Interaction Coding System (DPICS-IV), and Therapy Attitude Inventory</p>

⁴⁶ Niec, Larissa, Springer Publication (2018) Handbook of Parent-Child Interaction Therapy: Innovations and Applications for Research and Practice. Textbook

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>In a separate study⁴⁷, researchers looked at the effectiveness of PCIT on families involved in the child welfare system. The study found that families participating in PCIT had fewer secondary reports to child welfare than those without the service. This aligns with the outcomes targeted by the state including risk factors for child welfare involvement such as reduction in negative child behaviors, increased positive parenting practices, and improved parent/caregiver emotional and mental health.</p> <p>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.</p> <p>Master’s level therapist who has received specialized training provide PCIT services to children and caregivers, and many PCIT Therapists can be found throughout California and are currently located in these</p>				

⁴⁷ Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., Bonner, B. (2004). Parent-Child Interaction Therapy with physically abusive parents: Efficacy for reducing further abuse reports. *Journal of Consulting and Clinical Psychology*, 72(3), 500-510.

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>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.</p> <p>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.</p> <p>Version: Eyberg, S. & Funderburk, B. (2011). Parent-Child Interaction Therapy Protocol: 2011. PCIT International, Inc</p>				

Multisystemic Therapy

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>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.</p> <p>Evidence shows that families in MST had a decrease in youth delinquent behavior and substance use⁴⁸ and improved parent-reported psychiatric symptoms⁴⁹. These outcomes align with the outcomes targeted by the state including decreasing youth delinquent</p>	<p>Mental Health & Substance Abuse</p>	<p>Children aged 12-17 and their parents/ caregivers</p>	<p>Decrease in youth delinquent behavior and substance use</p> <p>Improvement of parent/caregiver emotional and mental health</p>	<p>Provider received and maintained required training</p> <p>Completion of the Therapist Adherence Measure Revised (TAM-R)</p> <p>Completion of the Supervisor Adherence Measure (SAM)</p>

⁴⁸ Henggeler, S. W., Halliday-Boykins, C. A., Cunningham, P. B., Randall, J., Shapiro, S. B., & Chapman, J. E. (2006). Juvenile drug court: Enhancing outcomes by integrating evidence-based treatments. *Journal of Consulting and Clinical Psychology, 74*(1), 42–54.

⁴⁹ **Study:** Borduin, C. M., Mann, B. J., Cone, L. T., Henggeler, S. W., Fucci, B. R., Blaske, D. M., & Williams, R. A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology, 63*(4), 569–578.

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>behavior and substance use and improving parent/caregiver emotional and mental health. MST's effectiveness in treating serious juvenile offenders, including sex offenders, will improve outcomes for a population historically difficult to treat and rehabilitate in California.</p> <p>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.</p>				<p>At least 66 percent of therapists have a master's degree in social work or counseling</p>

Brief Strategic Family Therapy

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>BSFT is a model originally developed for Hispanic families and has been tested with African American families and adapted by the co-developer for foster care</p>	<p>Mental Health & Substance Abuse &</p>	<p>Adolescents aged 6-17 and parents/caregivers</p>	<p>Improved child behavioral & emotional functioning</p>	<p>Provider received and maintained required training</p>

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>and Native American reservations⁵⁰ 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 diverse children and families. 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.</p> <p>A study on the efficacy of BSFT shows significantly greater improvement in parent’s reports of adolescent conduct programs and delinquency and adolescent reports of marijuana use as well as emotional functioning of the family⁵¹. Another study showed the use of BSFT significantly decreased parent’s alcohol</p>	<p>Parent Skill-Based</p>		<p>Decrease in youth delinquent behavior and substance use</p> <p>Decrease in parent/caregiver substance use</p>	<p>Meets staffing qualification requirements</p> <p>Ongoing completion of the BSFT Adherence Certification Checklist</p>

⁵⁰ Brief Strategic Family Therapy, <https://brief-strategic-family-therapy.com/what-we-do/>

⁵¹ Santisteban, D., Perez-Vidal, A., Coatsworth, J., Kurtines, W., Schwartz, S., LaPerriere, A., & Szapocznik, J. (2003). Efficacy of Brief Strategic Family Therapy in modifying Hispanic adolescent behavior problems and substance use. *Journal of Family Psychology*, 17(1), 121–133.

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>and drug use.⁵² These outcomes align with the outcomes targeted by the state including improved child behavioral and emotional functioning, decrease in youth delinquent behavior and substance use, and decrease in parent/caregiver substance use.</p> <p>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.</p>				

Family Check-Up

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>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</p>	<p>Mental Health & Parent Skill-Based</p>	<p>Families with children ages 2-17</p>	<p>Improved child behavioral & emotional functioning</p>	<p>Provider received and maintained required training</p>

⁵² Horigian, V. E., Feaster, D. J., Brincks, A., Robbins, M. S., Perez, M. A., & Szapocznik, J. (2015). The effects of Brief Strategic Family Therapy (BSFT) on parent substance use and the association between parent and adolescent substance use. *Addictive Behaviors*, 42, 44–50.

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>was selected as it is a well-supported program and can serve a wide range of families (those with children ages 2-17) potentially including parenting youth. Additionally, material for Family Check-Up is also available in Spanish, increasing its applicability for California’s families.</p> <p>Evidence shows families in Family Check-Up had improved child/youth behavioral and emotional functioning and increased positive parenting practices⁵³. Another study shows the use of Family Check-up with participants who are adolescents are associated with reductions in late adolescent antisocial behaviors⁵⁴. These outcomes align with the outcomes targeted in the state including improved child behavioral and emotional functioning, and increased parenting practices.</p> <p>The flexibility of the Family Check-Up model to be used with both young children and adolescents, along with its strengths-based and ecological approach to</p>			<p>Increased positive parenting practices</p>	<p>Meets staffing qualification requirements</p> <p>Use of COACH Rating Form</p>

⁵³ Shaw, D. S., Dishion, T. J., Supplee, L., Gardner, F., & Arnds, K. (2006). Randomized trial of a family-centered approach to the prevention of early conduct problems: 2-year effects of the Family Check-Up in early childhood. *Journal of Consulting and Clinical Psychology, 74*(1), 1-9. doi:10.1037/0022-006X.74.1.1

⁵⁴ Van Ryzin, M. J., & Dishion, T. J. (2012). The impact of a family-centered intervention on the ecology of adolescent antisocial behavior: Modeling developmental sequelae and trajectories during adolescence. *Development and Psychopathology, 24*(3), 1139-1155

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>assessment and engagement, would be an effective program for California’s small and rural counties to serve those most vulnerable to maltreatment and probation youth.</p> <p>Version: Dishion, T. J., Gill, A. M., Shaw, D. S., Riso-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.</p>				

Functional Family Therapy

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>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 minors, homeless/runaway children, 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</p>	<p>Mental Health</p>	<p>Adolescents aged 11-18 and their parent/caregivers</p>	<p>Improved child behavioral & emotional functioning</p> <p>Decrease in youth</p>	<p>Provider received and maintained required training (3 phases of training)</p>

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>available. FFT could provide services to an estimated 710 Probation youth⁵⁵children in California⁵⁶. This program affords the opportunity for the entire family to receive mental health support⁴⁷.</p> <p>Evidence shows that families in FFT had improved youth behavioral and emotional functioning, decrease in youth substance behavior, and improvements in parental capabilities⁵⁷. FFT's effectiveness in reducing youth substance use and delinquent behaviors, especially in non-white populations, will benefit California's identified candidacy population of probation and homeless/runaway youth.</p> <p>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.</p>			<p>substance use</p> <p>Improvements in parental capabilities</p>	<p>Meets staffing qualification requirements</p> <p>Completion of Weekly Supervision Checklist</p> <p>Supervisor completion of Global Therapist Ratings</p>

⁵⁵ Number of youth in an open Probation case during State Fiscal Year 2019-2020; data extract from CWS/CMS 2020 Q4

⁵⁶ Estimate based on youth identified as homeless [Enrollment by Ethnicity and Grade - State \(CA Dept of Education\)](#)

⁵⁷ Slesnick, N., & Prestopnik, J. (2009). Comparison of family therapy outcome with alcohol-abusing, runaway adolescents. *Journal of Marital & Family Therapy*, 35(3), 255-277.

Homebuilders

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>Homebuilders was selected because it provides intensive, in-home counseling, skill-building and support services for families who have children (0-18 years) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services. Families receive 40 or more hours of direct services over 4 to 6 weeks primarily at the families' home. Homebuilders intervenes at the point of crisis and responds to families in a natural setting, creates concrete goals for families and utilizes research-based intervention strategies to teach new skills and facilitate behavior change. Therapists must be available to families 24 hours per day, 7 days per week, and are required to have a master's or bachelor's degree in social work, psychology, counseling, or a closely related field with at least 2 years of related experience. Homebuilders is important for youth in immediate danger to provide ongoing, all-encompassing support that immediately promote safe practices.</p> <p>Evidence shows families in Homebuilders had increases in family interactions, improvements in family</p>	<p>Parent Skill-Based</p>	<p>Families with children ages 0-18</p>	<p>Increase in family interactions</p> <p>Improvements in family safety</p> <p>Improvements in parental capabilities</p>	<p>Meets staffing qualification requirements</p> <p>Caseloads do not exceed 1:3 ratio</p> <p>Families met within 24 hours of referral</p> <p>Meets Supervision requirements</p>

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>safety, and improvements in parental capabilities⁵⁸. One study showed significantly more children receiving Homebuilders returned to their families within the 90-day treatment program than those not receiving services⁵⁹. These outcomes align with the targeted outcomes in the state including improved child safety and improved parental capabilities.</p> <p>The intensity of services Homebuilders delivers can provide California families receiving Family Maintenance services or those with multiple child welfare referrals with the support and assistance needed to stabilize and reduce reoccurrence of maltreatment.</p> <p>Version: Kinney, J., Haapala, D. A., & Booth, C. (1991). <i>Keeping families together: The HOMEBUILDERS model</i>. Taylor Francis.</p>				

⁵⁸ Walton, E. (1998). In-home family focused reunification: A six-year follow-up of a successful experiment. *Social Work Research*, 22(4), 205-214

⁵⁹ Fraser, M. W., Walton, E., Lewis, R. E., Pecora, P. J., & Walton, W. K. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review*, 18(4/5), 335-361

Motivational Interview for Substance Use Treatment

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>Motivational Interviewing (MI) was selected to ensure the inclusion of an evidenced based approach to Substance Use Treatment. MI serves adults with children 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 children and adults, and nicotine or tobacco use among children under the age of 18. This broad applicability of MI across the lifespan makes it a good fit for serving families.</p> <p>Evidence shows families in MI had a decrease in youth and parent/caregiver substance use and improved physiological, psychological, and lifestyle outcomes⁶⁰. These outcomes align with the targeted outcomes including decreased child and parent’s substance use, and improved physiological, psychological and lifestyle outcomes. Parent/caregiver substance use is the leading family stressor identified in allegations of abuse and neglect throughout California. MI’s strength-based approach, ability to complement other evidence-based</p>	<p>Substance Abuse</p>	<p>Adolescents and their parents/caregivers</p>	<p>Decrease in child’s substance use</p> <p>Decrease of parent/caregiver substance use</p> <p>Improved physiological, psychological and lifestyle outcomes</p>	<p>Provider received and trained</p> <p>Completion of the MICA 3.2</p>

⁶⁰ Carroll, K. M., Libby, B., Sheehan, J., & Hyland, N. (2001). Motivational Interviewing to enhance treatment initiation in substance abusers: An effectiveness study. *The American Journal on Addictions*, 10(4), 335–339.

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>programs and interventions, adaptability across cultures, languages, and flexibility in service delivery makes it a valuable intervention to expand in California.</p> <p>Version: Miller, W.R. & Rollnick, S. (2012). <i>Motivational Interviewing, Third Edition: Helping People Change</i>. New York: The Guilford Press.</p>				

Motivational Interviewing for Cross-Cutting Case Management

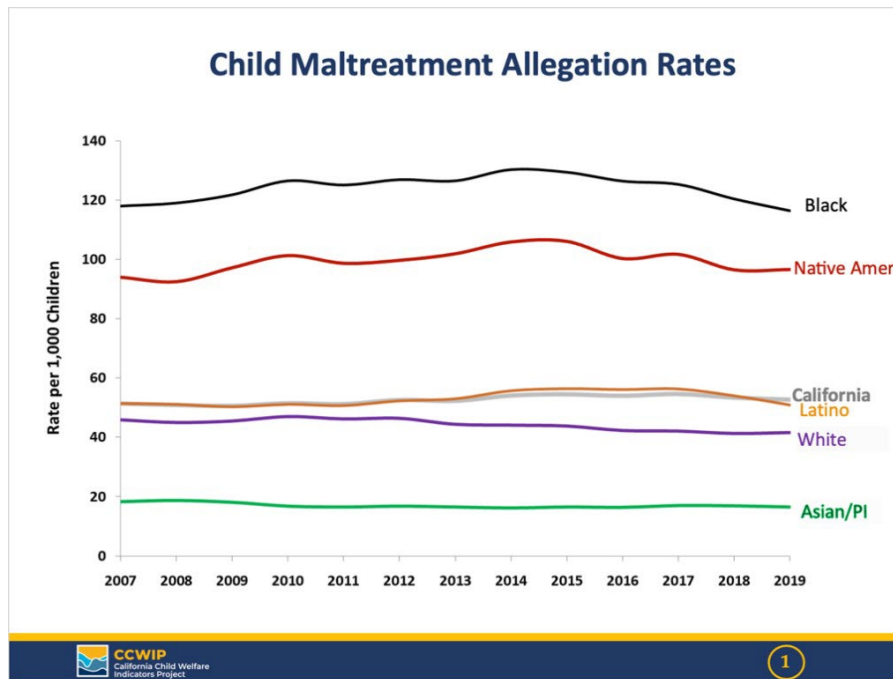
EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>Motivational Interviewing is a cross-cutting case management intervention that can be used beyond its application to substance use disorder treatment.</p> <p>MI is a method of counseling that is designed to promote behavioral change and to improve physiological, psychological and lifestyle outcomes by identifying ambivalence and increasing motivation to change. MI can be applied to many different treatment settings and can be implemented as part of casework practice. This practice can also be integrated within other service models as a driving curriculum. The</p>		<p>Adolescents and Parents and Caregivers</p>	<p>Enhance internal motivation to change, reinforce that motivation and develop plan to achieve change</p>	<p>Will use the Motivational Interviewing Treatment Integrity (MITI) instrument, which yields feedback that can be used to increase clinical skill in the practice of</p>

EBP Service, Description, Rationale, and Manual Version	Type of Service	Target Population	Intended Outcomes/Proximal Outcomes Monitored for CQI	Fidelity Indicators
<p>California Evidence-Based Clearinghouse for Child Welfare (CEBC) rates MI as Well-Supported by research evidence with a medium relevance to child welfare in the categories of motivation and engagement programs.</p> <p>A literature review identified 12 of 16 articles that suggested MI's value of improving multiple outcomes, including parenting skills, parent and child mental health, retention in services, substance use, and recidivism in child welfare involvement⁶¹. These outcomes align with the targeted outcomes in California including increasing motivation to change across multiple areas of practice such as parent skill development, parent and child mental health, retention in services, substance use, and child welfare recidivism.</p> <p>California intends to use MI for Cross-Cutting Case Management as a tool after candidacy has been determined to increase engagement in the child specific prevention plan during the creation and implementation stage. MI for Cross-Cutting Case Management could be used along with any of the EBP's identified in this plan.</p>				<p>MI and measures how well a practitioner</p>

⁶¹ Partnering With Parents: Reviewing the Evidence for Motivational Interviewing in Child Welfare. Families in Society: *The Journal of Contemporary Social Services*. November 2018. <https://doi.org/10.1177/1044389418803455>

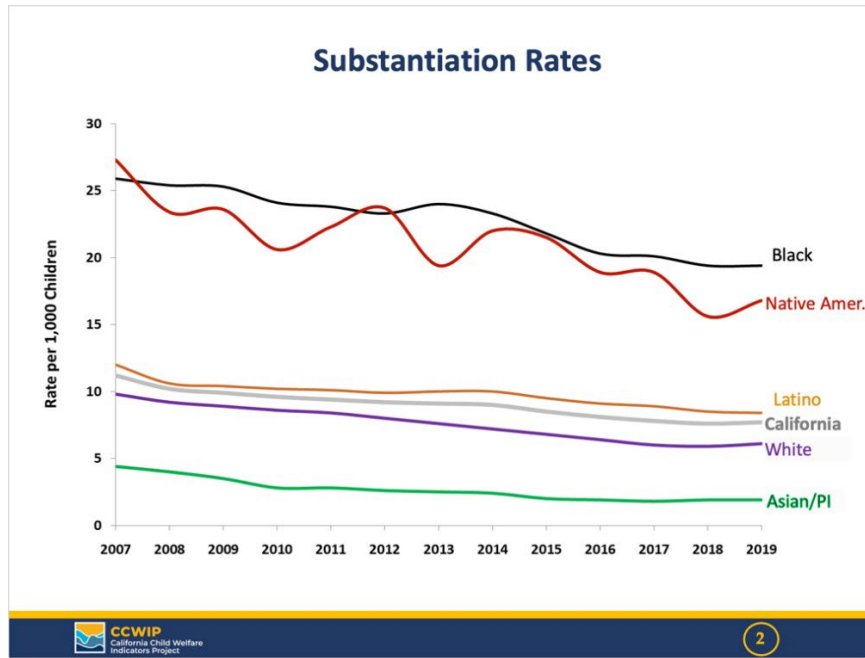
APPENDIX B – CHILD WELFARE SERVICES/ CASE MANAGEMENT SYSTEM (CWS/CMS) DATA

The following 8 graphs depicts CWS/CMS data on disproportionality, as arranged by the California Child Welfare Indicators Project (CCWIP).



Graph 1: Child Maltreatment Allegation Rates

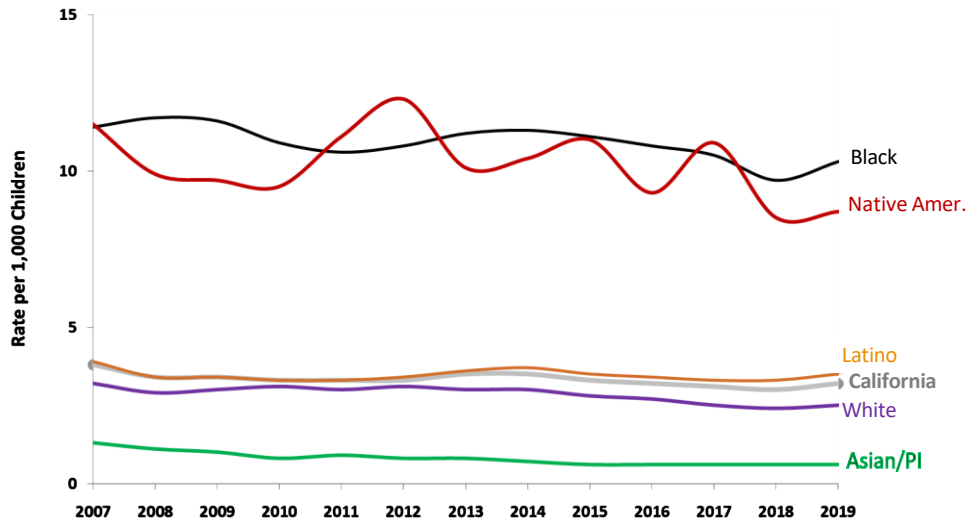
Child maltreatment allegations rates based on ethnic group. Per the CCWIP data, Black, Native American-and Latino children have higher rates of child maltreatment allegation than Whites or Asian children. Although there has been a decline in the child maltreatment allegation rates, the graph demonstrates the disproportionate rate at which Black, Native American-and Latino children 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.

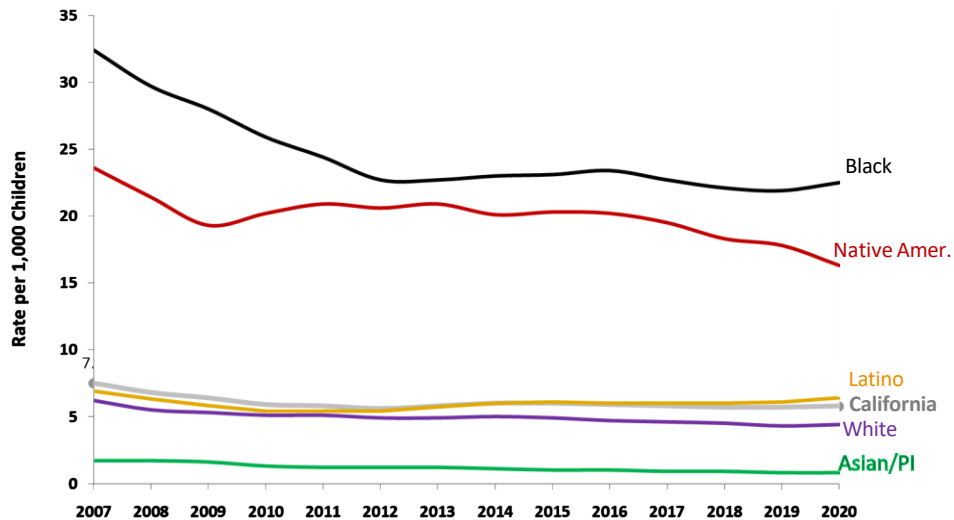
Entry Rates



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.

In Care Rates

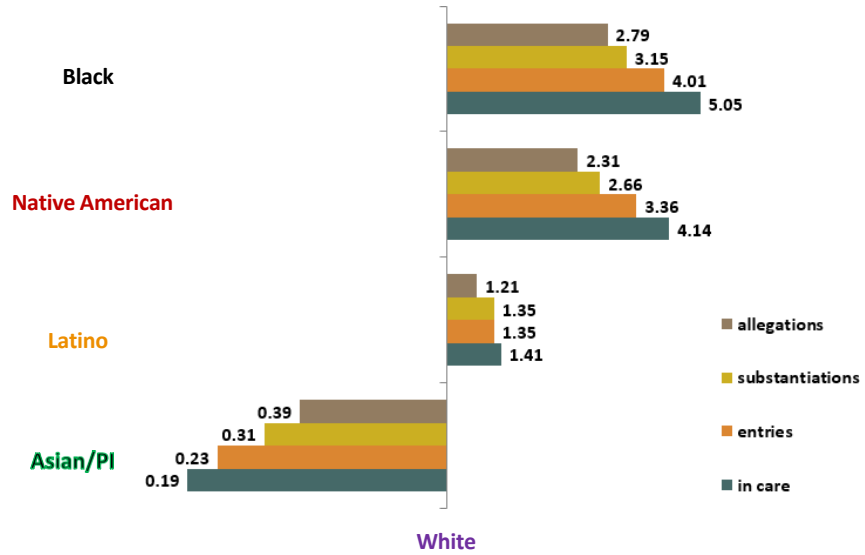


Graph 4: In Care Rates

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 children a slight increase since 2018. For White and Asian children, it appears in care rates have 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)

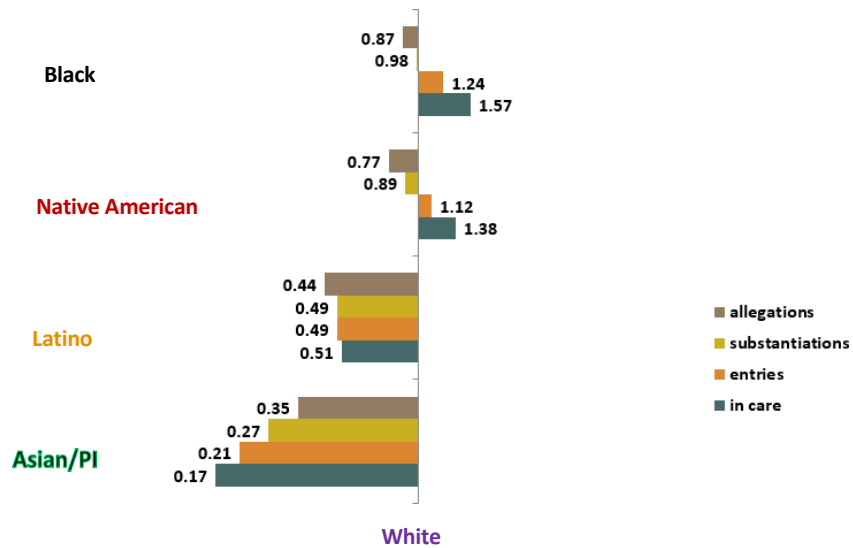
Ethnic Group Disparity Compared with White Children along CW Continuum



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 are more likely to be system involved based on entry rates and in care rates compared to White children.

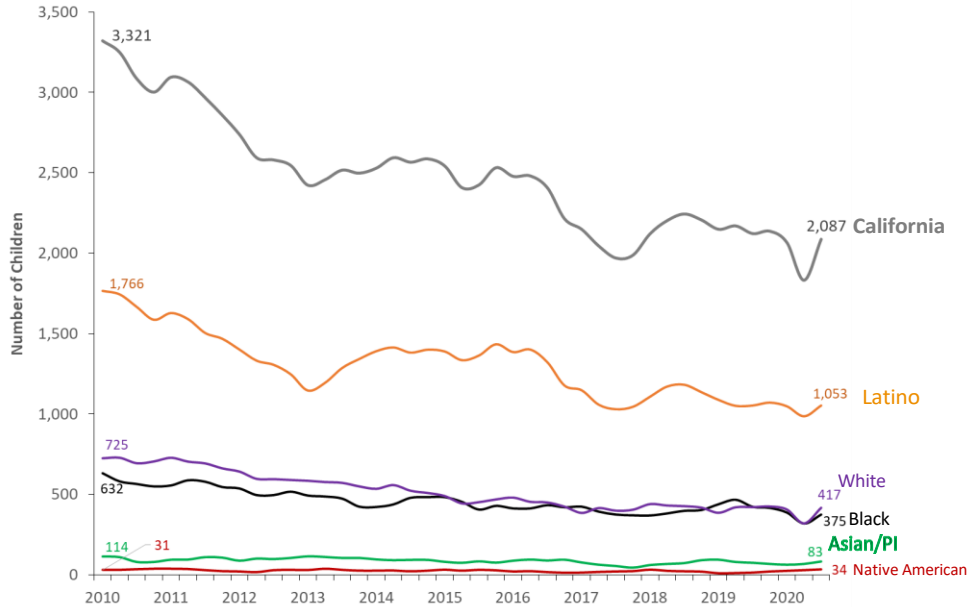
Racial Disparity Indices (Poverty Population) Ethnic Group Disparity Compared with White Children along CW Continuum



Graph 6: Racial Disparity Indices (Poverty Population)

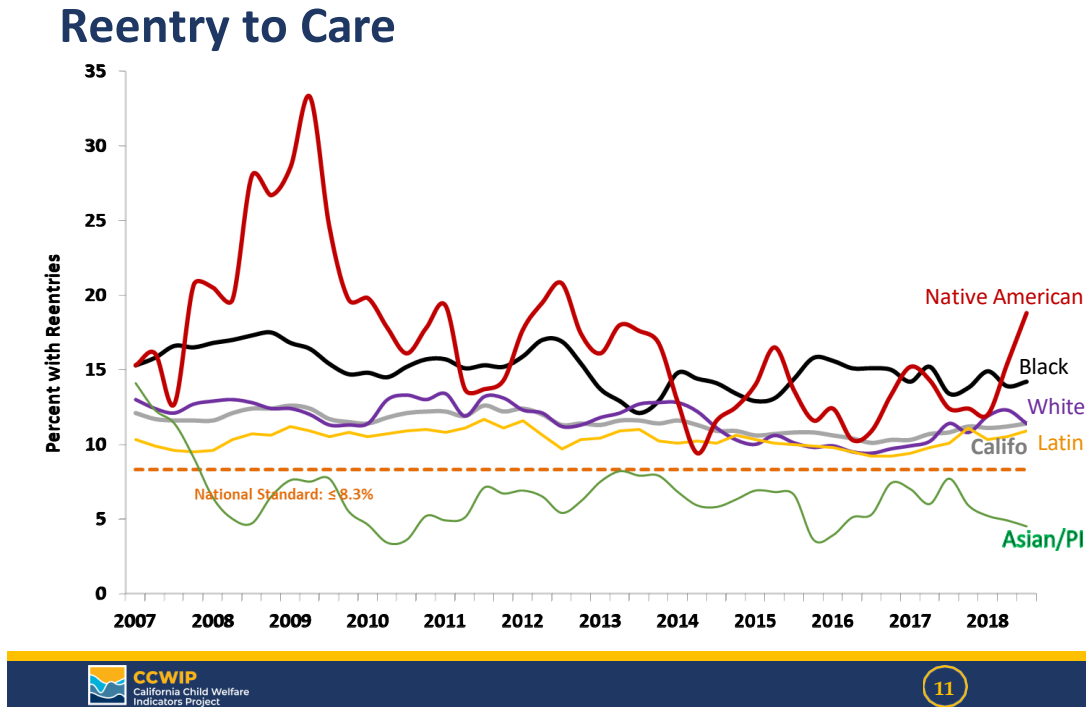
Like Graph 5, Graph 6 indicates that even when accounting for poverty, Black and Native American children are more likely to be system involved based on entry and in care rates compared to white children.

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.



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.

APPENDIX C – COMMUNITY PATHWAY



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 child may be at imminent risk of foster care. If the child is identified as being at imminent risk of foster care, a referral is submitted to the IV-E agency to determine candidacy.



3. Local or Tribal 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 Title IV-E prevention services
- Refer the family to the provider(s) for services
- Conduct case management services 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 deliver services to model fidelity standards and communicate with other providers for the coordination of services under the oversight and monitoring of the local Title IV-E agency.



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 meet requirements.

APPENDIX D - 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 appropriate services.
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

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.

APPENDIX E - STATE TITLE IV-E PREVENTION AND FAMILY SERVICES AND PROGRAM PLAN

Title IV-E Prevention and Family Services and Programs Plan
State of California

APPENDIX E

State Title IV-E Prevention Program Reporting Assurance

Instructions: This Assurance may be used to satisfy requirements at section 471(e)(5)(B)(x) of the Social Security Act (the Act) and will remain in effect on an ongoing basis. This Assurance must be re-submitted if there is a change in the assurance below.

In accordance with section 471(e)(5)(B)(x) of the Act, California Department of Social Services (Name of State Agency) is providing this assurance consistent with the five-year plan to report to the Secretary such information and data as the Secretary may require with respect to title IV-E prevention and family services and programs, including information and data necessary to determine the performance measures.

Signature: This assurance must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children's Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children's Bureau)

APPENDIX F - STATE REQUEST FOR WAIVERS OF EVALUATION REQUIREMENT FOR A WELL-SUPPORTS PRACTICE

Title IV-E Prevention and Family Services and Programs Plan
State of California

APPENDIX F

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The California Department of Social Services (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for Brief Strategic Family Therapy (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children's Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children's Bureau)

State of California

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The California Department of Social Services (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for Family Check-Up (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

State of California

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The California Department of Social Services (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for Functional Family Therapy (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

State of California

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The California Department of Social Services (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for Healthy Families America (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

State of California

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The California Department of Social Services (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for Homebuilders- Intensive Family Preservation and Reunification Services (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

State of California

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The California Department of Social Services (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for Motivational Interviewing (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

State of California

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The California Department of Social Services (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for Multisystemic Therapy (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

APPENDIX F

State of California

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The California Department of Social Services (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for Nurse-Family Partnership (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

State of California

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The California Department of Social Services (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for Parents as Teachers (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

State of California

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The California Department of Social Services (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for Parent-Child Interaction Therapy (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practice is: 1) compelling and 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children’s Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children’s Bureau)

APPENDIX G - STATE ASSURANCE OF TRAUMA-INFORMED SERVICE DELIVERY

Title IV-E Prevention and Family Services and Programs Plan
State of California

APPENDIX G

State Assurance of Trauma-Informed Service-Delivery

Instructions: This Assurance may be used to satisfy requirements at section 471(e)(4)(B) of the Social Security Act (the Act) and will remain in effect on an ongoing basis. This Assurance must be re-submitted if there is a change in the state's five-year plan to include additional title IV-E prevention or family services or programs.

Consistent with the agency's five-year title IV-E prevention plan, section 471(e)(4)(B) of the Act requires the title IV-E agency to provide services or programs to or on behalf of a child under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

The California Department of Social Services (Name of State Agency) assures that in accordance

with section 471(e)(4)(B) of the Act, each HHS approved title IV-E prevention or family service or program identified in the five-year plan is provided in accordance with a trauma-informed approach.

Signature: This assurance must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children's Bureau Regional Office for approval.

(Date)

(Signature and Title)

(CB Approval Date)

(Signature, Associate Commissioner, Children's Bureau)

APPENDIX H - STATE ANNUAL MAINTENANCE OF EFFORT (MOE) REPORT

Title IV-E Prevention and Family Services and Programs Plan
State of _____

Appendix H

U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES
Administration on Children, Youth and Families Children's Bureau

State Annual Maintenance of Effort (MOE)
Report

State:	FFY:
Baseline Year:	
Baseline Amount: \$	
Total Expenditures for Most Recent FFY:	

<p>This certifies that the information on this form is accurate and true to the best of my knowledge and belief.</p> <p>This also certifies that the next FFY foster care prevention expenditures will be submitted as required by law.</p>
Signature, Approving Official:
Typed Name, Title, Agency:
Date: