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How do California's child protection agencies collaborate to prevent foster care and support family well-being?

This jurisdictional scan was conducted by the [Center for Health Care Strategies](#), in partnership with Casey Family Programs.

The Center for Health Care Strategies (CHCS) has identified promising cross-system collaborations that support integrated prevention planning and implementation, and focus increasingly on upstream approaches. Following a document and literature review, CHCS interviewed 46 stakeholders from four states (California, Kentucky, New Jersey, and Ohio) and one tribe (Salt River Pima-Maricopa Indian Community in Arizona), including representatives from child protection agencies, behavioral health, Medicaid, community-based organizations, youth and families with lived expertise, as well as other experts in child and family well-being. These geographically diverse jurisdictions deliver prevention services through a range of collaborative structures.

This document profiles cross-system collaboration efforts in **California**.¹ For detailed information on the other jurisdictions, see: [Kentucky](#), [New Jersey](#), [Ohio](#), and [Salt River Pima-Maricopa Indian Community](#). For an overview of lessons learned across all five of these collaboration efforts, see: [**How can child protection agencies collaborate to prevent foster care and support family well-being?**](#)

California	2017	2018	2019	2020	2021
Children involved in a substantiated report of maltreatment	65,342	63,795	64,132	60,317	55,503
Foster care entry rate (per 1,000)	3.1	3.0	3.2	2.8	2.6
Children in foster care on Sept. 30	51,866	52,336	51,267	50,735	47,870
Children adopted	6,524	6,966	6,981	5,562	6,242

Source: <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/california.html>

Background and structure

The Safety, Prevention, and Early Intervention Branch of California's Department of Social Services (DSS) is responsible for policies associated with the front end of the child welfare system, such as emergency response and removal, child safety and risk assessments, and mandated reporting. It also leads implementation of the [Family First Prevention Services Act \(Family First\) Plan](#) and promotes primary prevention.

Key Facts

Total child population: 8.77 million²

Administration by state, county, or tribe: County

Family First Plan status: [Approved](#) (2023)

California's [Child Welfare Council](#) was established in 2006 to advise on collaboration and processes across the multiple state agencies and courts that serve children in the child welfare system. Co-chaired by the secretary of the California Health & Human Services Agency and a designee of the Chief Justice of the California Supreme Court, membership includes state and county departments, nonprofit providers, advocates, parents, and youth formerly in foster care. The council monitors and reports on the extent to which the agencies and courts are responsive to the needs of children in their joint care. A subcommittee focused on prevention developed recommendations to address California's Family First Plan implementation, with a focus on building robust community pathways to provide evidence-based services and supports to families while avoiding involvement with the child welfare system. A separate Family First advisory committee addresses coordination, communication, and input on the statewide implementation.

As a county-operated system, DSS provides support to counties for capacity building, planning, and implementation to build an integrated system of comprehensive prevention services. To participate in implementation of the Family First plan, counties had to opt in through a letter of intent and submit a [Comprehensive Prevention Plan](#) tailored to local needs. DSS provided technical assistance and guidance to counties in developing these plans. In partnership with Casey Family Programs, DSS presented a [learning forum series](#) that provided information and tools to support cross-sector collaboration. Topics included blending and braiding funding, creating community pathways to avoid child welfare involvement, and addressing the disproportionality and disparities experienced by Black and American Indian/Alaskan Native children in the foster care system. The state also has learned from the experiences of counties that participated in the [Title IV-E Waiver Demonstration Project](#), where Title IV-E funding was used for community-based services to avoid foster care entries, accelerate family reunifications, provide intensive home-based services, and reduce reliance on group and institutional settings.

State and county departments across California partner to administer prevention programs and use funding sources to support prevention initiatives. For example, the Department of Public Health and DSS' Office of Child Abuse Prevention use federal Maternal, Infant, and Early Childhood Home Visiting ([MIECHV](#)) funding for home visiting programs. California also has a home visiting initiative administered by the state's Temporary Assistance to Needy Families (TANF) program, administered by California Work Opportunity and Responsibility to Kids

(CalWorks). DSS and its partners are working to reduce duplication of services and streamline processes for families through “unified applications and verification processes that don’t require families to connect with multiple case workers on different fronts,” said Kim Johnson, DSS director.

Key initiatives and collaborations

California’s System of Care Family-Centered Practice Unit leads the state’s work to implement [High-Fidelity Wraparound](#) to meet the aftercare requirement of Part IV of Family First. This involves leading a steering committee, which includes peer and parent partners, counties, providers, and state agency representatives, to guide the development and implementation of state standards. The unit also facilitates a committee that guides counties on how to incorporate peer partners, cultural brokers, tribal leaders, and others into county strategy design and implementation. Committee membership includes staff from peer-run organizations in California and individuals with lived experience, who provide valuable insights into the reality of systemic inequalities and their impact on families and communities.

The unit supports the statewide integration of [peer partners](#), who provide personal and professional expertise through a variety of roles. Peer partners are trained and supported through a partnership with the [UC Davis Resource Center for Family-Focused Practice](#). Peer partner hubs across the state facilitate opportunities for networking, information sharing, and learning, as well as provide feedback to organizations, counties, and DSS for system improvement.

The unit also coordinates closely with the California Department of Health Care Services to braid funding across Medicaid, behavioral health, and child welfare to support Wraparound and peer support services. These agencies jointly distribute guidance to counties regarding billing to ensure that counties are best leveraging Medicaid, Family First, and other funding sources.³

DSS and the California Child Welfare Council are working together on an initiative to support a shift from mandated reporting to “community supporting” — a coordinated statewide effort to review and reform the mandated reporting system and encourage use of community resources and services that mitigate risk and avoid child welfare system involvement for families. A range of leaders from multiple sectors are involved, including child welfare, health, education, probation, childcare, people with lived expertise, and representatives from the [California Alliance of Child and Family Services](#), non-profit organizations that serve child welfare, behavioral health, education, and juvenile justice.

DSS also collaborates with the California Department of Public Health on the [Essentials for Childhood Initiative](#), a federal grant to reduce the number of adverse child events. The initiative includes partners from the various state departments, including those over aging, community development, corrections, public health, social services, and substance use treatment. Other partners represent Child Abuse Prevention Councils, community-based organizations, medical institutions, educational institutions, and family resource centers.

Children and Youth Behavioral Health Initiative

The [Children and Youth Behavioral Health Initiative](#) is a five-year, multi-layered effort and comprehensive plan designed to improve California’s behavioral health system for children, youth, and young adults. The overarching goal is to create a more coordinated system that is youth-centered and equitable, and focused on prevention and resilience. The initiative is noteworthy for its strong focus on engaging with communities and fostering partnerships. Incentives are offered to Medicaid managed care plans to build partnerships with school districts and county offices of education to support school-based mental health systems. Additionally, the

initiative has helped develop a process in which publicly and commercially funded health plans reimburse schools for behavioral health services. The initiative also tracks data and outcomes, such as school attendance.

The initiative has worked with the Children, Youth, and Family Engagement Network, an association of organizations in California that work closely with children and families. The network advised on how to strengthen the initiative's approach in engaging families. As a result, the initiative recognized the need to work with trusted family partners and conducted a series of interviews with youth and family organizations across the state to hear families' perspectives. One key finding from this effort was the need to train advisory group members with professional experience on how to listen to people with lived expertise, in addition to training families to participate. A series of in-person community engagement sessions also were conducted across the state to hear youth and families' input, which led to the development of the [Youth at the Center](#) report.

Leaders with the initiative have coordinated with DSS on Family First planning and implementation in several ways, including plans to scale evidence-based and community-defined practices. Additionally, the initiative is working with as many as 12 counties to review their comprehensive prevention plans, to identify potential connections to CYBHI, as well as any barriers to implementation.

County leadership

In 2018, California Legislature passed a law ([AB 2083](#)) requiring all counties to implement an Interagency Leadership Team and a memorandum of understanding, to support the state's trauma-informed system of care for youth in foster care and improve access to integrated services. Each team must include representatives from child welfare, behavioral health, probation, county offices of education and regional centers, and tribal nations.

In San Diego County, the team also includes the juvenile court system and Department of Rehabilitation. Through the team, San Diego County has established common goals and facilitated deeper work around data-sharing and fiscal planning, as well as developed the county's comprehensive prevention plan for Family First after meeting with over 65 community groups and families. The county established a Child and Family Well-Being Department in July 2023 to build out and coordinate prevention service systems. This department is under the umbrella of the county's Health and Human Services Agency, allowing it to easily blend and braid funding and coordinate staffing with other units within the agency. Additionally, the county's federal Partners in Prevention grant supports a network of about 150 agencies that focus on systems change to improve access to services for families, enhance data sharing, and expand work with people with lived expertise.

San Diego County also has implemented processes to collect, share, and report on key data. The county's Interagency Leadership Team identifies key child welfare metrics, such as length of stay for children in short-term residential therapeutic settings, and data are reviewed quarterly. San Diego County also facilitates [data-sharing using San Diego 211](#) and the county's community information exchange that uses one assessment form for all families and tracks access to services across agencies. The county also has a Child and Family Strengthening Advisory Board, which includes five members with lived experience, that influenced the creation of a publicly available [data dashboard](#) that shares information along the child welfare continuum, from front-end hotline calls to extended foster care to permanency.

Ventura County's Child Abuse Prevention Council identifies community pathways for prevention services and helps develop partnerships with family and youth leaders with lived experience in

child welfare. Ventura County also conducted geo-mapping of the child welfare system and identified areas with high rates of child welfare involvement, including those with racial inequities and disproportionality. The Ventura County Human Services Agency shared this data with system and community partners and encouraged other systems to similarly analyze their own data. This resulted in identifying shared areas with higher rates of need across behavioral health, juvenile justice, early childhood, and other child- and family-serving systems.

¹ Agencies/Organizations interviewed: California Alliance of Child and Family Services; California Department of Social Services; California Health and Human Services Agency; San Diego County Child and Family Well-being Department; and Ventura County Human Services Agency.

² 2021 [Kids Count](#). The Annie E. Casey Foundation.

³ See examples: [All County Letter No. 21-116/Behavioral Health Information Notice No. 21-061](#); [All County Information Notice No. I-73-21/Behavioral Health Information Notice No. 21-055](#); and [Peer Partner Funding Opportunities Funding Matrix](#).

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Casey Family Programs

Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families in the United States. By working together, we can create a nation where Communities of Hope provide the support and opportunities that children and families need to thrive. Founded in 1966, we work in all 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands and with tribal nations across North America to influence long-lasting improvements to the well-being of children, families and the communities where they live.

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