CHILDREN AND YOUTH SYSTEM OF CARE SUPPLEMENTARY ANALYSIS TO THE MULTIYEAR PLAN FOR INCREASING CAPACITY (LANDSCAPE ANALYSIS 2024)

CALIFORNIA CHILDREN AND YOUTH SYSTEM OF CARE LEGISLATIVE REPORT

SUPPLEMENTARY ANALYSIS TO THE MULTIYEAR PLAN FOR INCREASING CAPACITY (LANDSCAPE ANALYSIS)

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Submitted by the California Health and Human Services Agency and the California Department of Education
Pursuant to the Requirements of Welfare and Institutions Code (W&I Code), Section 16521.6
(b)(1)(B)(ii)(2)(A)

ACKNOWLEDGMENTS

The following are responsible for the development, production or contributions of this report. They provided guidance, time, expertise, and forward-thinking efforts in creating this landscape analysis that lays the foundation for improved understanding of the service experiences and interactions of the children, youth and families supported by California's Children and Youth System of Care.

- Regan Foust, PhD, Executive Director of the Children's Data Network
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- Department of Health Care Services (DHCS), Enterprise Data and Information Management and Office of Legal Services
- California Department of Social Services (CDSS), Research, Automation, and Data Division and Legal Division
- California Department of Education (CDE), Student Achievement and Support Division and Analysis, Measurement and Accountability Reporting Division
- Department of Developmental Services (DDS), Information Technology Division and Research, Audits and Evaluation Branch and Office of Legal Affairs
- Children and Youth System of Care Community Partners, including child serving system associations, agencies, advocates, providers and clinicians.

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EXECUTIVE SUMMARY

Assembly Bill (AB) 2083 (Chapter 815, Statutes of 2018) builds upon the implementation of Continuum of Care Reform (CCR), which, reflects the belief that all children served by the foster care system need, deserve, and have an ability to be part of a loving family, and not to grow up in a congregate setting. Additionally, there is a shared belief that agencies serving children and youth must collaborate effectively to surround children, families, and caregivers with needed supports, services, and resources. Beginning in 2015, CCR provided significant investments in the practice of Child and Family Teaming (CFT), new funding for emergency caregivers, and increased funding and therapeutic standards for residential care in Short-Term Residential Therapeutic Programs (STRTPs).

AB 2083 requires counties to design and implement Memorandums of Understanding (MOUs), framing a unified Children and Youth System of Care (SOC) which coordinates timely, and trauma-informed services for children, youth and non-minor dependents in foster care, along with other vulnerable youth and their caregivers in a way that is comprehensive, culturally competent, timely, integrated, community-based, and individualized, with strength-based services based on plans tailored to the individual needs of the youth.

Supplementary Analysis to the Multiyear Plan for Increasing Capacity (Landscape Analysis)

AB 153 (Chapter 86, Statutes of 2021), Sec. 50, amended 16521.6 (b)(2)(a) requires the State Joint Interagency Resolution Team (JRT) which is a state leadership body established by AB 2083 (Chapter 815, Statues 2018) to expand upon the *Multiyear Plan for Increasing Capacity* and provide recommendations to the Legislature no later than December 31, 2022, , accounting for the specific needs and characteristics of children and youth with unplanned discharges from STRTPs and youth for whom counties were unable to, or have difficulty with, securing placements and providing trauma-informed services, which may include, but are not limited to, as applicable, youth impacted by commercial sexual exploitation, youth with acute behavioral needs, and youth with intellectual and/or developmental disabilities (I/DD). The recommendations shall also articulate a statewide plan for any additional development needed for trauma-informed care within the therapeutic continuum of care to support youth in-state in the least restrictive settings.

Report Objective

To address the reporting requirements of AB 153 (Chapter 86, Statutes of 2021), this report includes linked data across the four departments, including the California Department of Social Services (CDSS), Department of Health Care Services (DHCS), Department of Developmental Services

(DDS), and the California Department of Education (CDE) to provide a landscape analysis of children and youth in foster care and their service interactions. This data linkage is a significant and important step for future data analysis efforts and will inform future planning and investments for the development of trauma-informed, therapeutic care within the continuum to support youth in-state in the least restrictive setting. This presentation of data and analysis linked across the four departments provides an opportunity for future data collection and analysis related to not just children and youth in foster care, but understanding how our children, youth and families experience the systems meant to serve them. The report also offers recommendations to support the capacity gaps identified in the *Multiyear Plan for Increasing Capacity*. This data analysis, produced in partnership with The Children's Data Network (CDN), serves to inform and support next steps in the implementation of the Multiyear Plan and will provide key information for continuous shaping of the implementation efforts.

Report Structure

The report has been structured with an executive summary to provide background and an overview of the Children and Youth System of Care reporting requirements to date. Additionally, it provides a summarized framework of how the reports inform each other and execute each of the reporting phases as defined in the *Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma*.

Following the report overview, is a data landscape analysis conducted by the CDN. This section of the report provides the first of its kind, multi-system lens which includes linked data across the four state departments examining the demographic landscape of youth experiencing the foster care system and provides an explanation of the approach and steps required to produce the descriptive analysis. The data from CDSS was used as the foundation from which the other departments' data was linked. This report does not provide multi-directional linkage for example, the service interaction of youth in foster care between DDS and DHCS, or between DHCS and CDE is not captured in this report. This initial analysis has laid the foundation to conduct further drill-downs by specific demographic information across the various service systems. These limitations offer an opportunity to build upon this initial first step for cross-program analyses.

Key Connections and Findings

The findings from this report provide a first ever look at youth who are in foster care accessing multiple systems, and shares information about needs and characteristics. The report examines 86,277 youth who spent time in foster care between July 1, 2020 and June 30, 2021. This number reflects both children who were in the system on July 1, 2020, as well as children who entered over the next 12 months. Findings from this report do not equate to specific needed services or supports in the foster care population. The findings and data from this report cannot be assumed to be

causal or correlative in nature, thus the resulting primary finding is that while this report satisfies the mandate of AB 153, we believe we can move the intention of the mandate forward into continued application of the data sharing governance, technical tools, and partnerships established through this process to conduct further analysis and research. Further analysis will be built upon the foundation of this initial landscape with informed research questions, drill-downs and in consultation with the youth, families and the communities we serve. In addition to high-level findings and potential next steps in the landscape analysis section, the report offers:

1. Four key connections, highlighting how this data plays an informational role supporting the Multiyear Plan and identified Capacity Gaps recommendations that were identified in the *Multiyear Plan for Increasing Capacity*. Data contained in this report cannot be identified as causal or correlative, however these key connections indicate an initial connection to the prior report's key findings, capacity gaps and recommendations.
2. Four key findings, that indicate a concrete need to conduct further analysis and respond to activities that increase data fidelity, cross-program understandings, definitions and utilization of the data.

Key connections, include:

1. **Trauma Responsive Continuum**
   Prior report recommendations centered on increasing trauma models, training for parents and caregivers, wellbeing activities for trauma affected children and increased respite options are supported. This landscape analysis indicates that over 50 percent of youth in foster care in 2020/21 had a most recent placement with nonrelative substitute caregivers, many children in care during the study period experience three or more placements in their current episode (42.3%), over 1,100 youth were identified as commercially sexually exploited child (CSEC) victims and a quarter of foster children on Medi-Cal who had an Adverse Childhood Experience (ACEs) screening had four or more ACEs[1].
2. **Preventative and Coordinated Continuum**
   Data indicates that nearly all youth in foster care experienced at least two systems, most foster care placements were a result of neglect, and nearly half of the youth in foster care who were also on Medi-Cal have received a diagnosis of attachment disorder. Prior report recommendations to move the continuum towards a preventative, proactive and responsive system with a reduction to reactionary practices and improved care coordination are supported.
3. **Unique and Complex Unmet Needs: Unplanned Discharges, Unable to, or Difficulty Securing Placements and Providing Trauma-Informed Services**

[1] The ACES scale includes 10 adverse experiences

For youth in foster care, over 1,500 have experienced an unplanned discharge from a STRTP. For youth in foster care who received regional center services, 5,200 infants and toddlers were in the Early Start program[2] and 2,600 youth received Lanterman services[3]. Over 1,100 foster youth were identified as a CSEC victim and over 1,500 youth in foster care on Medi-cal received inpatient specialty mental health services. Understanding the intersectionality of needs, strengths, and characteristics of youth is the critical and logical first step in addressing unmet complex needs. The data in this report supports the prior recommendations related to the unique needs of children and youth and the need for maximizing the System of Care framework, including the Interagency Leadership Teams (ILTs), while improving trauma focused treatment for infants and toddlers, a statewide framework for trauma trainings, trauma informed assessments, multi-agency assessment models for complex cases, the need for appropriate levels of care including expanding the continuum to include individualized models and case worker ratios designed to respond to the complexities of service access and intersectionality.

4. **Local and State Data Barriers**
   This report has accomplished the prior recommendation to model a state data sharing governance and reporting framework and has created an opportunity to develop shared multisystem outcome metrics. However, this report has highlighted data discrepancies across programs, including discrepancies in the identification of those with an IEP across programs, primary language across programs, and the identification of those with a disability. This further supports prior data recommendations from the *Multiyear Plan for Increasing Capacity*.

While this report provides supplemental information for the conclusions and recommendations in the prior report, Multiyear Plan for Increasing Capacity, this landscape analysis creates the foundation for California to ask more specific and informed questions. There remains a need to conduct further analysis, and this current effort underscores the need for programs to work together to align data efforts to inform programs, initiatives, and investments. For this reason, the report includes additional recommendations based on key findings to improve the capacity of data-driven, trauma-informed, therapeutic care within the continuum supporting youth, within the least restrictive setting.

Key findings and recommendations, include:

1. **Conduct Additional Cross-System Analyses to Inform Program Enhancements and Current Investments**
   Based on the report findings there is a need to conduct further analyses looking at service system experiences by race, ethnicity, gender, language, and disability (if any) for deeper

[2] Early Start is California's early intervention program for infants and toddlers
[3] Services provided under The Lanterman Developmental Disabilities Services Act. https://www.dds.ca.gov/transparency/laws-regulations/lanterman-act-and-related-laws/

cultural considerations of the youth across our systems. Additionally, there is a need to further understand the strengths and needs of youth through looking at CANS scores, placement stability trends and longitudinal looks at the characteristics, demographics and service interactions.

2. **Develop Consistent Cross-System Program Definitions**
   Using existing data elements, there is a need to develop a cross-system definition of youth with unmet needs for ongoing metrics and outcome measures, while additionally aligning definitions of youth in foster care across programs.
3. **Increase the Fidelity and Utilization of Cross-System Program Data**
   Utilize demographic data from this landscape analysis to inform current and future investments across programs and investments. Additionally, through the development of this report, the need to validate department data linkage algorithms, supporting data literacy and practices at the local level, and the need to work across program areas to align definitions, to increase cross-system data fidelity have been identified as an important finding.
4. **Complete Phase II and Phase III as defined in *Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma***
   Execute the remaining deliverables of *Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma* by supporting the local systems capacity mapping and building through utilization of this data and pathways to linked administrative data.

It is important to note that the data contained in this report was for the observation window of the 20/21 academic year. The COVID-19 pandemic disrupted educational, health and social systems for the families and youth who access these systems and services. As a result, statistics contained in this report may deviate from historical or standard reporting and pre-COVID trends.

OVERVIEW

Reporting Requirements

W&I Code, Section 16521.6 mandates three reporting requirements of the state Joint Interagency Resolution Team (JRT), which is comprised of the state departments CDSS, DHCS, DDS and CDE. The first two reporting requirements were codified in AB 2083 (Chapter 815, Statutes of 2018) and the third was codified by AB 153 (Chapter 86, Statutes of 2021). The reporting requirements are as follows:

Reporting Requirement	Statutory Language	Required Date of Submission
AB 2083: W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A) Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma	No later than January 1, 2020, the joint interagency resolution team, in consultation with county agencies, service providers, and advocates for children and resource families, shall review the placement and service options available to county child welfare agencies and county probation departments for children and youth in foster care who have experienced severe trauma and shall develop and submit recommendations to the Legislature addressing any identified gaps in placement types or availability, needed services to resource families, or other identified issues.	January 1, 2020
AB 2083: W&I Code, Section 16521.6, (b)(1)(B)(ii)(3) Develop a Multiyear Plan for Increasing Capacity	No later than June 1, 2020, the joint interagency resolution team, in consultation with county agencies, service providers, behavioral health professionals, schools of social work, and advocates for children and resource families, shall develop a multiyear plan for increasing the capacity and delivery of trauma-informed care to children and youth in foster care served by short-term residential therapeutic programs and other foster care and behavioral health providers.	June 1, 2020
AB 153: W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A) Supplementary Analysis to the Multiyear Plan for Increasing Capacity (Landscape Analysis)	Provide additional review and recommendations to the Legislature no later than December 31, 2022, that take into account the specific needs and characteristics of youth with unplanned discharges from short-term residential therapeutic programs and youth for whom counties were unable to, or have difficulty with, securing placements and providing trauma-informed services, which may include, but is not limited to, as applicable, youth impacted by commercial sexual exploitation, youth with acute behavioral needs, and youth with intellectual or developmental disabilities. The recommendations shall also articulate a statewide plan for any additional development needed for a trauma-informed, therapeutic continuum of care to support youth in-state in the least restrictive setting.	December 31, 2022

Reporting Framework

Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma[4]

The *Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma*, submitted October 2020, provided a three-phase approach for the identification of placements and services across the System of Care, the identification of gaps, and the development of a multiyear plan to support closing the gaps. Each of the mandated reports support the implementation of these three phases and has allowed a scaffolding approach in identifying the needs to support, enhance or expand the System of Care continuum in California. This report addressed Phase I, with the inclusion of a *Continuum of Care for Children in Out-of-Home Settings* resource document, the identification of existing data sources, and opportunities for data sharing.

Multiyear Plan for Increasing Capacity[5]

The *Multiyear Plan for Increasing Capacity*, submitted January 2023, was developed and informed by individualized department data, stakeholder input, and available technical assistance data. Through review of the available information and data, the report identified eight capacity gaps in the Children and Youth System of Care and offered recommendations to address these capacity gaps. The Multiyear Plan was informed through review and consideration of the existing and recent investments within each of the systems over the span of five years. The recommendations offered will guide and inform the existing and recent investments, and the ongoing technical assistance activities identified in the Multiyear Plan, throughout their implementation and application to the Children and Youth System of Care Continuum.

Supplementary Analysis to the Multiyear Plan for Increasing Capacity (Landscape Analysis)[6]

The prior mandated reports contained limitations in the ability to review and analyze data across the multiple systems. These limitations were the result of, 1) lack of data sharing agreements and authority to share data; and 2) gaps in the ability to link, store and compare Education data with Health and Human Services data. Without the data sharing framework in place, prior reports were limited in their ability to holistically view the landscape of youth in foster care who are served and supported across multiple systems. To address the limitations, a data sharing framework had been in development since early 2020 with execution in the summer of 2022. Building on existing California Health and Human Services Agency (CalHHS) and CDN data sharing agreements, contracts and data governance, the efforts to develop a path forward included the first ever

[4] W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A)

[5] W&I Code, Section 16521.6 (b)(1)(B)(ii)(3)

[6] W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A)

multi-department data sharing agreement between DHCS, CDSS, CDE and DDS. The activities produced the data sharing authority for this report and are specified in the Methods section.

The *Supplementary Analysis to the Multiyear Plan for Increasing Capacity (Landscape Analysis)* contained in this report provides analysis of linked data across DHCS, CDSS, CDE and DDS. The analysis is based on quantifiable information that informs, adjusts, or reinforces (including calling for additional data collection) the *Multiyear Plan for Increasing Capacity* recommendations and provides additional information needed to support trauma-informed, therapeutic care within the continuum to support youth in-state in the least restrictive setting.

The *Supplementary Analysis to the Multiyear Plan for Increasing Capacity (Landscape Analysis)* considers the following by identifying youth across the multiple systems:

- The specific needs and characteristics of youth with unplanned discharges from short-term residential therapeutic programs; and,
- Youth for whom counties were unable to, or have difficulty with, securing placements and providing trauma-informed services, which may include, but are not limited to:
    - youth impacted by commercial sexual exploitation;
    - youth with acute behavioral needs; and,
    - youth with intellectual or developmental disabilities.

Reporting Phases

Identified below is the three phased approach as outlined in the *Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma* submitted in October 2020. The tables below provide an overview of the objectives in each of the three phases and the status of the activity or report that addresses the phases.

Phase I: Mapping Current Continuum and Identifying State and Local Data

Objective	Activity/Report Satisfying the Objective
Developed a resource document, the Continuum of Care for Children in Out of Home Settings (Attachment A) that includes care settings, assessments, family engagement processes, support services and cultural competencies available from system partners at the local level.	W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A) Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma
Identify existing data sources to determine current capacity.	W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A) Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma

Identify existing data sources and opportunities for data sharing at the state level and coordinate data sharing agreements specific to Children and Youth System of Care.	W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A) Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma
Develop tools and processes to support Phase II local capacity inventory based on the available data and information.	W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A) Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma

Phase II: Local Capacity Gap Determinations Related to Placement Settings and Service Networks

Objective	Activity/Report Satisfying the Objective
Centralize and coordinate administrative data that informs current local capacity mapping and analysis of potential unmet needs.	AB 153: W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A) Supplementary Analysis to the Multiyear Plan for Increasing Capacity (Landscape Analysis) will inform this activity.
Develop tailored technical assistance to support local partner agencies in conducting local capacity mapping based on the administrative data and information, potentially including but not limited to, county contracts, claims data, and CANS data	AB 153: W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A) Supplementary Analysis to the Multiyear Plan for Increasing Capacity (Landscape Analysis) will inform this activity.
Share administrative data and reinforce informational feedback loops with local partner agencies to inform their self-assessments and ongoing capacity needs of their local continuum of care options	AB 153: W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A) Supplementary Analysis to the Multiyear Plan for Increasing Capacity (Landscape Analysis) will inform this activity.

Phase III: Planning to Address Identified Capacity Gaps Using System of Care Approach

Objective	Activity/Report Satisfying the Objective
Development of a statewide multi-year plan to address capacity gaps, as mandated by W&I Code 16521.6 (b)(1)(B)(ii)(3).	AB 2083: W&I Code 16521.6, Section (b)(1)(B)(ii)(3) Develop a Multiyear Plan for Increasing Capacity
Development of local multi-agency plans to implement the Children and Youth System of Care approach to capacity building.	Pending completion of all reporting requirements to inform local plans.
Ensure planning activities are highly responsive to end-user engagement.	Pending completion of all reporting requirements to inform local plans.
Ongoing assessment of Phases I-III using available data and Continuous Quality Improvement methods.	Pending completion of all reporting requirements and identification and implementation of further data analysis to inform local plans.

SUPPLEMENTARY ANALYSIS TO THE MULTIYEAR PLAN FOR INCREASING CAPACITY (LANDSCAPE ANALYSIS)

Methods

The AB 2083 Children and Youth System of Care State Joint Interagency Resolution Team (i.e., the AB 2083 Team) partnered with the CDN[7] to link cross-system administrative records for the purpose of generating baseline data about children and youth in foster care who have experienced severe trauma (i.e., the entire Foster Care (FC) population).[8] Specifically, the analysis aimed to:

1. Develop descriptive statistics for the FC population overall and disaggregated by important demographic and Child Welfare System (CWS) characteristics;
2. Characterize the FC population's cross-system involvement (i.e., Developmental Services (DS), Medi-Cal, and/or Public School (PS) enrollment); and,
3. Document the distribution of the FC population across California counties.

Ultimately, the analysis will be helpful in assessing variations in service delivery, access, and outcomes. The linked information will support the identification of any inequities across demographics, placement types, and services. It will identify any disproportionalities that exist and what the distribution of these inequities are across counties. Identifying inequities along the three categories will indicate where gaps exist in the provision of care to youth in foster care and will allow us to study relationships that may exist within and between the three categories.

The analytic plan included the following steps, and each step in the analytical plan is described in Appendix A:

1. Finalize project agreements
2. Define the FC population, key questions, and associated analytic fields
3. Transfer necessary data and documentation
4. Link records
5. Create analytic file
6. Analyze data
7. Draft results and methods

[7] See reference section, citation 1.

[8] See reference section, citations 2-4.

Child Welfare System (CWS)/Case Management System (CMS) Descriptive Statistics for the FC Population and Subgroups

For ease of interpretation, descriptive statistics for the foster care population overall are presented, but the presentation of findings related to each of the subgroups is selective, with differences or 'gaps' related to each of the programs identified.

The following acronyms and definitions are used throughout this report to refer to the population subgroups examined and should be referenced for interpreting the analysis contained hereafter:

- FC: Foster Care Population
- FC+DS: Foster Care and Developmental Services Population
- FC+PS: Foster Care and Public School Population
- FC+PS IEP: Foster Care and Public School with an Individualized Educational Plan Population
- FC+Medi-Cal: Foster Care and Medi-Cal Member Population

As documented in Table 1, per the CWS/CMS, there were 86,277 children ages 0-21 years in the FC population (i.e., children and youth in out of home care between July 1, 2020 and June 30, 2021). Nearly all (97.6%) of the FC population were also Medi-Cal member (FC+Medi-Cal; n=84,232), one half (50.3%) of the FC population were Public School students (FC+PS; n=43,432), and ten percent were Developmental Services clients *(FC+DS; n=8,339).*

Demographic Characteristics

It is important to note that CWS/CMS data relies on data entry by either the social worker or administrative county staff. As data elements related to a child's case far exceed what is in this report, not all data fields in the system are mandatory, therefore these estimates reflect what is known from available data.

- Sex at Birth: The FC population was nearly evenly split between Female and Male (49.7% vs. 50.3%, respectively) sex at birth. Males were disproportionately represented among FC+DS clients, comprising 59.0% of the FC+DS population.
- Race/Ethnicity: More than half of the FC population was coded as Latino (52.8%),[9] and another one-fifth as White (21.7%) and Black (20.7%). 2.3% were identified as Indian Child Welfare Act (ICWA) eligible and 3.7% were coded as Pending[10].
- Age as of July 1, 2020: For consistency age was defined as of July 1, 2020 for all youth, therefore some youth have their age defined before they entered care. 11.7% of the FC population were under age 1, 12.9% were ages 1 and 2, 14.6% were ages 3-5, 19.8% were ages 6-10, 20.9 were ages 11-15, 13.5% were ages 16 and 17, and 6.7% were aged 18-21. The age distributions of FC+DS and FC+PS were distinct largely due to the differences in the nature

[9] Referenced as Hispanic in the Appendix C, Tables 1 and 4.

[10] Pending indicates further information is needed.

of the services provided. Specifically, two-thirds (68.3%) of the FC+DS children were under the age of 3, whereas nearly all (99%) of FC+PS students were between the ages of 4 and 17.

- Primary Language: The vast majority of the FC population (90.3%) spoke English as a primary language.[11]
- Health and Development (Based on data entered into CWS/CMS):
    - According to information captured in the child protection records for the FC population, 60.1% of the FC population had a past or present mental health referral (to the county Mental Health Plan) and 45.6% were identified as ever having a significant medical or behavioral health need. These proportions were higher among FC+DS clients; 70.5% of FC+DS clients had a past or present mental health referral and 64.2% were identified as having a significant medical or behavioral health need.
    - One-third (32.2%) of the FC population had been prescribed medication, 16.6% were prescribed a psychotropic medication and 17% were prescribed a medication for psychiatric use, specifically. A lower proportion of FC+DS clients (about 12%) were identified as having been prescribed a psychotropic medication or a medication for psychiatric use, specifically. Disproportionality may be impacted by the younger age of regional center clients.
    - 83.7% of the FC population were identified as having a health screening, 62.9% receiving a health referral, 44.9% as having a health intervention plan, and 9.8% had experienced a hospitalization at some point during their lifetime. A higher proportion of FC+DS clients had a health screening (91.9%), received a health referral (78.5%), had a health intervention plan (59.8%), and experienced a hospitalization (19.6%).
    - 10.5% of the FC population were identified as having a Developmental Referral and 5.7% were identified in CWS/CMS as a past or present Regional Center (i.e., DDS) client. Expectedly, a substantially higher proportion of FC+DS clients were identified as having a Developmental Referral (32.2%) and identified in CWS/CMS as a past or present Regional Center (i.e., DS) client (34.7%). A smaller proportion of the FC+PS population was identified as having a Developmental Referral and being a past or present Regional Center client (4.1% and 4.2%, respectively).
    - 5.7% of the FC population overall were identified as having a past or present Individualized Educational Plan (IEP). A higher proportion of the FC+PS population (8.1%) was identified as having a past or present IEP. The statistic provided is drawn from clients that are identified in CWS/CMS as having a past or present IEP.
    - The CDE provided data showed that during the 20/21 academic year 31.7% of students identified as being in foster care had an IEP.
    - 16.5% of FC youth were identified as having a disability, although 10.0% were coded as Not Yet Determined and 18.9% as Missing. One percent were identified as California

[11] Data provided by CDE shows that 77.41% of students in foster care speak English as their primary language. Discrepancies may be due to the difference between the definitions of the variable, i.e., primary language of child vs primary language spoken at home.

Children's Service (CCS) clients. A substantially higher proportion of the FC+DS population (33.%) were identified as having a disability and being a CCS client (3.2%).

- Commercial Sexual Exploitation: Nearly 1,193 (1.4%) were identified as a Commercial Sexual Exploitation (CSEC) victim. Less than
  1% of the FC+DS population had a CSEC flag or were identified as a CSEC victim, which is likely impacted by the regional center's younger client population. A higher proportion of the FC+PS population had a past or present CSEC flag (4.6%) and were identified as CSEC victims (1.5%).

CWS Characteristics

- Responsible Agency Type: Child Welfare was the predominant responsible agency type for the FC population's current episode in out of home care, comprising 96.5% of all children and youth in the FC population. The remainder of the youth were Probation supervised.
- Reason for Removal: Neglect was the predominant reason for removal for children and youth (84.5%) for their current episode. A higher proportion (92.1%) of the FC+DS children were removed due to neglect than children in the FC (84.5%), FC+Medi-Cal (84.4%), and FC+PS (82.4%) populations.
- Most Recent Placement Type: One third (33.3%) of children and youth in the FC population had a most recent out of home placement in the observation year with kin. Another 30.5% were placed with non-relatives in a county foster home or through a Foster Family Agency (FFA). 10.2% were in a pre-adoption placement and 4.2% of youth in the FC population had their most recent out of home placement in a Group Home or Short-Term Residential Therapeutic Program (STRTP). A higher proportion of FC+DS children were in a Foster Home or FFA (37.7%), compared to 30.9% of FC+Medi-Cal and 32.1% of FC+PS children. 17.2% of FC+DS clients were in a pre-adoption placement. A higher proportion of FC+PS students were in Guardian placements (11.2%), compared to FC and FC+Medi-Cal children (7.4 and 7.5%, respectively); FC+DS had relatively few children in Guardian placements (4.5%). A higher proportion of FC+PS students were in a Group Home or STRTP (7.6% compared to FC and FC+Medi-Cal children (4.2% and 4.3%, respectively).
- Predominant Placement Type: One third (37.8%) of children and youth in the FC population spent the majority of their time in their current episode placed with kin. Another 39.5% had County Foster or FFA as their predominant placement. The proportion of FC+DS clients with County Foster Homes or FFA listed as their predominant placement, however, was higher (49%). Almost 5% of youth in the FC population had spent the majority of their time in their current episode placed in a Group Home or STRTP. A higher proportion of FC+PS students were in a Group Home or STRTP (7.7% compared to FC and FC+Medi-Cal children (5% and 5.1%, respectively). Less than 1% of FC and subgroup clients had a pre-adoption predominant placement. This proportion is lower than that observed for the most recent placement type because, for many in the FC population, the most recent placement is the placement prior to exit.

- Out of Home Placement Episodes: Most (75.3%) children and youth in the FC population had experienced only one out of home placement episode in their lifetime. Most of the FC+DS, FC+Medi-Cal, and FC+PS populations had experienced only one out of home placement episode in their lifetime (87.4%, 75.1%, and 68.6%, respectively[12]), but a higher proportion of the FC+PS population had experienced two or more out of home placement episodes in their lifetime (31.1%). On the other hand, a lower proportion of the FC+DS population had experienced two or more out of home placement episodes in their lifetime (12.7%).
- Unique Placements[13]: A plurality of children in foster care had one unique placement during their current episode (41.8%), but one quarter (26.2%) experienced two unique placements, 11.8% experienced three, 6.4% experienced four, and 13.8% experienced five or more. The count of unique placements does not increment if children or youth return to the same placement home after a non-foster care setting which may include hospitalizations or AWOLs. The proportion of FC+DS clients who experienced one unique placement during their current episode, however, was higher (49.0%).
- Placement Moves:
    - Current episode: Nearly one third (31.7%) had experienced no placement moves (i.e., only one placement) during the current episode, but one quarter (25.9%) had one move, and 42.3% had two or more.
    - Ever (lifetime): Over half (53.0%) of children and youth in the FC population had experienced two or more placement moves in their lifetime. A lower proportion of children in the FC+DS population had two or more placement moves in their lifetime, a statistic likely related to the relatively young age of regional center clients.
- Caregiver Relationship to Child: Half (50.5%) of the FC population were placed with Nonrelative substitute caregivers during the current episode and 39.8% were placed with a Relative caregiver or Non-Relative Extended Family Member (NRFEM).
- Episode Termination Type: 70.3% of the children and youth in foster care had no termination type, as they were still in care at the end of the observation period. Of those who had a termination of their out of home placement episode, most (53.0%) were reunified with their family of origin. The proportion of children reunified with their family was higher among FC+PS students (63%) and was lower among FC+DS clients (44%). More than a quarter (27.0%) of the FC population had adoption listed as their episode termination type. Episode termination due to adoption was more common among FC+DS clients (45%); adoption was less common among FC+PS students (15%).
- Time in Care: Two-thirds (66.6%) of the FC population and its subgroups had spent more than 1 year in their current episode.

[12] For the FC+DS, lower out of home placement episode may be attributed to the lower age of the FC+DS population.

[13] Unique placement is derived from the placement counter methodology used by CDSS and CCWIP to adjust for when a child has a temporary stay in a different setting (i.e., trial home visit, elopement, hospitalization, etc.). If the child returns to the same placement home as before the temporary setting, it is counted as only one continuous placement.

- Reentry to Care:
    - Post-Reunification: One-fifth (20.0%) of all children and youth in the FC population had reentered care post-reunification with their family of origin at some point during their lifetime. A higher proportion (25.8%) of children in the FC+PS population reentered care post-reunification with their family of origin. A lower proportion (11.1%) of children in the FC+DS population reentered care post-reunification with their family of origin.
    - Post-Adoption: Less than 1% of the FC population and its subgroups reentered care post-adoption (adoption dissolution) during their lifetime.
- Unplanned Exit from STRTP: 1.8% of the FC population had an unplanned exit from a STRTP at some point during their lifetime. The proportion of children with unplanned exit from STRTP was higher (3.2%) among the FC+PS population. This may reflect the age range of the FC+PS population.
- Referrals:
    - Age at First Referral: Nearly half (45.3%) of the FC population had been first referred for alleged maltreatment before the age of 1. A much higher proportion of FC+DS children had been referred for alleged maltreatment before the age of 1 (75.0%), and a much lower proportion of FC+PS students had been referred for alleged maltreatment before the age of 1 (31.0%). Another 20.5% of the FC population were first referred when they were 1 or 2 years old and 15% when they were 3-5 years old.
    - Number of Prior Referrals: More than half (52.2%) of the children and youth in foster care had five or more prior referrals over their lifetime. The FC+DS population, however, tended to have fewer prior referrals; most (54.0%) of the FC+DS population had 1-2 prior referrals.
- Allegations:
    - General neglect was the most common substantiated allegation type, appearing in 82.0% of referrals for the FC population at some point. Substantiated caregiver absence/incapacity appeared in nearly 30% of referrals, substantiated emotional abuse in 13.7% of referrals, and substantiated at-risk, sibling abused in 12.2% of referrals. Overall, a higher proportion of FC+DS clients had General and Severe Neglect substantiations than children in the FC+Medi-Cal and FC+PS populations, but a lower proportion of substantiated caregiver absence/incapacity, substantiated emotional abuse, substantiated physical abuse, and substantiated at-risk, sibling abused. A higher proportion FC+PS students had substantiated sexual abuse and physical abuse allegations.

Cross-System Involvement

Key:

- FC: Foster Care Population

- FC+DS: Foster Care and Developmental Services Population
- FC+PS: Foster Care and Public School Population
- FC+PS IEP: Foster Care and Public School with an Individualized Educational Plan Population
- FC+Medi-Cal: Foster Care and Medi-Cal Member Population

DDS Program-Specific Information for the Foster Care plus Developmental Services Subgroup (FC+DS)

- Geography: As shown in Table 2, 9.7% of the FC population were being concurrently served by Developmental Services (FC+DS; n=8,339). Of the 21 regional centers across California, most of which are in Southern California the North Los Angeles County, Inland, and South-Central Los Angeles Regional Centers served the highest proportions of FC+DS clients for most of the observation period (14.6%, 13.3%, and 11.3%, respectively). Only 2% of FC+DS clients transferred Regional Centers during the year.
- Regional Center Status: The most common Regional Center Status designations applied during the year included Early Start (Ages 0 to 3) (62.6%),[14] Intake (34.5%), Active (Lanterman)[15] (31.2%), and Closed – Not Determined (10.4%). Most (52.4%) FC+DS clients had one or more status change during the observation period.
  Residence: Two-thirds (67.6%) of FC+DS clients had a placement in a County, Agency, or Certified Foster Home (i.e., Resource Family, FHA, or FFA) during the year. An additional 40% were living in the home of a parent, family, or guardian. Youth could have had more than one residence within the observation window. Although most (89.5%) FC+DS clients did not have a residence code change during the observation period, 10.5% experienced one or more.
- Legal Status: The most common designations were Court-Dependent Child (69.9%) and Consumer Parent or Relative (26.7%). 23.7% of FC+DS clients changed to Legal Status Child Welfare Dependent one or more times during the year, and 30.7% had one or more total legal status changes during the year.
- Regional Center Qualifying Diagnosis:[16] The two most common qualifying diagnoses among FC+DS clients were Intellectual Disability (84.1%) and Autism Spectrum Disorder (83.9%). Fewer than 10% of clients were diagnosed with Cerebral Palsy (2.5%), Epilepsy Seizure Disorder (1.7%) or with Other Developmental Disabilities (5.4%).
- Regional Center Services:[17] More than 60% (61.9%) of FC+DS clients received Early Childhood/Infant/Toddler services, 25.8% received other Individualized Program Plan (IPP) driven supports and services, 19.8% received Medical Related services, 12.8% received Psychological, Behavioral, and/or Mental Health services, 12.4% received Respite services, 5.7% received Behavioral Intervention, and 5.4% received Crisis support.

[14] Early Start means the infant or toddler was determined eligible per Section 95014 of the California Government Code.
[15] Active means the youth was determined Lanterman eligible per Section 4512 (a)(1) of the California Welfare and Institutions Code.
[16] Youth can be diagnosed with more than one diagnosis. Youth in Early Start (ages 0 to 3) may not have received a diagnosis.
[17] Includes youth who received a claim for receiving a service at least one month out of the 12-month observation window for that service category.

- Residential Services Funded by the Regional Center:[18] 176 (2.1% of the FC+DS population) received residential supports to attend a special school or be supported in a home with additional support (i.e., School for Deaf/Blind, Supplemental Residential Program Support).
- Identified Medical/Mental/Behavioral Health Needs (MBH):[19] 3,220 FC+DS clients (38.6%) per the CDER had an identified medical, mental or behavioral health need during the year. Bearing in mind that the FC+DS population is primarily infants and toddlers (i.e., two-thirds (68.3%) of FC+DS clients are younger than 3), 16.4% had difficulty walking alone for at least 20 feet with good balance, 31.9% did not initiate or maintain social interactions with others, 34.7% have caused major or minor property damage intentionally, 38.2% engaged in self-injurious behavior, 48.9% have ever run or wandered away, 54.7% had a limited verbal vocabulary, 56.8% were physically aggressive, 58.3% had bladder and bowel difficulties. 63.9% needed assistance with toileting, 66.2% have emotional outbursts requiring intervention, 69.0% needed assistance with personal care activities, 71.8% engaged in disruptive social behavior, 92.1% required supervision to prevent injury or harm, and 98.1% of those prescribed medication needed assistance with taking it.
- Hearing Loss: Of the 131 FC+DS clients (1.6% of the FC+DS population) with confirmed or suspected hearing impairment, 78 (59.5%) had mild to profound hearing loss.
- Vision Loss: Of the 369 FC+DS clients (4.4% of the FC+DS population) with confirmed or suspected vision impairment, 295 (80.0%) had mild to severe vision impairment.

DHCS Program-Specific Information for the Foster plus Medi-Cal Subgroup (FC+Medi-Cal)

As shown in Table 3, nearly all (97.6%) of the FC population were also Medi-Cal members (FC+Medi-Cal; n=84,232).

Eligibility and Treatment:

- Months of Eligibility: The vast majority (84.7%) of the FC+Medi-Cal population were eligible for Medi-Cal for all 12 months of the observation period, with another 2.4% eligible for 11 months.
- California Children's Services (CCS): 6.4% of the FC+Medi-Cal population were identified in Medi-Cal records as CCS clients.
- Treatment in the past Two Years: Nearly half of the FC+Medi-Cal population had been treated for an Adjustment Disorder (45.6%) and one-fifth had been treated for a Disruptive Disorder (21.1%), 19.5% had been treated for Depression, 16.0% had been treated for an Anxiety Disorder, 15% for Learning Disorders, and 14.5% had been treated for Attention-Deficit Hyperactivity Disorder (ADHD) in the past two years.

[18] Include residential services that were funded by the regional center and is not reflective of the totality of where youth in foster care receiving regional center services live. Often the placing agency pays for residential placements, so this data does not indicate residential placement types for all FC+DS youth.

[19] The 3,220 FC+DS clients reflect those over the age of three and is as reported per the Client Development Evaluation Report.

- Homeless: During the observation period, less than 1% of the FC+Medi-Cal population were identified as Homeless based on their medical record information and 5.9% were identified as presumed Homeless based on their Medi-Cal application.
- Adverse Childhood Experiences (ACEs) Screening Score[20]: Of the 11.5% of the FC+Medi-Cal population who were given an ACEs screening, three-quarters (74.7%) reported 0-3 ACEs; 25.3% reported 4 or more.
- Health Care Visits: Of the 99.9% of the FC+Medi-Cal population who visited a doctor during the observation period, 74.2% had a Primary Care visit, and 73.3% had a Non-Primary Care Outpatient visit.
- Mental Health Services: Of the 60.9% of the FC+Medi-Cal population who received a Specialty Mental Health Service (SMHS) during the observation period, 70.4% were listed as receiving five or more Specialty Mental Health Services, 1.8% were listed as having a substance use disorder, 32.8% were listed are receiving Intensive Care Coordination, 18.5% were listed as receiving In Home Based Services, 3.8% were listed as receiving Therapeutic Behavioral Services, less than 1% were listed as receiving Therapeutic Foster Care, 3.1 % were listed as receiving inpatient Specialty Mental Health Services, and 3.5% as receiving acute inpatient hospitalization services (excluding mental health inpatient services).

HEDIS Quality Measures:[21]
Healthcare Effectiveness Data and Information Set (HEDIS) are a comprehensive set of standardized performance measures used by the Centers for Medicare and Medicaid Services to evaluate the quality of care provided. HEDIS quality measures for children and youth in the FC+Medi-Cal subpopulation were examined only if the child/youth was included in the HEDIS Measure denominator during the 2020 calendar year. The measurement time period may not align with the academic year. The performance for the Medi-Cal population overall is provided for context.

- ADD-CH (Initiation Phase): Percentage of Children Ages 6 to 12 Newly Prescribed Medication for ADHD who Received at Least One Visit During the 30-Day Initiation Phase: FC+Medi-Cal = 60.7%, Medi-Cal = 47.3%.

- ADD-CH (Continuation Phase): Percentage of Children Ages 6 to 12 Newly Prescribed Medication for ADHD who Received at Least Two Visits During the 9-Month Continuation and Maintenance Phase: FC+Medi-Cal = 69.8%, Medi-Cal = 57.7%

- AMR-CH: Percentage of Children Ages 5 to 18 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: FC+Medi-Cal = 65.1%, Medi-Cal = 59.7%

[20] Adverse Childhood Experiences (ACEs) information
[21] HEDIS Quality Measures Information

- APM-CH: Percentage of Children and Adolescents Ages 1 to 17 who had Two or More Antipsychotic Prescriptions and had Metabolic Testing.
    - Blood glucose testing: FC+Medi-Cal = 70.1%, Medi-Cal = 53.8%
    - Cholesterol testing: FC+Medi-Cal = 53.6%, Medi-Cal = 36.1%
    - Blood glucose and cholesterol testing[22]: FC+Medi-Cal = 52.9%, Medi-Cal = 35.2%

- APP-CH: Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment: FC+Medi-Cal = 88.5%, Medi-Cal = 69.7%

- FUA-CH (7 Days): Percentage of emergency department (ED) visits for members ages 13 to 17 with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD abuse or dependence within 7 days of the ED visit (8 total days): FC+Medi-Cal = 6.8%, Medi-Cal = 4.3%

- FUA-CH (30 Days): Percentage of ED visits for members ages 13 to 17 with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit (31 total days): FC+Medi-Cal = 12.1%, Medi-Cal = 7.4%

- FUH-CH (7 Days): Percentage of Discharges for Children Ages 6 to 17 Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Practitioners within 7 Days After Discharge: FC+Medi-Cal = 82.6%, Medi-Cal = 73.5%

- FUH-CH (30 Days): Percentage of Discharges for Children Ages 6 to 17 Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Practitioners within 30 Days After Discharge: FC+Medi-Cal = 90.2%, Medi-Cal = 85.9%

- FUM-CH (7 Days): Percentage of ED visits for members ages 6 to 17 with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 7 days of the ED visit (8 total days): FC+Medi-Cal = 76.4%, Medi-Cal = 64.2%

- FUM-CH (30 Days): Percentage of ED visits for members ages 6 to 17 with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 30 days of the ED visit (31 total days): FC+Medi-Cal = 86.3%, Medi-Cal = 76.5%

[22] Tracked by CDSS as Measure 5d and is publicly posted on the Child Welfare Indicators Project (CCWIP) website. The slight difference in methodology for Medi-Cal eligibility may result in different numbers between measures.

- LSC: The percentage of enrolled children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday: FC+Medi-Cal = 58.7%, Medi-Cal = 58.2%

- SFM-CH (Rate 1): Percentage of enrolled children who have ever received at least one sealant on permanent first molar teeth by their 10th birthday: FC+Medi-Cal = 52.0%, Medi-Cal = 45.3%

- SFM-CH (Rate 2): Percentage of enrolled children who had all four permanent first molars sealed by their 10th birthday: FC+Medi-Cal = 44.3%, Medi-Cal = 38.1%

- W30-CH (Rate 1): Percentage of children who turned age 15 months during the measurement year who had 6 or More Well-Child Visits with a Primary Care Provider (PCP) in the First 15 Months of Life: FC+Medi-Cal = 45.0%, Medi-Cal = 38.8%

- W30-CH (Rate 2): Percentage of children who turned age 30 months during the measurement year who had 2 or More Well-Child Visits with a PCP in the last 15 Months: FC+Medi-Cal = 72.7%, Medi-Cal = 68.2%

- WCV-CH: Percentage of children ages 3 to 21 who had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) during the measurement year: FC+Medi-Cal = 67.9%, Medi-Cal = 50.1%

CDE Program-Specific Information for the Foster plus Public-School Subgroup (FC+PS)

For ease of interpretation, descriptive statistics for the FC+PS population overall are presented, but the presentation of findings related to the FC+PS Individualized Education Program (IEP) subgroup is selective, with differences or 'gaps' related to FC+PS IEP noted. Data provided by CDE included all students with public school enrollments during the 2020 – 2021 school year who were at least age 5 by 6/29/2021 (this included students age 18 and over).

As shown in Table 4, half (50.3%) of the Foster Care population were being concurrently served in California Public Schools (FC+PS; n=43,432). Nearly one-third (31.7%, n=13,754[23]) of the FC+PS students had an IEP. This group will hereafter be referred to as the FC+PS IEP subgroup. On average, FC+PS students attended one school during the 2020/21 school year, but FC+PS IEP students attended an average of 2 schools during the 2020/21 school year. On average, FC+PS students had 19 absences during the school year. The number of absences among FC+PS IEP students was higher (21).

[23] The FC+PS population, based on CWS/CMS data, identified 8.1% of the population as having a past or present IEP.

Demographics:

- Race/Ethnicity (CDSS Derived Data Element): The racial/ethnic distribution of the FC+PS students was similar to that of the FC population overall. Latino children comprised more than half (53.8%) of the FC+PS population, with another one-fifth coded as Black and White (21.7% and 20.2%, respectively). Black and White children were overrepresented in the FC+PS IEP subgroup (25.4% and 22.1%, respectively), whereas Latino students were underrepresented (48.4%). Black and White FC+PS IEP students attended an average of 2 schools during the 2020/21 school year.
- Sex at Birth (CDSS Derived Data Element): While Males accounted for Half (50.1%) of the FC+PS population, they were overrepresented in the FC+PS IEP subgroup (54% vs. 36%). Male FC+PS students attended an average of 2 schools during the 2020/21 school year. Of the public-school students in foster care who have IEPs, 29.3% attended more than one school during the 2020-21 school year.
- Primary Language (CDSS Derived Data Element): According to CWS/CMS, English was coded as the primary language for 90% of FC+PS students. That proportion is lower according to CDE records, which lists English as the primary language 77.4% of FC+PS students, and Spanish for 21. %.
- CDSS/CDE Client Match: 83.6% of the FC+PS population were identified as a Foster Youth in CDE records.
- Migrant Indicator: Less than 1% of FC+PS students were identified as a Migrant.
- English Learner Indicator: 13.7% of FC+PS students were identified as English Learners. English Learner FC+PS students with an IEP attended more schools on average (2 schools) during the 2020/21 school year than those English Learners without an IEP (1 school).
- Pregnant/Parenting: Less than 1% of FC+PS students were identified as Pregnant/Parenting.
- Student with IEP: According to CDE records, nearly one-third (31.7%) of FC+PS students had an IEP, a substantially higher proportion than 8.1% per CWS/CMS records (Table 1).

School Enrollment:

- Grade Level: FC+PS students were roughly evenly distributed among grades TK/K-12 (turned age 5 by 6/29/2021 and included students aged 18 and over). Students in the FC+PS IEP subgroup, however, tended to be older, with higher proportions of the population in grades as they ascended. The opposite was true for children in the non-IEP group.
- Enrolled in NPS: 930 FC+PS students attended a Non-Public School (NPS). Children attending a NPS made up (6.8%) of the FC+PS IEP population[24].
- Total number of school enrollments[25]: 73.1% of FC+PS students had a total of one school enrollment during the 2020/21 school year. A slightly lower proportion (70.7%) of FC+PS IEP students attended only one school during the 2020/21 school year.

[24] A student may only be educationally placed in a NPS through an IEP decision that is consented to by the 'parent' and school district. NPS placement/enrollment are only made for public school students who have an IEP.

[25] Cumulative enrollment consists of the total number of unduplicated primary and short-term enrollments within the academic year (July 1 to June 30), regardless of whether the student is enrolled multiple times within a school or district.

- Educational Options: The vast majority (91.4%) of FC+PS students attended a "Traditional" school. FC+PS students attending County Community Schools, Community Day Schools, and Juvenile Court Schools attended an average of 2, 3, and 4 schools, respectively, during the 2020/21 school year. Compared to the FC+PS population, a lower proportion of FC+PS IEP students attended a "Traditional" school, with higher proportions attending Juvenile Court Schools (8.2% vs 5.5%), Special Education Schools (4.5% vs 1.5%), and Other educational options (7.4% vs. 2.5%).

Attendance:

- Expected days attended[26]: Among the FC+PS and FC+PS IEP students for whom expected days attended was listed, 62% of this group was expected to attend 180 or more days. FC+PS students who had less than 180 expected days of attendance and more than 180 expected days of attendance attended an average of 2 schools during the 2020/21 school year. FC+PS IEP students comprised the vast majority (97.5%) of students for whom expected days attended was missing, accounting for 4.7% of the FC+PS IEP population.
- Days absent: 54.2% of the FC+PS population had fewer than 10 days absent during the 2020/21 school year. As the number of days absent increased, so did the average number of schools attended. A smaller proportion of the FC+PS IEP population had fewer than 10 days absent (49.1%).

Discipline/School Climate:

- Suspensions: As the total number of suspensions increased, so did the average number of schools attended. 1.2% of the FC+PS population had one or more suspensions, a slightly lower proportion that the FC+PS IEP population (1. 9%)[27].

4-Year Adjusted Cohort[28]:

- Cohort Outcome: Of the FC+PS children who were eligible to be included in the 4-year adjusted graduation cohort, most graduated with a high school diploma (58.6%); 20.4% dropped out. The proportion of FC+PS IEP students who graduated with a HS diploma was substantially lower (49.3%); the proportion who dropped out was higher (23.8%).
- UC/CSU Requirement Indicator: Of the FC+PS students who graduated with a HS diploma, 16.4% had fulfilled the UC/CSU course requirements. This indicator represents the percentage of students in foster care who at the time of their graduation are eligible to enroll and attend a 4-year higher education institution. A substantially lower proportion

[26] Expected attendance days represent the number of days a student was scheduled to attend, regardless of whether they actually attended, based on the enrollment start and end date. For hourly programs, (e.g., continuation schools) expected attendance days must include all of the school days a student was scheduled to attend in the hourly program. This may be less than five days in a typical five-day week.

[27] CDE provided data is from the 2020 – 2021 school year that was largely held in a distance learning environment due to the COVID Pandemic. During this time, suspension rates from students in foster care were 1.2%, which were higher than the statewide average of 0.2%.

[28] 4-Year Adjusted Cohort Information

(5.4%) of the FC+PS IEP students who graduated with a HS Diploma had fulfilled the UC/CSU course requirements.

Special Education:

- Primary Disability Category: Among FC+PS IEP students, the most common primary disability categories were Specific Learning Disability (SLD), (32.8%), Other Health Impairment (OHI) (23.5%), Emotional Disturbance (ED) (16.9%), Speech or Language Impairment (SLI) (9.6%), Autism (7.3%), and Intellectual Disability (ID) (6.7%). Students for whom ED and OHI were the primary disability category attended an average of two schools during the 2020/21 school year.
- Annual IEP: 98.3% of the FC+PS IEP students had their annual IEP meeting during the 2020/21 school year.
- Special Education Program: 83.7% of the FC+PS IEP students were placed within a regular classroom/public day school, 7.6% attended a separate school, and 3.5% attended school in a correctional facility[29].
- Special Education Service: 72 students (less than 1%) of FC+PS IEP students received residential treatment. 43.1% received mental health as a service, 28.9% received individual counseling, 21.3% received counseling and guidance, 12.2% received behavioral intervention, 8.1% received psychological intervention, 6.0% received social work support, and 5.3% received parent counseling.

Distribution Across California Counties

Key:

- FC: Foster Care Population
- FC+DS: Foster Care and Developmental Services Population
- FC+PS: Foster Care and Public School Population
- FC+PS IEP: Foster Care and Public School with an Individualized Educational Plan Population
- FC+Medi-Cal: Foster Care and Medi-Cal Member Population

Of all California counties, Los Angeles hosted the largest share of the FC population and all subgroups. Nearly one-third of the FC population (30.9%) were placed in Los Angeles County (n=26,627). The counties with the next largest shares of the FC population were San Bernardino County (11.5%), Riverside County (8.6%), San Diego County (4.6%), Orange County (4.5%), Fresno County (4.4%), and Kern County (4.0%).

County proportionality differed among FC+DS clients, unlike FC+Medi-Cal and FC+PS proportions which generally aligned with the FC population, overall. Specifically, a higher proportion of the

[29] A locally operated correctional facility is defined as a facility in which persons are confined as a result of a conviction for a criminal offense, including persons under 21 years of age. The term also includes a local public or private institution and community day program or school not operated by the state that serves delinquent children and youth (34 Code of Federal Regulations [34 CFR] Section 200.90[c]).

FC+DS population (45.9%) were placed in Los Angeles County than the other subgroups placed in Los Angeles County, which were consistent with the Los Angeles County FC population proportion of about 30%. Conversely, a lower proportion of the FC+DS population were placed in San Bernardino County (6.9% vs. about 12%).

Los Angeles County also managed the largest share of the FC population's current cases (35.1%), with San Bernardino County (10.8 %), Riverside County (6.2%), San Diego County (4.2%), Orange County (4.5%), Fresno County (4.3%), Sacramento County (3.5%) and Kern County (3.4%) managing the next largest shares.

Again, proportions differed among FC+DS clients, with FC+Medi-Cal and FC+PS proportions generally aligned with the FC population, overall. Specifically, Los Angeles County managed a higher proportion (52.6%) of the FC+DS population's current cases than the other subgroups, which were consistent with the FC population proportion of about 35%. Conversely, San Bernardino County managed a lower proportion of the FC+DS population's current cases (4.8% vs. about 11%).

Overall, and across all subgroups, about 80% of children and youth in the FC population had foster placements in their county of residence.

High Level Findings and Potential Next Steps

The intent is for this descriptive information, including demographic characteristics, cross-program service interactions, and distribution across California counties, to act as a jumping off point for deeper exploration, and ultimately, identification of unmet needs or service gaps as described in the groundbreaking legislation.

First, the FC and FC+Medi-Cal populations were aligned on most characteristics and measures. This makes sense given the nearly perfect overlap of FC clients in Medi-Cal (98%).

Second, the FC+DS and FC+PS populations diverged somewhat from the FC and FC+Medi-Cal populations, and while both reflected what we would expect from their service populations, some disproportionality may indicate greater barriers and challenges in supporting FC+DS in vulnerable families of origin, relative caregivers and foster families. Regional centers' focus on addressing identified developmental needs among young children (i.e., primarily younger than school-age) is reflected in the data. Higher proportions of FC+DS clients had health and medical conditions requiring screening, assessment, and treatment, all to be expected given the goal of regional centers to identify and address developmental conditions among predominantly pre-school aged young children. FC+DS clients skewed younger and FC+PS skewed older, both of which are aligned with their intended service population. Importantly, the results showed that higher proportions of FC+PS students had more long-standing CWS involvement, which may correlate with older children becoming CWS involved at a younger age.

Third, even within this relatively vulnerable group of children and youth, there seemed to be a spectrum. For example, FC+PS students with IEPs emerged as more vulnerable than those without IEPs in terms of educational engagement and outcomes. Although the difference in outcomes is not surprising given the need for the IEP, this does point to opportunities to identify ways to improve outcomes for this population.

Additional Considerations

By design, there is little overlap between regional center and PS populations. Given that this analysis is a one-year snapshot of the cross-system interactions of the FC population, it is important to keep in mind that the children in the FC+DS and in the FC+PS subgroups are largely different children. For example, the age ranges covered by the populations differ; therefore, this analysis would not be able to answer questions around continuity of care, including: What proportion of children diagnosed with a developmental disability per the regional center receive the same diagnosis in Public School? And, what proportion of those students required an IEP? Future analyses could take a more longitudinal approach to document the proportion of children diagnosed with a developmental disability and provided services through a regional center who then were identified as having a disability in Public School requiring an IEP. That approach would help to shine a light on the continuity of important transitions for individual children with medical, behavioral, and developmental needs.

Also, by design, definitions of a "Foster Youth" differs in each data system, as it is collected, reported, and maintained for program-specific reasons. The data systems also differ in the temporality or recency of the information reflected, and in the type of information (point-in-time vs. event-level information) that each can retain. CWS/CMS data relies on data entry by either the social worker or administrative county staff. As data elements related to a child's case far exceed what is in this report, not all data fields in the system are mandatory. This does lead to less available data as noticed with the difference between CWS/CMS reported children on IEP (8.1%) vs. CDE data of approximately one-third. This layer of complexity underscores the importance of cross-system collaboration in defining populations of interest, obtaining agreement on, and then making transparent the coding schema applied to underlying data elements, and developing confidence in the matching paradigm used to identify individuals in the target population and characterize their cross-system involvement. For child welfare, this also underscores the importance of finding ways to support/increase counties' ability to enter more data and support their continued data quality improvement efforts.

However, errors can always occur. The issue of 'bad data' is ever-present when working with existing administrative records. Probabilistic linkage algorithms are not perfect. And even the most fastidious coding, display, interpretation, and editing can miss errors that can erroneously exacerbate or obscure the inequities or gaps this analysis has aimed to highlight. We believe that

this first attempt, however, at linking cross-system administrative records for the purpose of generating baseline data about children and youth in foster care who have experienced severe trauma has been successful. By leveraging ongoing data integration efforts (e.g., the CalHHS Record Reconciliation) and existing research projects and partnerships (i.e., CDN <> CDSS, CDN <> CalHHS, and CDN <> CDE), this analysis has been efficient, collaborative, and, we believe, programmatically and systemically informative.

CONCLUSION AND RECOMMENDATIONS

Informing Implementation of Prior Recommendations and Investments

(Multiyear Plan for Increasing Capacity)

The descriptive information in this analysis is the initial foundation that allows the Children and Youth System of Care to better understand the characteristics of youth in foster care and strengthens California's ability to conduct future and ongoing analyses to identify the unmet needs or service gaps for youth in care. This analysis also provides supplemental information that informs the update to the *Multiyear Plan for Increasing Capacity* as required by W&I Code, Section 16521.6 (b)(1)(B)(ii)(2)(A). While correlation and/or causation cannot be concluded by this analysis, the resulting linked data reinforces the preventative and trauma informed approach that was attuned to by the *Multiyear Plan for Increasing Capacity*, while also underscoring the appropriateness of the prior recommendations contained in that plan.

The *Multiyear Plan for Increasing Capacity* identified 8 capacity gaps, each accompanied by recommendations to guide and inform the investments identified within the Multiyear Plan. The capacity gaps include:

- Capacity Gap 1: Unique Needs of Children and Families Involved with Child Welfare and Probation
- Capacity Gap 2: Essential Competencies Within Services, Supports, and Specialized Models of Care
- Capacity Gap 3: Care Coordination
- Capacity Gap 4: Family Finding and Engagement
- Capacity Gap 5: Education and School Stability
- Capacity Gap 6: Caseworker Ratios
- Capacity Gap 7: Administrative Processes
- Capacity Gap 8: Local and State Data Sharing

Key Connections

This analysis linking youth characteristics, demographics and service interactions across systems provides connection to the recommendations and the Multiyear Plan offered in the *Multiyear Plan for Increasing Capacity*. The data contained in this report highlights the varying, individualized system experiences and unique intersectionality of needs of children and youth in care. The following are identified as key connections between this descriptive analysis and the Capacity

Gaps identified in the *Multiyear Plan for Increasing Capacity*. The information below is not meant to be exhaustive, but rather to identify areas and specific data elements that perhaps indicate a connection for further analysis:

1. Trauma Informed Continuum

   The prior recommendations to increase trauma informed supports across systems, settings, providers, families and caregivers are well supported by the descriptive analysis. Capacity gap 1, 2, 3, and 4 identified the need to support children, youth, families and caregivers through the utilization of trauma-informed approaches and treatment models. The recommendations centered on increasing trauma models, training for parents and caregivers, wellbeing activities for trauma affected children and increased respite options. This report identifies several key data elements that support the recommendations to better address and respond to the trauma needs of our youth and families, including, but not limited to:

   - Nearly 1,200 youth in care were identified as CSEC victims. Less than 1% of the FC+DS population were identified as a CSEC victim, which is likely impacted by the regional center's younger client population. A higher proportion of the FC+PS population were identified as CSEC victims (1.5%).
   - Nearly one third (31.7%) had experienced no placement moves during the current episode, but one quarter (25.9%) had one move, and 42.3% had two or more moves.
   - In review of the caregiver's relationship to child, half (50.5%) of the FC population were placed with nonrelative substitute caregivers during their most recent placement current episode and 39.8% were placed with a relative caregiver or Non-Relative Extended Family Member (NRFEM).
   - Of the 11.5% of the FC+Medi-Cal population who were given an ACEs screening, 25.3% reported 4 or more ACEs out of 10.

2. Preventive and Coordinated Continuum

   Capacity gaps 1, 2, 3, 4, and 5 offered recommendations to support effective care coordination, calling for increased cross-system care coordination models, like Wraparound, the need to align case planning and teaming requirements across systems, guidance on Court processes to ensure timely access to educational and developmental rights holders, and the need to align notification and confidentiality requirements between various systems statutes and regulations, including Rules of the Court. As noted in the previous report, and supported by the current analysis, youth who are highly mobile and experience multiple placements and disruptions to entry and access to care require a highly coordinated and integrated care system to support stability and wellbeing. Implementation of these recommendations move the Children and Youth System of Care

into a prevention and proactive responsive system with a reduction to reactionary practices. Data elements which reinforce the prior recommendations to shift towards a preventive system of care and improved care coordination, include, but are not limited to:

- Nearly one third (31.7%) of youth in a current episode had experienced no placement moves during the current episode, but one quarter (25.9%) had one move, and 42.3% had two or more.
- There were 86,277 children ages 0-21 years in the FC population (i.e., children and youth in out of home care between July 1, 2020 and June 30, 2021). Nearly all (97.6%) of the FC population were also Medi-Cal members (FC+Medi-Cal; n=84,232), one half (50.3%) of the FC population were Public School students (FC+PS; n=43,432), and ten percent were Developmental Services clients *(FC+DS; n=8,339).*
- Across the FC population and all subgroups, nearly three-quarters (74.4%) had a child welfare case that had been open for 1 year or more, with about half open for 24 or more months.
- Nearly half of the FC+Medi-Cal population had been treated for an Adjustment Disorder (45.6%) and one-fifth had been treated for a Disruptive Disorder (21.1%), 19.5% had been treated for Depression, 16.0% had been treated for an Anxiety Disorder, 15% for Learning Disorders, and 14.5% had been treated for Attention-Deficit Hyperactivity Disorder (ADHD) in the past two years.
- Neglect was the predominant reason for removal for the vast majority of children and youth (84.5%) for their current foster care placement. A higher proportion (92.1%) of the FC+DS children were removed due to neglect than children in the FC (84.5%), FC+Medi-Cal (84.4%), and FC+PS (82.4%) populations.
- HEDIS Quality Measures indicate that FC+Medi-Cal fare better in these outcomes compared to the Medi-Cal Youth population for the same observation period.

3. Unique and Complex Unmet Needs: Unplanned Discharges, Unable to, or Difficulty Securing Placements and Providing Trauma-Informed Services

Recommendations identified in capacity gaps 2, 6, and 7 focused on the unique intersectionality of youth with diverse and unique needs and the need for specialized models and approaches to care and coordination. These included recommendations to leverage and maximize Interagency Leadership Teams (ILTs), trauma focused treatment for infants and toddlers, a statewide framework for trauma trainings, trauma informed assessments, multi-agency assessment models for complex cases, the need for appropriate levels of care, including expanding the continuum to include individualized models and case worker ratios designed to respond to the complexities of service access and intersectionality of needs.

Per the mandate of AB 153 (Chapter 86, Statutes of 2021), Sec. 50, below highlights a few of the data elements attributed to of the specific needs and characteristics of youth with unplanned discharges from STRTPs and youth for whom counties were unable to, or have difficulty with, securing placements and providing trauma-informed services to, including, youth impacted by commercial sexual exploitation, youth with acute behavioral needs, and intellectual or developmental disabilities. While these data provide information on specific needs and characteristics, causation for being difficult to serve cannot be concluded.

Youth Impacted by Commercial Sexual Exploitation

	Children in Out of Home Care July 1, 2020-June 30, 2021 (FC TOTAL)	Developmental Services (FC+DDS)	Medi-Cal Members (FC+Medi-Cal)	Public School Enrollees (FC+PS)
Commercial Sexual Exploitation Victim (past or present)	1,193	23	1,180	647

Unplanned Discharges from Short Term Residential Therapeutic Programs

	Children in Out of Home Care July 1, 2020-June 30, 2021 (FC TOTAL)	Developmental Services (FC+DDS)	Medi-Cal Members (FC+Medi-Cal)	Public School Enrollees (FC+PS)
Unplanned Exit from STRTP (Lifetime)	1,550	35	1,545	1,397

Acute Behavioral Needs

	Medi-Cal Members (FC+Medi-Cal)
Utilized Inpatient Specialty Mental Health Services	1,565

Intellectual Or Developmental Disabilities

	Developmental Services (FC+DDS)
Regional Center Status - Early Start (Ages 0-3)	5,216
Regional Center Status - Active (Lanterman All Ages)	2,601

The following data should inform the prior recommendations provided for all the 8 capacity gaps, but specifically supports capacity gaps 2, 6, and 7, including, but not limited to:

- 1.8% of the FC population had an unplanned exit from a STRTP at some point during their lifetime. The proportion of children with unplanned exit from an STRTP was higher (3.2%) among the FC+PS population.
- 60.1% of the FC population had a past or present mental health referral and 45.6% were identified as ever having a significant medical or behavioral health need. The proportion was higher among FC+DS clients; 70.5% of FC+DS clients had a past or present mental health referral and 64.2% were identified as having a significant medical or behavioral health need.
- Nearly 1,200 youth in care were identified as CSEC victims. A higher proportion of the FC+PS population were identified as a CSEC victim flag (1.4%).
- Of the 60.9% of the FC+Medi-Cal population who received a Specialty Mental Health Service during the observation period, 70.4% were listed as receiving five or more Specialty Mental Health Services, 1.8% were listed as having a substance use disorder, 3.8% were listed as receiving Therapeutic Behavioral Services, less than 1% were listed as receiving Therapeutic Foster Care, 3.1% were listed as receiving inpatient Specialty Mental Health Services, and 3.5% as receiving acute inpatient hospitalization services (excluding mental health inpatient services).
- 3,220 FC+DS clients (38.6%) per the CDER had an identified medical, mental or behavioral health need during the year. 16.4% had difficulty walking alone for at least 20 feet with good balance, 31.9% did not initiate or maintain social interactions with others, 34.7% have caused major or minor property damage intentionally, 38.2% engaged in self-injurious behavior, 48.9% have ever run or wandered away, 54.7% had a limited verbal vocabulary, 56.8% were physically aggressive, 58.3% had bladder and bowel difficulties. 63.9% needed assistance with toileting, 66.2% have emotional outbursts requiring intervention, 69.0% needed assistance with personal care activities, 71.8% engaged in disruptive social behavior, 92.1% required supervision to prevent injury or harm, and 98.1% of those prescribed medication needed assistance with taking it.

4. Local and State Data Barriers

Capacity gap 8 provided recommendations to align definitions of youth in foster care across programs, modeling a state data governance framework, and development of shared outcome metrics across systems. This report has accomplished the recommendation to model a state data sharing governance and reporting framework by leveraging data sharing arrangements and agreements and the ability to utilize linkage processes for shared reporting and in doing so, has created an opportunity to develop shared multisystem outcome metrics. However, this report underscores the need to align

foster youth definitions across programs. This report has highlighted data that supports the need to reduce state and local data barriers, including, but not limited to:

- According to CDE records, nearly one-third (31.7%) of FC+PS students had an IEP, a substantially higher proportion than the 8.1% identified per CWS/CMS records (Table 1).
- According to CWS/CMS, English was coded as the primary language for 90% of FC+PS students (CDSS Derived Data Element). That proportion is lower according to CDE records, which lists English as the primary language 77.4% of FC+PS students, and Spanish for 21%.
- According to CWS/CMS child disability was indicated for 33.9% of the FC+DS population. However, youth in the FC+DS population have a developmental delay and/or disability by definition of the DDS program requirements. It requires further analysis to determine if this discrepancy is due to un-aligned case management system coding definitions.

Key Findings and Recommendations

To inform ongoing and additional development needed for a trauma-informed, therapeutic continuum of care to support youth in foster care, the current analysis has resulted in additional recommendations, expanding upon the *Multiyear Plan for Increasing Capacity*. This descriptive analysis has presented information that indicates the need to continue cross-system approaches and to develop research questions based on the learnings from this report and conduct more specific cross-system linked analyses to improve California's understanding of the unmet needs of youth in foster care. Key findings and recommendations include:

Conduct Additional Cross-System Analyses to Inform Program Enhancements and Current Investments

- Utilize the demographic information produced from this analysis further evaluate data to understand and respond to the individual and cultural needs of youth in foster care. Data drill downs to crosscut the various program areas by race, ethnicity, gender, language and disability data should be conducted. Continued analysis will support the understanding of service interactions and alignment of the departments' coding and definition practices. Further analysis on the diversity and inclusion needs of the youth in foster care will inform both local and state department's expansion of services, settings, supports, and care providers that are responsive to the cultural needs of youth and families in foster care;
- Utilize CANS data to overlay youths' strengths and needs to service interactions to identify services, supports, timelines and practices that support increasing the strengths and resilience of this population;

- Conduct analysis of existing data set to match across systems to evaluate how service and system experiences and stability are influenced and/or disrupted by changes in foster care placements; and,
- Identify key characteristics, for example youth who are served by a specific system, age cohorts, or youth with specific experiences and/or needs, like served by probation, juvenile justice involvement, substance use disorder or commercially sexually exploited children to drill down data on specific cohorts of youth over longitudinal periods.
- Evaluate analysis methodology to account for existing methodologies, including delineating youth who enter care for more than or less than eight (8) days.

Develop Consistent Cross-System Program Definitions

- Utilize the characteristics identified in this analysis to create a shared definition of "children and youth with unmet complex needs" to be used to further evaluate the characteristics and cross-cutting data to deepen the understating of this population of youth, their service interactions, service history, outcomes and strengths; and
- Align the definitions of youth in foster care across systems, for reporting and data linkage.

Increase the Fidelity and Utilization of Cross-System Program Data

- Utilize the Multiyear Plan, current and ongoing investments and initiatives can be informed by this demographic information;
- For existing state programs, data sharing and linking purposes, evaluate the linkage algorithms and methodologies to improve linkage/matching fidelity across programs;
- Given the data inconsistencies across programs contained in the analysis, support data literacy at the local level through technical assistance; and,
- Evaluate case management systems for required reporting/data fields and documentation practices to improve collection fidelity across programs.

Complete Phase II and Phase III as defined in *Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma*

- Developed tailored technical assistance to support local partner agencies in conducting local capacity mapping based on administrative data and information, potentially including but not limited to, county contracts, claims data, and CANS data;
- Share administrative data with local partner agencies to support information needed to inform self-assessments and ongoing capacity needs of local continuum of care options;
- Support the development of local multi-agency plans to implement the Children and Youth System of Care approach to capacity building; and,
- Ensure planning activities are highly responsive to end-user engagement.

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TABLES

APPENDIX A. Report Tables (Data Elements)

1. **Table 1**. CWS/CMS Descriptive Characteristics for the Foster Care (FC) Population and FC+DS, FC+Medi-Cal, and FC+PS Subgroups
2. **Table 2.** DDS Program-Specific Information for the Foster plus Developmental Services Subgroup (FC+DS)
3. **Table 3.** DHCS Program-Specific Information for the Foster plus Medi-Cal Subgroup (FC+Medi-Cal)
4. **Table 4.** CDE Program-Specific Information for the Foster plus Public School Subgroup (FC+PS), by IEP Status

APPENDICES

1. APPENDIX A. AB 2083 Report Tables (Data Elements)
2. APPENDIX B. Data Dictionaries
3. APPENDIX C. Methods

**Appendices can be found in the PDF attachment.*