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Keeping Families Strong and Together: Prevention Strategies in Child Welfare

During this extraordinary period of time, with community connection dramatically compromised due to the global pandemic and an increased awareness of the effects of systemic racism, there is both an opportunity and a heightened need to examine child welfare’s role in safely keeping families together.

This issue of *insights* offers a framework for *this current moment* with the goal of better understanding child welfare’s role in prevention now, and what it might be in the future. In this issue we offer some key data on disparities in child welfare involvement, and highlight community supports and county strategies. Our goal is to help inform the many state and local initiatives working toward a reimagined *child and family well-being network*, which addresses structural racism and removes systemic barriers.



California Child Welfare
Co-Investment Partnership

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“While we continue to operate in response to the pandemic, we are also looking toward recovery and the opportunity to leverage federal, state, and local initiatives to reimagine our health and child welfare agencies as part of a broad, comprehensive safety net that can work together on a prevention agenda which addresses the disproportionate impact on our African American, Native American, and Latino children and families.”

Kim Johnson, Director, California Department of Social Services

“The focus must be on providing support and preventing trauma. We need to streamline services to our children to keep them out of the system, and address adverse childhood experiences. Providing more robust prevention services will help maintain family units and eliminate life-altering trauma.”

Assemblymember Eloise Gómez Reyes, District 47

Defining Prevention

“While Child Welfare Services (CWS) may not have a statutory obligation to provide primary prevention services, we have a shared responsibility as part of the community. We must find ways to invest in and leverage primary prevention services so we are part of a service continuum, but not the front door.”

Michelle Callejas, Director of Child, Family, and Adult Services Department, Sacramento County

“Child welfare agencies should not be driving prevention; that’s the community’s role. But local agencies play a significant role because they have the data. The role of child welfare agencies is to say ‘here’s what we’re seeing and substantiating’ and to put that information into the community to facilitate conversations and action.”

Greg Rose, Deputy Director, Children and Family Services, California DSS

According to this [fact sheet](#) from the Children’s Bureau, the child welfare system is a group of public and private services intended to “promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to care for their children successfully.”

While the child welfare system is not a single entity, it is important to note that child welfare agencies have specific responsibilities to investigate allegations of child maltreatment, defined by the Child Abuse Prevention and Treatment Act ([CAPTA](#)) as serious harm (neglect, physical abuse, sexual abuse, and emotional abuse or neglect) caused to children by parents or primary caregivers.

Allegations of abuse and neglect largely come to the attention of child welfare agencies through hotline calls and mandated reporters (e.g., teachers, pediatricians, etc.). Once these allegations are reported, they are fielded by trained social workers who determine whether the allegation warrants further investigation. If the allegation is substantiated, a social worker may determine that the family can be initially kept out of the court proceedings by agreeing to a family maintenance plan, and/or they may take the findings (with counsel provided to both parent and child) to a dependency court for determination of whether the child can be safely kept with their family or be removed and placed with kin, a resource family, or require a short-term residential therapeutic program (STRTP).

Developing strategies to move “upstream” to prevent maltreatment and intervene with programs and services based on risk factors (e.g., domestic violence, substance use, mental illness, etc.) could clearly help the child welfare system better achieve the goal of child safety, but is often beyond the resources of child welfare agencies alone.

To guide the development of prevention strategies, the [Office of Child Abuse Prevention](#) (OCAP) provides a framework for defining and addressing a continuum of prevention, adopting a public health perspective. Per its [strategic plan](#) for 2020-2025, OCAP’s vision is to “create an integrated state-wide system that supports families to provide safe, stable, nurturing relationships and environments for their children.”

Defining Prevention

OCAP Framework

	What we want	Who it is for	Approaches and programs
1	Primary Prevention Keep ALL families strong and together by raising the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment.	The general population to strengthen communities	Focus on the social determinants of health with strategies that may include: <ul style="list-style-type: none"> • Reduce poverty & drug use • Improve economic stability • Increase social connections • Improve health access • Improve school readiness
2	Secondary Prevention Provide targeted supports to further strengthen families that have been, or are at risk of being, in contact with child welfare.	Populations that have one or more risk factors associated with compromised well-being or child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, exposure to violence, and parental or child disabilities.	Build protective factors and mitigate risk factors with: <ul style="list-style-type: none"> • Family resource centers • Parent education programs in strategic locations • Home visiting • Respite care • Family-centered substance abuse treatment services • Public assistance programs
3	Tertiary Prevention Mitigate child and family trauma, reduce the negative consequences of the maltreatment, prevent recurrence, and work to help the family build on their strengths to remain safely together.	Families where child maltreatment has occurred	Supports include: <ul style="list-style-type: none"> • Family reunification services • Permanency planning • Parent support groups and mentoring programs • Mental health services for children and families

Content is consistent with the OCAP Framework, but design is slightly modified

Per the OCAP Framework, child welfare agencies primarily operate in the area defined as tertiary prevention. And within this framework its prevention strategies are focused on successfully rebuilding family strength to support reunification. When reunification is not possible, the framework supports permanency through adoption or guardianship to minimize trauma and work toward child well-being.

This is not to say that child welfare agencies do not play a role in primary and secondary prevention. In coordination with its public and private partners, child welfare can help direct resources to families most affected by risk factors like poverty, mental illness, substance use disorders, and criminalization. In collaboration with schools, pediatricians, and public health and community based organizations, many child welfare agencies work to help elevate public understanding and awareness of maltreatment and work with families to keep families strong within their own communities.

Key Data and Trends

California

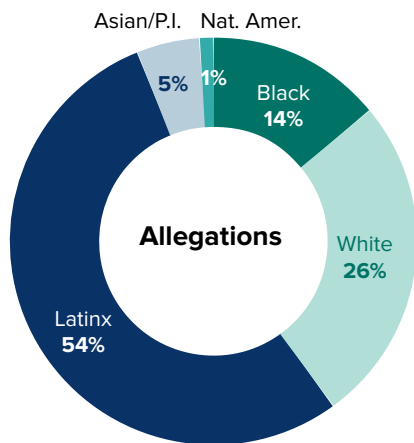
In California, nearly a half-million children per year are reported for maltreatment—only a small percent of allegations are confirmed.

From January through December 2019, 476,638 children were involved in reports or allegations of child maltreatment, of which 69,418 (14.5%) were substantiated (confirmed maltreatment after investigation by an individual county's Child Protective Services). As of October 2019, there were 59,335 children in child welfare supervised foster care.¹

Black children are the most overrepresented population in child protective services. Between January and December 2019, Black children made up 5.4% of California's population.² However, as shown in the chart below based on CWS/CMS data, they accounted for 14% of allegations and nearly 15% of substantiations.

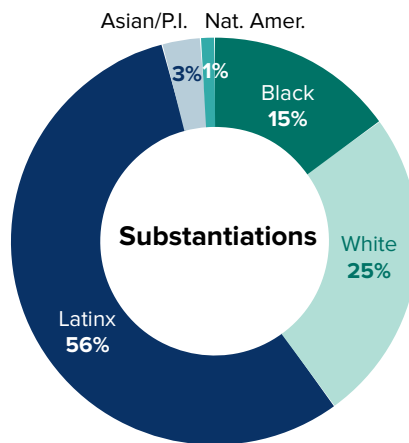
476,638

Children involved in reports or allegations of maltreatment



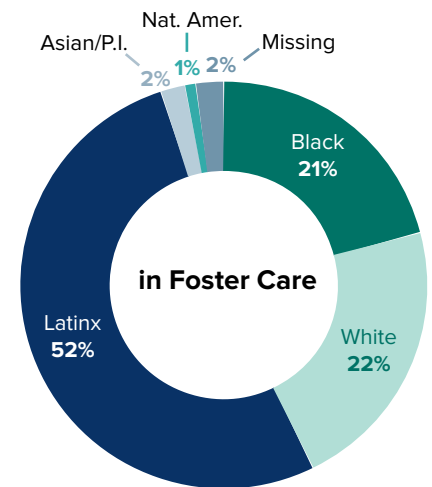
69,418

Substantiated cases of maltreatment



59,335

Children in Child Welfare Supervised Foster Care



Longstanding racial disparities in child welfare system contact affirm the urgent need to eliminate inequities suffered by some populations of color who are chronically over-surveilled and under-served."

Daniel Webster, Principal Investigator, California Child Welfare Indicators Project

¹ CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website: <https://ccwip.berkeley.edu>
² <https://www.kidsdata.org/export/pdf?dem=13>

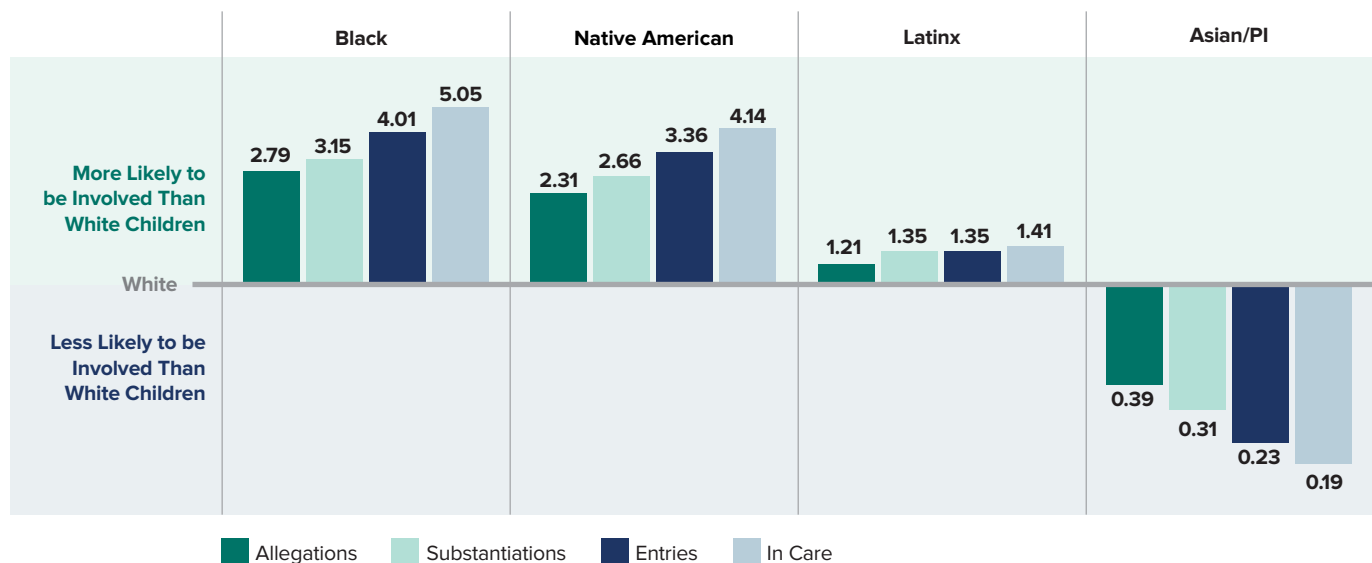
Key Data and Trends

Following are two charts that illustrate racial disparities for children who come into contact with the child welfare system, from allegations of maltreatment through presence in the foster care population. The first chart shows children in the “General Population”, comparing White children as the baseline to those from other race/ethnicities who come into contact with child welfare. The second chart attempts to control for the impact of poverty on child welfare involvement by applying a “[poverty population estimate](#)”. Both charts compare the rate at which Black, Native American, Latinx and Asian/Pacific Islander children are in contact with child welfare compared to White children. Involvement in terms of Allegations, Substantiations and In Care were previously defined in this paper. The term “Entries” is defined as a child being removed from their family and taken into foster care.

The first chart shows that Black and Native American children are overrepresented at every level of contact, and are more likely to end up in the child welfare system once reported. This is in comparison to Latinx children, who are less likely to be reported than Black and Native American children, and far less likely to enter foster care. However, as shown from the “Breakdown by Race & Ethnicity” chart, Latinx children still account for over half of allegations and substantiations. In reviewing the information in the chart one can see, for example, that **Black children are 2.79 times more likely to have an allegation than White children** (the baseline in the chart).

Racial Disparity Indices, September 2020 (General Population)

Baseline California Data Trends: Ethnic Group Disparity Compared with White Children Along Child Welfare Continuum



“There is nothing inherent about people of color that predisposes them to abusing and neglecting their children. However, poverty is a big stressor. That said, if we only surveil poor folks—and if we surveil these folks early and often—then of course they will come to be overrepresented in the system.”

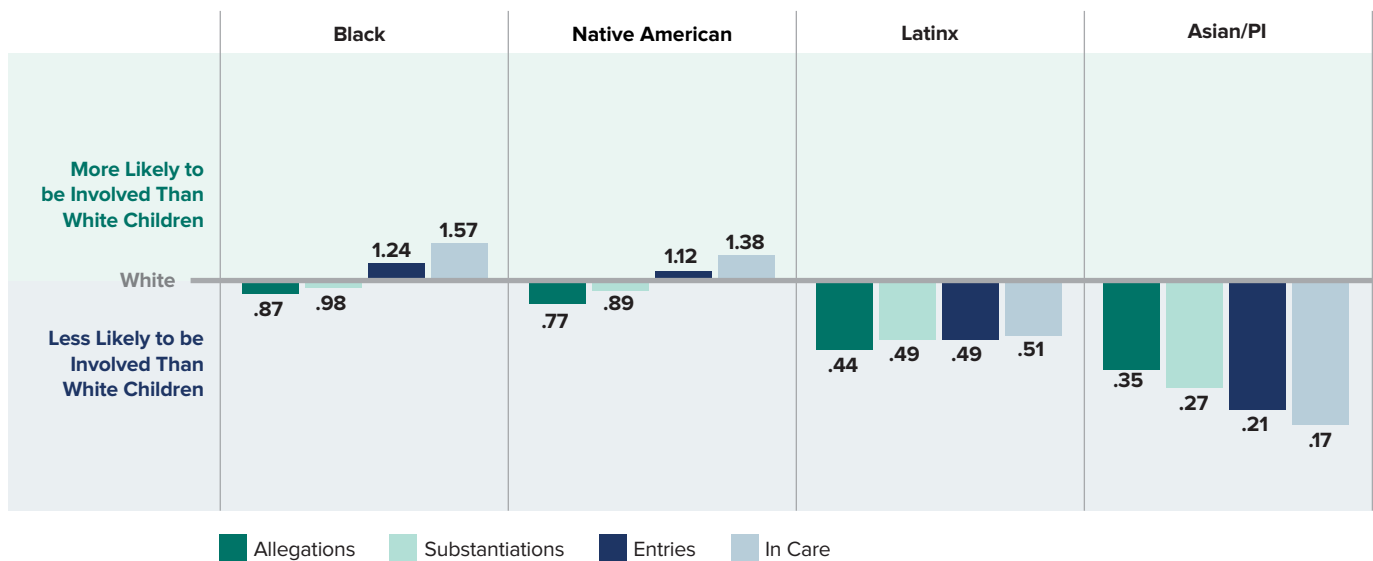
Khiara M. Bridges, Professor of Law, UC Berkeley School of Law

Key Data and Trends

Important additional information is shown by taking the data a step further and applying a “poverty population estimate” to attempt to control for the impact of poverty on child welfare involvement. Specifically, these data examine rates of system contact for children estimated to be living in poverty by applying American Community Survey (ACS) multipliers.³ **Viewed through this lens, low-income Black, Latinx, and Native American children are less likely to be reported to child welfare than low-income white children. However, once Black or Native American children come to the attention of CPS, they continue to be substantially more likely to enter and remain in foster care.**

Racial Disparity Indices, September 2020 (With the “Poverty Population Estimate”)

Baseline California Data Trends: Ethnic Group Disparity Compared with White Children Along Child Welfare Continuum



For further information on how the “poverty population estimate” was calculated see [this reference](#).

Acknowledging Implicit Bias and Structural Racism to Prevent Disproportionality

These disparities are not news to child welfare leaders, advocates, and stakeholders, and while not universal, there are policies and programs to address the implicit bias at each stage of child/family contact, from allegations of abuse and neglect, to investigations and substantiation, through removal and permanency. But clearly more needs to be done to mitigate the pernicious effects of society-wide structural racism that leads to these outcomes.

In 2010, the child welfare agency in Nassau County, New York, conducted an [experiment](#) to address implicit bias. For this experiment, the case notes removed information about race in the report presented to agency supervisors by caseworkers recommending that children with allegations of abuse or neglect be removed from their home. The results were dramatic. In 2011, Black children made up 55 percent of removals, and by 2016 removals were down to 27 percent, an unprecedented drop in a large county-run foster system. No other significant changes were made during that time that would have impacted the decrease.

³ The U.S. Census Bureau’s, American Community Survey (ACS) 2014-2018 5-year Estimates. Series B17020 A - I - Poverty Status in the Past 12 Months by Age. Data were queried for the state and each of the 58 counties for children ages 0-17.

Protective Factors and Community Supports: Key to Strengthening Families

“ I can't imagine life without our sons. And yet I watch our twelve year old, who has been with us since infancy, mourn the absence of his birth mom. The hurt he feels is so raw, it is sometimes hard to know how to console him. His mom's trauma was lifelong and extensive. I hope at some point the people, resources, and systems needed to break that kind of multi-generational abuse and trauma can work together to keep families together.

David Lytle, foster-adopt parent

“ We all have a role to play in preventing child abuse and neglect. Whether an organization's services impact families upstream or downstream, we must all be innovative collaborators to bridge the gap that consumes so many families facing challenges related to systemic racism, immigration, poverty, income inequality, mental health issues, and intergenerational trauma.”

Katie Albright, CEO, Safe & Sound

Primary and secondary prevention focus on efforts to provide families with the support and services they need to thrive.

[The Center for the Study of Social Policy](#) identifies five protective factors that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect. This Protective Factors Framework has been adopted by [California's Office of Child Abuse Prevention \(OCAP\)](#).



Families' Concrete Supports: Access to support and services that address a family's basic needs, such as food, health care, and housing.



Children's Social & Emotional Competence: A child's ability to communicate clearly, recognize and regulate emotions, and establish and maintain relationships.



Parents' Knowledge of Parenting & Child Development: Understanding the stages of child development and parenting strategies that support physical, cognitive, language, social, and emotional development.



Parents' Resilience: A parent's or caregiver's ability to navigate the ups and downs of daily life, and manage stress when faced with challenges, adversity, and trauma.



Families' Social Connections: Positive relationships that provide a family emotional, informational, and spiritual support.

Families thrive with the support of communities, and the organizations in those communities that listen to, understand, and meet their unique needs.

These networks can include everything from neighbors, friends, and relatives, to more structured social supports like faith based communities, to formal service providers that may provide housing, health, employment and other resource needs. The following are some examples of community institutions that are formal in structure, but that also help families feel a sense of connection and belonging to a network that understands their strengths and needs.

“ Parents need services in the community from the get-go. They should be able to call a community organization instead of a county hotline, and they should be asked: 'What do you need?' Instead of being told what they need.”

*Brejea Colthirst, Founding Senior Defense Parent Advocate,
East Bay Family Defenders*

Protective Factors and Community Supports: Key to Strengthening Families

“The impact of FRCs is spectacular because of their ability to form trusting relationships with disconnected families so they can access critical services. It is such an obvious high-leverage public investment that keeps families from progressing into the system.”

Josh Leonard, CEO, EBAC, Chair of California Alliance of Children and Family Services's Prevention Committee

“We know the focus on ACEs helps our patients. Every day in my work, screening for ACEs in children and parents gives us the opportunity to break the cycle of abuse and trauma. Most often the parents have high ACEs scores and the children usually have low or no ACEs and that's our window of opportunity right there.”

Dr. Deirdre Bernard-Pearl, Medical Director at Santa Rosa Community Health, Pediatric and Teen Campuses

Family Resource Centers (FRCs)

FRCs are community-based resource hubs often located in apartment complexes, schools, health centers, libraries, community centers, storefronts, or churches. FRCs provide a combination of support and intervention services, as well as concrete supports such as food or clothing banks. Most FRCs aim to be one-stop shops for children and parents that address all five protective factors.⁴ In 2019, California adopted [SB 436](#), which codified a definition and role for FRCs.

Despite the absence of a dedicated federal funding source, there are more than 3,000 FRCs nationwide that serve 2 million people annually. The [positive impacts of FRCs is well documented](#), including the reported results of San Francisco County's network of twenty-six FRCs where over the past two years they have seen 56% reduction in reported child abuse, and a 73% reduction in entry into foster care.

Federally Qualified Health Centers (FQHCs)

FQHCs are community-based and patient-centered organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Health centers also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. In California, Medi-Cal recipients and the uninsured are the primary populations served and, particularly given the state's commitment to ACEs screening, FQHCs are an important access point for prevention services.

⁴ https://casefamilypro-wpengine.netdna-ssl.com/media/SComm_Family-Resource-Centers.pdf

Protective Factors and Community Supports: Key to Strengthening Families

“Our fundamental principle is that you cannot protect children if you cannot protect their mothers. Child welfare is slowly coming onboard with the FJC movement, but in states like California with “Failure to Protect” laws, it is still difficult to keep the family together under reports of abuse related to domestic violence.”

Casey Gwinn, President and Co-Founder of the Alliance for Hope

“CAPCs have deep and integrated roots in their local communities which puts us in the perfect position to implement a more comprehensive child and family well-being approach. We are ready to go beyond convening and coordinating to become catalysts for significant change in child abuse prevention.”

Carol Carrillo, Executive Director, Contra Costa CAPC, and representative for Greater Bay Area Regional CAPC Coalition

Family Justice Centers

Family Justice Centers (FJCs) are multi-agency, multi-disciplinary centers that provide services to victims of interpersonal violence. Public and private partner agencies—including mental health, medical, law enforcement, social services, child welfare, and others—assign staff to provide services from one location. Centers focus on reducing the number of times victims tell their story, the number of places victims must go for help, and look to increase access to services and support for victims and their children.⁵

San Diego established the first FJC in the country. There are now FJCs in forty-two states, with child welfare represented in approximately 50% of the centers. This level of representation is significant because historically child welfare and advocates for the prevention of domestic violence have disagreed on the removal of children as the only means of protection during a domestic violence situation.

California’s Child Abuse Prevention Councils (CAPCs)

Child Abuse Prevention Councils are 501(c)(3) organizations made up of professionals, volunteers, donors, and parents who are actively preventing child abuse and neglect. Many of them are also family resource centers. CAPCs have members from public health, child welfare services, probation, community and family representatives, and family resource centers, then each individual CAPC adds members based on its individual goals and unique community needs.

CAPCs are mandated by the [California State Welfare and Institutions Code](#) to perform the following activities:

- 1) provide a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases,
- 2) promote public awareness of the abuse and neglect of children and the resources available for prevention, intervention, and treatment,
- 3) encourage and facilitate the training of professionals in detecting, treating, and preventing child abuse and neglect,
- 4) recommend improvements in services to families and victims, and
- 5) encourage and facilitate community support for child abuse and neglect programs.

⁵ <https://www.familyjusticecenter.org/affiliated-centers/family-justice-centers-2/>

“ There is such disproportionality in the system. We know who we are serving. We are not seeing or focusing on the potential of these families. I’m not going to settle for prevention, I want promotion.”

Judy Webber, Deputy Director, Department of Children & Family Services, Ventura County

“ Black and Brown families are reported at different rates.

It’s time for our community to look at the data and have an open dialogue on what we can do differently. Some of our community partners have said they are not equipped to proactively help these families and keep them strong. I think we can help those community partners build their expertise so reporting—and re-reporting—is not their first response.”

Kimberly Giardina, Director, Child Welfare Services, San Diego County

Many child welfare agencies in California are working collaboratively with both public and private partners to develop prevention and early intervention strategies. The following examples each demonstrate a different approach.

Ventura County: Targeted Early Intervention

In 2019, Ventura County, through its Family Preservation Program, was able to devote resources to families who showed no immediate safety risk without having to involve them in the formal foster care system, thus 147 families remained together. The pilot diverted some resources from the Emergency Removal team to dedicate expertise toward assessing family needs and securing the supports needed to safely keep them together. The pilot worked, and the county started allocating more resources to the program for staff who wanted to do family preservation work.



Over an eighteen-month period, the early estimate of savings is approximately \$150,000 per month as a result of investing in keeping the families out of the system. As the program grew, Ventura began to see families that needed more than they could provide so they began to contract out for those services through the [Homebuilders](#) program. It is a relatively expensive evidence-based program, but by prioritizing the highest need families and creatively using other funds and allocations, the county continues to prove the success of dedicated prevention programming.

San Diego County: Linking Support at First Contact

San Diego’s decade-long investment in “Live Well San Diego” created and implemented a vision for a region that is healthy, safe, and thriving. Although primary prevention is outside the purview of child welfare, the county-wide investment helped to break down silos and focus on strengthening families. As a result San Diego has seen a significant decrease in child welfare cases—from 7,000 to 2,200 children in foster care since the early 2000s.



Earlier this year (before the pandemic), child welfare launched a new project with 211 San Diego. The project was driven by data that shows approximately 50% of calls to the hotline get evaluated out, but of those calls, nearly half of those families are again reported within a two year period. This is not a federally mandated statistic to track, but San Diego found that the data helped with the quality control of the hotline process. One of the most important learnings was that neglect was the cause for most families that were reported again within the two-year period. The goal with 211 San Diego was to connect families with services after the first call, to address their needs and prevent further reports to the hotline. This partnership with 211 is mostly funded through realignment dollars.

“Philanthropy has played a significant and active role to engage with the public sector, to join hands to more energetically drive change. Government is obliged to rush from fire to fire, often without the 'thought time,' and we can provide that space to develop the strategic vision and the resources and courage for innovation.”

*Wendy Garen, President and CEO,
The Ralph M. Parsons Foundation*

“With our commitment and investment in prevention, and a cohesive framework, LA is poised for a transformation of child welfare and with our selection as a [Thriving Families](#) jurisdiction, we will have the additional support to become a national leader.”

*Bobby Cagle, Director, Department of
Children and Family Services,
Los Angeles County*

Los Angeles: Public/Private Collaboration to Support Integration and Coordination

In 2016, the [Center for Strategic Partnerships](#), a public/private initiative, was established to support cross-sector collaborations to “transform Los Angeles County systems, policies, and practices to improve outcomes for vulnerable children, youth, and families using an equity lens.” The premise of the effort was to formalize the relationship between government and philanthropy, allowing private dollars to support innovation and research, and provide flexible funding for core agency work.



The Center has functioned as a broker, translator, convener, and backbone organization with many success stories/examples that have led to a much more integrated and coordinated approach to prevention.

In December 2017, Bobby Cagle assumed leadership of LA County Department of Children and Family Services (DCFS), which is the largest agency in the country with a budget of \$3 billion, 9,000 employees, and serving about 34,000 children annually including 18,000 children in out-of-home care. One of the reasons he took on this challenge was the county's commitment to prevention and the strong network of funders, who were eager to invest in child welfare. In his first year, Director Cagle developed a gap analysis based on extensive research, which included visiting DCFS offices, community meetings, and deep listening. The result was [INVEST LA](#), a comprehensive initiative to promote system improvements in safety, permanency, and well-being for children. One of three key investment areas is “Community and Cross Sector Partnerships,” acknowledging the shared commitment and collective impact of public and private organizations and community members to ensure that children are safer, families are healthier, and communities are stronger and more supportive places for all to thrive.

According to the Black Child Legacy Campaign’s [2019 Annual Community Indicator Report](#), Sacramento County is beginning to see results that indicate the Campaign’s targeted effort is reducing Black child deaths.

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

Sacramento: Public Health Approach Engaging Community on Child Safety

The Black Child Legacy Campaign is a data-driven initiative with a public health lens led by the Steering Committee on Reduction of African American Child Deaths and established by a resolution of the Sacramento County Board of Supervisors in June 2013. Its charge is to provide coordination and oversight of efforts, create a strategic plan, monitor implementation, and evaluate and report on progress toward reducing the disproportionate number of African American child deaths.



The campaign is guided by a public health approach to child safety and prevention of fatalities by working not only at the family level, but also at the community and societal level. Public and private sectors work together to align, leverage, and coordinate existing resources to provide support to children and families and to address risks and promote resilience before there is a crisis.

Since the launch of this [campaign](#), seven neighborhoods were selected with the highest numbers of African American child deaths in the county. A Community Incubator Lead organization in each of these neighborhoods has been charged with prevention and intervention efforts to reduce disproportionate African American child deaths.

Lake County: Shifting from Abuse Prevention to Resilience Promotion

Lake County, with a relatively small but dispersed and economically challenged population, has had a rich history of collaboration and focus on child abuse prevention, led by its Children Council. In 2018, Lake County began working with Strategies 2.0, a partnership between the Child Abuse Prevention Center, Children’s Bureau of Southern California, and SDSU Social Policy Institute to strengthen and improve their trauma-informed child abuse prevention efforts.



Leveraging data provided by First 5 in a [“State of Our Children”](#) report, and working with many public and private partners, including youth ambassadors and tribal health agencies, Lake has adopted a county-wide strategy and shifted its focus from abuse prevention to acknowledging and building on community strengths with their Resilient Lake County initiative.

To truly address the racial disparities in child welfare involvement requires an acknowledgment of the impact of structural racism. For example, gross inequities in housing, education, and employment opportunities, which can contribute to over incarceration and poor health outcomes, stress and fracture families and communities of color. Added to these factors are over surveillance and implicit bias. Mitigating these impacts would require a level of coordinated investment in *primary prevention* that is not currently evident.

That noted, there is value in understanding and applying the protective factors framework with a focus on data, community assets and promising approaches, to inform the many state and county level planning efforts in *secondary and tertiary prevention*, highlighted below. Key to the potential success of these efforts is the engagement of stakeholders, notably the children, youth and families with lived experience in the child welfare system.

“ Sometimes, preventing trauma and helping a family work better together can start with listening to them. Not ONLY listening to the adults, but equally listening to the children. Don't assume you know what should make us happy and what might make our family work.”

Chezia Tarleton, Cal Voices Peer Partner and Public Speaker for Youth Advocacy

California's Plan for Family First Prevention Services Act (FFPSA)

The implementation of FFPSA is an opportunity to use federal funding, Title IV E, to support families with the goal of decreasing entry into foster care. Previously, Title IV-E funds could only be used to help with the costs of foster care maintenance for eligible children once they were removed from their birth parents/legal caregivers. With FFPSA, states, territories, and tribes with an approved Title IV-E plan have the option to use these funds for prevention services that would allow “candidates for foster care” to stay with their parents or relatives, i.e., an early intervention. Per the OCAP Framework, this essentially means that these resources can be used for tertiary prevention.

FFPSA is a significant financing reform in that there is no income eligibility requirement to qualify for the funds, which means the population that can be served is broader. And, unlike foster care, the services may be provided to parents and relative caregivers, not exclusively for the children. States will be reimbursed for prevention services for up to twelve months per family. A written, trauma-informed prevention plan must be created, and services will need to be evidence-based.⁶

The California Department of Social Services, after extensive planning and stakeholder review, will be submitting its FFPSA plan to the Administration of Children and Families (ACF) in 2021. The Prevention and Early Intervention (PEI) Committee of the Child Welfare Council has offered recommendations to the state and counties on developing an FFPSA implementation plan that will address the inclusion of prevention—[primary, secondary, and tertiary](#)— as integral components of a system of care.

Over the next year, counties will be able to access Family First Transition Act funding to develop local plans to effectively utilize these new resources for prevention.

⁶ <https://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>

“The Child and Family Enrichment Cabinet has laid the groundwork for statewide prevention that will support FFPSA part one implementation through its focus on state/county/private partnership. Importantly, the effort recognizes that prevention must be community-driven, while also defining roles for the child welfare continuum. Cross-system prevention work is vital if we are to achieve the best outcomes for children, youth, and families served by public agencies.”

Diana Boyer, Director of Policy for Child Welfare and Older Adult Services, CWDA

[ACEs Aware](#)

California’s Surgeon General, Dr. Nadine Burke Harris, has established addressing ACEs and toxic stress as key priorities, with the goal of reducing the incidence of ACEs and toxic stress by half in our next generation of children. In order to realize this vision (see insights XVII, [Part I](#) and [Part II](#)), ACES screening (using PEARLS) is being encouraged and reimbursed by Medi-Cal, and an extensive statewide effort to inform and educate health care providers and other child and family serving agencies has been launched via ACEs Aware.

Child and Family Enrichment Cabinet

In March 2018, the Children’s Committee of the County Welfare Directors Association, along with the CDSS OCAP Director and the Director of Strategies 2.0, formed a “cabinet” to explore ways to create meaningful prevention plans in all fifty-eight counties across the state. The first major activity that culminated from this work was the January 2019 Prevention Summit that hosted prevention coalitions from thirty-three counties from across the state to support and strengthen their local work. The Cabinet’s vision is safe, healthy, and thriving families, children, individuals, and communities in California, and its mission is to increase positive outcomes for individuals, children, and families by promoting a blueprint for change that can guide communities in the development of a structured strategic approach to prevention.

The Cabinet continues to help guide the work of supporting the summit counties and currently over twenty counties are developing plans focused on preventing adverse child and family outcomes by strengthening families and communities.

[AB 2083: System of Care](#)

AB 2083, passed in 2018, requires all counties to [develop](#) and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. Additionally, the law specifies creation of a [State joint interagency resolution team](#), which includes representatives from the Department of Rehabilitation, Department of Education, Department of Healthcare Services, Department of Social Services, and the Department of Developmental Services to develop guidance to local agencies with regard to developing the MOU, supporting the implementation of MOUs, and providing technical assistance to identify and secure the appropriate level of services to meet the needs of children and youth in foster care who have experienced severe trauma.

“ As someone with lived experience in the child welfare system, I am not only encouraged by the momentum I’m seeing across the state around prevention, but also uplifted by the doors that are opening for youth to participate in the ideas, plans and implementation for change. I am honored to be involved in many of these prevention initiatives, and I encourage those leading this work to keep engaging youth in meaningful and important ways to help evolve child welfare in California.”

Jevon Wilkes, Executive Director, California Coalition for Youth, and Director of Youth Engagement, California Children’s Trust

[CalAIM Foster Care Workgroup](#)

CalAIM is a multi-year DHCS initiative to implement overarching policy changes across all Medi-Cal delivery systems. As part of the larger initiative, DHCS in collaboration with CDSS, has convened a [Foster Care Model of Care Workgroup](#) to address the complex medical, behavioral, social, oral, and developmental health needs of current and former foster children or youth, those entering or at risk of re-entering the foster system, and the families and caregivers. The workgroup has been meeting since June 2020, and will provide a set of recommendations on a model of care approach for foster care.

Child Welfare Council Behavioral Health Committee

This committee, which formed in September 2019, is tasked with advising the full Child Welfare Council and CHHS with recommendations on preventing unnecessary entries into the child welfare system, providing alternatives to CPS reporting when there is not imminent danger, and effectively supporting the behavioral health needs of children and families involved in child welfare/juvenile probation. A set of policy recommendations have been [drafted](#) and will be presented to the Child Welfare Council for their possible adoption in December 2020.

“ My dad died of cancer when I was young. I felt like a burden to my mom who couldn't provide support, and the neglect hurt so much. I had my first child at age 19 and all of that trauma got triggered, but I decided I was going to change the cycle. I was fortunate to find community connection and support when my first child was only six months old, and I have been relying on this community for 20 years. My son is now twenty and is the first in our family to work toward a college degree. But even more important, he has learned the strength of love and how to use his voice for positive change.”

April Fong-Ortega, parent and client at Safe & Sound Family Resource Center

Resources/References

Real Life Stories

- Safe & Sound and Children's Bureau: Relationships Matter, <https://vimeo.com/407159224>

Data, Field Studies, and Scholarship

- Emalee G. Flaherty, John Stirling and The Committee on Child Abuse and Neglect - [The Pediatrician's Role in Child Maltreatment Prevention](#) (Pediatrics, October 2010, 126 (4) 833-841; DOI: <https://doi.org/10.1542/peds.2010-2087>)
- UCB and CDSS - [California Child Welfare Indicators Project](#)
- Casey Family Programs - [Do Place-Based Programs, Such as Family Resource Centers, Reduce Risk of Child Maltreatment and Entry into Foster Care? \(Appendix\)](#) -
- U.S. Department of Health and Human Services, Children's Bureau - [Child Maltreatment 2018](#)
- Khiara M. Bridges - [Privacy Rights and Public Families](#)
- Safe & Sound - [The Economics of Child Abuse](#)
- NCCD and Parents Anonymous® - [The Impact of Parents Anonymous on Child Safety and Permanency](#)

Prevention Frameworks and Definitions

- California Department of Social Services - [Office of Child Abuse Prevention](#)
- Child Welfare Information Gateway - [Ecological Framework for Prevention](#)
- Child Welfare Information Gateway - [How the Child Welfare System Works](#)
- Administration for Children and Families - [Title IV-E Prevention Services Clearinghouse](#)
- Center for the Study of Social Policy - [Protective Factors Framework](#)

Policies, Programs, and Institutional Partners

- Administration for Children and Families - [First-of-its-Kind National Partnership Aims to Redesign Child Welfare Into Child- and Family Well-Being Systems](#)
- Family First Act - [FamilyFirstAct.org](#)
- Casey Family Programs - [The Child Abuse Prevention and Treatment Act](#) (May 2019)
- California Health & Human Services Agency - [California Child Welfare Council](#)
- [Foster Together Network](#)

Reimagining Child Welfare

- Youth Today - [Let's Boldly Reimagine Child Welfare System to Strengthen Families In Post-COVID-19 World](#) (May 20, 2020)
- Movement for Family Power - [Ground Zero - Movement for Family Power](#)
- Family Justice Initiative - [Family Justice Initiative](#)
- [Movement for Family Power](#)
- [UpENDING the Child Welfare System](#)
- Journal of Public Child Welfare - [Outcomes Following Child Welfare Services: What Are They and Do They Differ for Black Children?](#)
- Department of Health Care Services - [Children and Youth in Foster Care: Background and Current Landscape](#) (August 2020)
- Judi Sherman & Associates - [Family Resource Centers, Vehicles for Change, Volume 2: The Evolving Field](#)

Note: In developing this issue of *insights* we referred to these resources and publications which are not meant to be comprehensive. Some of these resources include perspectives and opinions that do not necessarily reflect the beliefs of the California Child Welfare Co-Investment Partnership.



California Child Welfare Co-Investment Partnership

The California Child Welfare Co-Investment Partnership is a collaboration of private and public organizations working to improve outcomes in the child welfare system.

The Partnership comprises six philanthropic organizations (Casey Family Programs, Conrad N. Hilton Foundation, The Ralph M. Parsons Foundation, Reissa Foundation, Walter S. Johnson Foundation, and Zellerbach Family Foundation) and the California Department of Social Services, the Judicial Council of California's Center for Families, Children & the Courts, and County Welfare Directors Association. *insights* is an ongoing publication of the Partnership that examines the links between data, policy, and outcomes for our state's most vulnerable children and families. Download previous editions of *insights* and find out more about the Partnership at co-invest.org.

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