

MEMORANDUM

TO: The Hon. Isaac Bryan

FROM: Ed Howard, Sr. Counsel

DATE: February 1, 2024

RE: RESEARCH INTO STATE-WIDE OR COUNTY-LEVEL SCRUTINY OF THE QUALIFICATIONS OR OUTCOMES OF CWS SERVICE PROVIDERS.

INTRODUCTION: IN DEPENDENCY COURT, **“SERVICES” ARE CENTRAL**

Foundational to whether parents who become involved in the child welfare system are able to reunify with their children are questions related to the services counties are by law required to offer them. These services can range from parenting classes to drug counseling to mental health; whatever services are reasonably needed to ensure reuniting a child with their parents will be safe for the child are supposed to be provided by the county.

Thus, functionally, and legally speaking, if a county fails to provide reasonable services, a judge may not typically terminate a parent's rights and place the child in permanent foster care. By the same logic, if a parent fails to complete their services at all or if service providers offer opinions that are negative about a parent benefitting from such services, the court will likely conclude it is too risky to return the child to their parent, the parent will lose their parental rights, and the child will likely be placed in foster care. The foundational nature of services is illustrated by these excerpts from the recent case of *In re M.F.* (2019) 32 Cal.App.5th 1, 13–14 (emphasis in the original):

Family reunification services play a critical role in dependency proceedings. (§ 361.5; *In re Alanna A.* (2005) 135 Cal.App.4th 555, 563, 37 Cal.Rptr.3d 579; *In re Joshua M.* (1998) 66 Cal.App.4th 458, 467, 78 Cal.Rptr.2d 110; see 42 U.S.C. § 629a(a)(7).) At the dispositional hearing, the court is required to order the agency to provide child welfare services to the child and his or her parents. (§ 361.5, subd. (a).) Services “may include provision of a full array of social and health services to help the child and family and to prevent re-abuse of children.” (§ 300.2.) Reunification services should be tailored to the particular needs of the family. (*David B. v. Superior Court* (2004) 123 Cal.App.4th 768, 793–794, 20 Cal.Rptr.3d 336.)

At each review hearing, if the child is not returned to his or her parent, the juvenile court is required to determine whether “reasonable services that were designed to aid the parent ... in overcoming the problems that led to the initial removal and the continued custody of the child have been provided or offered to the parent ...” (§§ 366.21, subds. (e)(8) & (f)(1)(A), 366.22, subd. (a).) The “adequacy of reunification plans and the reasonableness of the [Agency’s] efforts are judged according to the circumstances of each case.” (*Robin V. v. Superior Court* (1995) 33 Cal.App.4th 1158, 1164, 39 Cal.Rptr.2d 743.) To support a finding that reasonable services were offered or provided to the parent, “the record should show that the supervising agency identified the problems leading to the loss of custody, offered services designed to remedy those problems, maintained *reasonable* contact with the parents during the course of the service plan, and made *reasonable* efforts to assist the parents in areas where compliance proved difficult” (*In re Riva M.* (1991) 235 Cal.App.3d 403, 414, 286 Cal.Rptr. 592 (*Riva M.*); *Tracy J. v. Superior Court* (2012) 202 Cal.App.4th 1415, 1426, 136 Cal.Rptr.3d 505 (*Tracy J.*))

At the 12-month and 18-month review hearings, the juvenile court may not set a section 366.26 [termination of parental rights] hearing unless it finds by clear and convincing evidence that reasonable services were offered or provided to the parent. (§§ 366.21, subd. (g)(1)(C)(ii), 366.22, subd. (b)(3)(C).) “Clear and convincing evidence requires a high probability, such that the evidence is so clear as to leave no substantial doubt.” (*T.J. v. Superior Court* (2018) 21 Cal.App.5th 1229, 1238, 230 Cal.Rptr.3d 928 (*T.J.*))

Indeed, from page 19 of the same case:

Providing reasonable services is one of “the precise and demanding substantive and procedural requirements ... carefully calculated to constrain judicial discretion, diminish the risk of erroneous findings of parental inadequacy and detriment to the child, and otherwise protect the legitimate interests of the parents.” (*Cynthia D. v. Superior Court* (1993) 5 Cal.4th 242, 256, 19 Cal.Rptr.2d 698, 851 P.2d 1307.) Therefore, “to meet due process requirements at the termination stage, the court must be satisfied reasonable services have been offered during the reunification stage.” (*Daniel G., supra*, at pp. 1215–1216, 31 Cal.Rptr.2d 75; *T.J., supra*, at p. 1256, 230 Cal.Rptr.3d 928.)

But, what if the services actually being provided to parents are of poor or untested quality? If so, then a parent completing the offered services satisfactorily would not offer an assurance of the safety of the child when the child is returned to the parent. Likewise, the opinion of a poor or untested quality service provider that a parent has been unsuccessful in meeting the goals set by a service provider is not, in fact, a sound basis for forever severing a child from their parents.

It is not much of an exaggeration to observe that getting the pivotal question of dependency court proceedings — whether a child will or will not be safely re-unified with their parents or

placed in permanent foster care — right for families and children hinges on whether the actual services offered by counties to parents are of some minimum quality.

ISSUES

This memo investigates two issues. First, how do California counties determine the qualifications of service providers contracted to provide services to foster youth and parents in the Child Welfare System, and are there any statewide standards to which California counties must conform? Second, how do California counties track the outcomes of individual service providers to evaluate whether their services are satisfactory?

BRIEF ANSWER

Though California has comprehensive state-mandated reporting requirements for county child welfare programs as a whole, California does not have or impose upon counties any requirements for tracking outcome data for individual service providers within county child welfare systems, and has enacted only minimal, largely aspirational, statutory standards for service provider qualifications. Procedures and standards for evaluating the qualifications and efficacy of service providers, if they exist, would be administered on a county-by-county basis. We were, however, unable to determine if counties engage in ongoing scrutiny of individual providers' outcomes in any systemic, consistent, or standardized way. A statewide initiative to evaluate the efficacy of California service providers exists in the form of the California Evidence-Based Clearinghouse for Child Welfare (CEBC)¹, but it is unclear from publicly available resources, including responses to Public Records Act requests, whether counties use the CEBC's evaluations at all let alone in any systemic way.

For example, the CEBC identifies ten programs available to treat the commercial sexual exploitation of children. But, it is unable to rate any of them for whether they offer evidenced-based services.² Each of the ten identified providers is analyzed based standardized criteria. In contrast, the CEBC identifies eight programs addressing childhood depression and three are rated as being “supported by research evidence” while five more are rated as “promising research evidence.”³

On the whole, however, and notwithstanding the CEBC, we were unable to determine how any counties systematically and searchingly either a) determine whether a service provider is qualified in the first instance, or b) decide whether to continue working with a service provider based on that provider's outcomes including, for example, re-entry of parents into the system, child deaths or near deaths, or judges declining to adopt the findings or recommendations of service providers.

¹ The CEBC is funded by the Department of Social Services (CDSS). It contains many useful tools including guides on how to select evidence based child welfare programs (<https://www.cebc4cw.org/files/CEBCSelectionGuideEBPSCChildWelfare-onlinelinked-E7.pdf>), an alphabetical list of programs evaluated for whether they are evidence based (<https://www.cebc4cw.org/search/by-program-name/>), and evaluations of programs based on type (<https://www.cebc4cw.org/search/by-topic-area/>).

² <https://www.cebc4cw.org/topic/commercial-sexual-exploitation-of-children-and-adolescents-services-for-victims/>.

³ <https://www.cebc4cw.org/topic/depression-treatment-child-adolescent/>.

ANALYSIS

I. California Statewide Oversight

California's statewide efforts to monitor and ensure the quality of services provided on a county level can be divided into three broad categories: statutory requirements, high-level reporting/tracking, and the CEBC.

a. Statutory Requirements

The relevant legal requirements are set out in Welfare and Institutions Code § 16500.5. The statutory language is extremely broad, requiring that services selected be “reasonable and meritorious,” and providing general aspirational goals for those services. Chapter 5 of the Welfare and Institutions Code, under which § 16500.5 falls, does not have a dedicated definitions section that might narrow the scope of that language. The statute provides some quantitative measures for evaluating the success of county programs; for example, for a county's program to be deemed a success, at least 75% of children receiving services must remain in their home six months after the termination of services. These metrics, however, refer to the county's program as a whole, and do not mandate particular qualifications or outcomes scrutiny for individual service providers.⁴ California Government Code § 31000 provides an additional, but incredibly broad, guideline, requiring that county boards contract only with service providers that are “specially trained, experienced, expert and competent to perform the special services.”⁵

b. High-Level Reporting/Tracking

California does require thorough reporting of individual counties' performance data, but such data focuses on outcome metrics for the system as a whole rather than on individual service providers. Counties are required under the aforementioned statute to report an overview of their services to the CDSS and the Office of Child Abuse Prevention, but it is not clear what level of detail and specificity is required in that report.⁶ Further, thorough reporting requirements are mandated by AB 636, the Child Welfare System Outcomes and Accountability Act. AB 636 established the California Child and Family Services Review process (C-CFSR), which, every three years, mandates that counties create a comprehensive self-report reviewing the full scope of their CWS services (a “County Self-Assessment”) and a report detailing their efforts for improvement (a “System Improvement Plan”). Outcomes tracked through C-CFSR can be found in Appendix A, but notably, all reported outcomes focus on the outcomes for children and families at a high level, rather than evaluating outcomes for individual service providers.⁷ In other words,

⁴ Cal. Welf. & Inst. Code § 16500.5(c) (2019), [https://www.westlaw.com/Document/I0EBBF4308E1C11ECABECC71A999E25F8/View/FullText.html?transitionType=Default&contextData=\(sc.Default\)&VR=3.0&RS=cblt1.0](https://www.westlaw.com/Document/I0EBBF4308E1C11ECABECC71A999E25F8/View/FullText.html?transitionType=Default&contextData=(sc.Default)&VR=3.0&RS=cblt1.0).

⁵ Cal. Gov't Code § 31000 (2005), <https://law.justia.com/codes/california/2005/gov/31000-31011.html#:~:text=GENERAL,-GOVERNMENT%20CODE&text=31000.,or%20court%20in%20the%20county>.

⁶ Cal. Welf. & Inst. Code § 16500.5(h)(1) (2019), [https://www.westlaw.com/Document/I0EBBF4308E1C11ECABECC71A999E25F8/View/FullText.html?transitionType=Default&contextData=\(sc.Default\)&VR=3.0&RS=cblt1.0](https://www.westlaw.com/Document/I0EBBF4308E1C11ECABECC71A999E25F8/View/FullText.html?transitionType=Default&contextData=(sc.Default)&VR=3.0&RS=cblt1.0).

⁷ Diane F. Reed & Dr. Kate Karpilow, *Understanding the Child Welfare System in California*, (2d. ed., June 2009), pgs. 5–6, <https://theacademy.sdsu.edu/wp-content/uploads/2015/01/understanding-cws.pdf>.

while C-CFSR might be an effective tool for determining which counties' CWS programs are and are not successful, it does not mandate that counties report, or even track, qualifications for and outcomes for particular service providers. We attempted to find County Self-Assessments online, and of the five we found, only one (San Diego) even mentioned a method of evaluating the efficacy of particular service providers.⁸

The State is also working on a tracking system in collaboration with SafeMeasures (a data management tool) to better coordinate tracking Therapeutic Foster Care (TFC) and Intensive Treatment Foster Care (ISFC) provider homes between counties, though when we reached out to CDSS for clarification they specified that such tracking would have a focus on home availability and on tracking outcomes for specific children rather than oversight of specific service providers, such as by correlating child or parent outcomes with such providers.⁹ We were unable to find any other information about similar tracking systems for other types of service providers.

In response to an email request for any information concerning county-level information on evaluating service providers, CDSS provided a broad list of services provided by the state, most of which are high-level support services for counties, which CDSS described as "responsible for obtaining or providing the...applicable services." Tracking of or oversight of individual service providers' qualifications and outcomes were not among the list.¹⁰ Outside of the legally required reports and the work-in-progress tracking system that will apply only to a subset of service providers, the relationship of the CDSS to county CWS seems largely deferential.

c. California Evidence-Based Clearinghouse for Child Welfare

The CEBC is a comprehensive statewide resource for tracking outcomes of service providers in California on the basis of empirical research supporting their efficacy.¹¹ CDSS selected the Rady Children's Hospital San Diego to create and run the CEBC, and CDSS continues to supervise jointly supervise and fund the CEBC alongside the Child Welfare Policy and Program Development Bureau and the Office of Child Abuse Prevention (though the degree to which any of the three agencies actually influences the administration of the CEBC is unclear).¹² The CEBC is run primarily by three panels of experts.¹³

⁸ See *infra* Section I (c).

⁹ Email archived at <https://drive.google.com/file/d/1jkigf5x8oJO-6pc9VQH2q9-WOIKaHzhN/view?usp=sharing>.

¹⁰ The email from CDSS said the following: "The California Department of Social Services (CDSS) monitors and provides support in the counties [sic] efforts to best serve children and families. The State supports counties through program regulatory oversight and administration and the development of program policy and statute. The CDSS Children and Family Services Division (CFSD) provides a broad spectrum of county child welfare services support activities. CFSD secures federal funding to support child welfare services programs; conducts research and develops new programs and services; provides oversight and evaluation of local and statewide demonstration projects; provides statewide "best practices" training for social workers; coordinates scholarships for social work students; and helps formulate post-secondary social services curriculums. CDSS also provides some direct services such as adoptions placements." Email archived at https://drive.google.com/file/d/1IMpgQS6o_tgXPqOJf-dUYYWW56EZC_X9/view?usp=share_link.

¹¹ *CEBC Overview*, California Evidence-Based Clearinghouse, <https://www.cebc4cw.org/leadership/overview/>.

¹² *Oversight and Funding*, California Evidence-Based Clearinghouse, <https://www.cebc4cw.org/leadership/oversight-and-funding/>.

¹³ *CEBC Expert Panels*, California Evidence-Based Clearinghouse, <https://www.cebc4cw.org/leadership/cebc-expert-panels/>.

The CEBC’s registry ranks the quality of service providers on two separate scales. First, it provides a “scientific rating”, ranging from 1 to 5 (1 meaning “a practice with the strongest research evidence” and 5 meaning “a concerning practice that appears to pose substantial risk to children and families”).¹⁴ To obtain the median (excluding providers which are not rated) rating of 3, a service provider must have at least one published peer-reviewed study supporting the efficacy of their program.¹⁵ Each of the five metrics is described in further detail in Appendix B. Second, it ranks service providers’ and programs’ relevance to the child welfare population as “high” (program is designed or used to meet the needs of those receiving child welfare services), “medium” (program is designed or used to serve a population similar to those receiving child welfare services), and “low” (program is designed or used to serve a population with little or no similarity to those receiving child welfare services).¹⁶

The CEBC’s website currently lists 594 programs, 275 of which are labeled as “not able to be rated” due to insufficient data. Of the programs that are rated, 0 have a rating of “5,” 2 have a rating of “4,” 202 have a rating of “3,” 65 have a rating of “2,” 50 have a rating of “1.”

However, it is unclear whether or to what extent the CEBC’s ranking affects county decisions in whether to begin or renew a contract with a specific provider. In its County Self-Assessment, San Diego exhibited that it was aware of the CEBC’s ratings by mentioning CEBC’s evaluations of programs used by San Diego CWS, but the Self-Assessment did not make clear how (if at all) those ratings play a role in decision making.¹⁷ County Self-Assessments for Sacramento, San Francisco, Napa, Santa Barbara, and Alameda counties did not mention the CEBC, nor did they report on the qualifications of or outcomes for individual service providers.¹⁸ We have reached out to CDSS for copies of all California counties’ self-assessments and system improvement plans but have not heard back by the time of writing this memo. Ultimately, we were unable to determine whether or how the CEBC is used by counties in deciding whether to initiate or renew a contract with a service provider. The CEBC’s ratings, then, seem to be an incredibly useful resource that is not clearly being utilized by counties.

II. Individual County Procedures - No Publicly Available Information

We were unable to find any substantial publicly available information concerning how California counties determine the qualifications for or track the performance of individual child welfare service providers when deciding whether to initiate or renew service provider contracts, with the three following exceptions:

¹⁴ *Rating Scales*, California Evidence-Based Clearinghouse, <https://www.cebc4cw.org/registry/ratings/>.

¹⁵ *Scientific Rating Scale*, California Evidence-Based Clearinghouse, <https://www.cebc4cw.org/ratings/scientific-rating-scale/>.

¹⁶ *Child Welfare System Relevance Levels*, California Evidence-Based Clearinghouse, <https://www.cebc4cw.org/registry/how-are-programs-on-the-cebc-reviewed/child-welfare-relevance-levels/>.

¹⁷ San Diego County Child & Family Services Review (Oct. 2016), pgs. 191–92, <https://docs.google.com/document/d/1yk5B3zSO-QJ0W3nqPciPoaY7-LoZ1Jju/edit?usp=sharing&ouid=115732670009701285653&rtpof=true&sd=true>.

¹⁸ County-Self Assessments are archived here: [https://drive.google.com/drive/folders/1sz_mbBvWr2XDhJs1tUMV-6VOFlvIGgy7?usp=share link](https://drive.google.com/drive/folders/1sz_mbBvWr2XDhJs1tUMV-6VOFlvIGgy7?usp=share_link).

- A document detailing the minimum qualifications for providers of Therapeutic Foster Care in Sacramento County (which includes state-level certifications/approvals and a letter of recommendation from the County).¹⁹
- A generic draft of a contract between Los Angeles County and foster family agencies that contains boilerplate language concerning employee background checks, hiring qualified staff, guarantees that the contractors “possesses the competence, expertise and personnel necessary to provide such Services [as set out in the statement of work].”²⁰
- A blank template and a graphic entitled “Developing Performance Measures” sent to us over email in response to our inquiry with Alameda County. The County explained that it “has adopted a Results-Based Accountability (RBA) framework to strengthen its partnerships and improve contract performance for all Agency procurements, including any contracts for services for the DCFS. Attached are the Agency’s RBA template and contract development process.”²¹ The County otherwise said nothing about how RBA is specifically applied to any individual service providers or what variables and data is tracked within the RBA framework.

We reached out via email to the counties of San Diego, Los Angeles, San Francisco, Yuba, Kern, and Alameda to request additional information about their procedures but as of the writing of this memo have received no response from any county except Alameda (which sent us the information listed above) and Los Angeles (which responded that every entity that the County contracts with has “its own eligibility and or [sic] qualification requirements” and has “different monitoring and compliance requirements that they utilize to measure success or performance,” implying that there is no systemic evaluation procedure). Several sources within academia confirmed over email that they had no knowledge of any publicly available record of California counties’ procedures in tracking qualifications or outcomes of individual service providers. These include Professor Jacquelyn McCrosky,²² Dr. Lindsey Palmer,²³ and Dr. Daniel Webster of the California Child Welfare Indicators Project at UC Berkeley.²⁴ Dr. Webster, notably, recalled that CDSS was at one point working on an internal analysis of differential outcomes across service providers. We inquired with the CDSS Child Welfare Services/Case Management System Administrative Oversight Unit via email to see if they have any additional information regarding this internal analysis, but have not heard back at the time of the writing of this memo.

¹⁹ Sacramento County Department of Behavioral Health Services (DBHS) Mental Health Provider Minimum Qualifications (MQ): Therapeutic Foster Care (TFC) (Revised Dec. 12, 2018), <https://dhs.saccounty.gov/Documents/MH%20TFC%20Min%20Quals.pdf>.

²⁰ Sample Foster Family Agency Contract (last updated 2018), http://contracts.dcsf.lacounty.gov/Uploads/99_Sample_FFA_Contract_with_Exhibits_B_thru_W-1_UPDATED.pdf.

²¹ Template: <https://drive.google.com/file/d/1QuFGT1QhXbk0V8IrlkL-VYcidk9WWGwd/view?usp=sharing>; Developing Performance Measures graphic: https://drive.google.com/file/d/1XOmnM_vpqb4UscXSyUEL4x-bD8UXxGUC/view?usp=share_link.

²² Professor McCrosky’s profile can be found at <https://pressroom.usc.edu/jacquelyn-mccroskey/>; email archived at <https://drive.google.com/file/d/1g5kleQFMscvYZBJZTDu2pZdOrgwxqHr4/view?usp=sharing>.

²³ Dr. Palmer’s profile can be found at <https://www.solutionsnetwork.psu.edu/t32-grant/fellows>; email archived at https://drive.google.com/file/d/1rXmih9F1iN3joYd6WMLYmm1ihTRMGZfq/view?usp=share_link.

²⁴ Dr. Webster’s profile can be found at <https://socialwelfare.berkeley.edu/people/daniel-webster>; email archived at https://drive.google.com/file/d/1oQN3ZZ8UaP08JnHUUAv5svfAw8yMuMqU/view?usp=share_link.

CONCLUSION

As a member of the public searching for information on how California counties evaluate the qualifications for service providers with whom they are considering signing a contract and on how California counties track the ongoing outcomes of individual service providers in deciding whether to continue such contracts, we felt as if we were facing a Chinese Room problem. Similar to the famous thought experiment,²⁵ we had little trouble finding the outcomes of these county systems — reported in County Self-Assessments, academia, and elsewhere. However, just as a person standing outside the Room would not be able to tell whether the person inside in fact spoke Chinese, we were unable to determine whether these county-wide metrics are the aggregate result of counties scrutinizing the competence and outcomes of the individual service providers that make up a large part of county CWS programs, or if they were the result of only high-level data monitoring by counties without such scrutiny. Because, as the saying goes, one can drown to death in a lake with the average depth of an inch, one superb provider with superb or adequate outcomes could mask the poor outcomes of many, many poor service providers if counties are only collecting and tracking data at aggregated, high levels.

Notwithstanding the foundational role the quality of services provided to parents plays in the state being able to say with confidence that social worker recommendations and judicial decisions to re-unify children with their parents or forever terminate that relationship by force of law are sound and non-arbitrary, and notwithstanding the expense of these services to taxpayers (and, in Los Angeles County, the parents²⁶), there appears to be no systemic, standardized effort by any county or the state to track the competence of individual service providers, either upon an initial contract or over time. Indeed, we cannot verify whether and if so how counties are using the CEBC.

None of this is to say that superficially poor outcomes or unorthodox qualifications should be the end of provider-level scrutiny. Poor outcomes correlating with a particular provider could, just like a physician who has a reputation for challenging cases, be explained by the provider being very good. Examining qualifications and tracking outcomes is a point of inquiry: are we bothering to look and have informed decision-making discussions based on hard evidence? That is the question.

Given the foundational role these services play in preserving families and protecting the well-being of children, failing to scrutinize qualifications or outcomes on a provider level at best means we are shifting to counsel and judges in dependency proceedings the task of engaging in such qualification and overall outcome scrutiny of individual providers in every case — and that is not happening. At worst, omissions in individual provider quality assurance measurements means we simply do not know whether the many life-altering, foundational decisions counsel and judges make based on the presumption that the services provided to parents and children are of a minimum quality are sound decisions.

²⁵ Larry Hauser, *Chinese Room Argument*, Internet Encyclopedia of Philosophy, <https://iep.utm.edu/chinese-room-argument/>.

²⁶ It has been reported that in this County and this County alone, parents are required to pay for their own services, meaning how wealthy you are is a factor in whether your family remains intact. This form of debtor's prison is morally offensive and, perhaps, unconstitutional.

Appendix A: Federal and State CWS Outcomes and Measures²⁷

Federal and State CWS Outcomes and Measures			
	<i>Federal Child Welfare Outcomes</i>	<i>Federal Measures (Indicators and Composites*)</i>	<i>Additional State Measures (AB 636)</i>
Safety Outcomes	Children are first and foremost protected from abuse and neglect.	No recurrence of maltreatment No maltreatment in foster care	Participation rates (referral, substantiation, entry, in care)
	Children are safely maintained in their homes whenever possible and appropriate.	<i>No data indicators</i>	Timely response to investigations Timely social worker visits with child
Permanency Outcomes	Children have permanency and stability in their living situations.	Reunification and reentry* Adoption* Permanency for children in long-term care* Placement stability*	Least restrictive placements Placed with siblings Native American children placed with family or tribe
	The continuity of family relationships and connections is preserved for children.	<i>No data indicators</i>	
Well-being Outcomes	Families have enhanced capacity to provide for their children's needs.	<i>No data indicators</i>	Status of youth aging out of care
	Children receive appropriate services to meet their educational needs.		Authorized for psychotropic medications Timely medical and dental exams**
	Children receive adequate services to meet their physical and mental health needs.		Health records documented*** Individualized Education Plans documented***
<p>* Composites are a compilation of several data indicators, and are identified with an ***.</p> <p>** New measure to be released in July 2009 by CDSS.</p> <p>*** New measure to be released in October 2009 by CDSS.</p>		<p>CCRWF thanks Barbara Needell, Research Specialist at the U.C. Berkeley Center for Social Services Research, for her input and review of this chart.</p>	

²⁷ Diane F. Reed & Dr. Kate Karpilow, *Understanding the Child Welfare System in California*, (2d. ed., June 2009), pg. 6, <https://theacademy.sdsu.edu/wp-content/uploads/2015/01/understanding-cws.pdf>.

Appendix B: Detailed Descriptions of CEBC Scientific Rating Scale²⁸

Score	Description
1: Well-Supported by Research Evidence	<p>1. Multiple Site Replication and Follow-up:</p> <ul style="list-style-type: none"> ■ At least two rigorous randomized controlled trials (RCTs) with nonoverlapping analytic samples that were carried out in usual care or practice settings have found the program to be superior to an appropriate comparison program on outcomes specified in the criteria for that particular topic area. ■ In at least one of these RCTs, the program has shown to have a sustained effect at least one year beyond the end of treatment, when compared to a control group. ■ The RCTs have been reported in published, peer-reviewed literature. <p>2. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.</p> <p>3. The overall weight of the published, peer-reviewed research evidence supports the benefit of the program for the outcomes specified in the criteria for that particular topic area.</p> <p>4. There is no case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.</p> <p>5. There is no legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.</p> <p>6. The program has a book, manual, and/or other available writings that specify</p>

²⁸ *Scientific Rating Scale*, California Evidence-Based Clearinghouse, <https://www.cebc4cw.org/ratings/scientific-rating-scale/>.

	<p>components of the service and describe how to administer it.</p>
<p>2: Supported by Research Evidence</p>	<p>1. Randomized Controlled Trial and Follow-up:</p> <ul style="list-style-type: none"> ■ At least one rigorous randomized controlled trial (RCT) that was carried out in a usual care or practice setting has found the program to be superior to an appropriate comparison program outcomes specified in the criteria for that particular topic area. ■ In that same RCT, the program has shown to have a sustained effect of at least six months beyond the end of treatment, when compared to a control group. ■ That same RCT has been reported in published, peer-reviewed literature. <p>2. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.</p> <p>3. The overall weight of the published, peer-reviewed research evidence supports the benefit of the program for the outcomes specified in the criteria for that particular topic area.</p> <p>4. There is no case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.</p> <p>5. There is no legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.</p> <p>6. The program has a book, manual, and/or other available writings that specify the components of the service and describe how to administer it.</p>

<p>3: Promising Research Evidence</p>	<p>1. At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) and reported in published, peer-reviewed literature has done one of the following:</p> <ul style="list-style-type: none"> ■ Established the program's benefit over the control on outcomes specified in the criteria for that particular topic area. ■ Found it to be comparable on outcomes specified in the criteria for that particular topic area to a program rated a 1, 2, or 3 on this rating scale in the same topic area. ■ Found it to be superior on outcomes specified in the criteria for that particular topic area to an appropriate comparison program. <p>2. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.</p> <p>3. The overall weight of the published, peer-reviewed research evidence supports the benefit of the program for the outcomes specified in the criteria for that particular topic area.</p> <p>4. There is no case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.</p> <p>5. There is no legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.</p> <p>6. The program has a book, manual, and/or other available writings that specify the components of the service and describe how to administer it.</p>
<p>4: Evidence Fails to Demonstrate Effect</p>	<p>1. Two or more randomized controlled trials (RCTs) with nonoverlapping analytic samples</p>

	<p>that were carried out in usual care or practice settings have found that the program has not resulted in improved outcomes specified in the criteria for that particular topic area, when compared to usual care. The studies have been reported in published, peer-reviewed literature.</p> <p>2. The overall weight of evidence does not support the benefit of the program on the outcomes specified in the criteria for that particular topic area. The overall weight of evidence is based on the preponderance of published, peer-reviewed studies, and not a systematic review or meta-analysis. For example, if there have been three published RCTs and two of them showed the program did not have effect on outcomes specified in the criteria for that particular topic area, then the program would be rated a "4 - Evidence Fails to Demonstrate Effect."</p> <p>3. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.</p> <p>4. There is no case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.</p> <p>5. There is no legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.</p> <p>6. The program has a book, manual, and/or other available writings that specify the components of the service and describe how to administer it.</p>
<p>5: Concerning Practice</p>	<p>1. One or more of the following statements about the program is true:</p> <ul style="list-style-type: none"> ■ If multiple outcome studies have been conducted, the overall weight of the evidence suggests the program has a negative effect on

	<p>the target population being served or on outcomes specified in the criteria for that particular topic area.</p> <ul style="list-style-type: none"> ■ There is case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent. ■ There is a legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it. <p>2. The program has a book, manual, and/or other available writings that specify the components of the service and describe how to administer it.</p>
<p>NR: Not able to be Rated on the CEBC Scientific Rating Scale</p>	<p>1. The program does not have any published, peer-reviewed study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) that has established the program's benefit over the control on outcomes specified in the criteria for that particular topic area, or found it to be comparable to or better than an appropriate comparison program on outcomes specified in the criteria for that particular topic area.</p> <p>2. The program is generally accepted in child and/or family serving systems as appropriate for use with children receiving services from child welfare or related systems and/or their parents/caregivers.</p> <p>3. The program does not meet criteria for any other level on the CEBC Scientific Rating Scale.</p> <p>4. There is no case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.</p> <p>5. There is no legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.</p>

	<p>6. The program has a book, manual, and/or other available writings that specify the components of the service and describe how to administer it.</p>
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