

Overview

The California Department of Social Services (CDSS), in partnership with the FFPS Advisory Committee and Subcommittees, has developed guidance for making candidacy determination for Title IV-E funded prevention service delivery. The guidance reflects the key factors that Title IV-E Agencies (County Child Welfare and Probation) and Tribes with a California Title IV-E agreement will use to determine candidacy and eligibility for Title IV-E prevention reimbursement.

Key Foundational Information

The IV-E funded prevention service provision and candidacy determination are new activities and require a shift in the approach traditionally used to identify IV-E service recipients. Prevention services are completely voluntary and should not be used in place of a formal intervention from the IV-E Agency or Tribe with a California IV-E agreement. Families may elect not to participate at any time and should not face more formal involvement if they choose not to participate in prevention services.

Candidacy for IV-E funded FFPS prevention services is intentionally broad and intended to make IV-E funded services available to help stabilize and strengthen families. Traditionally, in child welfare and probation the goal has been to keep children and families **out** of the system unless they have significant challenges that cannot otherwise be resolved. Shifting one's mindset to a prevention focus requires a different approach that seeks to find ways to screen children and families **into** community-based services and supports. Those working to determine candidacy for FFPS should be generous in their thinking as they seek to determine candidacy. See Appendix C for examples of situations that meet the threshold for imminent risk of foster care entry.

Candidacy determination is not investigative, and it is a completely voluntary process. It is not necessary to know every detail about every challenge the family is facing during candidacy determination. Further assessment and engagement will happen through the process of service planning and delivery that will inform updates and changes to the Family Well-Being Plan¹.

Families who do not meet candidacy will not be eligible to receive **IV-E funded** prevention services, **but they may receive other supportive services within the community**. Counties must be familiar with the services outlined within their local Comprehensive Prevention Plan (CPP), as some counties will be using state funds only (State Block Grant)

¹ Family Well-Being Plan is the generic name for the Prevention Plan within the Family First Prevention Services (FFPS) Program. Counties and Tribes with a California IV-E Agreement may have other names for this plan.

for Evidence-Based Practices (EBPs) and services that are not yet included within the State's Five-Year Title IV-E Prevention Plan. Each county has identified IV-E funded FFPS services they will provide to families who meet the candidacy eligibility requirements; however, the community may also maintain other community-based connections for families seeking help or resources. Candidacy determination should not impede a family's connection to other community-based services.

Many counties have elected to start with a smaller identified population for provision of IV-E funded evidence-based programs (EBPs) and may have only one or two EBPs in their service array. A county or Tribe with a California IV-E agreement will not provide **IV-E funded** prevention services to families beyond the population and EBPs outlined within their CPP; however, other supportive services may be available.

Although candidacy determination for prevention services focuses on a child's imminent risk of foster care entry, the consideration for candidacy will not focus only on the child's behavior but on the whole family. The child's actions or visible negative impacts on the child are not the only factors to consider in making a candidacy determination for prevention services.

The [Protective Factors Framework](#) is an optional tool to help identify when a family is experiencing instability, but there is no requirement to use the Protective Factors Framework. Counties may choose other ways to determine when a family is experiencing a threat to the child's safety or family instability.

Pathways to Prevention Services and Service Delivery Plans

Families may engage with prevention services via a variety of access points. For example, they may seek services directly from a community provider, they may be referred for community-based prevention following a call to the child welfare hotline or after a child welfare case is closed, or they may receive Title IV-E funded prevention services while also having an open case with a IV-E Agency or Tribe with a California IV-E agreement.

Once the family accesses the prevention service array, prevention services may be provided via a Family Well-Being Plan developed by the IV-E Agency or Tribe with a California IV-E agreement or by a community provider. If the IV-E Agency or Tribe with a California IV-E agreement is providing case management for prevention services, they may deliver services via two possible plans: a **IV-E Agency or Tribe with a California IV-E Agreement Combined Plan** (for families with an open Family Maintenance child welfare case or ongoing involvement with the Probation Department) or via a **IV-E Agency or Tribe with a California IV-E Agreement Prevention Only Plan** (for families with no open case or referral with the IV-E Agency). See below for additional information about these service plans.

- **IV-E Agency² Pathway:**
 - IV-E Agency Combined Plan
 - A family with an open child welfare case or ongoing involvement with the probation agency who also receive IV-E funded prevention services has a **IV-E Agency Combined Plan**. This includes families with a non-court / voluntary, or court-ordered Family Maintenance case, probation-involved youth also receiving prevention services, or an expectant or parenting youth in foster care.
 - Key determining factors for this service plan:
 - There is an open case with the IV-E Agency (County Child Welfare, County Probation, or Tribe with a California IV-E agreement).
 - The IV-E Agency develops and monitors the Family Well-Being Plan with the family³.
 - IV-E Agency Prevention Only Plan
 - A family seeking **VOLUNTARY** supports and services who receive prevention services from the IV-E Agency with **NO** open child welfare or probation case or referral has a **IV-E Agency Prevention Only Plan**. This includes circumstances when counties are not implementing a community pathway OR when there are no community providers available to provide case management in support of the prevention services and supports that the family is seeking, but where the IV-E Agency has dedicated staff to coordinate the services and supports necessary to mitigate any imminent risk for placement in foster care.
 - Key determining factors for this service plan:
 - There is no open case or referral, and nothing held in abeyance by the IV-E Agency (County Child Welfare, County Probation, or Tribe with a California IV-E Agreement)⁴.
 - There may be service delivery by a community provider and/or by IV-E Agency staff.
 - The **Title IV-E Agency** develops and monitors the Family Well-Being Plan with the family³.
- **Community Pathway:**
 - A family receiving community-based prevention services from a community-based provider with no child welfare involvement has a **Community Pathway Plan**. This includes no interaction with the IV-E Agency other than approval of

² The term “IV-E Agency” encompasses Tribes with a California IV-E Agreement and County Child Welfare and Probation Agencies.

³ Per WIC 224.2, the IV-E Agency will conduct inquiry, notification, assessment, and case planning in coordination with a Tribe if a child is identified as a member of, or potentially a member of, a Tribe.

⁴ Although there should be no repercussions for families electing to terminate their participation in prevention services, IV-E Agencies may develop protocols with community providers to conduct outreach and engagement activities with families who stop participating prior to completion of services.

candidacy. This plan includes families who are referred to community providers from the IV-E Agency following a closed referral or case with no ongoing IV-E Agency involvement with the family. Families may also access the community pathway directly by seeking services or support from a community provider.

- Key determining factors for this service plan:
 - There is no open case or referral with the IV-E Agency and no service provision from the IV-E Agency (County Child Welfare, County Probation, or Tribe with a California IV-E Agreement).
 - The Community Provider develops and monitors the Family Well-Being Plan with the family.

These pathways are not determined by the family's initial access point to services, but by the development of the Family Well-Being Plan, the provider of services, and the ongoing involvement or case management with the family. Please review the examples in Appendix A for more information.

Candidacy Determination Guidance

The Candidacy Determination guidance below was adapted from the California State Prevention Plan and does not change the candidacy guidance provided there.

There are three key factors to consider when determining candidacy:

1. Does the family fit within the population identified in the CPP developed by the county or Tribe?
2. Does the family or child/youth qualify as a candidate (based on already being in an open case or because they are experiencing challenges that make them at imminent risk of foster care entry as defined in the California State Prevention Plan)?
3. Is there an Evidence-Based Practice in the plan that would reduce the risk of foster care entry for the family and for which the family is eligible?⁵

If the answer to all three of these questions is yes, the family meets the candidacy requirement for IV-E funded prevention services.

Please see Appendix B for decision trees and flow charts to support candidacy determination. Appendix C contains examples of family situations that meet the candidacy requirements of the California State Prevention Plan.

⁵ Tribes with a California IV-E Agreement may determine the practice criteria for services that are adapted to the culture and context of the Tribal communities served under the agreement. (ACF-ACYF-CB-PI-24-10, December 20, 2024)

Appendix A: Service Plan Examples

The examples below illustrate some of the ways families can access prevention services. Service plans are not determined by the family's initial access point to services, but by the development of the Family Well-Being Plan, the provider of services, and the ongoing involvement or case management with the family.

IV-E Agency Combined Service Plan Examples

1. A family has a child welfare referral and through the emergency response process they are offered and are interested in a non-court/voluntary family maintenance case. Through the case planning process with the assigned family maintenance worker, the family and worker identify an eligibility for a IV-E funded prevention service. The family agrees and receives the IV-E funded prevention service in addition to the other services identified in their Family Maintenance case plan.
2. A parenting foster youth with a one-year-old child is working with their assigned case-carrying social worker to support their transition to greater independence. Through ongoing case planning, the social worker and youth identify that the family meets the criteria for IV-E funded prevention services. With the youth's agreement, a referral is made through the Community Pathway, and prevention services are provided by a community-based provider. These services focus on strengthening parenting skills, promoting the child's well-being, and supporting the stability of the family, in coordination with the youth's case plan and other supports available through the foster care program.
3. A youth with an open probation case is working with their assigned probation officer to address identified needs and goals. The probation officer determines that the youth and family meet the criteria for IV-E funded prevention services. With the family's agreement, a referral is made for prevention services to be delivered by a community-based provider. These services are designed to support the youth's stability, strengthen family and community connections, and reduce the likelihood of future system involvement, in alignment with the youth's probation goals.

IV-E Agency Prevention Only Plan Examples

1. A family has a child welfare referral and through the emergency response process they are offered and are interested in prevention services. There is no Community Pathway in this county, but the county has prevention service staff who can develop a Family Well-Being Plan and provide a IV-E funded prevention service. The allegations were found to be inconclusive, the referral is closed, and the prevention service staff work with the family.
2. A post-adoption family engaged with the IV-E Agency for ongoing support through the Adoption Assistance Program (AAP) shares increasing stressors that place the family at risk of disruption. The IV-E Agency prevention staff review the situation and determine the family meets candidacy criteria for prevention services. Prevention

staff partner with the family to develop a Family Well-Being Plan and begin providing services through a IV-E Agency prevention only plan.

3. A family comes to the attention of the IV-E Agency via a social worker co-located in a school. The family is currently unhoused and staying temporarily with friends. They are also experiencing instability due to parenting challenges. The family meets the criteria for IV-E funded prevention services. The family expresses interest in engaging in prevention supports. During the initial contact with the family, the IV-E Agency inquires about Tribal affiliation and learns the family are members of a Tribe; however, there is no Tribal agency or local community-based organization available to provide services. To ensure the family can access support, the IV-E Agency initiates services with a IV-E Prevention Service Only Plan. The assigned prevention staff partner with the family and Tribe to develop a Family Well-Being Plan that honors the family's cultural values and identifies available community and natural supports. Prevention services are provided directly by the IV-E Agency to strengthen family stability and promote the child's safety and well-being within their home and community.
4. A family with identified intimate partner violence (IPV) concerns is evaluated by the IV-E Agency and determined not to require ongoing child welfare involvement. The family expresses interest in receiving prevention and stabilization supports; however, there is no local community-based IPV program available to provide services. To ensure the family can access support, the IV-E Agency initiates services through a IV-E Prevention Service Only Plan. Prevention staff work with the family to develop a Family Well-Being Plan tailored to their needs and safety, connecting them with any available resources and supports. Services are provided directly by the IV-E Agency to promote family stability, enhance safety, and prevent future involvement with the child welfare system.
5. A family with a teen who has experienced commercial sexual exploitation begins receiving support through the Community Pathway to address challenges with managing household stress, parenting challenges, and behavioral concerns. Over time, the family experiences escalating needs that exceed the capacity of the Community Pathway to address. The family is not eligible for an open child welfare or probation case, but the county IV-E Agency determines that they meet criteria for its Prevention Plan. As part of a tiered service approach, the IV-E agency provides prevention services directly to the family, developing a Family Well-Being Plan that addresses their high-acuity needs while coordinating with the supports initially accessed through the Community Pathway. Services focus on stabilizing the family, enhancing safety and well-being, and preventing future child welfare involvement.
6. A Tribal family regularly participates in local community events but is struggling to meet the emotional needs of their 14-year-old child, who has been increasingly withdrawn and refusing to participate in activities. A Tribal community member notices the child's distress and suggests that the family may be eligible for

prevention services through the Tribe as the Tribe has a California IV-E Agreement and an approved Comprehensive Prevention Plan. Tribal prevention staff work with the family to develop a Tribal Prevention Plan that identifies supports and strategies to strengthen the child's emotional well-being. Services are provided through community-based providers to promote family stability, support the child's engagement, and enhance overall family well-being, but the Tribe maintains the case management role with the family.

Community Pathway Plan Examples

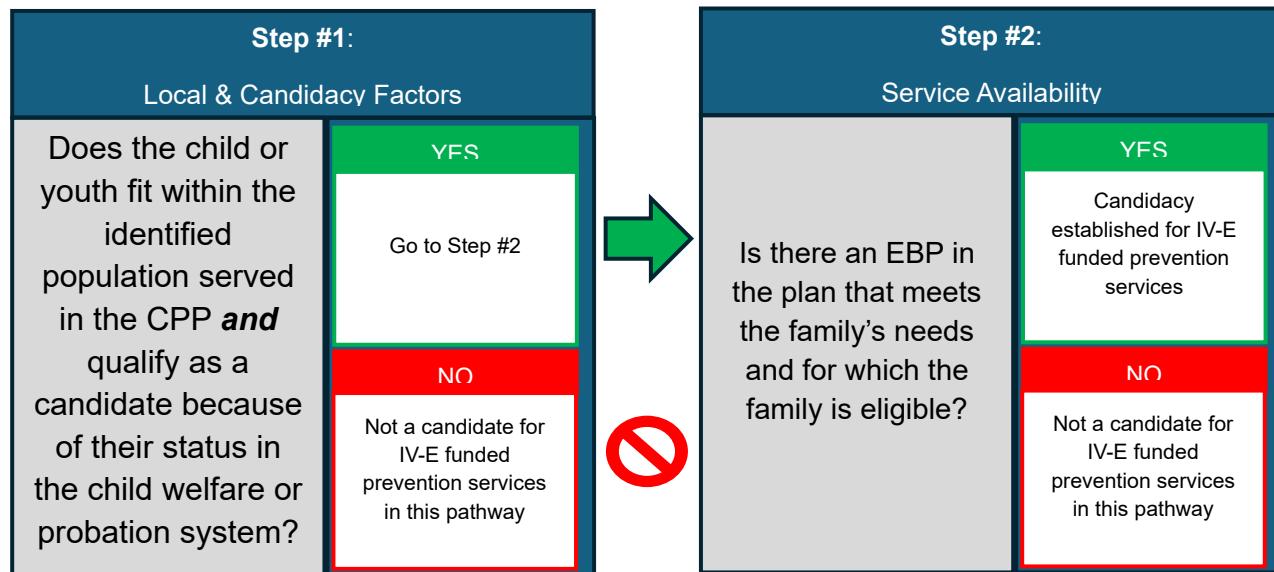
1. A family has a child welfare referral and through the emergency response process the emergency response worker does not substantiate the allegations but identifies that the family system is stressed by unemployment and financial strain. The emergency response worker also learned that the child has a sibling in foster care. The father had prior child welfare involvement and did not reunify with his child. The family are offered and are interested in community-based prevention services. The county has a Community Pathway, and the emergency response worker refers the family to the community pathway and closes the child welfare referral. After the referral to the community agency, the child welfare agency does not receive any follow-up information to confirm whether or not the family followed up with the referral to services. If the family followed up, the community provider would make a de-identified candidacy recommendation to the IV-E Agency and if approved would develop a Family Well-Being Plan and provide services to the family.
2. A family who reunified with their child a year ago walks into a local Family Resource Center (FRC) seeking support for increasing stressors that place them at risk of re-entry into foster care. The community partner at the FRC screens the family for candidacy and receives approval from the IV-E Agency. FRC prevention staff work with the family to develop a Family Well-Being Plan that identifies strengths, needs, and available community supports. Services are provided through the Community Pathway.

Appendix B: Candidacy Charts and Decision Trees

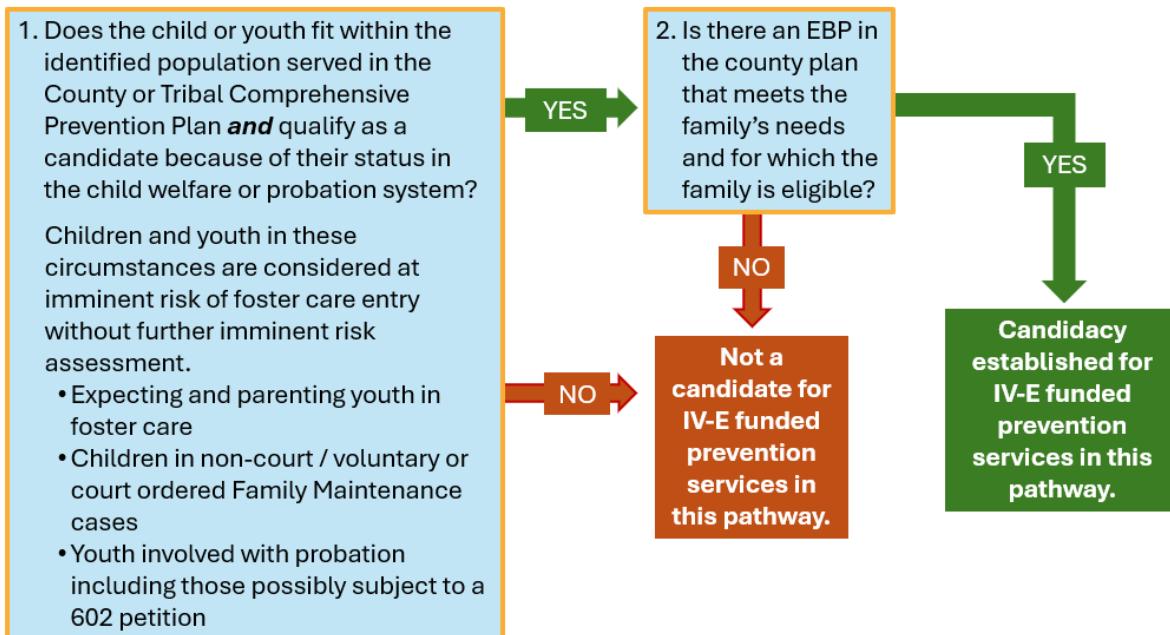
The flow charts and decision trees below demonstrate the process used in determining if a family meets candidacy for Title IV-E prevention claiming for services provided in their Family Well-Being Plan.

Flow Chart 1: IV-E Agency Combined Service Plan:

When determining candidacy for IV-E prevention claiming for IV-E Agency Combined Service Plan, consider key factors in the order identified below.

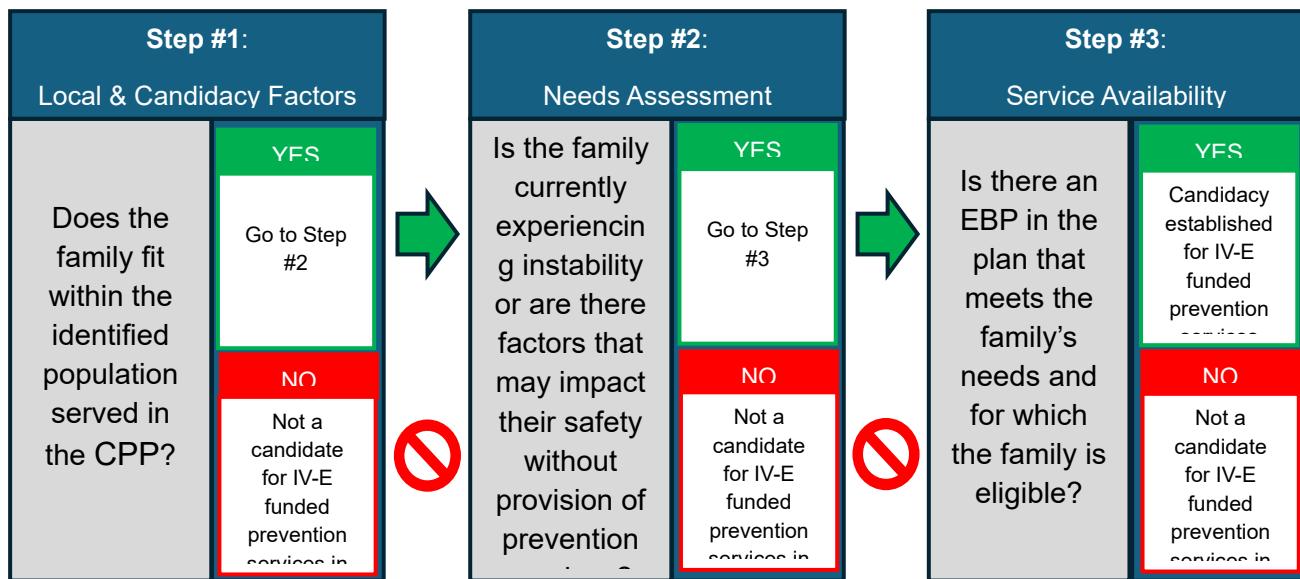


Here is the same information for determining candidacy for IV-E prevention claiming for IV-E Agency Combined Service Plan in another format:

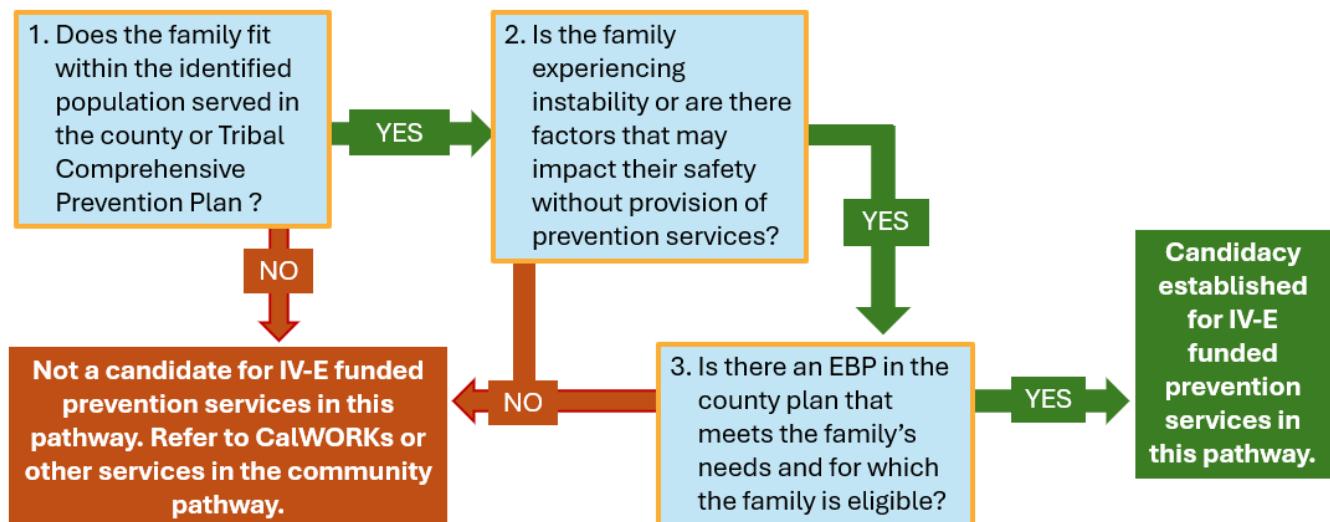


Flow Chart 2: IV-E Agency Prevention Only Plan and Community Pathway Plan

When determining candidacy for IV-E prevention claiming for IV-E Prevention Only or Community Pathway Plans, consider key factors in the order identified below.

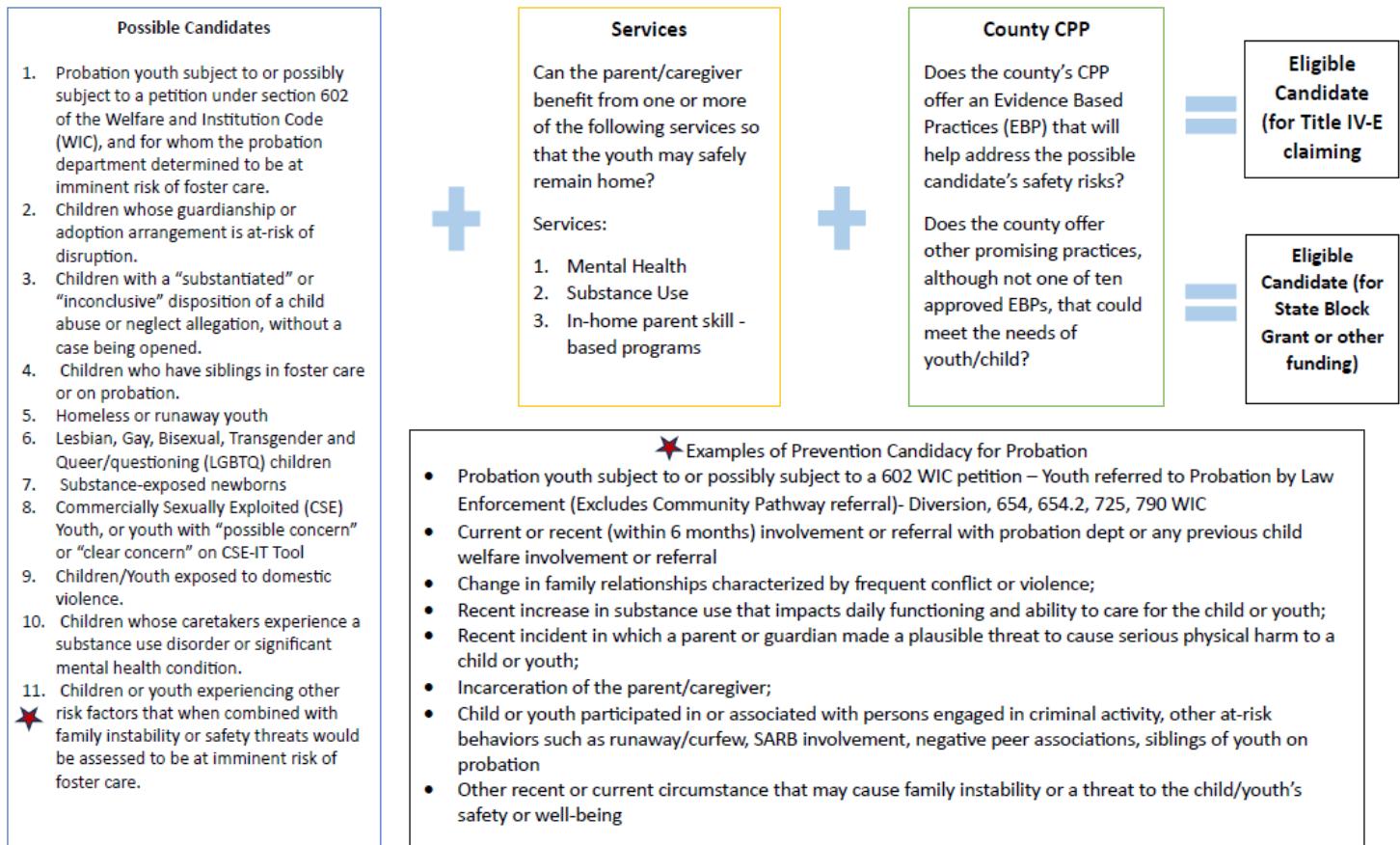


Here is the same information for determining candidacy **for IV-E prevention claiming for IV-E Agency Prevention Only or Community Pathway Plans** in another format:



Flowchart 3: Probation Candidacy Determination for IV-E Funded Prevention Services⁶

The formula below is intended to determine candidacy for Title IV-E prevention services eligible to claim Title IV-E reimbursement. This guide is for probation departments that will be determining candidacy for youth who would typically not be served under the traditional pathway and/or for youth that come to the attention of the probation department who will be offering or referred to prevention services. Pregnant and parenting foster youth are automatically eligible candidates.



⁶ Developed by Chief Probation Officers of California

Appendix C: Candidacy Examples

See below for examples of family situations that meet the threshold of imminent risk for foster care entry based on the California State Prevention Plan. Further candidacy determination must include ensuring the family fits within the county CPP identified populations and available IV-E funded Evidence-based Practices.

1. Sonia and Rafa H. are a Spanish-speaking Salvadoran couple with limited English proficiency. They live in a one-bedroom apartment with their five children, ages 6 months to 11 years. Rafa works outside the home, and Sonia is unable to work due to serious health issues, including hypertension and a high risk of heart attack. The family struggles to meet their children's needs. Their oldest son, Miguel, has severe asthma and has visited the ER multiple times in the past two months, missing several days of school. He now feels disconnected from school and often refuses to attend, becoming disruptive during morning routines. Miguel has been cited for excessive truancy and referred to the School Attendance Review Board (SARB). Sonia does not have a primary care provider, relies on the ER for care, and inconsistently takes her medication. She has had several ER visits in the past six months. Sonia and Rafa are deeply concerned about her health and Miguel's attendance. The SARB board referred the family to a community provider whose candidacy assessment was approved by the IV-E Agency.
2. Katie W. is a 21-year-old white woman. She has a 2-year-old daughter Josie and is 22 weeks pregnant with her second child. Josie's father is not in contact with the family. Katie does not know where he is and does not have contact with his family. Katie lives in a studio apartment and works a part-time job that does not pay enough to cover her monthly expenses beyond rent and food. Katie has no family locally and is no longer in a relationship with the father of her unborn baby due to interpersonal violence. Though Katie's mother and extended family are generally supportive of Katie, they live several hours away and are unable to offer much help. Katie is not in contact with her paternal relatives and her mother is working hard to support Katie's younger siblings who still live at home. Katie wants to learn parenting skills as she feels she is not coping well with Josie's current behavioral challenges (tantrums, biting, pinching) and will be challenged to care for both children. She would also like to address the trauma of the domestic violence in her most recent relationship. Katie's healthcare provider referred her to a community provider whose candidacy assessment was approved by the IV-E Agency.
3. Tara and Daniel J. are Tribe members living in Mendocino County with their three children, ages 5, 9, and 13. The family resides in a small two-bedroom rental near relatives. Daniel works seasonally for the Tribe's fisheries program, and Tara stays home with the children. The family was referred to Mendocino County Child Welfare Services after neighbors reported frequent arguing between the parents and the 13-year-old. An assessment found that the children were safe in the home but that the family was experiencing high stress and inconsistent parenting practices. The

county worked with the family and Tribe to develop a Non-Court Family Maintenance (FM) case plan and provide in-home support. The IV-E Agency identified that the family met candidacy for IV-E funded prevention services provided by the Tribe.

4. Daryl J. is a 65-year-old African American man who has been serving as a guardian for his two grandchildren for 10 years. The grandchildren, Daveed (age 14) and Milton (age 16) were removed from their parents and placed with Daryl who became their guardian when their parents were unable to reunify. Daryl recently retired and lives in a home that he has owned for more than 30 years. Daryl is the only adult in the home and the primary caregiver for the children. Daryl is doing his best to help them succeed, but he sees that Milton is withdrawn and experiencing periods of sadness. Daveed has had two interactions with police involving being at the park after hours and tagging. Milton and Daveed both express feeling abandoned by their parents. Daryl was recently diagnosed with diabetes and had to have one of his toes amputated. He uses a cane for mobility assistance. His surgical recovery was challenging and limited his ability to get out of the house. Daryl was also told that he needed to stop drinking alcohol and using marijuana, which he did regularly to cope. Daryl is finding the changes in his life saddening and overwhelming. He wants to continue to be there for his grandchildren but is struggling to manage his own needs. Following Daveed's interactions with the police, Milton was referred to a community agency for support. The community provider completed a candidacy assessment that was approved by the IV-E Agency.
5. Ana and Carlos D. are English-speaking Mexican American parents of 4 children. Their oldest daughter Andrea is 17 and they have 14-year-old twin boys Edwin and Juan and a 12-year-old daughter Nataly. Andrea will start her senior year in high school this year and is on track to graduate. She plans to attend the local community college after graduation. Over the past 6 months Andrea has been experiencing behavioral challenges including shoplifting, being away from home overnight without permission, and stealing vodka from a corner store. Andrea was placed on Informal Grant of Probation a few months ago (WIC §654). Andrea has a 19-year-old boyfriend who is on adult probation for auto theft. Ana and Carlos are concerned that Andrea and her boyfriend are using cannabis. They have continued to allow Andrea to see her boyfriend because they don't want to further alienate her, but they want support with setting and holding boundaries. They are also concerned about involving law enforcement and hesitate to contact the police for fear of overreaction or upsetting the neighbors. They are unsure of how to get help.
6. Leah S. is a 32-year-old Tribe member raising her two children, ages 6 and 8, within a Tribal Service Area. Since separating from her partner, Leah has experienced depression and fatigue that make it difficult to maintain consistent daily routines. Her children have frequent absences from school, and their teachers report they often appear tired and withdrawn while at school. Leah expresses that she feels guilt about the level of parenting she is able to provide and she is worried about her

parenting. She has a desire to reconnect with her community and improve her children's wellbeing. Leah connected with the Tribal Social Service Agency who completed a candidacy assessment and initiated prevention services with the family (Note: As a Tribe with a California IV-E agreement and an approved CPP, Leah's Tribe has authority to make candidacy determinations).

7. Lorraine B., a retired hotel worker, is the guardian of her grandchildren Keisha (16) and Kingston (11), an African American family of three. She assumed custody through Probate Court after their mother passed away from a terminal illness two years ago. Their father lives in Illinois, and they see him and paternal relatives a few times a year. Lorraine has major health issues and requires dialysis three times a week, making it hard to manage daily tasks. Keisha helps by cooking and supporting Kingston with homework. Lorraine feels isolated, as other family members live far away. Kingston is doing well in school, and Keisha is a strong student with a talent for art—her teacher sees leadership potential in her. Earlier this year, Keisha was in a park fight and later injured another student at school, resulting in felony assault charges and her being declared a ward under WIC §602. Kingston also reported that Keisha sometimes sneaks out and stays out all night.
8. Maritza and Dave J. are a white English-speaking couple with 4 children (ages 10, 8, 3, and 2). Maritza expresses feeling overwhelmed by the stressors of parenting. Dave works overtime and is rarely available to help with parenting. Maritza feels hopeless and uncertain about how to get help for daily tasks and getting to appointments. She reported that neither she nor her children have seen a primary care provider in over a year. She also disclosed diagnoses of depression and anxiety and expressed interest in accessing mental health support. Additionally, Maritza shared concerns about her 8-year-old child Kyri, who identifies as a boy, though he was assigned female at birth. Maritza is unsure how best to support Kyri and is seeking guidance. Dave has been resistant to acknowledging Kyri's gender identity and Maritza has noticed Kyri showing increased frustration and sadness about his father's lack of understanding about his gender expression. Maritza and Dave were referred to the local Family Resource Center by Kyri's teacher. The Family Resource Center completed a candidacy assessment that was approved by the IV-E Agency.
9. Isaac H. is a 15-year-old youth living with his grandmother, Ruth. Isaac was cited for shoplifting and has been referred to the county's diversion program instead of formal probation. The county probation officer notes that Isaac's behavior appears connected to school absences, peer pressure, and grief following the loss of his father. Ruth, his guardian, reports that she feels overwhelmed trying to supervise a teenager while managing her own health challenges. Through the inquiry process, the IV-E Probation Agency learned that Isaac and his grandmother are members of a Tribe. The Probation Agency identified that the family met candidacy for IV-E funded prevention services and worked with the family and Tribe to develop a Family Well-Being Plan.