



Data Explainer Series

Week 4: Removal of Children from the Home

August 19, 2025

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Series Schedule

Webinar Date	Office Hours Date	Webinar Title
7/29/2025	8/1/2025	Introduction to Statewide Goals & Access to Care
8/5/2025	8/8/2025	Homelessness
8/12/2025	8/15/2025	Justice-Involvement
8/19/2025	8/22/2025	Removal of Children from the Home ← <i>You Are Here</i>
8/26/2025	8/29/2025	Overdoses and Suicides
9/2/2025	9/5/2025	Untreated Behavioral Health Conditions, Prevention and Treatment of Co-Occurring Physical Health Conditions
9/9/2025	9/12/2025	Care Experience, Quality of Life, Social Connection
9/15/2025	9/19/2025	Engagement in School and Work
9/23/2025	9/26/2025	Institutionalization
9/30/2025	9/30/2025	Collaborating with Local Planning Processes

BHT Data Explainer Series

Impact:

Empowers you to interpret data, understand expectations, and engage in data-informed planning to produce your first BHSA Integrated Plan



Thank you to DHCS for sponsoring this series.

CalMHSA

Uplifting community through meaningful behavioral health solutions

California Mental Health Services Authority (CalMHSA) is a Joint Powers of Authority – an independent government entity – formed in 2009 by counties and cities throughout the state to focus on collaborative, multi-county projects that improve behavioral health care for all Californians.

By pooling resources, forging partnerships, and leveraging technical expertise on behalf of counties, CalMHSA develops strategies and programs with an eye toward transforming community behavioral health; creates cross-county innovations; and is dedicated to addressing equity to better meet the needs of our most vulnerable populations.



Housekeeping

- Each week we have a new webinar topic and corresponding office hours
- The aim of office hours is to dive a bit deeper and respond to questions
- All webinars will be recorded and placed on our website (*office hours will not be recorded*)
- Switch your Zoom to Gallery View
- Utilize the Q&A for questions

Agenda

Welcome

Recap: Statewide Goals and Measures

Priority Goal: Removal of Children from Home

What? (Goal/Measure)

Why? (What Does this Mean?)

Hunches (What Do I Do?)



Statewide Behavioral Health Goals and Associated Measures



Behavioral Health Transformation

DHCS Vision:

All Californians have access to behavioral health services leading to longer, healthier, and happier lives, as well as improved outcomes and reduction in disparities.



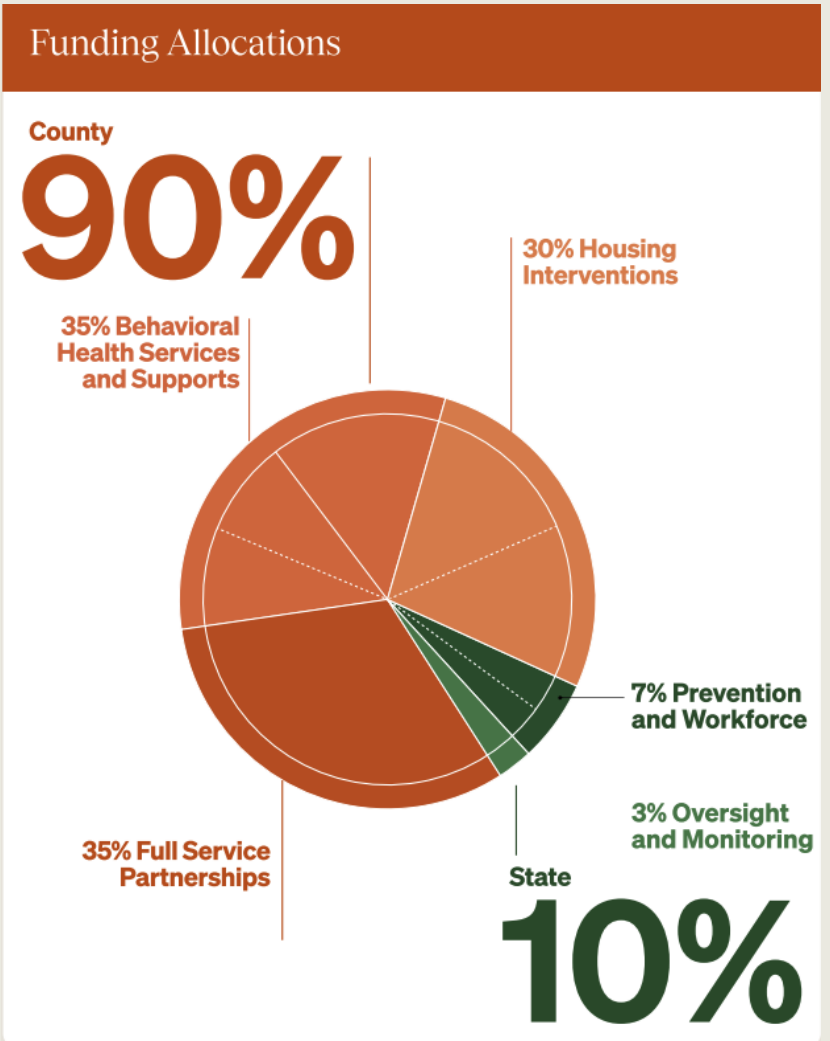
Behavioral Health Services Act

MHSA Modernization = BHSA

- Increased focus on most vulnerable populations
- Broadening of county behavioral health plan responsibilities to include housing interventions
- Expands eligibility to Substance Use Disorder only populations
- Redirecting administration of funding for population-based prevention and workforce programming

Introduces Behavioral Health Services Act Integrated Plan

Introduces Statewide Behavioral Health Goals and Measures



BHT Goal Phase 1

PHASE 1

DHCS has elected to use *publicly available, population-level data* for community planning processes and resource allocation in the BHSA Integrated Plan.

Counties will *identify interventions* to improve areas of low performance relative to statewide rate.

Phase 1 Goal & Measure Structure

- Goals - "Priority" and "Additional"
 - Six "Priority Goals" that BHPs must address.
 - BHPs select one "Additional Goal" (from eight options) based upon county performance and local needs.
- Measures - "Primary" and "Supplemental"
 - Each goal has one or more associated measures.
 - "Primary Measures" reflect the community's status relative to the goal.
 - "Supplemental Measures" provide additional context.

BHT Population Health Strategy

Use county performance on the six priority goals and choose one additional goal to inform the Community Planning Process and complete the BHSA Integrated Plan.

Choose at least one



Priority Goals

1. Access to Care
2. Homelessness
3. Institutionalization
4. Justice-Involvement
5. Removal of Children from the Home
6. Untreated Behavioral Health Conditions

Additional Goals

1. Care Experience
2. Engagement in School
3. Engagement in Work
4. Overdoses
5. Prevention and Treatment of Co-occurring Physical Health Conditions
6. Quality of Life
7. Social Connection
8. Suicides

Removal of Children from Home

Priority Goal



What?



These are some of the most
vulnerable children and families
in your community.

There are deep *systemic inequities*
reflected in the data.

Partnership with Child Welfare
is *critical* to the path forward.

Removal of Children from Home

- Refers to when children with a child welfare status are removed due to abuse and/or neglect.
- Providing early intervention and intensive behavioral health services to children, parents and other members of the family unit living with a behavioral health condition can help prevent family disruption and improve child welfare outcomes.
- With appropriate supports, children are less likely to be exposed to early childhood trauma and placed in foster care.

Removal of Children from Home Measures

<i>Measure</i>	<i>Type of Measure</i>
1) Children in Foster Care: Jan. 1, 2025 PIT Count (per 100,000)	Primary
2) Open Child Welfare Case SMHS Penetration Rates	Supplemental
3) Child Maltreatment Substantiations (per 1,000)	Supplemental

Data is a clue, not a conclusion.

Child Maltreatment Substantiation

Report

Mandated reporters or community members report suspected child abuse and neglect

Investigation

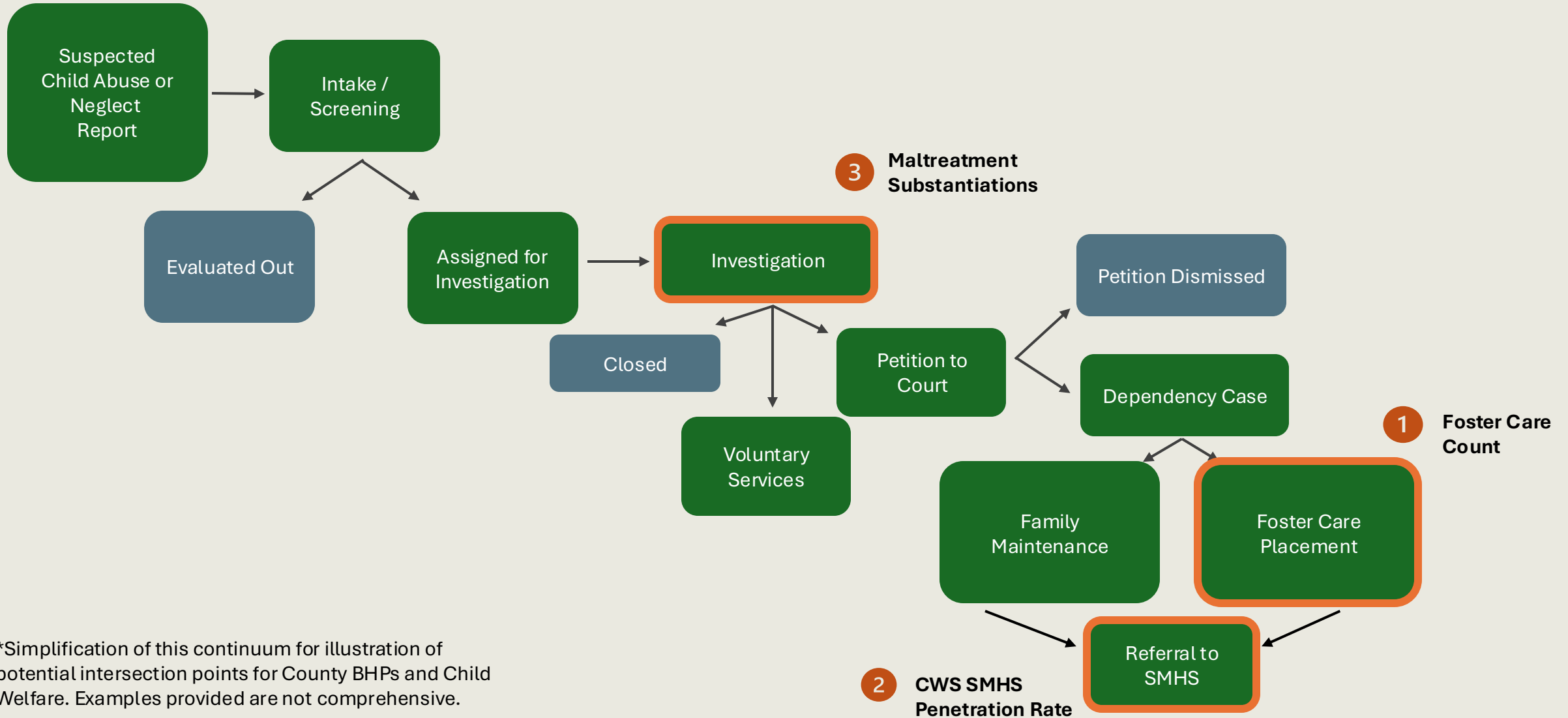
County Child Welfare Services (CWS) assesses screened-in reports for safety and risk

Substantiation

An allegation is substantiated if CWS finds confirmed evidence of abuse or neglect



Child Welfare Continuum*



Understanding Child Welfare Involvement

Impact on Children and Families

- Disrupted attachment and development
- Increased behavioral health risks
- Long-term educational and economic challenges
- Complex family needs (mental health, substance use, housing instability, violence, poverty)

Systemic Drivers

- Poverty and economic stress
- Structural racism and disproportionality
- Limited access to culturally relevant prevention and support services
- Inadequate social safety nets
- Policy and funding constraints
- Trauma and intergenerational adversity

Understanding Child Welfare Data

Considerations when interpreting child welfare involvement data:

- Multi-system and agency involvement
- Child placement moves across counties
- Behavioral health needs (may not be captured)
- Dynamic case statuses
- Differing definitions of child welfare involvement
- Impact of youth with a permanent plan of foster care

1

Children in Foster Care: Jan. 1, 2025 PIT Count (Rate per 100,000)

Primary Measure

How many children/youth 0-21 years old were in foster care on January 1, 2025?*

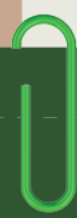
Numerator: Youth ages 0-21 in foster care in CWS/CMS

X100,000

Denominator: County population of children/youth ages 0-21 years old

Data Source: California Child Welfare Indicators Project (CCWIP)

* While the source reports data as a count, numbers have been converted to a rate per 100,000 on the County Workbook and CalMHSA dashboards.



Who is Counted in Foster Care PIT Rates?



Includes all children (0-21 years) with...

- An open child welfare or probation-supervised placement in the Child Welfare Services/Case Management (CWS/CMS) System



Except: Children under...

- Mental Health
- Private Adoption
- KinGAP
- Non Dependent Legal Guardianship (NDLG) Placements, and runaways with these legal statuses (data beginning 1/19/2024)



Children are assigned to the county of their open case or referral ("county of jurisdiction" in presumptive transfer cases)

California Child Welfare Indicators Project

CCWIP
California Child Welfare Indicators Project

More ▾

California Child Welfare Indicators Project
Data and technical assistance to promote child welfare system improvement

The California Child Welfare Indicators Project (CCWIP) is a collaboration between the University of California at Berkeley (UCB) and the California Department of Social Services (CDSS). The project is housed in the School of Social Welfare, and provides agency staff, policymakers, researchers, and the public with access to critical outcome information on California's child welfare system.

Report Index
All Measures

CFSR4
Federal Measures

Fundamentals
Key Reports

Process Measures
CDSS

CWS Outcomes
C-CFSR Report Index

Dashboards and Frequently Visited Reports

TAY-Hub
Transition-Age Youth Research & Evaluation Hub
[View](#)

Safety Dashboard
California Child Safety Indicators
[View](#)

Allegation Rates
Rates of children with a maltreatment allegation or substantiation
[View](#)

In Care—Point In Time Count
Children in foster care on a given day
[View](#)

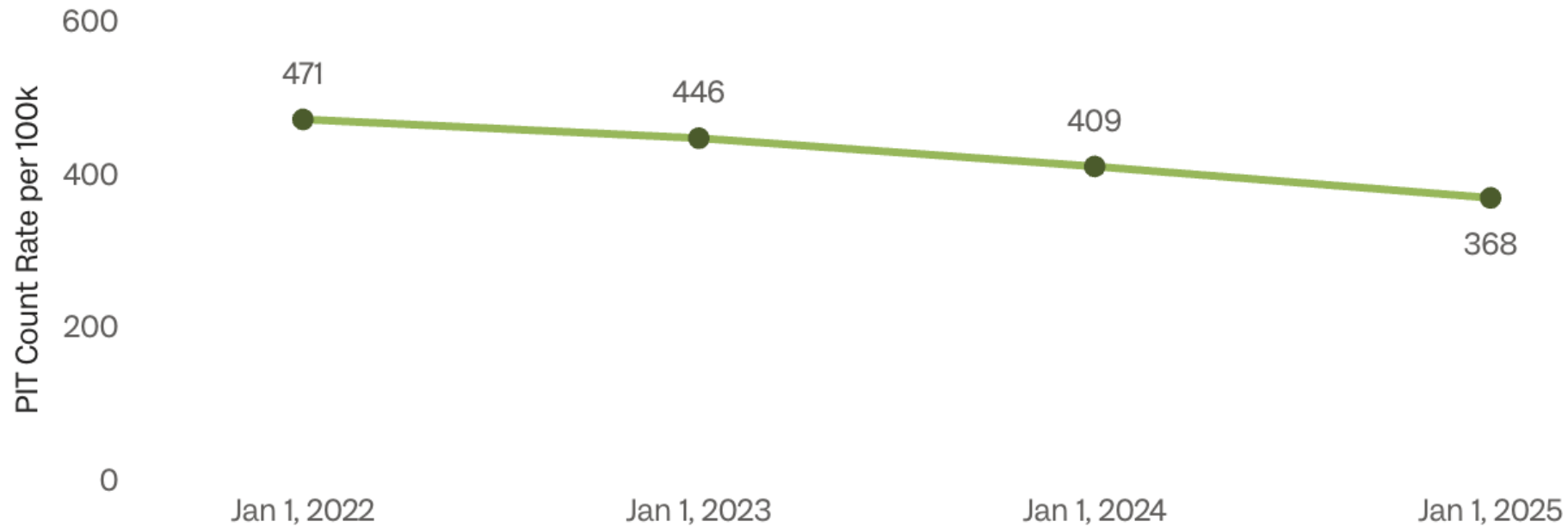
<https://ccwip.berkeley.edu/>

• WHAT

WHY

HUNCHES

Statewide Children in Foster Care PIT Count Rate (per 100k) 2022-2025



💡 Key Insight: This rate has been decreasing over time.

2

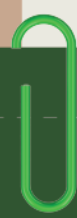
Open Child Welfare Case SMHS Penetration Rates, 2022

Supplemental Measure

What percentage of children and youth (< 21 year old) with an open child welfare case received services from SMHS?

Numerator: Children/Youth (from the denominator) who received 1+ claimed SMHS service in SFY 21-22*

Denominator: Total number of children/youth (0-20) with an open child welfare case in the county in SFY 21-22



Who is counted in this measure?

For SFY 21-22, children 0-20 who...



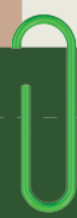
Had an open child welfare case, including both children in foster care and family maintenance
(Source: CWS/CMS)



Received 1+ claimed SMHS services
(Source: DHCS data on Medi-Cal claims for SMHS)



Children are assigned to the county of service, not county of jurisdiction or responsibility
(DHCS & CDSS currently updating dashboard to align with AB 1051)



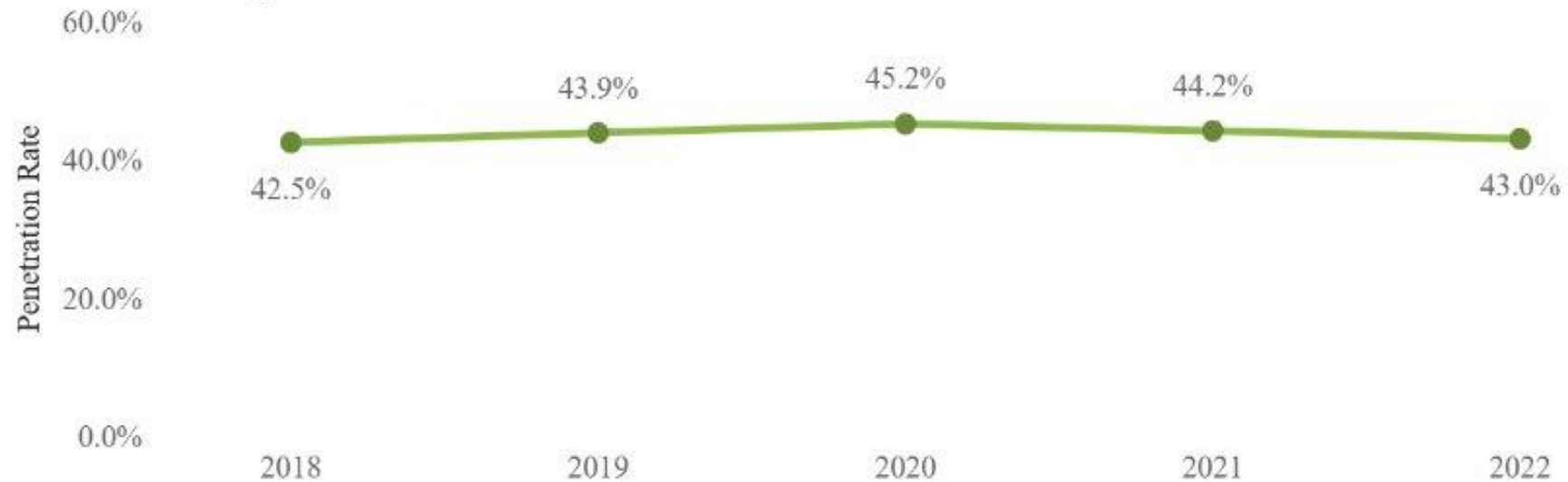
• WHAT

WHY

HUNCHES

Open Child Welfare Cases SMHS Penetration Rate 2018-2022

Data Note: 2022 penetration rate is extracted from DHCS' calculations.



💡 Key Insight: This rate has been staying the same over time.

3

Child Maltreatment Substantiations, 2022 (Incidence per 1,000)

Supplemental Measure

How many children (0-17 years)
had an allegation of maltreatment
substantiated in 2022?

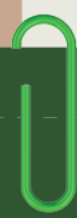
Data Source: California Child Welfare Indicators Project (CCWIP)

* Converted from a count to rate for County Workbook and CalMHSA dashboard using population data from California Department of Finance

Numerator: Number of children (0-17 years)
who had an allegation of maltreatment
substantiated in 2022

X 1,000

Denominator: County population of
children ages 0-17 years old



Who is counted in this measure?



Children only counted once per year, per county



Children will be counted in every county where referred



Most severe occurrence counted (e.g., substantiated)



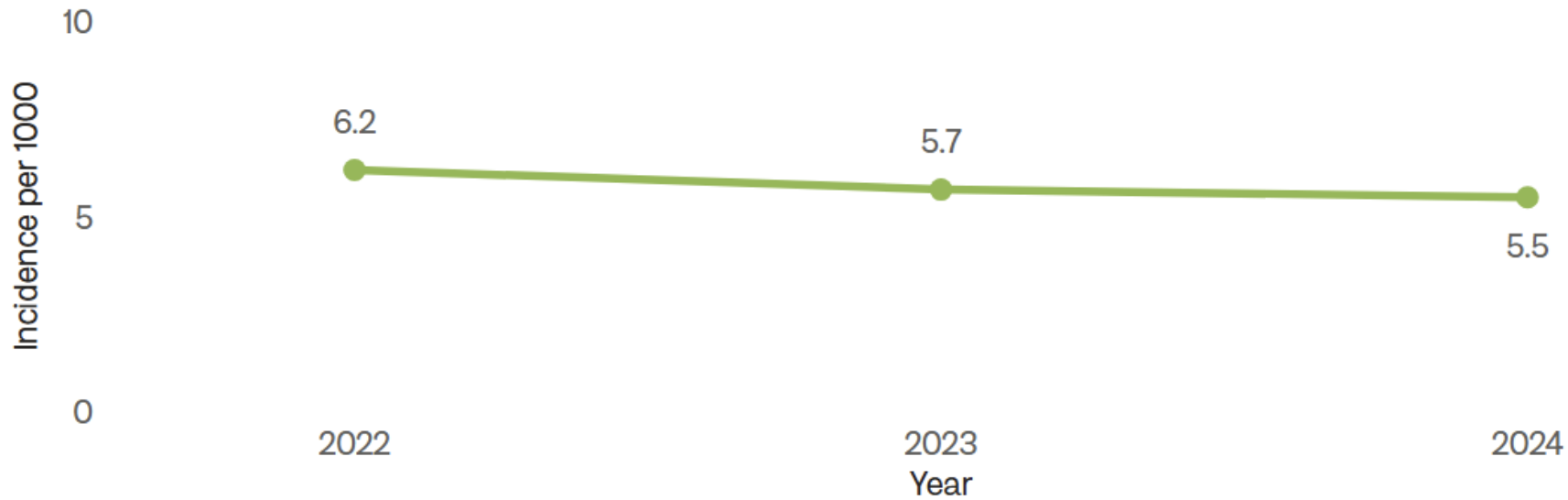
Age recorded on the date of the first allegation received that year

• WHAT

WHY

HUNCHES

Statewide Child Maltreatment Substantiation Incidence (per 1,000) 2022-2024



💡 Key Insight: This rate has been decreasing over time.

CalMHSA Dashboards



CalMHSA is hosting an educational series through Sept. 30 to support counties in advancing California's statewide behavioral health goals and population-level measures under the Behavioral Health Services Act. The webinars and corresponding office hours will help counties incorporate these goals into Integrated Plans and strengthen data-informed strategies that improve population health outcomes. *Please note: Live participation in the series is only for county behavioral health staff.*

Visit this web page for links to recordings of each webinar, printable resource materials, and data dashboards as they are developed.

Each week's offering will focus on one or a related grouping of statewide goals and measures and examine them through:

- **Webinars (Tuesdays, 12-1 p.m.):** Focused on understanding the data, including statewide performance metrics, system context, and county health equity and disparity considerations
- **Office Hours (Fridays, 12-1 p.m.):** A collaborative, open forum for discussion and cross-county learning

CONTENTS

Webinars



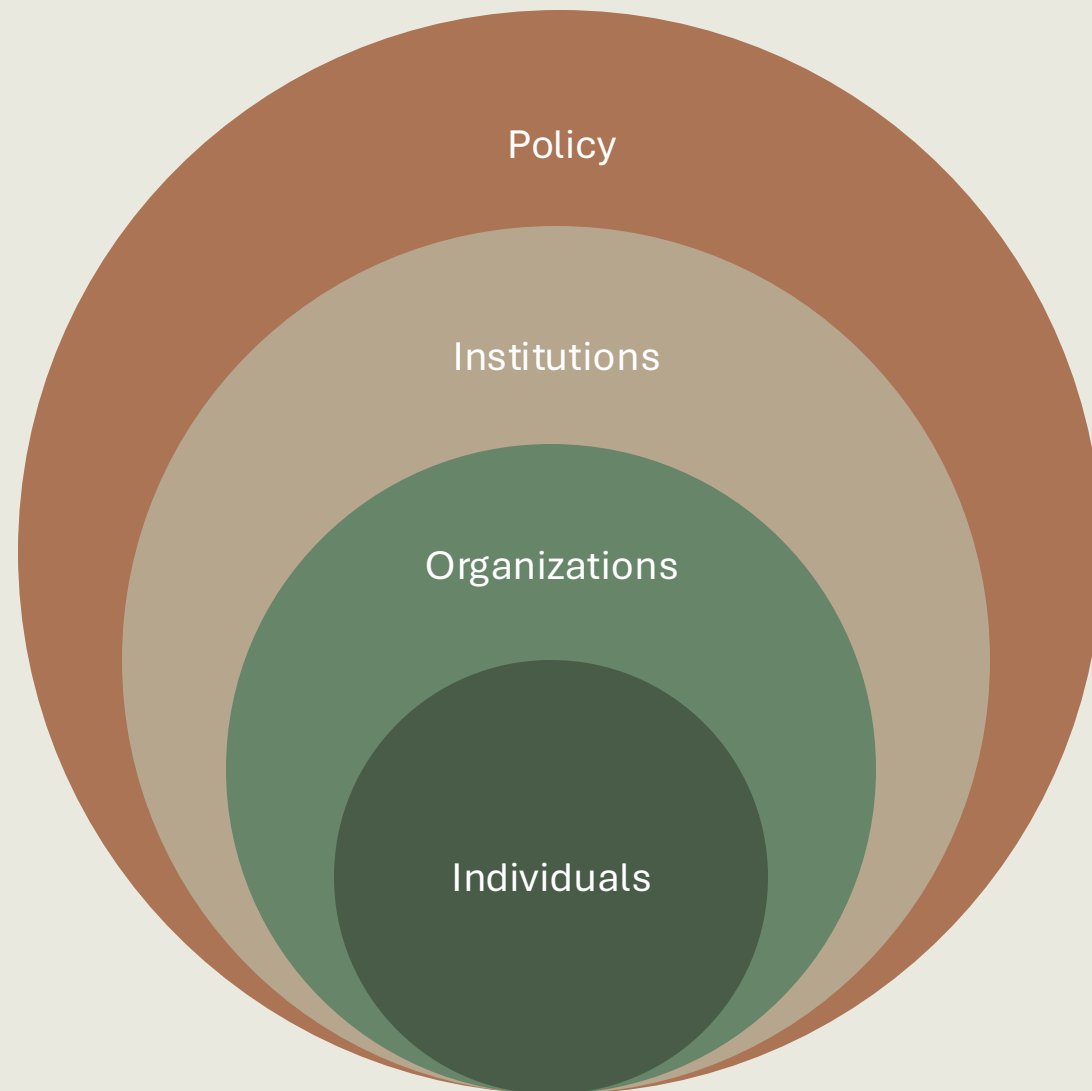
Data Dashboards



BHT Planning Documents



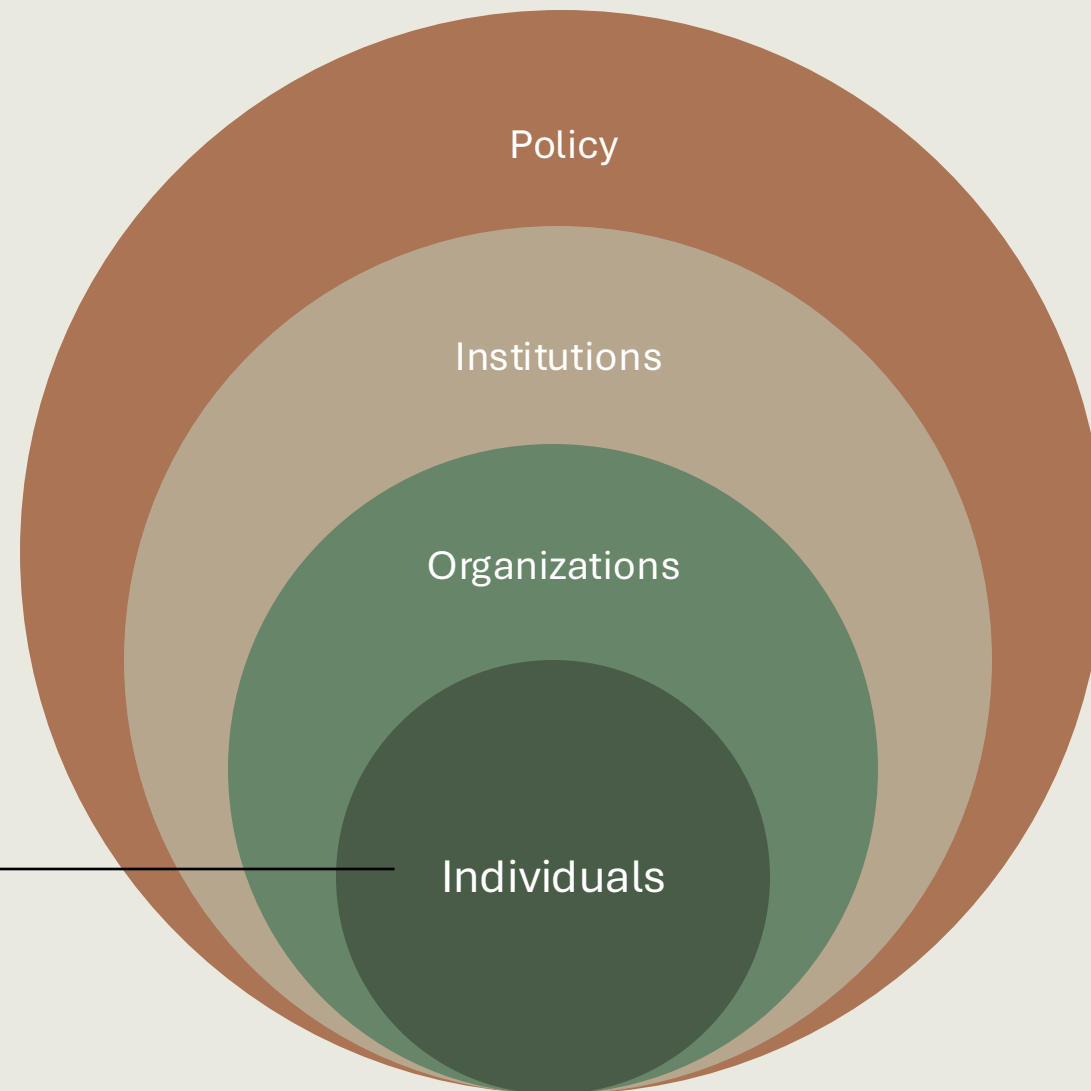
Think about your sphere of influence, and what other entities you will need to work with.



Individuals

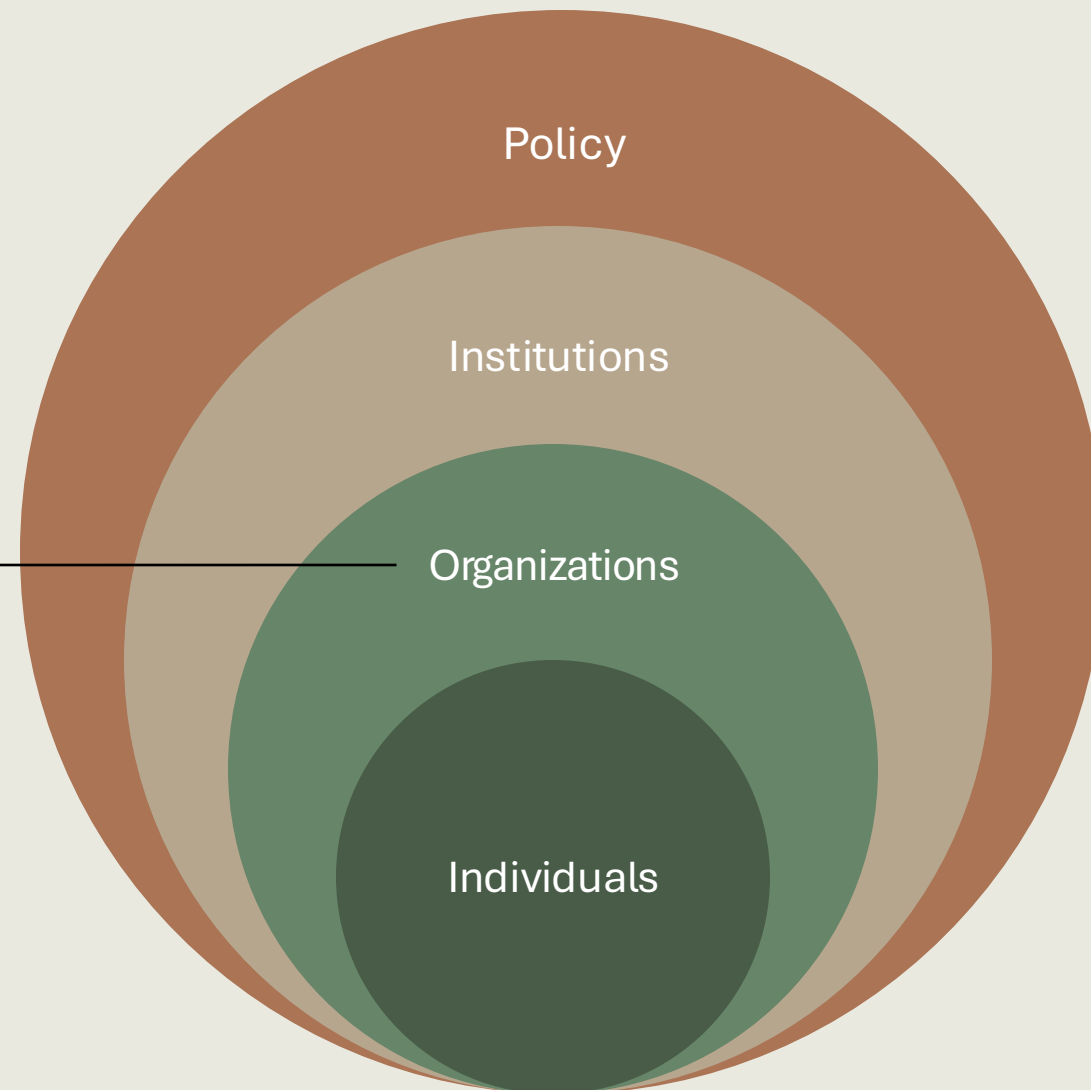
*Children, Parents, and Caregivers directly
impacted by removal decisions*

Children at Risk of Removal
Parents/Caregivers with BH Needs
Kinship/Relative Caregivers
Resource Parents
Youth Currently in Foster Care
Youth with Lived Experience



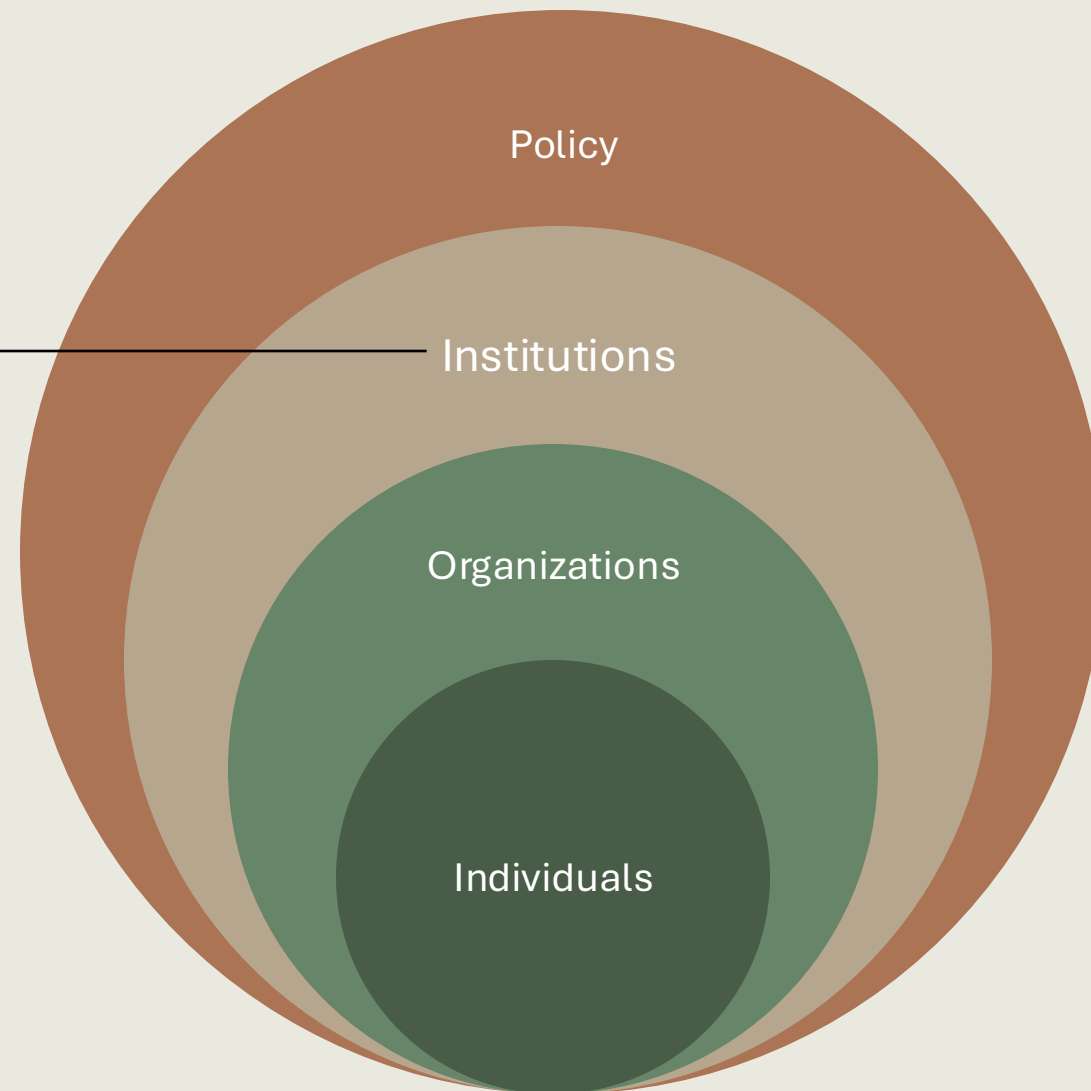
Organizations

County Behavioral Health Plans (MHPs,
DMC/DMC-ODS)
BHP Networks
County Service Providers
Medi-Cal Managed Care Plans (MCPs)
MCP Networks
Public Health Agencies
Community Based Organizations



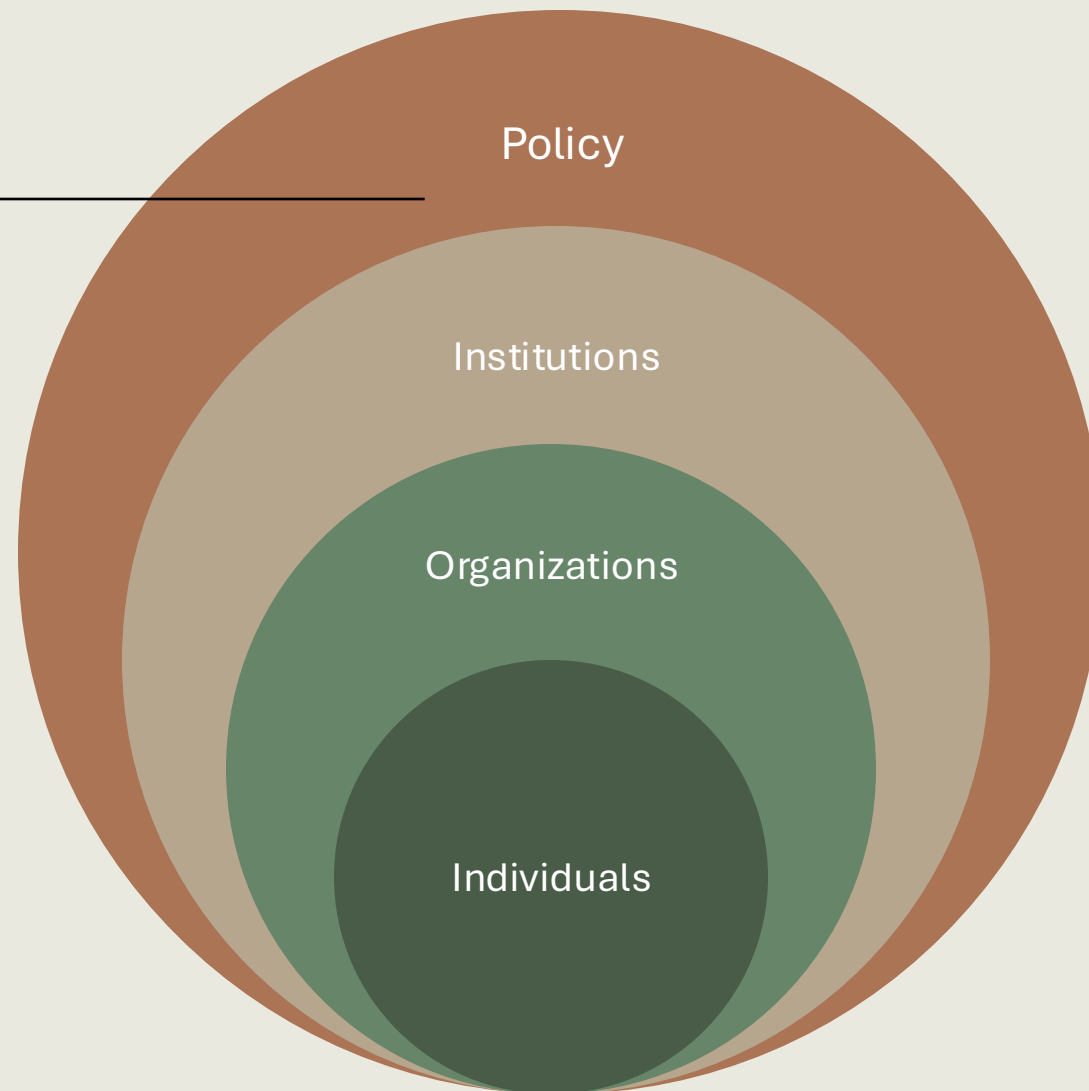
Institutions

Juvenile and Family Courts
Child Welfare
Law Enforcement
Schools
Tribal Governments
Regional Centers



Policy

Legal Frameworks
Funding Priorities
Regulations and Standards
Judicial and Administrative Processes
Data-Sharing and Confidentiality Rules

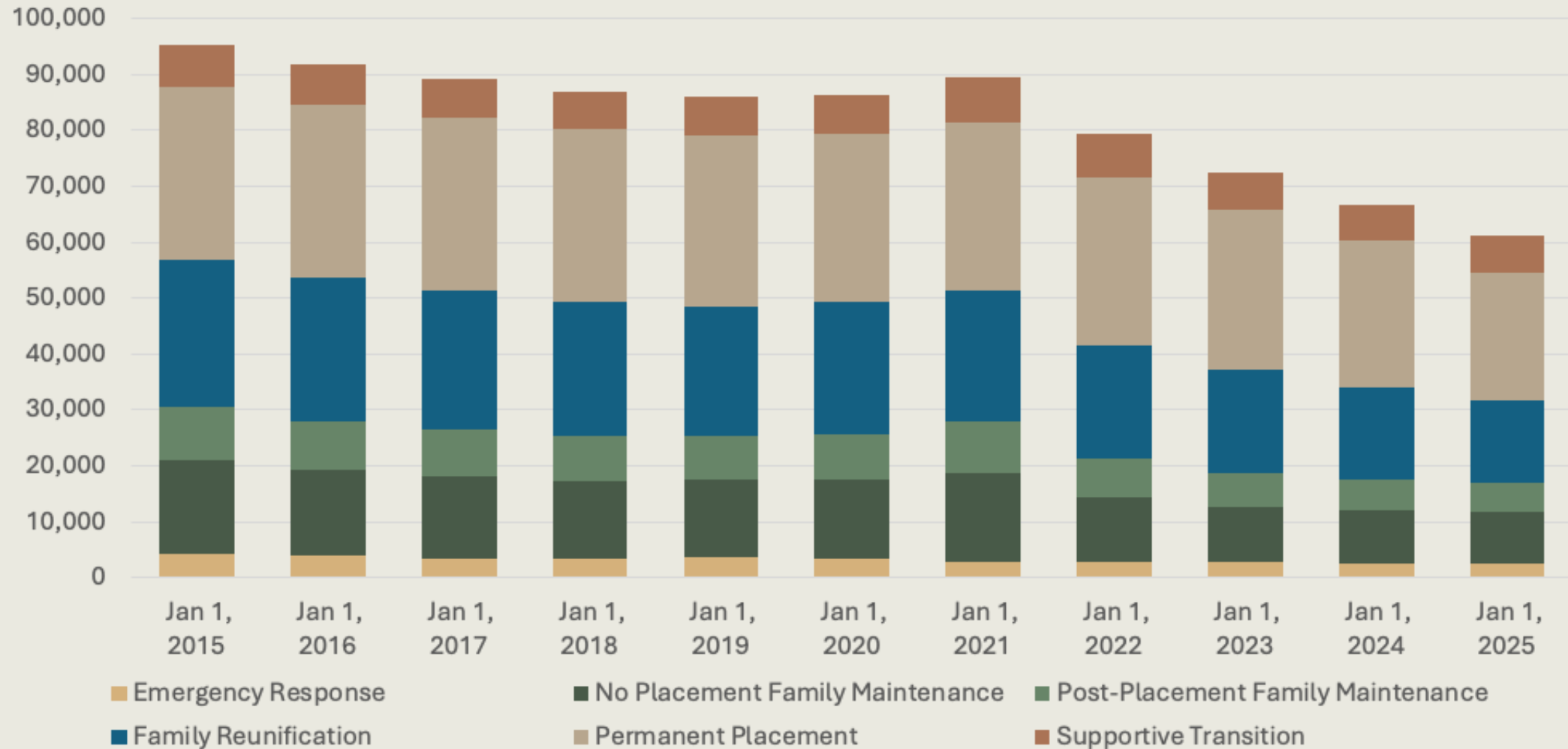


Why?

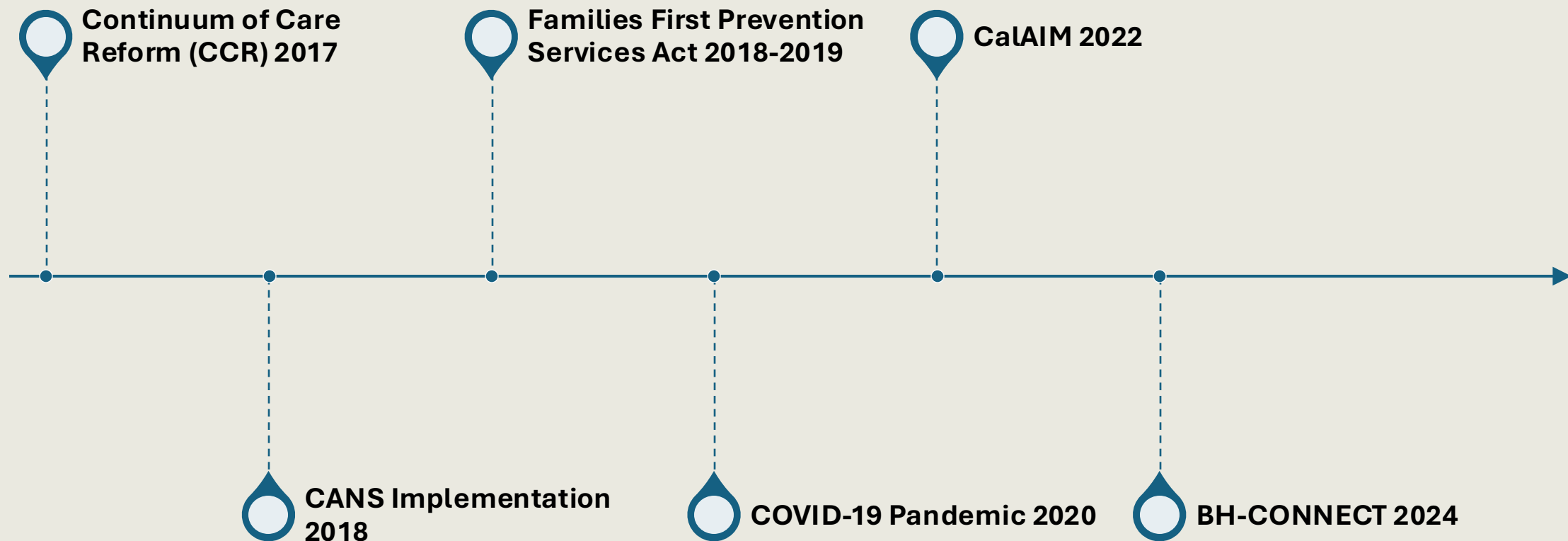


Why Are Child Welfare Cases Declining?

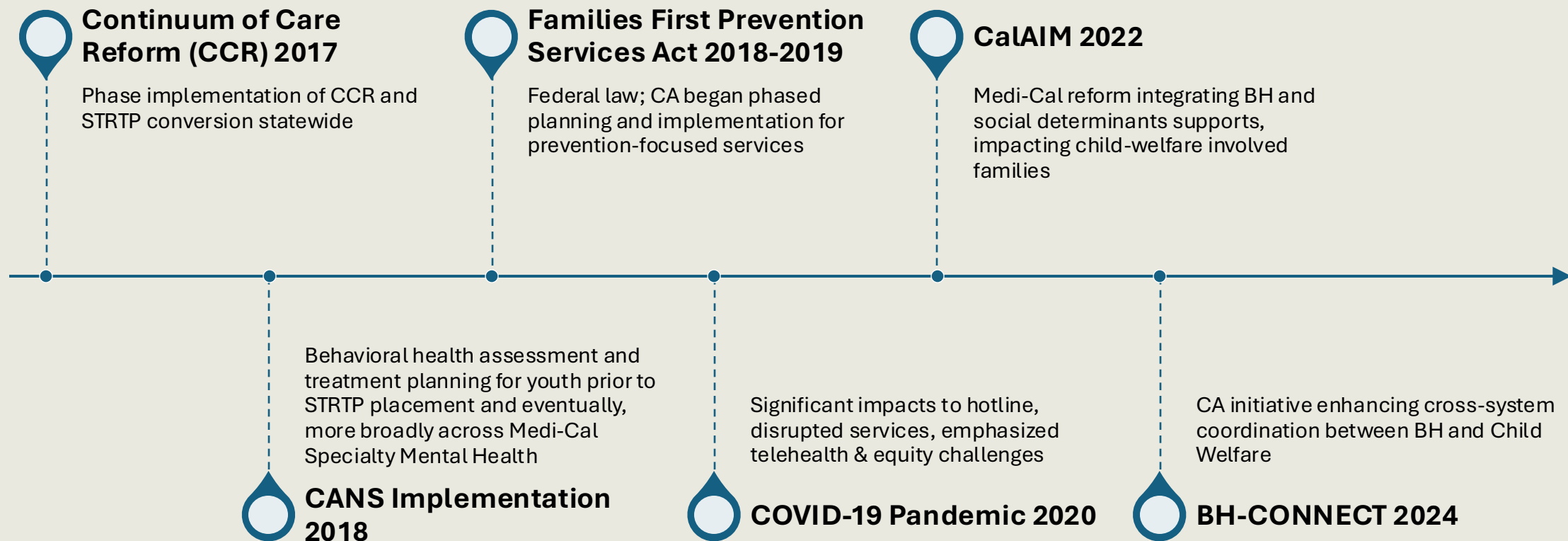
Total Child Welfare Cases by Case Type



Key Child Welfare and Behavioral Health Initiatives in California



Key Child Welfare and Behavioral Health Initiatives in California



Redefining Success: Behavioral Health & Child Welfare Engagement

Prevention & Safety
at Home

High Quality Care
During Placement

Cross-System
Coordination &
Equity

Redefining Success: Behavioral Health & Child Welfare Engagement

Prevention & Safety at Home

- Early, trauma-informed BH supports may prevent removals and keep families safely together
- Crisis intervention and stabilization services are accessible pre-removal
- Behavioral health teams collaborate with child welfare to proactively address caregiver and child needs

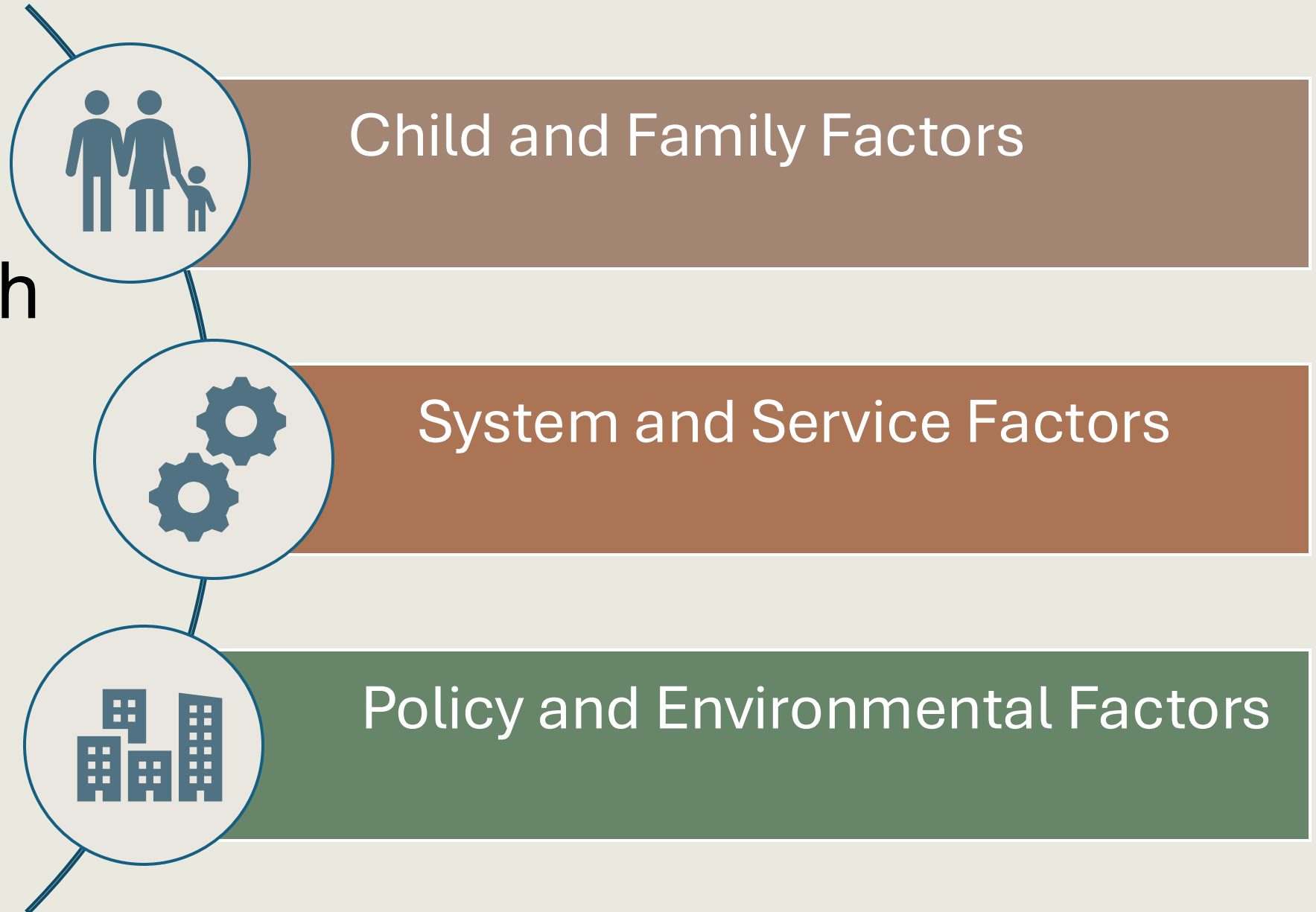
High Quality Care During Placement

- Timely, developmentally appropriate, and culturally responsive SMHS initiated upon foster care entry
- Strong family involvement throughout case planning and treatment
- Continuity of care maintained during placement changes, including out-of-county moves

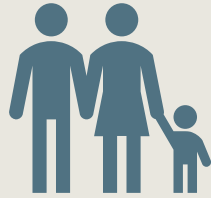
Cross-System Coordination & Equity

- Seamless communication and referrals across BH, child welfare, probation departments, and MCPs
- Data-driven efforts to reduce racial/ethnic disparities in removal, access, and outcomes
- Families with lived experience inform service design and quality improvement

Specialty Mental Health Services (SMHS) Penetration Rates in Context

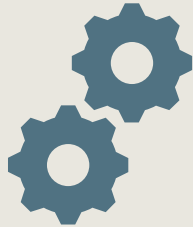


Specialty Mental Health Services (SMHS) Penetration Rates in Context



Child and Family Factors

- Prevalence of trauma and behavioral health needs
- Placement stability and continuity of care
- Caregiver engagement and family involvement



System and Service Factors

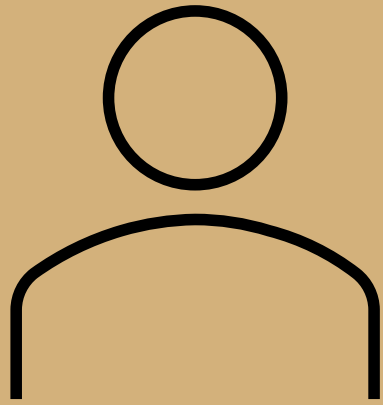
- Coordination between Child Welfare and Behavioral Health
- Provider capacity and workforce availability
- Timely referral and engagement in services



Policy and Environmental Factors

- Impact of state and federal reforms on service models
- County-level resources, funding, and infrastructure
- Social determinants of health (housing, poverty, community supports)

Questions to Ask Yourself



?

Prevention & Early Intervention

Cross-System Communication & Referral Pathways

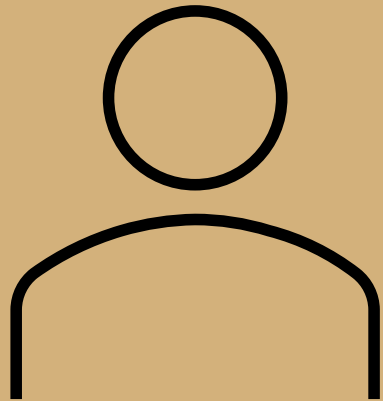
Formal Partnership & MOUs

Shared Data to Monitor Outcomes & Equity

Centering Lived Experience



Questions to Ask Yourself



How effectively does Behavioral Health collaborate with child welfare to support families early and prevent maltreatment?

Are communication and referral pathways clear, timely, and coordinated between Behavioral Health, Child Welfare, and MCPs?

What formal partnerships or MOUs exist to coordinate caregiver behavioral health services and ensure continuity of care?

How do we use shared data to monitor outcomes, track progress on reducing maltreatment, and address racial and geographic disparities?

In what ways are families with lived experience meaningfully involved in cross-system planning, decision-making, and service improvement?



Hunches



Your Integrated Plan Must Include

Priority Area: The main focus or theme you're working on to create impact.

Problem Statement: A clear, concise explanation of the challenge you're trying to solve.

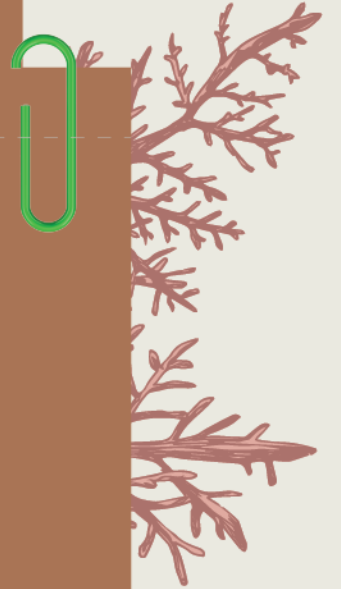
Goal: The desired outcome or change you want to achieve.

Target Populations: The specific group(s) of people your work is meant to serve or affect.

Strategies: The approaches or methods you'll use to reach your goal.

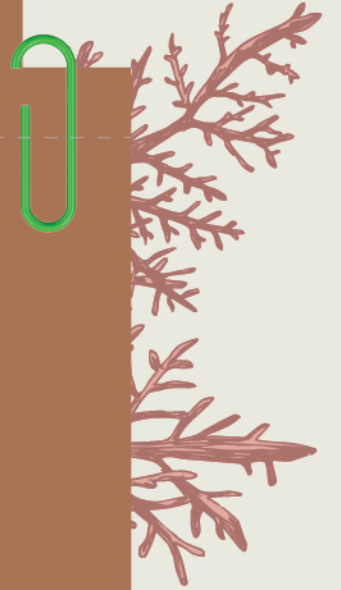
Key Outcomes: The measurable results that show progress or success.

And today we'll show you examples of what this might look like.



What are Hunches?

- Hunches are **early theories about what we might do next** based on what we see in the data and sphere of influence.
- Hunches can be framed as “**What if...**” **statements that express** ideas and guide conversation.
- They’re not final answers — they’re **starting points** for dialogue, planning, and collaboration.

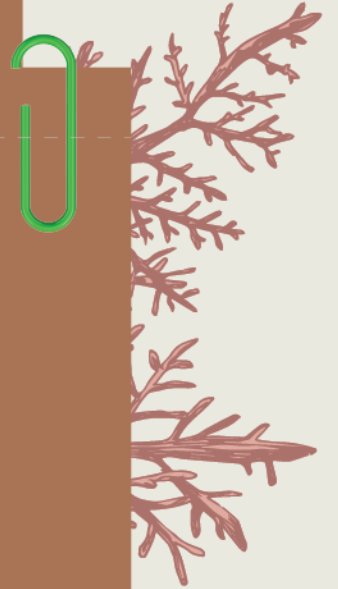


What are Hunches?

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- They’re not final answers — they’re **starting points** for dialogue, planning, and collaboration.

Example hunch:

What if we improved referral and care coordination between child welfare and behavioral health providers to close gaps and reduce delays in SMHS access?



Measuring Equity

What are the main drivers? Identify determinants associated with the measure.

Which populations are most affected? Compare sub-groups to county average and to each another.

Why might you be seeing this result? Examine potential causes of the result you're seeing.

How do you want to make an impact? Set specific goals based on inequities identified and locus of control.

Are you meeting your goals? Monitor progress and adjust when needed, including discussions and feedback from affected communities.

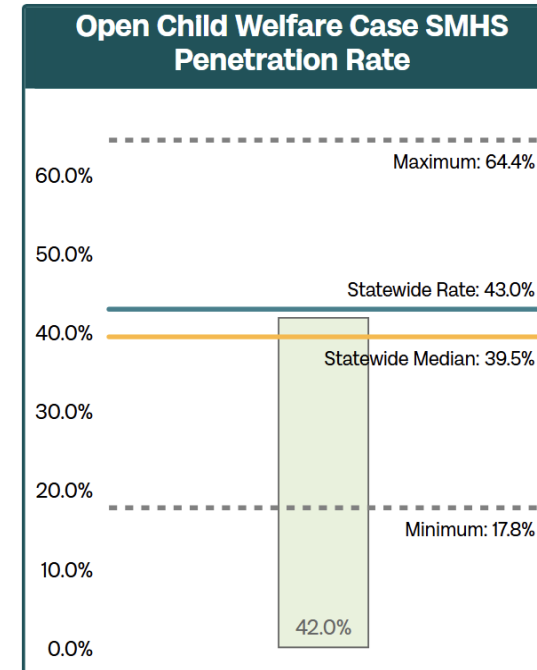
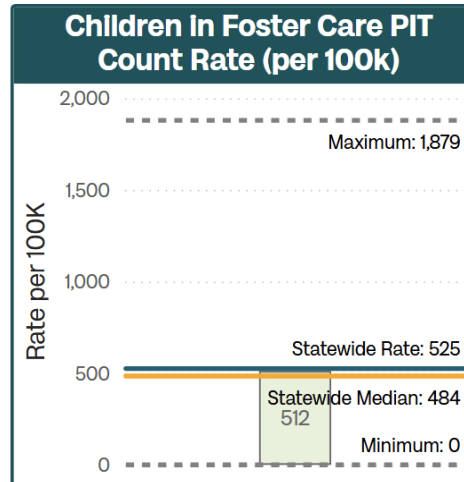
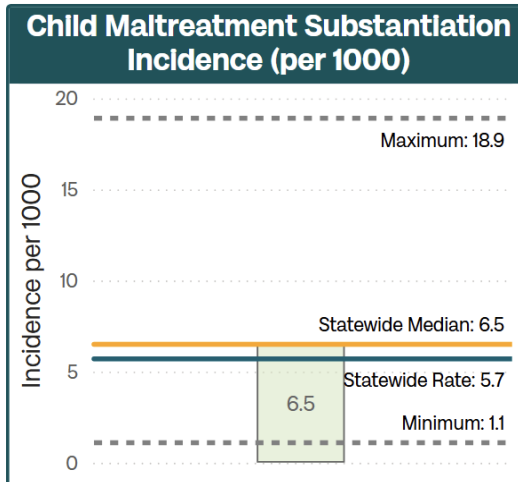
County Example: Yolo County

Yolo County's Removal of Children from Home Data Overview

This tab provides an overview of each measure per county. County-specific rates are shown on the barplots below with the statewide mean, median, minimum and maximum displayed as horizontal constant lines.

Please select a coun... ▼

Yolo ▼



Yolo County Overview: Removal of Children

Measure	State Rate	Yolo County Rate	Equity-Stratified Data
Children in Foster Care (PIT Count)	525.1	511.9	Under 1 (1163.4), 1-2 (735.7), 3-5 (422.2), 6-10 (387.2), 16-17 (325.3), 11-15 (309.8), 18-21 (116.2)
Open Child Welfare Case SMHS Penetration Rates	43%	42%	Other (47.2%), White (44.5%), (Black 42.1%), Hispanic (39.5%)
Child Maltreatment Substantiations	5.7	6.5	Black (45), Latino (6.6), White (6.6), Asian/Pacific Islander (.1), Native American (.1), Multi-Race (0)

Example 1: In Yolo County, System Involvement Varies – Equity Gaps Are Clear

Observation: Yolo County's foster care rate is 512 per 100,000 children—slightly below statewide rate (525) but above the median (484). The county's maltreatment substantiation rate (6.5 per 1,000 children) is also above the statewide rate of 5.7. Disaggregated data reveal significant disparities, with Black children experiencing substantiation of maltreatment at disproportionately higher rates.

Hunches:

- What if we expanded culturally responsive, trauma-informed behavioral health early intervention and stabilization services to support families at risk before removal?
- What if we leveraged existing data-sharing agreements with child welfare to identify communities and populations at highest risk, then partnered on targeted outreach and early supports?
- What if we strengthened cross-system cultural competency training and engaged families with lived experience to build trust and improve service relevance for disproportionately impacted communities?

Example BHSA Integrated Plan: Reducing Maltreatment and Entries to Care

Problem Statement: Yolo County's maltreatment substantiation rate exceeds the state average while the foster care rate is near the state rate. Disaggregated data reveal persistent inequities, with Black children experiencing substantiations at disproportionately higher rates.

Goal: Expand behavioral health supports and use data-driven outreach to target populations at-risk for child maltreatment and entry to foster care.

Strategies:

- Leverage data-sharing agreements to identify high-risk populations and communities, then coordinate targeted interventions with behavioral health and community partners.
- Expand culturally responsive early intervention and stabilization programs by collaborating with community-based organizations to provide trauma-informed, equity-focused supports for families at risk.

Target Populations: Families and children at risk of removal or maltreatment, emphasizing communities disproportionately impacted by system involvement, particularly Black children.

Key Outcomes:

- Increased access to culturally appropriate, trauma-informed behavioral health services.
- Data-informed, targeted interventions reaching populations at highest risk.
- Strengthened coordination between behavioral health, child welfare, and community partners to advance equity.
- Reduced foster care entries and maltreatment substantiations.

Example 2: Yolo County Child Welfare SMHS Penetration Rate

Observation: Yolo County's SMHS penetration rate for open child welfare cases is 42%, just below the statewide rate of 43%.

Hunches:

- What if we improved referral and care coordination between child welfare, MCPs, and behavioral health to close gaps and reduce delays in SMHS access?
- What if we implemented a closed-loop referral system to track and confirm timely SMHS initiation, reducing lost or delayed referrals?
- What if we strengthened family engagement initiatives to enhance initiation and retention in trauma-informed, developmentally appropriate SMHS?
- What if we developed cross-county partnerships to ensure seamless care continuity and support for youth placed outside Yolo County?

Example BHSA Integrated Plan: Increasing Access to SMHS for Children in Child Welfare

Problem Statement: Children in Yolo County with open child welfare cases have slightly lower SMHS penetration than the statewide rate.

Goal: Increase timely access and sustained engagement in trauma-informed, developmentally appropriate SMHS for children in child welfare, through strengthened care coordination and referral tracking.

Strategies:

- Strengthen care coordination by partnering with MCPs and child welfare to streamline referrals and reduce delays.
- Implement a closed-loop referral system to monitor referrals from initiation to service start, ensuring timely SMHS access and promptly addressing delays or gaps.

Target Populations: Children with open child welfare cases and their families or caregivers.

Key Outcomes:

- Reduced delays and gaps in SMHS initiation.
- Improved family participation and sustained engagement in behavioral health services.
- Strengthened collaboration between county BH, MCPs, and child welfare to improve access.

Reminder: There are Six Priority Goals and One Additional Goal

Designing strategies that
address more than one
goal/measure at once will
work in your favor!



What's Next?

Please fill out the survey in the chat!

Removal of Children from Home
Office Hours: Friday 8/22, 12-1 p.m.

Continued Discussion on data, equity analysis, and hunches.

Questions:

managedcare@calmhsa.org





Thank You!