California Child and Family Services Review Round 3
Program Improvement Plan (2017)

State/Territory: California

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Child Welfare in California

California's child welfare system is state supervised and administered at the local level by 58 counties, each governed by a county board of supervisors. This system and the services it provides are funded through a combination of federal, state, and county resources. The range of diversity among the counties is immense and there are many challenges inherent in the complexity of this system. However, its major strength is the flexibility afforded to each county in determining how to best meet the needs of its own children and families. The state's counties differ widely by population, economic base, and are a wide mixture of urban, rural and suburban settings.

The California Department of Social Services (CDSS) is the agency authorized by statute to promulgate regulations, policies, and procedures necessary to implement the state's child welfare system and ensure safety, permanence, and well-being for children and families. Within the statutory and regulatory framework, counties are charged with providing the full array of services necessary to meet the needs of children and families.

CDSS is committed to improving outcomes for children and families involved with the child welfare system in California. This Program Improvement Plan (PIP) is aligned with that commitment.

Federal Child and Family Services Review

The Child and Family Services Review (CFSR) is the federal government's process for assessing the performance of state child welfare agencies with regard to achieving positive outcomes for children and families. It is authorized by the Social Security Amendments of 1994 under titles IV-B and IV-E that requires the Department of Health and Human Services to disseminate regulations for reviews of state child and family services programs. The CFSR is implemented by the Children's Bureau of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services.

The ACF review process includes a statewide assessment, onsite review of cases, and stakeholder interviews at the state and county level. Based on the review findings, ACF makes a determination of substantial conformity or improvement needed for each of seven outcomes and seven systemic factors. The state is required to develop a PIP to address areas not conforming to federal standards. The state must achieve a specified amount of improvement for each outcome deemed not in substantial conformity as well as improve systemic factors that impact outcomes. California underwent a CFSR in 2002 (Round 1) and another CFSR (Round 2) in 2008. This PIP is a part of California's third CFSR (Round 3).

Between the development of California's last PIP and the current CFSR, changes were made to the criteria with which ACF is evaluating California's child welfare system. Whereas California's Round 2 CFSR relied on the federal review process in place at the time, California opted to conduct a state-led review for Round 3. California's Round 3 CFSR consisted of the findings of from 160 case reviews conducted by state and county staff across 16 counties, as well as stakeholder interviews. Because of changes in the way ACF calculates the national indicators, those data are not used to determine substantial conformity, but will continue to be monitored

and reported as additional, contextual information. It should also be noted that a direct comparison between the California's Round 2 and Round 3 CFSRs is not appropriate due to methodological differences.

At the conclusion of the case reviews, the CDSS began a collaborative process with county representatives to determine the best course of action to address the areas needing improvement. While ACF delivered the Final Report to California on January 4, 2017 noting the areas of concern in each of the federal outcome measures and systemic factors, CDSS and county partners began the process of PIP development in November 2016 and continued throughout the negotiation.

PIP Goals, Strategies, and Activities

This PIP contains seven goals designed to improve the safety, permanency, and well-being of children and their families who are involved with California's child welfare system. The seven goals are relatively broad and formulated to have a positive impact on specific child welfare outcomes and systemic factors. With the implementation of the key activities described below, California will achieve improvements in safety, permanency and well-being through the engagement of families and their supports in the CFTs process; the approval of highly qualified and prepared caregivers in the RFA process; better assessment of children's needs and matching those needs to the best caregiver through the CANS and LOC assessments and through consistent, respectful engagement of children and families and tailored case planning through the implementation of California's Core Practice Model (CPM).

Accompanying strategies specify the methods by which these goals will be reached and associated key activities. While a number of activities are intended to be implemented statewide inclusive of Los Angeles (the largest metropolitan area in California), it is important to note that not all of the actions proposed below will be carried out statewide all at once. Some activities will be rolled out in specific counties or regions. Unless otherwise specified below, all strategies will be expected to be implemented statewide by the end of the 2-year PIP review period. A number of factors were considered in selecting which counties would implement specific strategies including but not limited to, county readiness, etc. California uses several sources of information to determine areas for improvement. These include County Self-Assessments (CSAs) and System Improvement Plans (SIPs), quantitative data from our SACWIS system, and most recently, CFSR case review data.

As California completed the CFSR and PIP development, the state was undergoing a large shift in the way foster care is viewed. The Continuum of Care Reform (CCR) serves as the linchpin of systemic and practice change reflected in this plan. A number of strategies and key activities capitalize on the planning and efforts completed to date to effect change in outcomes for children and families. For example, counties are now using a new process to approve foster homes, or resource families. It is anticipated that this effort will result in high quality homes and expedite the process of adoption should families choose that route by eliminating additional home studies. Additionally, California is converting traditional group homes to Short Term Residential Therapeutic Programs (STRTPs) placing strict limits on the types of youth who will be served and how long they may remain in that placement.

Below, each of the goals is briefly described in terms of the expected results of the strategies and key activities within that goal.

Goal 1: *Increase engagement of children/youth, families and others in case planning and decision-making processes across the life of the case for safety, permanency, and well-being*

The CFSR revealed that California could improve the engagement of children and parents in their case planning. A major part of the CCR effort is the implementation and support of Child and Family Teams (CFTs), which develop and follow service plans that are comprehensive, family-centered, strength-based and needs driven. This type of engagement with families is an essential factor in achieving positive outcomes. When families are actively engaged in services, they are more likely to follow through with case plan requirements, including safety plans, because the plans reflect the families' own input. California is engaging in a number of initiatives to improve families' engagement such as Safety Organized Practice (SOP), the Quality Parenting Initiative (QPI) and seeking the assistance of national experts in this area. These allow for the CDSS to support increased engagement through the dissemination of best practices for family engagement statewide.

Essential to improving outcomes for families is improving caseworker visits to better assess and support children, families, and foster parents and to improve Court engagement and oversight in areas of case planning and decision-making processes across the life of cases.

Goal 2: *Enhance practices and strategies that result in more children/youth having permanent homes, stable placements, and connections to communities, culture and important adults.*

Concerns were noted during the CFSR around not achieving permanency expeditiously because services were not available or appropriately tailored to the families' needs. Efforts to continually assess relatives as appropriate resource homes and maintaining connections during placement moves was also identified as an area of improvement. California will work towards increasing services and modify service delivery to maintain children and youth in home-based placements. This strategy will be carried out by ensuring that core services are available to all children and that counties and providers have aligned expectations concerning the provision of such services. California seeks to increase sibling and relative placements both initially and over the life of cases, which will be done primarily through training for Resource Families, and technical assistance to caseworkers to keep reconsideration of relatives an option through the life of a case.

Goal 3: *Improve caregiver support strategies.*

Another key factor in California's CCR is to improve the recruitment and retention of high-quality resource families for the placement of children. CDSS will utilize county reports from a recent funding stream specifically designed to help counties develop foster homes to identify promising practices for recruitment and retention. Moreover, training will be provided to caregivers to ensure they are aware of their responsibilities regarding the administration of psychotropic medication and how best to deal with children who have experienced trauma.

Goal 4: *Increase statewide access to varied existing services options for children/youth in foster care and in-home and their families.*

California's fourth goal is to increase statewide access to a variety of existing services options for children/youth in foster care and in-home, as well as their families. California will develop standards for providers in the areas of core service provision and accountability. A Level of Care (LOC) protocol will be developed and evaluated to increase accountability for providing services that are individualized to child needs. The five core domains to be examined are: health, behavioral/emotional, physical, permanency/family, and education. As a result, counties and care/service providers will be fully aware of their responsibilities and the way that those responsibilities align with quality parenting standards that are appropriate for the specific needs of the youth in their care.

The CFSR also uncovered the need for California to improve services to provide better support to parents with complex needs so that they can maintain relationships with children while they are in care in order to achieve permanency in a timely manner. California will be supporting programs including those to strengthen parental resilience and to assist families with housing.

Another core element to CCR is to ensure access to Specialty Mental Health Services to children and youth with intensive and complex mental health needs. California will build capacity for services such as Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC). CDSS will work with the Department of Health Care Services (DHCS) to create and implement policies and programs that ensure adequate access to quality providers

Goal 5: *Strengthen ongoing educational and training opportunities for staff and supervisors working in the child welfare system.*

Stakeholder interviews during the Statewide Assessment phase indicated that California's initial training for caseworkers was a strength, but that ongoing training of workers remains a challenge with respect to ensuring that training is occurring and is appropriate to meet the training needs of workers. This goal is to strengthen existing training opportunities for supervisors and staff working in the child welfare system. The state will modify requirements for ongoing training, alter the delivery of ongoing training, and upgrade tracking and reporting methodology.

Goal 6: *To improve timeliness of investigations and enhance services to families to ensure safety of child.*

Goal six of this PIP is to improve the safety of children through increasing the timeliness of investigations, setting requirements for safety planning, and supporting the use of ongoing formal and informal assessments. California will modify the state Manual of Policies and Procedures (MPP) Division 31-100 regulations to accurately reflect state requirements for face-to-face contacts and provide training and technical assistance around this requirement. Similarly, CDSS will clarify statewide requirements for the development and monitoring of safety plans.

Goal 7: *Strengthen the statewide quality assurance system.*

California's final goal for this PIP is to strengthen the statewide quality assurance (QA) system. Efforts here are tied to case reviews and the continuous quality improvement (CQI) model. By increasing the capacity of state and county CQI processes, California will be able to effectively evaluate the progress and effect of the actions contained within the PIP. Moreover, the ongoing culture of CQI will result in the ability to assess programs and practices not identified as areas needing improvement to better inform effective means of improving outcomes for families.

To achieve a higher functioning CQI system, California will increase the number of counties conducting case reviews and the quality of reviews in those counties that have already begun. The state will achieve this by modifying case review policies to offer counties additional support in implementing case reviews, requiring counties without case review processes in place to submit implementation plans, assessing and monitoring ongoing county progress in their plan implementation, and improving an already robust training procedure for case review staff.

In addition to the case review system, California is committed to enhancing CQI models that focus on collaborative, data driven improvements and changes that are guided by continuous evaluation and adaptation. CDSS will provide updated guidelines and provide technical assistance to counties using or adopting CQI processes and expand training and ongoing learning opportunities for the development of CQI models at the county level.

PIP Structure

On the following pages, the details of the action steps planned to achieve the necessary improvements are laid-out. Each goal has a number of strategies, which in turn, have key activities. Brief descriptions of the key activities are also provided. California's child welfare system is a state-supervised county-administered system and as such, implementation of the key activities described below will require partnership and cooperation. The state will be the lead agency responsible for providing program guidance, policy interpretation and technical assistance to counties. The state will implement any action steps identified below that are within its purview as the state supervising agency. The state will also be the liaison between counties and the ACF as well as the Children's Bureau Capacity Building Center for the States who will provide assistance as needed to implement some of the action steps. The counties, as the administrators of the program delivering care and services to children and families, will be responsible for implementing the action steps within its purview and providing information to the state about the status of implementation and how these action steps are working at the county level so that the state can provide assistance as necessary and accurately report the status of these action steps to ACF as required.

In addition to the existing implementation teams for the key strategies identified below, there will also be a state-level PIP implementation team that will meet at least quarterly and include key CDSS program staff, county representatives from Los Angeles and other counties, Court Improvement Program partners, and CWDA. Through the quarterly meetings, this team will work with ACF and the Capacity Building Center to develop implementation plans for key practice focus areas and provide regular implementation support including oversight, monitoring, and adjustment over the PIP period. Implementation plans for these strategies are deliverables noted in the appropriate Key Activities within the first two quarters of the PIP.

Coordination and partnership between all three government agencies (federal, state and local), are needed in order to effect meaningful change, promote innovation, and create program efficiencies to improve child welfare services in California.

The section following the specific action steps contains the measurement plan that will be used to evaluate the progress of the PIP, set baseline and target goals, and determine achievement of desired results. This section describes the way the baseline will be developed using case reviews as the data source.

Finally, the last section contains a list of acronyms and brief descriptions of relevant programs in order to enhance the understanding of the PIP activities.

Part One: Goals, Strategies/Interventions, and Key Activities

Goal 1: Increase engagement of children/youth, families and others in case planning and decision-making processes across the life of the case for safety, permanency, and well-being

(Permanency Outcome 2, Well-Being Outcome 1, Well-Being Outcome 2, Case Review System, and Service Array).

Strategy 1: CDSS will partner with county agencies to identify and address barriers to increased engagement of children/youth and families in case planning through implementation and/or adjustment of CFTs.

- **Key Activity 1: Provide the current implementation status of and analyze and describe data supporting use of CFTs to address barriers to engagement of children/youth and families in case planning**
  Projected Completion Date: Q1
  California has identified CFTs as a key strategy to increase family engagement and improve outcomes for children and families. CFTs are being implemented statewide to support Continuum of Care Reform (CCR) efforts. CDSS and representative CA counties, in collaboration with the Capacity Building Center for States, will convene to identify barriers to engagement of children/youth and families in case planning and use data or research to describe the current implementation status of the CFT rollout and how the use of CFTs will improve engagement.

- **Key Activity 2: Design specialized implementation support to targeted counties to support CFT quality**
  Projected Completion Date: Q2
  CDSS and representative CA counties, including Los Angeles, will convene to identify 5 - 10 counties for participation in the development of individualized implementation support to ensure the quality of CFTs. Counties will be identified for targeted TA based on county readiness and data supporting the need for assistance in performing CFT assessments, providing services, and engaging families in decision-making.

- **Key Activity 3: Provide specialized implementation support to targeted counties to support CFT quality**
  Projected Completion Date: Q2 (and ongoing)
  As described in Key Activity 2, CDSS will provide specialized implementation support to identified counties. Specialized implementation support will include at minimum additional training as described in Key Activity 6 policy clarification, coaching, and mentoring.

- **Key Activity 4: Use State-County Implementation Team to review CFT implementation using a continuous quality improvement approach**
  Projected Completion Date: Q1 (and ongoing)
  CDSS and representative CA counties, including Los Angeles, in collaboration with the Capacity Building Center for States, will use the State-County Implementation Team to develop an implementation plan and review the implementation of CFTs in the counties identified in Key Activity 2. Evaluation of plans will include, by county, specific CFT model detail, targeted populations, benchmarks of progress, current

status, and timelines for implementation. The Team will identify gaps and suggest modifications as necessary. The Team will monitor implementation, review successes and challenges, review up-to-date performance data, including results of case reviews, surveys, and relevant data reports, and make modifications to the Implementation Plan as needed.

- **Key Activity 5: CFT Documentation Guidelines**
  Projected Completion Date: Q2
  CDSS will develop instructions for documentation of the CFTs including indicators for quality of team meetings and the inclusion of both state-mandated participants and additional natural supports identified by the youth and family.

- **Key Activity 6: Revise and Refine CFT Curriculum and Training**
  Projected Completion Date: Q4
  CDSS will continuously revise and refine a state-approved CFT curriculum consistent with the Integrated Core Practice Model (ICPM) with input from stakeholders. In addition to statewide Training for Trainers and statewide training, in the counties identified in Key Activity 2, CDSS will provide specialized initial and ongoing training tailored to county requests and identified need. Training will include CFT facilitators and all other staff participating in CFTs. CDSS will assess the effectiveness of the specialized training and incorporate necessary adjustments based on this evaluation.

- **Key Activity 7: CDSS Technical Assistance to Counties Implementing CFTs**
  Projected Completion Date: Q2 and ongoing
  CDSS will provide regular technical assistance and support, through training, policy guidance or clarification, coaching and mentoring to additional counties outside of the targeted counties identified in Key Activity 2, as needed to counties in implementing CFTs. This technical assistance will be tailored, where possible, to meet the needs of the counties identified.

Strategy 2: Support implementation of a Core Practice Model (CPM) centered on engagement of families

- **Key Activity 1: Bi-Annual Partnerships for Well Being Institute**
  Projected Completion Date: Q1
  The CDSS sponsored bi-annual conference for counties and service providers offers workshops and other opportunities for shared learning in the field of children's system of care, Wraparound and other integrated services..

- **Key Activity 2: Integrated CPM**
  Projected Completion Date: Q3
  The Integrated CPM Guide will be finalized and disseminated by CDSS and will provide practical guidance and direction to support county child welfare, juvenile probation and behavioral health agencies, other community-based service providers, tribal and community partners to implement a single, integrated practice model when working with children or youth and families.

- **Key Activity 3: Supporting County Leadership in CPM Implementation**
  Projected Completion Date: Q2
  A County Directors' Institute will be conducted to provide support to county executives on CPM principles and implementation.

- **Key Activity 4: Pathways to Well-Being Learning Conversation Site Visits**
  Projected Completion Date: Q3
  CDSS and DHCS provide on-site Learning Conversation site visits with counties to provide consultative technical assistance, program oversight, and a review of county policies, practices, and protocols to ensure the mental health needs of children and youth are met, and are being delivered within the context of the CPM. CDSS will analyze the meeting outcomes to determine appropriate action to be taken by CDSS and DHCS which may include development of statewide policy guidance, regional learning collaboratives to support integrated practice, or ongoing individual county technical assistance.

  A Learning Conversation will be conducted if one or more of the following criteria are identified:

  - County request;
  - Routine EQRO review indicates potential need;
  - Routine CFSR/Quality Assessment indicates potential need; or
  - A county has demonstrated effective shared outcomes that might be useful to the State or others.

Strategy 3: CDSS will partner with county agencies to identify and address barriers to increased engagement of children/youth and families in case planning by improving the quality of caseworker visits to better assess and support children, families, and foster parents

- **Key Activity 1: Provide the current implementation status of and analyze and describe data supporting use of Safety Organized Practice (SOP) to address barriers to engagement of children/youth and families in caseworker visits**
  Projected Completion Date: Q1
  California has identified SOP as a key strategy to increase family engagement and the quality of caseworker visits with families, which will improve safety, permanency, and well-being outcomes for children and families. CDSS and representative CA counties, in collaboration with the Capacity Building Center for States, will convene to identify barriers to engagement of children/youth and families in caseworker visits and use data or research to describe the current implementation status of SOP rollout and how the use of SOP will improve engagement during caseworker visits.

- **Key Activity 2: Design specialized implementation support to targeted counties to support SOP fidelity and quality**
  Projected Completion Date: Q1
  CDSS and representative CA counties, in partnership with Casey Family Programs, will convene to develop and provide individualized implementation support to ensure the quality of SOP implementation. 5-10 counties will be identified based on county readiness and data supporting the need for assistance in performing SOP practice and engaging families in decision-making. Specialized implementation support will include additional training as described in Key Activities 6 as well as policy clarification, coaching, and mentoring.

- **Key Activity 3: Use State-County Implementation Team to review SOP expansion using a continuous quality improvement approach**
  Projected Completion Date: Q1 (and ongoing)
  CDSS and representative CA counties, including Los Angeles, in collaboration with the Capacity Building Center for States, will use the State-County Implementation Team to develop an implementation plan and review the expansion of SOP to the counties identified in Key Activity 2. The Implementation Plan will include, by county, specific SOP model detail, targeted populations, benchmarks of progress, current status, and timelines for implementation. The Team will identify gaps and suggest modifications as necessary.

- **Key Activity 4: Develop and disseminate best practices for quality caseworker visits with children**
  Projected Completion Date: Q4
  CDSS will develop an All County Information Notice (ACIN) to provide statewide guidance to county caseworkers regarding the expectations for completing and documenting quality visits consistent with current regulations regarding the appropriate duration, location and content of the visits as well as communication and coordination with other caseworkers involved with the child and family.

- **Key Activity 5: Develop supervisors as field liaisons for coaching of caseworkers**
  Projected Completion Date: Q5
  CDSS will modify the Supervisor Core training, which is a required training for all new supervisors, to include coaching skills for their staff. For existing supervisors, the counties' implementation of the CPM and ongoing Safety Organized Practice trainings will include development and implementation of coaching strategies.

- **Key Activity 6: Create tools/job aids for caseworkers**
  Projected Completion Date: Q3
  CDSS will provide resources, such as tools and job aids, to support supervisors and caseworkers to ensure quality visits.

- **Key Activity 7: CDSS Oversight of Caseworker Visits through Case Review Findings (OSRI Items 12 and 13)**
  Projected Completion Date: Q4 (and ongoing)
  CDSS will utilize case review findings to regularly assess whether or not there is an increase in the quality and quantity (as appropriate) of caseworker visits with children, families and foster parents.

Strategy 4: Improving Court engagement and oversight in areas of case planning and decision-making processes across the life of the case

- **Key Activity 1: Multi-Disciplinary trainings on QPI, safety organized practice and other initiatives**
  Projected Completion Date: Q4
  The Judicial Council will conduct three multi-disciplinary regional trainings, as well as, pre-conference convenings and workshops at the Beyond the Bench multidisciplinary conference on initiatives including the QPI, CCR, Resource Family Approval (RFA) and CFT.

- **Key Activity 2: Dissemination of CDSS information to the courts**
  Projected Completed Date: Q4
  The Judicial Council will collaborate with CDSS on creating fact sheets for initiatives on CFT, QPI, Quality Improvement Project (QIP), CCR, and RFA and disseminating those materials on the Judicial Council's website devoted to juvenile dependency and child welfare: the California Dependency Online Guide (CalDOG).

- **Key Activity 3: Enhance judicial knowledge regarding family engagement and clarify roles and responsibilities between the Case Review system (juvenile dependency) and the Child Welfare services (agency) system.**
  Projected Completion Date: Q4
  Engage the Judicial Council's Family and Juvenile Law Advisory Committee (includes dependency judges, dependency attorneys, a chief probation officer, and a county director of child welfare) to seek stakeholder input, develop and publish an ACIN that provides guidance to the systems regarding their roles, responsibilities, and share best practices in regard to intersystem collaboration, family engagement, and case planning.

- **Key Activity 4: Ensure court awareness of family engagement and tailored case planning**
  Projected Completion Date: Q3
  CIP will include in its regular court file review, a component to ensure courts are aware of family engagement practices and tailored case planning.

Strategy 5: Promote the development of shared practices through the imbedding of educational practices through collaboration between California Department of Education and CDSS.

- **Key Activity 1: CDE and CDSS will provide education and technical assistance to Local Education Agencies (LEAs) and County Child Welfare Agencies regarding Foster Youth liaisons**
  Projected Completion Date: Q5
  Promote County level child welfare and education co-location arrangements or other cross-agency efforts to ensure coordination of service planning via joint instruction of best practices between agencies.

- **Key Activity 2: Promote blending of child welfare and education practice**
  Projected Completion Date: Q5
  CDSS will promote child welfare worker understanding and knowledge of child/youth educational needs through ACL/ACIN clarifying existing requirements and dissemination of best practices that may include participation during Student Support Team meetings, IEP, etc., and LEA representation during CFTs.

- **Key Activity 3: Support the dissemination of shared data and information sharing practices**
  Projected Completion Date:Q4
  Disseminate and provide training on established information sharing protocol that will support the exchange of information that can strengthen communication between LEAs and child welfare case workers.

Goal 2: Enhance practices and strategies that result in more children/youth having permanent homes, stable placements, and connections to communities, culture and important adults.

(Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, and Service Array)

Strategy 1: Increase services and modify service delivery to maintain children and youth in a home-based placement

- **Key Activity 1: Define and Ensure that Core Services are Available to All Children.**
  Projected Completion Date: Q3
  Through a stakeholder process, CDSS will develop matrix of core services defining the basic continuum of services that must be available to all children regardless of placement setting and assist counties when difficulties in accessing services arise and will disseminate this matrix to county child welfare agencies and others as determined appropriate.

- **Key Activity 2: Develop a process to ensure availability of core services through provider licensure process.**
  Projected Completion Date: Q3
  CDSS is establishing a process to ensure that providers and counties have aligned expectations regarding provision of core services to all children.

- **Key Activity 3: Provide regional technical assistance to child welfare, mental health, probation, education and other stakeholders.**
  Projected Completion Date: Q2
  In coordination with the Department of Health Care Services, CDSS is providing technical assistance through a series of Regional Information and Transformation Exchange (RITE) meetings and Medi-Cal Mental Health 101 trainings at the regional level to align expectations, identify capacity building needs, and address barriers to service array development. The RITE meetings and Mental Health 101s occur regionally throughout the entire state and encourage counties to enhance partnerships with their stakeholder groups at all levels of case management , service provision, and service recipients.

- **Key Activity 4: Develop and finalize a Level of Care Protocol (LOC) to be used by county child welfare or probation staff.**
  Projected Completion Date: Q1
  A LOC protocol is a strength-based method designed to identify the individual care and supervision needs of children/youth that can be translated to an appropriate LOC rate to support and stabilize placements in home-based family settings. CDSS, in consultation with counties and providers, will develop a LOC protocol based on five domains: Health, Behavioral/Emotional, Physical, Permanency/Family, and Education. Resource parents will have aligned expectations based on quality parenting standards be responsive to child/youth needs.

Strategy 2: Strengthen court processes to ensure timely recommendations for termination of parental rights (TPR) or consideration of compelling reasons not to request TPR

- **Key Activity 1: Review rules of court and court forms to allow for counties to make specific request for TPR at the point where termination of reunification services occurs.**
  Projected Completion Date: Q5
  Engage the Judicial Council's Family and Juvenile Law Advisory Committee through their regular meetings (includes dependency judges, dependency attorneys, a chief probation officer, and a county director of child welfare) to seek stakeholder input on the optimum means for counties to make specific request for TPR at the point where termination of reunification services occurs. This includes proposals to modify rules of court and/or court forms.

- **Key Activity 2: Provide Guidance and Technical Assistance Regarding Compelling Reasons for Not Terminating Parental Rights (TPR)**
  Projected Completion Date: Q2
  Using state Welfare and Institutions Code and Federal guidance, CDSS will disseminate the compelling reasons for not terminating parental rights and appropriate documentation of that decision through an ACIN/ACL.

- **Key Activity 3: CDSS will utilize case review findings (OSRI Item 5) to ensure counties are aware of TPR and compelling reasons parameters.**
  Projected Completion Date: Q1 (and ongoing)
  Because administrative data is not available to track the implementation of Key Activity 2, case review data will be used to monitor and determine the need of TA on the issue of TPR.

Strategy 3: Increase sibling and relative placements both initially and over the life of the case

- **Key Activity 1: Develop and Provide Training for Resource Families**
  Projected Completion Date: Q5
  CDSS will develop curriculum for Resource Families to support unique challenges of caring for larger sibling groups. Once the curriculum is developed, CDSS will provide statewide trainings to resource families through existing contracts.

- **Key Activity 2: Provide Technical Assistance for Ongoing Assessment of Relative/Sibling Placements.**
  Projected Completion Date: Q3
  CDSS will provide technical assistance to counties to ensure that reconsideration of relatives/sibling placement occurs throughout the life of the case. In addition, CDSS, in partnership with counties, will develop a threshold for determining what counties will need targeted TA based on their performance for children being placed with relatives/siblings.

Strategy 4: Preserve connections through increased engagement of children and improved quality of visitation between children and families.

- **Key Activity 1: Early Childhood Wraparound Workgroup (Ages 0-5)**
  Projected Completion Date: Q3
  The Early Childhood Workgroup meets on a regular basis and deliverables include developing best practices for supervised visitations for the 0-5 population and developing training curriculum for conducting CFT meetings for ages 0-5.

- **Key Activity 2: California Evidence Based Clearinghouse (CEBC) Visitation Programs Update**
  Projected Completion Date: Q4
  The CEBC, funded by CDSS, will update and broaden the existing topic area of Visitation Programs to include coaching.

Strategy 5: Reduce the number of cases open for long periods of time including guardianships where dependency is not dismissed in identified counties including Los Angeles.

- **Key Activity 1: Disseminate policy clarification regarding access to services and supports to relative/Non-Related Extended Family Members (NREFM)/guardians after dependency is dismissed**
  Projected Completion Date: Q1
  CDSS will disseminate policy clarification, provide targeted technical assistance to counties, and support data clean-up.

- **Key Activity 2**: **Create and disseminate information on funding available post guardianships to attorneys and the courts**
  Projected Completion Date: **Q6**
  The Judicial Council, in collaboration with CDSS, will create information sheets for attorneys and judges on the funding available to guardians after the case is dismissed and disseminate through the CalDOG.

- **Key Activity 3: Provide the current implementation status of and analyze and describe data supporting targeted effort in LA County to address barriers to engagement of children/youth and families in case planning**
  Projected Completion Date: Q1
  The CFSR identified several cases of children who were in finalized guardianships but continuing dependencies. California conducted an analysis to identify Los Angeles as the location of the majority of such cases. CDSS, in partnership with LA County and the Capacity Building Center for States, will identify barriers to dismissal of dependency for children in finalized guardianships and use data or research to describe the current implementation status of the guardianship issue and how such barriers will be reduced to improve permanency outcomes.

- **Key Activity 4: Use State-County Implementation Team to review results of annual reviews using a continuous quality improvement approach**
  Projected Completion Date: Q2 (and ongoing)
  CDSS and representative CA counties, including Los Angeles, in collaboration with the Capacity Building Center for States, will use the State-County Implementation Team to develop an implementation plan for Key Activities related to dismissing dependency for finalized guardianships. The Implementation Plan will include specific strategic detail, targeted populations, benchmarks of progress, current status, and timelines for implementation The Team will identify gaps and suggest modifications as necessary. CDSS will conduct an annual review of guardianship cases across the state including Los Angeles to ensure policy is being followed and dependency is being dismissed as indicated by file reviews and data analysis showing fewer of these long-term guardianship cases.

Strategy 6: Inform courts on practices and strategies that result in more children/youth having permanent homes, stable placements, and connections to communities, culture and important adults

- **Key Activity 1: Disseminate information on CDSS strategies on permanency**
  Projected Completion Date: **Q5**
  The Judicial Council will collaborate with CDSS on the creation and dissemination of any tools on strategies and practices including creating web-based educational material and uploading the content on the CalDOG website.

Strategy 7: Provide additional support to family of origin

- **Key Activity 1: Provide Support to Assist Parents in Navigating the Child Welfare System**
  Projected Completion Date: Q6
  Counties will standardize internal processes to provide an overview of the child welfare system to help parents understand the system, the process and next steps.

- **Key Activity 2: Increase the use of Parent Partners and Cultural Brokers**
  Projected Completion Date: Q5
  CDSS will work with counties to determine funding sources available for the development of Parent Partners and Cultural Brokers.

Goal 3: Improve caregiver support strategies.

(Well-Being Outcome 1; Case Review System; Foster and Adoptive Parent Training, Licensing, Recruitment and Retention)

Strategy 1: Develop a statewide report of promising practices to recruit, retain and support foster caregivers.

- **Key Activity 1: Disseminate promising practices from the Foster Parent Recruitment, Retention and Support program.**
  Projected Completion Date: Q4
  Through and ACIN, CDSS will share promising practices and evidence-based programs gleamed through county programs implemented using the Foster Parent Recruitment, Retention and Support program.

- **Key Activity 2: Support utilization of nationally recognized expert on retention of Resource Families.**
  Projected Completion Date: Q1 (and ongoing)
  CDSS will contract with a national expert to provide specialized technical assistance to counties throughout the state on how to improve caregiver support strategies that result in the retention of Resource Families. The first year of this contract will focus technical assistance in Humboldt, Kings, Sacramento, San Joaquin, Sonoma and Riverside counties. Six additional counties will be provided technical assistance in the second year of the contract.

- **Key Activity 3: Provide training to caregivers regarding trauma and psychotropic medication treatment.**
  Projected Completion Date: Q2
  CDSS will develop a training for caregivers regarding their role and responsibilities in regard to monitoring and administering psychotropic medications for youth and recognizing and addressing trauma, including how to access mental health services.

- **Key Activity 4: Enhance and Monitor FFPRS Recruitment Plans**
  Projected Completion Date: Q3
  CDSS will make modifications to enhance the quality of FFPRS Recruitment Plans and will monitor those plans regularly.

- **Key Activity 5: Utilize NEICE**
  Projected Completion Date: Q4
  CDSS will ensure the utilization of NEICE in the early implementing counties of Madera and Los Angeles as well as continuing the implementation of NEICE in San Joaquin, Siskiyou, Kings, Kern, Mendocino, San Diego, Butte, Amador, Alameda, El Dorado, Marin, Humboldt, San Francisco, and Riverside.

- **Key Activity 6: CEBC Resource Parent Topic**
  Projected Completion Date: Q4
  The CEBC, funded by the CDSS, will update and expand the existing topic area of Resource Parent Recruitment Training/Support/Retention and share best practices with counties.

Strategy 2: Strengthen the quality of caregivers to ensure excellent parenting for all children in the child welfare system.

- **Key Activity 1: Support Expansion of Quality Parenting Initiative (QPI)**
  Projected Completion Date: Q4
  CDSS will support QPI efforts by developing policy and providing support to QPI counties which include Del Norte, Fresno, Glenn, Humboldt, Kern, Kings, Madera, Marin, Napa, Orange, San Diego, San Francisco, San Luis Obispo, Santa Barbara, Santa Clara, Shasta, Sonoma, Stanislaus, Tulare, Tuolumne, and Ventura. CDSS will promote best practices of QPI through an annual convening, webinars and monthly QPI calls. CDSS will share QPI best practices statewide through a state-developed CQI website and dissemination of ACLs/ACINs. Finally, CDSS will provide information to non-QPI counties regarding the process to become involved with the program as desired.

Strategy 3: Utilize RFA process to identify family need for approval and additional supports to maintain placement.

- **Key Activity 1: Family Needs Included in RFA Process**
  Projected Completion Date: Q5
  Include in the written directives for RFA that counties identify specific activities/services the family may need in order to approve and maintain placement supports.

- **Key Activity 2: RFA process to enhance matching of family to the right child**
  Projected Completion Date: Q3
  Through the implementation of the RFA approval process, counties will be collecting more information through the family evaluations on the needs of the family and will be able to use this additional information to better match children to families.

Goal 4: Increase statewide access to varied existing services options for children/youth in foster care and in-home and their families.

(Safety Outcome 2, Permanency Outcome 2, Well-Being Outcome 1, Well-Being Outcome 2, Well-Being Outcome 3, and Service Array)

Strategy 1: Develop standards for providers in the areas of core service provision and accountability

- **Key Activity 1: CDSS to develop specific domains to assess service provision for providers.**
  Projected Completion Date: Q3
  As a new condition of licensure, providers must address specific service domains and how their program will provide or ensure access to these service domains in order to be approved as a licensed service provider.

- **Key Activity 2: Counties will use the CANS assessments in the context of CFTs to ensure appropriate services are provided.**
  Projected Completion Date: Q2
  County administered CANS will determine needs in five core domains: Health, Behavioral/Emotional, Physical, Permanency/Family, and Education. Counties will ensure that services and supports are provided to meet identified needs.

Strategy 2: Improve support for parents with complex needs to maintain relationship with children in care and achieve permanency in a timely manner.

- **Key Activity 1: Family Hui Program**
  Projected Completion Date: Q6
  CDSS will fund the parent leadership Family Hui Program which will strengthen the capacity of parental resilience in families and social connections for parents with complex needs. Each year the Family Hui Program will be provided to 3-5 cohorts (8-12 parents in each) within each region. Current regions include Colusa, Sacramento, San Joaquin and Imperial Counties. New locations will be determined by identifying key counties where introducing Hui might make the greatest impact, along with input from our analyses of readiness and input from the Aces Connection Network.

- **Key Activity 2: Bringing Families Home program**
  Projected Completion Date: Q1
  CDSS will award funding to 12 counties, Kings, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Luis Obispo, Santa Clara, Santa Cruz, Solano, Sonoma, and Yolo to develop or enhance existing programs to support more housing opportunities to facilitate the reunification of children with their families. Specific outcomes for this program will be developed and tracked.

- **Key Activity 3: Regional Center Coordination between CDSS and Department of Developmental Services**
  Projected Completion Date: Q3
  CDSS will work with DDS, counties and regional centers to ensure better coordination at the state and local level to provide information about available services, coordination on needs of family and who/what can best serve the family, and linking children and families to those services. In addition, CDSS will provide technical assistance to counties on what regional centers have to offer.

Strategy 3: Ensure access to Specialty Mental Health Services to children and youth with intensive and complex mental health needs

- **Key Activity 1: CDSS and DHCS will work with counties to build capacity for all specialty MH services, including services such as ICC, IHBS, TFC, etc.**
  Projected Completion Date: Q2
  Eligible children and youth who meet medical necessity for Specialty Mental Health Services will receive these home-based services. In collaboration with the DHCS and counties, CDSS will develop policies and programs to ensure provider quality and access.

- **Key Activity 2: Psychotropic Medication Monitoring**
  Projected Completion Date: Q1
  CDSS will provide psychotropic medication data to counties that have opted in to a data sharing agreement to enhance medication monitoring and assurance that children and youth receive concurrent supportive mental health services. Through these data sharing agreements, CDSS and counties will monitor data quarterly and make program changes as needed to ensure improvement (all counties will have an agreement to receive data by the end of 2017).

- **Key Activity 3: Training & Guidance to Child Welfare Staff Regarding Complex Mental Health Needs and the Use of Psychotropic Medications**
  Projected Completion Date: Q2
  CDSS will revise current and develop new training curriculum for child welfare staff to enhance their knowledge regarding trauma and the use of therapeutic services and psychotropic medications to treat intensive and complex mental health issues. CDSS will issue instructions to counties on requirements and best practices related to monitoring medications including but not limited to psychotropic medications.

Strategy 4: Promote and Support Best Practices for Safely Preventing Child and Youth Removal from the Home

- **Key Activity 1: Chronic Neglect Research**
  Projected Completion Date: Q5
  CDSS will begin research on chronic neglect to identify patterns and trends to develop services and supports needed to prevent removal and CDSS will disseminate the results of research.

- **Key Activity 2: Child Welfare/CalWORKs Coordination**
  Projected Completion Date: Q5
  CDSS will establish a workgroup to develop recommendations to remove barriers to child welfare families' ability to access CalWORKs services by ensuring consistent communication and coordination.

Strategy 5: Provide support for the utilization of the prudent parent standard to ensure that children/youth have access to community and extracurricular activities

- **Key Activity 1: Provide Guidance on Best Practices and Additional Education About Prudent Parent Standard**
  Projected Completion Date: Q6
  CDSS will provide technical assistance to counties and training of resource families around best practices. CDSS will identify promising practices to share with counties via an All County Information Notice.

- **Key Activity 2: Foster Youth Information on Enrichment Activities**
  Projected Completion Date: Q5
  The Foster Care Ombudsperson's Office will provide educational material to foster youth regarding enrichment activities.

Goal 5: Strengthen ongoing educational and training opportunities for staff and supervisors working in the child welfare system.

(Staff and Provider Training)

Strategy 1: Improve ongoing training in the State. This will include modifying the requirements for ongoing training, adjusting the delivery of ongoing training provided by CDSS and upgrading the tracking and reporting methodology.

- **Key Activity 1: Training Regulation Modifications**
  Projected Completion Date: Q6
  CDSS will modify the regulations for ongoing training requirements of social workers.

- **Key Activity 2: Statewide Standardized Ongoing Training Curriculum**
  Projected Completion Date: Q4
  CDSS will require ten of the currently required biennial training hours to be a standardized, statewide training opportunity focused on core competencies. The topic of these trainings will be prioritized by CDSS in collaboration with counties.

- **Key Activity 3: On-going Training Tracking and Evaluation**
  Projected Completion Date: Q4
  CDSS will create and support a standardized tracking methodology for counties to report ongoing training.

- **Key Activity 4: Trauma Informed Training and Technical Assistance**
  Projected Completion Date: Q5
  CDSS will work with the Chadwick Center for Children of Rady Children's Hospital to assist county child welfare systems to become trauma informed.

- **Key Activity 5: Participation in the National Adoption Training Initiative by child welfare and probation staff and supervisors**
  Projected Completion Date: Q3
  CDSS and county staff are participating in the National Adoption Training Initiative pilot which will provide online adoption and permanency training for staff and supervisors.

- **Key Activity 6: Secure Contractor for Workload Study**
  Projected Completion Date: Q5
  CDSS and counties will explore securing a contractor to conduct a new workload study for caseworkers.

Strategy 2: Increase Accountability with State Sponsored Training Providers

- **Key Activity 1: Training Report Methodology**
  Projected Completion Date: Q4
  CDSS will create a reporting methodology for State sponsored training providers that will include information on all ongoing training that is being provided Statewide.

- **Key Activity 2: Training Evaluation Revisions**
  Projected Completion Date: Q3
  CDSS will create a universal evaluation method for all ongoing training that is sponsored by the State.

Strategy 3: Improve delivery of training to resource families and other providers

- **Key Activity 1: Identify Training Needs of Resource Families**
  Projected Completion Date: Q2
  The CDSS will work with resource families, youth and county agencies to assess training needs of resources families.

- **Key Activity 2: Resource Family Training**
  Projected Completion Date: Q4
  Resource Families will have access to online training curriculum supported by CDSS.

Goal 6: To improve timeliness of investigations and enhance services to families to ensure safety of child.

(Safety Outcomes 1 and 2).

Strategy 1: Clarify requirements and increase oversight of completed face-to-face contacts

- **Key Activity 1: Draft modifications to the state Manual of Policies and Procedures (MPP) Division 31-100 regulations**
  Projected Completion Date: Q2
  CDSS will draft MPP modifications so that the regulations accurately reflect state requirements.

- **Key Activity 2: Completion of the Manual of Policies and Procedures (MPP) Division 31-100 Regulations Workgroup**
  Projected Completion Date: Q2 (and ongoing)
  As part of the review process for the development of the Division 31-100 regulation revisions, CDSS will hold bi-monthly workgroup meetings to obtain feedback from stakeholders and have consultation with tribes.

- **Key Activity 3: Finalize modification to the state Manual of Policies and Procedures (MPP) Division 31-100 regulations**
  Projected Completion Date: Q5
  CDSS will complete MPP modifications so that the regulations accurately reflect state requirements.

- **Key Activity 4: Statewide Training and FAQ Sessions for MPP Amendments**
  Projected Completion Date: Q5
  CDSS will issue an ACL that provides information regarding training and FAQ sessions and development curriculum for county staff training.

- **Key Activity 5: Add Completed Face-to-Face Contacts to C-CFSR Reporting**
  Projected Completion Date: Q1
  CDSS will incorporate completed face-to-face contacts into quarterly monitoring and other C-CFSR reports.

- **Key Activity 6: Provide information to counties about improving use of SDM**
  Projected Completion Date: Q2
  CDSS will work with contractor to provide info to counties on how to monitor usage of SDM.

Strategy 2: Develop statewide requirements for safety plan development and monitoring and strengthen formal and informal comprehensive assessments of risk and safety for both in-home and out of home cases.

- **Key Activity 1: Safety Plan Guidance and Monitoring**
  Projected Completion Date: Q1
  CDSS will release an ACL indicating state expectations for safety plan content and plans for monitoring.

- **Key Activity 2: Child and Family Team Project Workgroup**
  Projected Completion Date: Q3
  CDSS will develop a Child and Family Team Project Workgroup to ensure training needs of placing agencies and resource families are comprehensive and adhere to the model fidelity standards set forth by CDSS.

- **Key Activity 3: Implement CANS Assessment Tool for Case Plan Development**
  Projected Completion Date: Q3
  CDSS will work with counties, starting with a phased implementation, to implement CANS statewide for use by the assigned case-carrying worker to be used for case plan development.

- **Key Activity 4: Safety and Risk Assessment Requirement Revisions**
  Projected Completion Date: Q4
  As a part of the MPP Division 31-100 amendments, CDSS will be providing clarifications to the requirements of safety and risk assessment tools for all foster care and in-home cases.

Strategy 3: Enhance Court oversight of the preliminary investigations early in the proceedings

- **Key Activity 1**: **Focus on Efforts to Prevent Removal**
  Projected Completion Date: Q4
  The Judicial Council will create and disseminate materials, including hosting webinars for the judges and attorneys on the requirements at the detention hearing, including whether the child welfare agency has made reasonable efforts to eliminate the need for removal. These materials will include discussions on safety planning and what the court and attorneys should be looking for when reviewing or helping to develop a safety plan to keep the child or children in the home.

- **Key Activity 2**: **Monitor and Disseminate findings from the American Bar Association Study on Attorney Practice and Outcomes**
  Projected Completion Date: Q3
  The Judicial Council will continue to monitor and disseminate results from the evaluation being conducted in Los Angeles and San Bernardino by the American Bar Association on attorney practice and outcomes, focusing specifically on whether there are any advocacy deficiencies at the front end of the proceedings.

- **Key Activity 3**: **Evaluate Changes in Increased Knowledge of Judiciary**
  Projected Completion Date: Q3
  The CIP will continue to conduct record reviews to assess for changes in court requirements, orders, etc. based on all court related PIP items.

Goal 7: Strengthen the statewide quality assurance system.

(Quality Assurance)

Strategy 1: Increase the quantity of counties engaged in completing case reviews

- **Key Activity 1: Review CDSS case review requirements, policies and procedures to support counties in implementing their case review process and modify as appropriate.**
  Projected Completion Date: Q1 (and ongoing)

- **Key Activity 2: County Case Review Implementation Plans**
  Projected Completion Date: Q2
  CDSS will require counties without case review processes in place to submit implementation plans. Plans may include staffing, training, or requesting CDSS assistance for completing reviews. CDSS will assess and monitor county progress on implementation plans.

- **Key Activity 3: Increase Counties with fully implemented case reviews**
  Projected Completion Date: Q1 (and ongoing)
  Through an evaluation of county readiness, CDSS will work with counties to increase the number of counties with fully implemented case review processes by 5 per reporting period. This may include an option for counties to contract with CDSS to conduct case reviews on behalf of the county.

Strategy 2: Increase the quality of completed case reviews

- **Key Activity 1: Continued Technical Assistance on Case Reviews**
  Projected Completion Date: Q1 (and ongoing)
  CDSS will continue to provide technical assistance from the CDSS case review unit through webinars and attendance at regional case review supportive activities

- **Key Activity 2: Revise curriculum and implement new case review certification and QA training in all regions**
  Projected Completion Date: Q1
  CDSS will revise the case review training curriculum to reflect most current information and best practices for completing reviews and have the new curriculum implemented in all regions.

- **Key Activity 3: Revise curriculum and implement new QA trainings in all regions**
  Projected Completion Date: Q3
  CDSS will revise the case review training curriculum to reflect most current information and best practices for completing reviews and have the new curriculum implemented in all regions.

Strategy 3: Continue implementing and supporting CQI models statewide

- **Key Activity 1: Efforts to Outcomes**
  Projected Completion Date: Q2
  CDSS will utilize and improve the data collection tool, Efforts To Outcomes, to evaluate prevention programs.

- **Key Activity 2: Prevention Grants**
  Projected Completion Date: Q2
  CDSS will incorporate logic models, performance measures and evaluation in all of its prevention grants to the community.

- **Key Activity 3: Revise CQI Guidelines and Technical Assistance**
  Projected Completion Date: Q1
  CDSS will update published CQI Guidelines and provide technical assistance and review for county CQI processes. In addition, CDSS will review and provide technical assistance to counties on their CQI models.

- **Key Activity 4: Support CQI Training Opportunities**
  Projected Completion Date: Q2 (and ongoing)
  CDSS will expand training to interested counties to support continued learning opportunities for county CQI development. Identified counties include: Amador, Butte, Calaveras, Colusa, Fresno, Glenn, Kern, Los Angeles, Madera, Mendocino, Modoc, Napa, Riverside, San Benito, San Bernardino, San Francisco, San Joaquin, Shasta, Siskiyou, Solano, Stanislaus, Sutter, Tehama, Tulare and Tuolumne.

- **Key Activity 5: Host Statewide CQI Convening**
  Projected Completion Date: Q3
  CDSS in partnership with the California Regional Training Academies will host a statewide CQI convening to sharing lessons learned and promising practices from counties who have already developed a strong CQI system to promote the development of CQI in other counties.

Strategy 4: Increase Reporting and Information Sharing to Effectively Evaluate Program Improvement

- **Key Activity 1: Publish Case Review Data**
  Projected Completion Date: Q1
  CDSS will begin posting case review results, providing additional data for county program evaluation and improvement

- **Key Activity 2: Release Request for Proposal from Researchers/Evaluators to Process Qualitative Case Reviews**
  Projected Completion Date: Q4
  CDSS will explore contracting with an entity to develop a dataset from qualitative case review narratives.

- **Key Activity 3: Revision of Foster Care Ombudsman Data Collection and Reporting**
  Projected Completion Date: Q2
  The Foster Care Ombudsman will revise their data collection and reporting to better inform CDSS policies and practices.

Part Two: PIP Measurement Plan

Case Review Items

Instructions: Complete the following table for each case review item requiring quantifiable measurement in the PIP, adding as many tables as needed to capture all case review items. List the case review item in the first column. Based on information obtained from the Children's Bureau, identify the percentage for the baseline in the second column (identifying in parenthesis the total number of applicable cases (numerator) and the total number of cases rated as a Strength (denominator)). Identify the improvement goal for the item in the third column. In the last row of the table, describe the data source and approach to measurement for the case review item, including the time period that is represented for the baseline,

Case Review Item	Baseline	Improvement Goal	Number of Applicable Cases for CFSR
Item 1 Timeliness of Initiating Investigations of Reports of Child Maltreatment	To Be Determined	To Be Determined	59
Item 2 Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	To Be Determined	To Be Determined	63
Item 3 Risk and Safety Assessment and Management	To Be Determined	To Be Determined	160
Item 4 Stability of Foster Care Placement	To Be Determined	To Be Determined	128
Item 5 Permanency Goal for Child	To Be Determined	To Be Determined	127
Item 6 Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	To Be Determined	To Be Determined	128

Case Review Item	Baseline	Improvement Goal	Number of Applicable Cases for CFSR
Item 12 Needs and Services of Child, Parents, and Foster Parents	**To Be Determined**	**To Be Determined**	**160**
Item 13 Child and Family Involvement in Case Planning	**To Be Determined**	**To Be Determined**	**150**
Item 14 Caseworker Visits With Child	**To Be Determined**	**To Be Determined**	**160**
Item 15 Caseworker Visits With Parents	**To Be Determined**	**To Be Determined**	**125**

Data Source and Approach to Measurement:

Baseline will be established using case reviews conducted between 7/1/17 through 6/30/18. The improvement goal will be set in July 2018. Performance on goal achievement will be evaluated using 12-months of case reviews, advancing the 12-month period each quarter of the PIP implementation and non-overlapping periods after the baseline is established. 160 cases will be reviewed every 12-month measurement period; 128 foster care cases and 32 in-home services cases. These cases will be randomly sampled from 14 of California's CFSR counties and an additional 9 counties that have been deemed by the state to be operating case reviews at a sufficient capacity. The PIP measurement counties are: Butte, Calaveras, Fresno, Imperial , Kern, Los Angeles, Marin, Nevada, Orange, San Diego, San Francisco , San Luis Obispo, San Mateo, Del Norte, Tulare, Solano, Yolo, Kings, Lake, Santa Cruz, Shasta, Merced, Riverside

20% of these cases will be sampled from Los Angeles's qualifying cases, while the remaining 80% will be randomly sampled from a pool of the remaining counties' qualifying cases. Performance on goal achievement will be evaluated using 12-months of practice findings, advancing the 12-month period each quarter of the PIP implementation and non-overlapping periods. The OSRI will be used and results entered into OMS. See the case review sampling plan, schedule, and measurement description in Appendix that begins on page 34.

Systemic Factor Items

Instructions: Complete the following table for systemic factor items that require improvement and a quantifiable data measure, as negotiated with the Children's Bureau. Add as many tables as needed to capture the systemic factor items requiring improvement *and* measurement. In the first column, identify the systemic factor item. In the second column, identify the baseline for the data measure. In the third column, identify the improvement goal. In the last row of the table, describe the data sources and approach to measurement for the systemic factor item. Include in the description the time period that is represented in the baseline.

Systemic Factor Item	Baseline	Improvement Goal
No systemic factor items include quantifiable measures of improvement in the Program Improvement Plan.		

Appendix: Description of PIP Measurement Plan

California proposes to utilize the prospective method to measure all case review items in the PIP – see Table 3 for items requiring measurements. This appendix describes the case review sampling plan that will be used to establish PIP baselines and measure progress on goal achievement throughout the PIP implementation and non-overlapping periods.

Locations and Number of Cases Reviewed

- 23 counties that have been trained to utilize the On Site Review Instrument (OSRI), 14 of which we previously approved for the 2016 Children and Families Services Review (CFSR), will for the most part replicate California's CFSR case review methodology over a one-year period. The most notable difference is that the160 randomly selected cases will be reviewed over a one year period rather than a 6 month period.
- 20% of these cases each quarter will be from Los Angeles county, while the other 80% of cases each quarter will be randomly sampled from a pool of cases from the remaining 22 counties.
- Case reviews will be scheduled over the 12-month prospective baseline period and evenly distributed in quarterly increments, meaning that 40 cases will be identified for PIP measurement case review each quarter.
- Because these cases will be randomly sampled, the sample size for each county should be roughly proportionate to the county's number of children in foster care or receiving in-home services. It is important to note though, that due to the random sampling procedure, some counties may be over or under represented in a given quarter, and even across the entire year.
- The state will monitor the number of applicable PIP measured cases for all items specified in pages 1 and 2 of the PIP Measurement Plan over the baseline period. If the number of PIP measured cases does not meet the minimum number of applicable cases required for a particular item or items, the state will increase the number of PIP measured cases in the final quarter of the period using the oversamples following the same random sampling procedure specified above maintaining the above ratios of cases across sites and case types.
- The baseline period will be one year, and will begin with reviews in July 2017.

Period Under Review and Case Review Instrument

- Each OSRI case review will examine activity in the case beginning with the sample period for that review(see table below).
- In order to consistently demonstrate improvement in all Safety, Permanency, and Well Being Outcomes, the state will utilize the OSRI in its entirety and implementation procedures (e.g. case participant interviews conducted by case reviewers) approved by CB for the 2016 CFSR.
- Case review results will be entered into the Online Monitoring System (OMS) as cases are reviewed.

Sample Periods and Case Review Schedule

- Sample periods are six-month periods
- Sample periods will advance every 3 months (rolling sample period).
- County offices will be provided at least 14-day notice of cases that will be reviewed in a given quarter.

Table 1: Baseline Sample and Case Review Periods

Review Period *When reviews will be conducted*	**Sample Period** *Time period cases drawn from*
First quarter July 2017 – September 2017	7/1/2016 – 12/31/2016
Second quarter October 2017 – December 2017	10/1/2016 – 3/31/2016
Third quarter January 2018 – March 2018	1/1/2017 – 6/30/2017
Fourth quarter April 2018 – June 2018	4/1/2017 – 9/30/2017
Schedule duplicated each year of PIP implementation and non-overlapping periods by advancing review period and sample period year.	

Case Review Sampling Methodology

- The baseline and ongoing PIP measurement sample source will follow the same parameters as the 2016 CFSR, with the reviews occurring over a one-year rather than the six month period.
- Cases are chosen each quarter using AFCARS files as the universe for foster care cases and information drawn directly from our Child Welfare Services/Case Management System (CWS/CMS) for in-home cases.
- California will submit 160 cases randomly selected from the 23 counties that have full implementation of case reviews by July 1, 2017. This total of 160 cases will be broken up into quarterly samples that number 40 cases each.
- Included in this sample of 160 cases will be 32 cases from Los Angeles County, the largest metropolitan area in the state.
- The remaining 128 cases (after Los Angeles is accounted for) will be randomly sampled from the pool of other counties as a larger universe of cases. That is, each county will have the opportunity to be included in the sample, but the sample will not be selected from every remaining county individually.
- The counties that have been selected to review cases for PIP measurement are as follows: Butte, Calaveras, Fresno, Imperial , Kern, Los Angeles, Marin, Nevada, Orange, San Diego, San Francisco , San Luis Obispo, San Mateo, Del Norte, Tulare, Solano, Yolo, Kings, Lake, Santa Cruz, Shasta, Merced, Riverside
- The sample will contain a ratio of in-home cases (approximately 1/5) to foster care cases (approximately 4/5) that is proportional to the overall ratio of such cases at the statewide level.
- After cases are randomly selected for review, they will be distributed to counties with a list of oversample cases that is at least 3x as large as the number of cases in the sample.

Alternative Response Cases

The inclusion of Alternative Response/Differential Response cases in our PIP measured case sample will rely on the distribution created through our random sampling procedure for in home cases. The state will not stratify or conduct a separate sample to ensure the inclusion of AR/DR cases. Additionally, California does not have a data system that tracks case management activities of differential response referrals made to community organizations, thus the number identified in our in-home sample is restricted to counties that open cases in CWS/CMS for tracking.

Tribal Cases

As in the CFSR Round 3, the state will include cases under tribal jurisdiction in the sample where the tribe is located. As all 23 counties will be subject to review for PIP measurement, all cases under tribal jurisdiction will have an opportunity to be sampled over the course of the baseline and subsequent measurement periods.

Juvenile Justice (JJ) Cases

Due to the small percentage of Juvenile Justice cases in CA, the state will rely on the distribution of the random sample and not stratify or set limits on the number of JJ cases reviewed.

Case Elimination Criteria

The first eligible cases, based on the review schedule below, will be selected from the sample lists. An Excel log will be utilized to track all cases eliminated and will be shared with the Children's Bureau upon request. The following are valid reasons for case elimination during the sample selection process:

- In-home services case open for fewer than 45 consecutive days during the period under review.
- In-home services case in which any child in the family was in foster care for more than 24 hours during the period under review.
- A foster care case that was discharged or closed according to agency policy before the sample period.
- A case open for subsidized adoption payment only and not open to other services.
- A case in which the target child reached the age of 18 before the period under review.
- A case in which the selected child is or was an "incoming" Interstate Compact on the Placement of Children (ICPC) case where the responsibility for that child lies in another state.
- A case appearing multiple times in the sample, such as a case that involved siblings in foster care in separate cases or an in-home services case that was opened more than one time during the sampling period.
- A foster care case in which the child's adoption or guardianship was finalized before the period under review begins and the child is no longer under the care of the child welfare or probation agency.
- A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the federal definition of foster care.

County reviewers must review the sample cases provided unless it meets one of the criteria listed above. In addition, in some situations the reviewer may not be able to arrange key participant interviews yet continue the review (consistent with Children's Bureau CFSR Procedures Manual, page 29). In all cases, before a county can drop a case from the sample, it must first contact the State and seek concurrence to drop the case or to discuss other approaches to addressing an issue that arises in preparing for the case review. Local reviewers do not have the authority to exclude cases. Under any circumstance where a case exclusion request is needed, the appropriate request form will be completed and submitted to the state as described below.

Case elimination requests are completed by submitting a brief description of why the county believes the case should be excluded using the above criteria. If there is a reason that is NOT included in the list above that warrants consideration, the counties will need to provide sufficient detail for the state to make a decision. The request is sent to the CWS case review email address (cwscasereviews@dss.ca.gov). A copy of the case inquiry form is attached. Information from these completed forms is tracked, including the approval or denial of the request and the reason for the response.

Case eliminations approved through this process are tracked by the state and matched against the samples sent to the counties in order to account for all reviews, regardless of the completion or elimination status. This tracking is done both through the Online Monitoring System (OMS) and through an electronic process that captures information directly from the inquiry forms.

Case Participant Interviews

If key participants are unavailable or unwilling to participate in interviews, case review staff shall contact designated state QA/CQI staff for input. The QA/CQI Team will determine if the case should be included or eliminated from the sample. All such determinations will be tracked on the Case Elimination worksheet. If cases are eliminated, additional cases will be included in the sample by selecting the next case in the oversample.

The following individuals related to a case will be interviewed unless they are unavailable or completely unwilling to participate:

- The child (school age)
- For in-home cases: All children in the family home must be included.
- The child's parent(s)
- The child's foster parent(s), pre-adoptive parent(s), or other caregiver(s), such as a relative caregiver or group home houseparent, if the child is in foster care
- The family's caseworker. (When the caseworker has left the agency or is no longer available for interview, it may be necessary to schedule interviews with the supervisor who was responsible for the caseworker assigned to the family.)

Acceptable exceptions to conducting interviews:

- Only school-age children are interviewed, unless other arrangements are made. Cases involving children younger than school age, or children who are developmentally younger than school age, may be reviewed but do not require an interview with the child. Instead, the reviewers might observe the child in the home while interviewing the birth or foster parent(s).
- The parents cannot be located, or are outside of the United States.
- There is a safety or risk concern in contacting any party for interview.
- Any party is unable to consent to an interview due to physical or mental health incapacity.
- Any party refuses to participate in an interview and the agency can document attempts to engage them.
- Any party is advised by an attorney not to participate due to a pending criminal or civil matter.

Unacceptable exceptions to conducting an interview:

- An age cut-off that does not take into account a child's developmental capacity; e.g., a policy of not interviewing children under age 12.
- A party refuses to participate in an interview and the agency did not attempt to engage them beyond a letter/or telephone call.
- A party has a pending criminal, civil, or procedural matter before the agency; e.g., appealing a TPR.
- The agency has not made attempts to locate a party for an interview.
- Any party speaks a language other than English.

There may be cases that should not be eliminated even though key individuals are unavailable to participate in an interview. Before eliminating any case, the review team will determine whether sufficient information and perspectives can be obtained from the available parties. Cases involving out-of-state family members or services will be considered on a case-by-case basis, depending on the availability of key individuals. Children on runaway status will not be eliminated from the sample unless it is determined that pertinent information needed to complete the OSRI cannot be obtained from other available parties, such as the guardian ad litem or other significant individuals. Reasonable efforts to make contact include multiple attempts using multiple methods (e.g. phone, mail, in person). Reasonable efforts to engage participants include explaining the purpose of the interview and providing reassurance regarding confidentiality.

Conflict of Interest

- Reviewers or quality assurance staff cannot participate on case reviews on those cases for which s/he had any oversight responsibility, supervision, or case decision making.
- Cases where the county staff know the families personally (i.e., outside of a professional relationship) also present a conflict of interest. Whenever possible, cases that represent a potential conflict of interest should be reassigned to another case reviewer or QA staff person.
- In some instances, it may not be possible to reassign within the county. When this occurs, the county staff will need to contact the state regarding possible exclusion or assistance in securing another county to review the case in question.
- It is important to note that cases that are marked "Sensitive" in the CWS/CMS are part of the universe of cases. County staff should pay particular attention to these cases with respect to conflict of interest issues.

Responsibilities and Quality Assurance

- County staff will conduct case reviews for PIP measured cases identified and transmitted to them by the state.
- County staff will enter the information into the OSRI in the Online Monitoring System (OMS).
- All PIP measured cases will go through two levels of Quality Assurance. The initial QA will be completed by county staff and a second level of QA will be conducted by state staff.
- If the county is unable to perform the initial QA at the local level, state staff will complete the initial QA in place of second level QA.
- ACF will conduct Secondary Oversight episodically on select PIP measured cases as they deem necessary.

Goal Measurement

- Completed OSRI case record review data will be entered into the OMS ongoing each month as case reviews are completed.
- Performance reports produced in OMS will be shared internally at a minimum of quarterly intervals, but are also available at any point during the review period.
- OMS performance reports will be accessible to CB for review during PIP measurement period.
- PIP baselines and goals will be established using first 12-months of review, July 1, 2017 – June 30, 2018 (as identified in Table 1).
- Following the baseline year, goal achievement will be measured quarterly using rolling 12-month periods.

Table 2: Program Improvement Plan (PIP) Goals for Case Review Items Rated an Area Needing Improvement and requiring measurement based on CFSR TB#9

State will use a combination of a retrospective and prospective measurement approach to establish baselines using case reviews conducted from approximately 7/1/2017 through 6/30/2018.

CFSR Items Requiring Measurement	Z value for Confidence Level[1]	Minimum number of applicable cases[2]	Number of cases rated a Strength	PIP Baseline[3]	Baseline Sampling Error[4]	PIP Goal[5]	Adjusted PIP Goal [6]
Item 1	1.28	-	TBD	TBD	TBD	TBD	TBD
Item 2	1.28	-	TBD	TBD	TBD	TBD	TBD
Item 3	1.28	-	TBD	TBD	TBD	TBD	TBD
Item 4	1.28	-	TBD	TBD	TBD	TBD	TBD
Item 5	1.28	-	TBD	TBD	TBD	TBD	TBD
Item 6	1.28	-	TBD	TBD	TBD	TBD	TBD
Item 12	1.28	-	TBD	TBD	TBD	TBD	TBD
Item 13	1.28	-	TBD	TBD	TBD	TBD	TBD
Item 14	1.28	-	TBD	TBD	TBD	TBD	TBD
Item 15	1.28	-	TBD	TBD	TBD	TBD	TBD

Explanatory Notes:

1) Z-values: Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

2) Minimum Number of Applicable Cases: Identifies the minimum number of applicable cases used to establish the baseline. The number of cases needs to meet or exceed the number of applicable cases identified in the CFSR final report. Ongoing PIP measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item.

3) PIP Baseline: Percentage of applicable cases reviewed rated a strength for the specified CFSR item.

4) Baseline Sampling Error: Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

5) PIP Goal: Calculated by adding the sampling error to the baseline percentage. The state uses percentages computed from 12 months of practice data/findings to determine whether the state satisfied its improvement goal. If the state has an improvement goal above 90% and is able to sustain performance above the baseline for three quarters, CB will consider the goal met even if the state does not meet its actual goal.

6) Adjusted PIP Goal: Identifies the adjusted improvement goal that accounts for the period of overlap between the baseline period and the PIP implementation period. The adjustment is calculated using an adjustment factor that reduces the sampling error up to one half based on the number of months of overlap, up to 12 months.

Acronym List

ACF - Administration for Children and Families: A division of the U.S. Department of Health & Human Services, that promotes the economic and social well-being of children, families, individuals and communities with leadership and resources for compassionate, effective delivery of human services.

ACEs - Adverse Childhood Experiences: A field of research on childhood experiences, both positive and negative, that have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity.

ACIN - All County Information Notice: Method of disseminating informal information to counties and stakeholders regarding new or existing programs, laws, rules or regulations, including best or promising practices.

ACL – All County Letter: Method for disseminating formal direction and guidance to counties and stakeholders regarding new or existing programs, laws, rules or regulations.

CDSS - California Department of Social Services: One of 16 departments and offices in the California Health and Human Services Agency that provides administration and oversight of programs that affect nearly 3 million of California's most vulnerable residents—foster children and youth, children and families receiving aid through the CalWORKs, adults and elderly in licensed community care facilities and aged, blind and disabled recipients requiring In-Home Supportive Services or Supplemental Security Income/State Supplementary Payment assistance.

CalDOG - California Dependency Online Guide: Maintained by the Judicial Council Center for Families, Children & the Courts, the CalDOG provides assistance to attorneys, judicial officers, and other professionals working in California's child welfare system.

CalWORKs - California Work Opportunities and Responsibility to Kids: A public assistance program that provides cash aid and services to eligible families that have a child(ren) in the home. The program serves all 58 counties in the state and is operated locally by county welfare departments.

CEBC - California Evidence Based Clearinghouse: A website designed to provide effective implementation of evidence-based practices for children and families involved with the child welfare system.

CWAC - California Wraparound Advisory Committee: A group of child welfare, juvenile justice, mental health, and education professionals as well as service providers that convene twice a year to discuss Wraparound in California including potential programmatic changes, sustainability and expansion options.

CFSR - Child and Family Services Review: Authorized by the Social Security Amendments of 1994 under titles IV-B and IV-E that requires the U.S. Department of Health and Human Services to disseminate regulations for reviews of state child and family services programs to assessing the performance of state child welfare agencies with regard to achieving positive outcomes for children and families.

CFT - Child and Family Teams: An effective approach to coordinated care and case planning for all children and youth in the child welfare system.

CQI - Continuous Quality Improvement: A complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational and/or system culture that is proactive and supports continuous learning.

CCR - Continuum of Care Reform: A comprehensive reform effort to make sure that youth in foster care have their day-to-day physical, mental, and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they have the opportunity to grow into self-sufficient, successful adults.

CPM - Core Practice Model: A model that provides guidance and direction for county child welfare and mental health agencies, other service providers, and community/tribal partners when working with children and families involved with child welfare who have or may have mental health needs that provides standards and expectations for practice behaviors by child welfare and mental health staff. It is intended to facilitate a common strategic and practical framework that integrates service planning, delivery, coordination and management among all those involved in working with children involved in multiple service systems.

DHCS – Department of Health Care Services: One of 16 departments and offices in the California Health and Human Services Agency that provides Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

ICC - Intensive Care Coordination: A targeted case management service that facilitates assessment of, care planning for and coordination of services, including urgent services for children in foster care receiving mental health services.

IHBS - Intensive Home Based Services: Individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family ability to help the child/youth successfully function in the home and community.

LOC - Level of Care: A major component of CCR that includes a comprehensive assessment that is a strength based method to identify the child's individual care and supervision needs and can be translated to an appropriate rate.

MPP - Manual of Policies and Procedures: Mechanism used by CDSS to provide regulations that clarify and instruct counties on various aspects of child welfare services.

OCAP - Office of Child Abuse Prevention: An office within CDSS that administers federal grants, contracts, and state programs designed to promote best practices and innovative approaches to child abuse prevention, intervention and treatment.

PIP - Program Improvement Plan: A component of the CFSR that is completed at the end of the review that states develop to address areas in their child welfare services that need improvement.

RFA - Resource Family Approval: A new family-friendly and child-centered caregiver approval process that combines elements of the current foster parent licensing, relative approval, and approvals for adoption and guardianship and streamlines them into one process.

SOP - Safety Organized Practice: An approach to day-to-day child welfare casework that is designed to help all the key stakeholders involved with a child —parents; extended family; child welfare worker, supervisors, and managers; lawyers, judges, and other court officials; even the child him/herself — keep a clear focus on assessing and enhancing child safety at all points in the case process.

STRTP - Short Term Residential Therapeutic Programs: A residential facility licensed by CDSS pursuant to Section 1562.01 [Health and Safety Code] and operated by any public agency or private organization. A STRTP provides short-term, specialized, and intensive treatment, and 24-hour care and supervision to children and youth who have been assessed to require this intensive level of care.

TFC - Therapeutic Foster Care: A home-based alternative to high-level care in institutional settings such as group homes that is one service option available to children and youth in foster care.

TPR - Termination of Parental Rights: In order for a child to be legally free to be adopted, their birth parents' rights must be terminated. This can be done voluntarily or involuntarily and courts and judges make decisions about terminating parental rights based on State laws.

QPI - Quality Parenting Initiative: An approach to strengthening foster care, by refocusing on excellent parenting for all children in the child welfare system by changing the expectations of and support for foster parents and other caregivers.