

California's Child and Family Services Review System Improvement Plan

County:	Los Angeles County
Responsible County Child Welfare Agency:	Department of Children and Family Services Probation Department
Period of Plan:	October 1, 2008 – September 30, 2011
Period of Outcomes Data:	
Date Submitted:	October 1, 2008
County Contact Person for County System Improvement Plan	
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Submitted by each agency for the children under its care	
Submitted by:	Los Angeles County Department of Children and Family Services
Name:	Patricia S. Ploehn, LCSW
Signature:	<i>Patricia Ploehn</i>
Submitted by:	County Chief Probation Officer
Name:	Robert Taylor
Signature:	<i>Robert B. Taylor</i>



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PATRICIA S. PLOEHN, LCSW
Director

November 5, 2008

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

NOV 05 2008

Board of Supervisors

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- YVONNE B. BURKE
Second District
- ZEV YAROSLAVSKY
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- DON KNABE
Fourth District
- MICHAEL D. ANTONOVICH
Fifth District

Dear Supervisors:

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES:
REQUEST AUTHORIZATION TO SUBMIT THE LOS ANGELES COUNTY SYSTEM
IMPROVEMENT PLAN TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (ALL
DISTRICTS) (3 VOTES)**

SUBJECT

Approve and delegate authority to the Director of the Department of Children and Family Services (DCFS) and the Chief Probation Officer of the Probation Department to submit the Los Angeles County System Improvement Plan (Attachment A) to the California Department of Social Services (CDSS) in order to comply with California's Outcomes and Accountability System (COAS).

JOINT RECOMMENDATION WITH THE CHIEF PROBATION OFFICER THAT YOUR BOARD:

1. Approve the Los Angeles County System Improvement Plan (SIP) for submission to the CDSS; and
2. Delegate authority to the Director of DCFS and the Chief Probation Officer of Probation to submit the System Improvement Plan to CDSS.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

The County System Improvement Plan (SIP) is one of the principal components of California's Outcomes and Accountability System, which is used to monitor and assess the quality of services provided by both DCFS and Probation and to determine whether or not such services are helping to achieve improved outcomes in the areas of safety, permanency, and well-being for children and families.

The SIP is the operational agreement between the County and the State, outlining how the County will improve its system of care for children and youth under the supervision of DCFS and Probation. It forms an important part of the reporting system on progress towards meeting agreed upon improvement goals. The County SIP includes milestones, timeframes, and proposed improvement goals that the County expects to achieve during the three year plan. The development of the SIP was guided by the findings from the County Self-Assessment (CSA) Report, which was approved by your Board on July 15, 2008.

"To Enrich Lives Through Effective and Caring Service"

The creation of the SIP was shaped by findings from the Peer Quality Case Review that focused on examining the practices and operations that impacted reunification; findings from the Los Angeles County Self-Assessment; and information from managers responsible for the oversight and implementation of major initiatives, programs and operations that directly affect the outcome measures included in the SIP. On July 9, 2008, community stakeholders were invited to a meeting during which assessment findings and proposed SIP strategies were shared. The SIP strategies that were shared had been developed by DCFS and Probation managers as well as community partners who had already been involved in the planning of key initiatives. On August 12, 2008, DCFS and Probation hosted another community stakeholder meeting to hear, gather, and document feedback on the SIP strategies. The final SIP presented to the Board today includes the integration of strategies proposed by our community stakeholders such as visitation planning, development of transitional and after-care services, increased coordination and integration of services, planning for caseload reduction, and the implementation of quality assurance methods to conduct in-depth case analysis on re-entry cases to reveal practice, operational, and resource issues that may be contributing to re-entries into foster care after reunification.

The SIP's development runs parallel to the development of CDSS' Performance Improvement Plan (PIP), which is the agreement between CDSS and the Federal government as to which strategies will be employed to improve child welfare systems, services, and outcomes. The PIP has been developed in response to the Federal Child and Family Services Review that was conducted in February 2008. It should be noted that both the SIP and the PIP share similar themes and strategies, which are expected to result in greater change and progress within our child welfare system.

FISCAL IMPACT/FINANCING

None.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Assembly Bill 636 (Steinberg), Chapter 678, Statutes of 2001, enacted the Child Welfare Services Outcome and Accountability Act of 2001. This law required CDSS to establish COAS. The COAS commenced in January 2004, with implementation instructions provided to local child welfare services and Probation agencies through issuance of ACL 04-05. The COAS operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. The COAS is comprised of County child welfare system reviews and maximizes compliance with federal regulations for the receipt of federal Title IV-E and Title IV-B funds. Principle components of the COAS include: (1) Outcome and Accountability County Data Reports, which are provided on a quarterly basis by University of California Berkeley's Center for Social Services Research Center; (2) County Peer Quality Case Reviews (the last one was completed in March, 2007); (3) County Self-Assessment (Board Approval was obtained on July 15, 2008); (4) County System Improvement Plan (which is the current attached plan); and (5) State Technical Assistance and Monitoring.

IMPACT ON CURRENT SERVICES

The County's SIP, which defines specific action steps to achieve programmatic, operational, and process improvements, will provide a focused and sustained effort on improving quality, accessibility, and availability of services for children and families supervised by DCFS and Probation.

DCFS, Probation, and our wide array of stakeholders are committed to working collaboratively in an effort to improve the safety, permanency, and well-being of the children of Los Angeles County that are at risk, or are currently residing in out-of-home care, through the continued implementation of California's Outcomes and Accountability System.

CONCLUSION

Upon approval of this request, instruct the Executive Officer, Board of Supervisors to send an adopted stamped copy of the Board letter and attachments to:

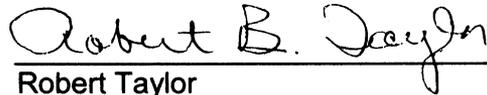
1. Department of Children and Family Services
Office of the Senior Deputy Director
Attn: Susan Kerr
425 Shatto Place, Room 600
Los Angeles, CA 90020

2. Probation Department
Office of the Chief Deputy
Attn: David M. Davies
9150 East Imperial Highway
Downey, CA 90242

Respectfully submitted,



Patricia S. Ploehn
Director



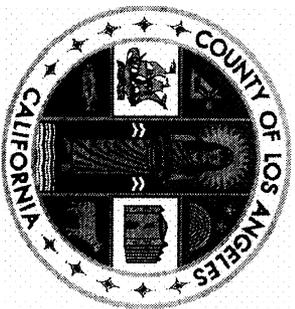
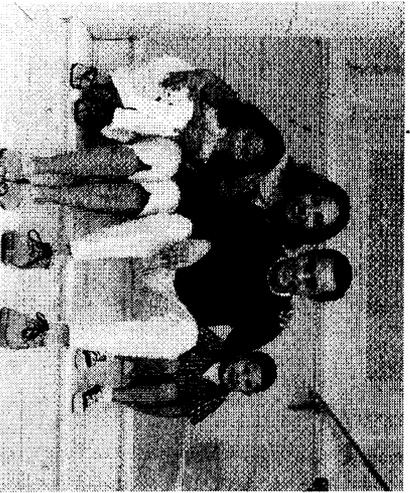
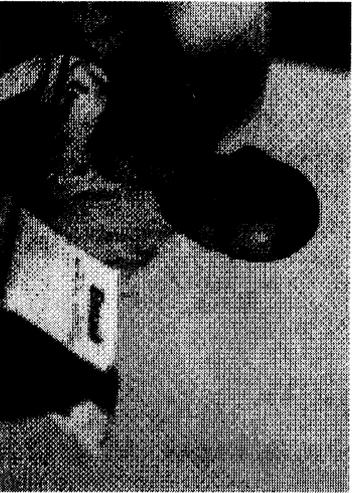
Robert Taylor
Chief Probation Officer

TSP:ae

Attachment (1)

- c: Chief Executive Office
Executive Officer, Board of Supervisors
County Counsel

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System Improvement Plan

October 1, 2008 – September 30, 2011

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The Los Angeles County System Improvement Plan

Purpose of the Los Angeles County System Improvement Plan

The County System Improvement Plan (SIP) is a component of California's Outcomes and Accountability System (COAS). The County SIP, developed by the Department of Children and Family Services and Probation Department, is the operational agreement between the County and the State that establishes program priorities, defines specific action steps to achieve improvement and establishes specific improvement goals in performance the County will achieve within the three year term of the plan (October 1, 2008 through September 30, 2011).

Methodology

The System Improvement Plan was driven by the findings of the Peer Quality Case Review, the Los Angeles County Self Assessment (CSA) Report, as well as the feedback and input derived from various stakeholders during System Improvement Planning meetings. The Summary of Findings for the Los Angeles CSA Report is incorporated into the SIP as **Attachment A**. The primary source of data for assessing child welfare outcomes comes from the Child Welfare Services/Case Management System (CWS/CMS). In addition to using CWS/CMS data to analyze data trends and examine progress made on measured outcomes and indicators, L.A. County also gathered information from a wide variety of stakeholder that participated in the Peer Quality Case Review (PQCR) focus groups, and the L.A. County Self-Assessment Team meetings. Participants were asked how they feel DCFS and Probation are performing in the core areas of safety, permanency, and well-being for children, whether or not they have noticed any changes in performance since the last federal review, and what resource issues or practices in child welfare did they see as affecting performance in the three core areas already mentioned.

In addition, data was gathered from other information systems, such as the Team Decision Making Database, the Structured Decision Making database, Safe Measures, Family to Family Initiative data reports, as well as various program outcome reports.

It should be noted that California Probation Departments do not have the benefit of a statewide data tracking system equivalent to the Department of Children and Family Services. In the absence of this advantage, quantitative outcome data is not available for

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Probation youth, except for Measure 8A – Independent Living Program outcomes.

From Assessment to Action

Findings from the Peer Quality Case Review (PQCR), the Los Angeles County Self-Assessment (CSA), and feedback from a wide variety of stakeholders and consumers of child welfare services have been used to guide and shape the System Improvement Plan (SIP). Findings show that L.A. County is performing well in safety outcomes for children and that there is steady improvement in all well-being measures and most permanency measures. However, there remains a need for improvement in assuring that children achieve permanency, either through reunification with their family, or through adoption or legal guardianship with relatives, non-related extended family members, or other caregivers/parents. Although data shows that more children are reunifying with their families in shorter periods of time, it also shows that re-entries (those children who re-entered the foster care system after being reunified with their families) increased from 4% to 10% between 2004 and 2007. While Los Angeles currently meets the National Standard Goal (a rather high standard level) for the re-entry rate at 9.9%, L.A. County is still concerned about this elevation in re-entries.

Based on the PQCR, CSA, and stakeholder feedback, it is clear that improving permanency outcomes is the essential and critical work that must be the focus of L.A. County's System Improvement Plan. Social workers, youth, and parents who participated in the PQCR reported that there remained systemic issues that impacted reunification. Most notably was the fact that parents and youth did not feel like they were a part of the case planning process and that there was a lack of coordination of services and goals. Some parents reported that they did not understand their rights and responsibilities. Parents, youth and social workers and their supervisors reported that lack of community-based placements added challenges and barriers to reunification, as placing children far from their parent's home made visitation harder and created transportation issues. Social workers stated that the court makes unrealistic visitation orders, given their caseload and workload demands that make it difficult to arrange, plan, and monitor visits. Social workers further reported that there is generally a lack of resources and knowledge about available resources, and that the high cost of living in Los Angeles and the lack of housing and employment made reunification more difficult for families.

In order to address the above challenges to reunification, L.A County's System Improvement Plan includes various strategies to achieve timely and successful reunification, such as engaging families and community in decision making and planning through family team meetings, birth parent mentors and advocates, expansion and enhancement of services, improved integration and delivery of services, improved screening and assessment to ensure that children and families are receiving services based on their needs, and the implementation of Icebreaker meetings in SPA 8 to engage birth parents and foster caregivers in planned and purposeful visitation. Additionally the System Improvement Plan includes a Caseload Reduction Strategy so that Children's Social

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Workers will have more time to engage families, youth, and community in case planning and decision making, and best practice in social work will increase (e.g. purposeful and planned visitation, greater support of resource families and the birth parent – foster caregiver relationship, increased use of Team Decision Making meetings), resulting in stronger outcomes for children.

Findings from the County Self-Assessment showed that attention is especially needed in providing more intensive services for youth who have been living in foster care for an extended period of time (two years or more). Many children that are living in foster care for an extended period have special needs and challenges (e.g. behavioral challenges, mental health issues, multiple placements), limited family involvement, and unknown permanency resources. In order to improve services to these youth, the System Improvement Plan employs family finding and engagement activities and the implementation of specialized permanency planning units to effectively engage family and persons of support to address the permanency needs of this population. Further, Permanency Planning Team Decision Making meetings will provide a systematic and operational means to engage DCFS staff, family, youth, and the community in developing a permanency plan for youth. The System Improvement Plan is also incorporating the expansion and enhancement of Wraparound Services and the Kin-GAP Initiative in order to respond to the findings of the County Self-Assessment regarding permanency for youth who have been in care for at least two years or more.

Measuring the Effectiveness of the System Improvement Plan

The County will be focusing on the following five measures in order to assess the impact that the System Improvement Plan's strategies have upon permanency outcomes for children:

- 1) Measure 1: Percent of Children Reunited within 12 months – Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what percent were reunited in less than 12 months from the date of the latest removal from home?
- 2) Measure 2: Reentry Following Reunification – Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of discharge?
- 3) Measure 3: Adoption Within 24 Months – Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from home?
- 4) Measure 4: Exits to Permanency (24 months in care) – Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?
- 5) Measure 5: In Care 3 Years or Longer (Emancipated/Age 18) – Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

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Monitoring and tracking progress on a quarterly basis will be ongoing in order to determine whether or not progress is being made and to determine if any adjustments to the SIP need to be made in order to better achieve our goals.

In addition, the Reunification, Adoption, and Long Term Care Composite Scores will be tracked to determine the county's progress. Composite scores are derived from components that include specific measures. Those measures carry different weight on the composite scores, with the heavier or more positive weight having greater influence on the composite score. For instance for the Reunification Composite Score, there are two components: timeliness and permanency. The first component, timeliness, is comprised of three measures (percent of children reunified within 12 months (exit cohort), the median time to reunification (exit cohort), and reunification within 12 months (entry cohort). The second component, permanency, is comprised of one measure – the percent of children reentering foster care following reunification. All of the four measures have different weights, all contributing to the overall composite score.

Local Planning Bodies

Los Angeles County engaged a wide variety of stakeholders throughout the self-assessment and system improvement planning process, including service providers, relative caregivers, foster parents, youth, other County Department such as the Department of Mental Health, Department of Health Services, Department of Public Social Services, Chief Executive Office, as well as the Children's Commission, child welfare advocates, and the faith-based community. **Attachment B** provides a listing of those local planning bodies that have had input into the L.A. County Self-Assessment and **Attachment C** provides a listing of those who contributed to the development of the System Improvement Plan.

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Outcome/Systemic Factor:
Measure C1.1 – Percent of Children Reunified within 12 months

County's Current Performance:

Measure C1.1 – Percent of Children Reunified within 12 months

L.A. County's Performance: 60.8% (National Standard Goal: 75.2%)

L.A. County has made continual improvement in reunifying children with their families in less than 12 months from the date of the latest removal from home, going from 50.4% of children reunified during FY 2004-2005 to 60.8% of children being reunified during FY 2006-2007, a 20.63% increase since 2004.

Los Angeles County's current Reunification Composite score is 118.2.

Improvement Goal 1.0

Los Angeles County's goal is to reach a Reunification Composite score of 121.6.

Strategy 1.1

Parents in Partnership

Strategy Rationale

Parent Partners are parents who have been through and/or are familiar with navigating the child welfare and juvenile dependency court system. Parent Partners of the Parents In Partnership have been trained in providing support and resources for new DCFS birth parent clients to help birth parents successfully reunify with their children in a safe and timely manner. Parent Partners can help new birth parent clients navigate the policies, procedures, and court issues involved with having a case with DCFS and provide them with resources, encouragement and support in order to help parents reunify with their children.

Partnering a Parent Partner with a new DCFS birth parent client can help reduce stress for parents by providing information about DCFS and the parents' rights within the child welfare system. Parent Partners also help keep the lines of communication open

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	<p>between social workers, service providers and birth parents who are working towards reunification with their children.</p> <p>Parent Partners, along with Children's Social Workers, host orientations to new birth parent clients that provide basic, easy to understand information. By learning how the DCFS and the courts work, the birth parent clients will be able to better understand their families situation, set goals, and seek resources.</p> <p>For those birth parent clients who require one-on-one support, a parent mentor will be provided. Skilled parent mentors will assist birth parents with addressing the barriers and challenges of reunification and help them towards identifying strengths and resources that will help create solutions to ensure successful and timely reunification with their child.</p> <p>Parent Partners are also invited to various department-wide county meetings, relevant trainings, and panels for training and educational opportunities for both themselves and child welfare stakeholders.</p>	
<p>Establish and implement a plan to recruit, train and hire birth parents to partner with, encourage, and support new DCFS families entering the child welfare system</p> <p>There are currently 15 Parent Partners county-wide (as of June, 2008), and the goal is to double the number of Parent Partners for the Belvedere, Lakewood, and Lancaster/Palmdale offices, where the program is currently implemented.</p>	<p>07/1/08 – 06/30/11</p>	<p>Michael Rauso Nina Powell-McCall</p>
<p>The Parents in Partnership program will be evaluated each fiscal year by tracking the percent of children that are reunified within 12 months; in addition, this outcome will be evaluated by looking at the reunification data</p>	<p>07/08 – 06/11</p>	<p>Michael Rauso Nina Powell-McCall</p>

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<p>just for those offices that are implementing the PIP program (Belvedere, Lakewood, and Palmdale/Lancaster offices) in addition to examining the reunification outcomes for those families who received services from the PIP program.</p>		
<p>Strategy 1.2 Engaging Family and Community in Decision Making and Planning</p>	<p>Strategy Rationale</p> <p>Team Decision Making practice has been implemented county-wide in each regional office. The additional expansion of Family Team Decision Making meetings for children who are removed from their homes after regular business hours (about 30% of removals occur after business hours) will be implemented in order to engage families and community partners to make the best decisions possible and ensure a network of support for the child and the adults who care for them.</p> <p>In addition, “firewalls” (a.k.a. systematic means which ensures operations are in place so that children who meet the criteria for a Removal TDM are referred to a Removal TDM) will be created in order to ensure an increase in the use of Family Team Decision Making meetings for children who have been removed from their homes.</p> <p>Implementing “Icebreaker” meetings in Service Planning Area 8 (Lakewood and Torrance offices) will engage the birth parents and foster parents to work together towards reunification by building rapport, trust, and respect, clarifying the role of the foster caregiver, sharing information on the child’s needs, planning for visitation and other ways to involve the birth parent(s) in parental responsibilities while their child is in foster care. By opening the lines of communication and promoting a good relationship between the birth parent and foster parent, it is expected that reunification efforts will be stronger and more effective.</p>	
<p>Firewalls will be created in order to increase Removal TDMS.</p>	<p>01/10 – 03/10</p>	<p>Michael Rauso Nina Powell-McCall</p>

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<p>A protocol will be developed for TDM utilization for staff working at the Command Post (after hour removals)</p>		<p>01/10 – 2/10</p>	<p>Michael Rauso Nina Powell-McCall</p>
<p>Track outcomes related to Removal TDMS, Replacement TDMS, and Reunification TDMS on a quarterly basis, utilizing the TDM database.</p>		<p>07/08 – 09/11</p>	<p>Michael Rauso Nina Powell-McCall</p>
<p>Implementation of Icebreaker Meetings in SPA 8.</p>		<p>09/08 – 09/11 Torrance office 09/09 – 09/11 Lakewood office</p>	<p>Germaine Key, Torrance Office Bill Bedrossian, Lakewood Office</p>
<p>Strategy 1.3 Up-Front Assessments on High Risk Cases with Expanded Family Preservation Slots</p>		<p>Strategy Rationale The target population for up-front assessments will be families in the Compton office service area with high-risk referrals from the Hotline related to substance abuse, domestic violence and/or mental health involvement. Experts in the areas of substance abuse, domestic violence and/or mental health will provide immediate comprehensive assessments and connect families to treatment and ancillary services in the community. This will allow Emergency Response CSWs to make more informed case decisions, and in many cases, allow children to remain safely in their homes.</p>	
<p>Train Compton office's ER social workers. Joint training by the Family Preservation and POE (a.k.a. differential response) units on the appropriate and efficient use of up-front assessments and the contracted responsibilities of the agencies will be provided.</p>		<p>10/1/08 – 9/30/11</p>	<p>Eric Marts Phillip Tawiah</p>
<p>Increase the number of Family Preservation slots in Compton with the savings related to up-front assessments, as reduced detentions are expected as a result of up-front assessment services.</p>		<p>10/1/08 – 9/30/11</p>	<p>Harvey Kawasaki Naftali Sampson</p>
<p>Expansion of up-front assessments on high-risk cases, with expanded Family</p>		<p>10/1/08 – 9/30/11</p>	<p>Harvey Kawasaki Alma Golla</p>

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Preservation slots to all regional offices		Harvey Kawasaki Alma Golla
Implementation will be measured systematically by the following performance indicators: Number and percent of up-front assessments completed for all high-risk referrals (to be computed on a monthly basis), Number and percent of children removed from families, number and percent of children reunified within 12 months, and re-entry rates (to be monitored on a quarterly basis).	10/1/08 – 9/30/11	
<p>Strategy 1.4</p> <p>Expansion and Enhancement of Wraparound Services</p>	<p>Strategy Rationale</p> <p>Increasing and expanding Wraparound services will benefit more children who are at risk of entering more restrictive placements. The Wraparound Program is a strength and community-based team approach to helping families and children get their needs met so as to achieve permanency and stability in their living situation. The principles of the Wraparound process include family voice and choice, collaboration and shared responsibility for family success, and the delivery of culturally competent, individualized services. During the implementation of the Wraparound plan of care, the team meets regularly in order to review accomplishments, assess whether or not the plan is working to achieve the desired goals, adjust services/interventions that are not working, and assign new tasks to the Wraparound team members in order to move forward with the fulfillment of the team's mission. Wraparound services provides a transitional phase and a transition plan, where the team determines the follow-up options that will help and support the family in succeeding outside of the formal Wraparound structure. Through this approach and through the delivery of these highly individualized services that will meet the specific needs of the family, it is expected that children and youth will be able to either return home or achieve an alternate form of permanency.</p>	
Expand Wraparound services by implementing a contract.	05/09 – 09/30/11	Michael Rauso Pam Dubin
Children and families show strong	10/1/08 – 9/30/11	Michael Rauso

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<p>satisfaction and support for the Wraparound process, as reported through surveys.</p>		<p>Pam Dubin</p>
<p>Strategy 1.5 Expansion of Family Preservation Service Contracts</p>	<p>Strategy Rationale Serving more families through Family Preservation and providing such services before family reunification takes place and after family reunification has occurred will increase the number of children who are able to reunify, as the parents will be better prepared to care for their child before the child returns home.</p>	
<p>Expand the number of slots through existing Family Preservation agencies</p>	<p>10/1/08 – 9/30/11</p>	<p>Harvey Kawasaki Naftali Sampson</p>
<p>Evaluate outcomes of Family Preservation services</p>	<p>10/1/08 – 9/30/11</p>	<p>Harvey Kawasaki Naftali Sampson</p>
<p>Strategy 1.6 Mental Health Screening and Assessment</p>	<p>Strategy Rationale All children in current open cases, and those on newly opened cases, will be screened and/or assessed for un-met mental health needs. The result of all mental health screens (both positive and negative) will be tracked and monitored. Those children who have a positive mental health screen will be referred and linked to mental health services. The length of time between the identification of mental health needs and referral to DMH, linkage to mental health services and the type of service will also be tracked.</p>	<p>The means for mental health screening and assessment will vary upon the child's circumstance as mental health screening and assessment are available to children through several different pathways. Newly detained children who are sent to the HUBs for medical evaluation will also receive a mental health screening. As Multi-Disciplinary Assessment (MAT) is rolled out across the county, all newly detained children will also receive a Multi-Disciplinary Assessment in which their needs will be comprehensively assessed, including their mental health needs (making a mental health screening unnecessary for this population). Children who are currently on open cases will receive mental health screening from their</p>

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	<p>caseworkers prior to their case plan update (every six months), or when the child experiences or exhibits one of the “trigger” behaviors as defined by the CIMH Mental Health Screening Test.</p> <p>Once an unmet mental health need is identified, the co-located DMH staff will further evaluate the child’s need if necessary, identify the best program available to meet the child’s mental health need and link the child (and family if necessary) to a mental health provider that offers the identified program.</p> <p>In order to manage an anticipated increase in the number of children referred for mental health services, to better provide a more comprehensive means of delivering all services to children and families in need and to track, monitor and analyze current trends in service delivery needs, DCFS will initiate the Coordinated Services Action Team (CSAT) in each office. This team will provide structure and organization to staff who, for the most part, are already housed under separate programs in each office.</p> <p>Children who are at risk of removal, replacement or reunification may be referred for a Team Decision Making (TDM) meeting. The CSAT team members will attend TDMs and will work collaboratively with the CSWs, providing their expertise regarding program options and eligibility, to link children and families to appropriate services, and enter the results into the Family Centered Services (FCS) Referral Tracking System (described below). CSAT team members include existing internal resources from each regional office, which may include a MAT Coordinator (described below), co-located DMH staff, Public Health Nurse, RMP Liaison (described below), Educational Liaison, Youth Development Services Coordinator, Linkages Liaison, Wraparound Liaison, and D-rate Evaluator. The CSAT seeks to coordinate, structure, and streamline existing programs and resources and collect, track and analyze data regarding the identification of mental health needs, the linkage to service to meet those needs and the availability of providers to serve those children. The creation of the CSAT aligns existing DCFS and DMH regional non-line</p>
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staff to rapidly receive referrals through the FCS Referral Tracking System to follow-up and ensure the most appropriate service linkage.

The FCS Referral Tracking System will allow CSWs to utilize a single referral process by condensing existing forms into one standardized, universal screening application/form so that it is easier and quicker for CSWs to connect families to services that they need. Through the FCS System, DCFS will be able to track referrals, capacity, and utilization of services by geographic region and will increase the ability to rapidly and thoroughly identify needs and deploy resources/services. The FCS System will also maximize utilization of existing and future resources and programs.

The purpose of the MAT Program is to comprehensively assess needs, including mental health needs, of children entering foster care for the first time. Once the needs have been assessed, it is to provide the needed resources to meet these needs. The goal of the MAT Program is that once children are assessed and the appropriate services are provided, they will be either reunified or moved to a permanent home in a more timely manner. The MAT Assessment process has not only effectively reduced timelines to permanency, one of DCFS' top three goals, but it helps ensure that children in foster care are in stable and appropriate placements.

The Resources Utilization Management Process (RMP) is designed to improve the assessment of children who are currently in, or at risk of a RCL level 6 through 14 placement. The RMP will consist of four major elements. First, it will enhance the TDM process for children at risk of a potential placement move. Second, the child's strengths and needs will be assessed using the Child and Adolescence Needs and Strengths (CANS) tool by a Resources Utilization Management (RUM) staff member and a DMH clinical psychologist. Third, the family will be informed of the services available to them before the TDM meeting and are encouraged to help make the decision. Fourth, the services identified by the family and

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	<p>the TDM team will be approved and linked by a team member and the CSW. The RMP will utilize existing and planned DMH Intensive In-Home Mental Health Service programs, including Multidimensional Treatment Foster Care (MTFC), Multisystemic Treatment (MST), and the Comprehensive Children's Services Program (CCSP).</p> <p>Medical Hubs ensure that children at high risk for health and mental health problems receive a thorough and comprehensive initial medical examination, including age-appropriate developmental and mental health screenings, and a forensic evaluation if deemed appropriate when there is an allegation of physical and/or sexual abuse.</p>
<p>Newly detained children in SPAs 3 and 6 will receive MAT assessments</p>	<p>10/1/08 – 9/30/11</p> <p>Laura Andrade</p>
<p>Newly detained children in SPAs 1, 2, 4, 5, 7 and 8 will receive MAT assessments</p>	<p>10/09 – 10/30/11</p> <p>Laura Andrade</p>
<p>Track number and percent of newly detained children who have a complete MAT assessment within the 45-day timeframe.</p>	<p>10/1/08 – 9/30/11</p> <p>Laura Andrade</p>
<p>Train front-line CSWs to use the California Institute of Mental Health's Mental Health Screening Tool (MHST)</p>	<p>February 2009 in SPA 7 March & April 2009 in SPA 6 May 2009 in SPA 1 FY 09/10 in all other SPAs</p> <p>Mark Miller</p>
<p>Coordinated Services Action Teams (CSATs) will be created/identified initially for SPAs 1, 6, and 7</p>	<p>1/09 – 8/09</p> <p>Adrienne Olson</p>
<p>Coordinated Screening and Assessment Teams will be expanded to all other SPAs</p>	<p>09/09 – 06/10</p> <p>Adrienne Olson</p>
<p>Policy and procedures for utilization of the CSATs will be completed.</p>	<p>07/08 – 12/08</p> <p>Guy Trimarchi</p>
<p>Create and maintain an Family Centered Services Referral Tracking System</p>	<p>1/09 – 6/09</p> <p>Adrienne Olson</p>
<p>D-rate Case Managers and D-rate</p>	<p>10/1/08 – 9/30/11</p> <p>Marilyn Sklar</p>

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Evaluators will assist with the identification, assessment, and treatment of special needs children who meet the criteria for D-rate placement				Donna Fernandez
Addition of one more Medical Hub in order to serve newly detained children and non-detained children with an open child abuse investigation		10/1/08 – 01/09		
DMH co-located staff will be located in all regional DCFS offices.		10/1/08 – 9/30/11		DMH

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<p>Strategy 1.7 Provision of Intensive Home-Based Mental Health Services</p>	<p>Strategy Rationale</p> <p>In order to better meet the needs of a large number of underserved DCFS children presenting with intensive mental health needs, a change from office-based, once a week services to care delivered both to the child and caretaker in their home and community, often several times a week, is required. IHBS is an individualized, child-focused, family-centered approach that is offered by a range of contracted mental health providers.</p> <p>IHBS can be defined as a well-established intervention designed to meet the child's needs in his/her birth, kinship, foster or adoptive home and in the community where the child lives. The planning and provision of IHBS require an individualized process that focuses on the strengths and needs of the child and the importance of the family in supporting the child. IHBS incorporate several discrete clinical interventions, including clinical case management, family teams, and individualized supports. These services are provided in a flexible manner with sufficient duration, intensity, and frequency to address the child's needs and guide his/her caregivers. Safety, stability and permanency for children are most likely when birth, kinships, foster, and adoptive families are guided to manage children's behaviors and do not have to travel to receive intensive mental health services. IHBS provides crisis intervention services whereby the child and family know the individuals who are helping them during a crisis situation, instead of having an unknown mobile crisis team respond.</p> <p>When the child is living with kin or a foster family, not only will that family be provided guidance for caring for the child, but the prospective permanent home where the child is likely to be placed will also be prepared for meeting the child's needs with similar IHBS during visits.</p> <p>IHBS represents a "Whatever It Takes" approach and includes: A comprehensive assessment of needs and strengths; targeted cases management with 24/7 access to services; parent/relative/foster parent training and coaching; individual and family therapy; crisis intervention; medication management; skills training and other rehabilitative services.</p>
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	<p>behavior coaching and other skill building with the child, including support during school and after-school activities; access to flexible funds to support non-billable activities (e.g., respite care, after-school activities, tutoring, behavioral incentives, recreational activities, creation of an informal support activity).</p> <p>Contract providers who are providing IHBS services will also convene Child and Family Teams for those clients receiving IHBS services so that family members, friends, members of the family's natural support system, and professionals can join together to develop an individualized plan to strengthen family capacity, to assure safety, stability, and permanency, as well as build natural supports that will sustain the family over time. The Child and Family Team will be the forum in which these individuals come together to help the family craft and change services and supports by: Engaging and building trusting relationships with families; developing capable teams around the child and family; using the team to discover strengths and needs, especially the underlying needs that have produced the circumstances and behaviors requiring system attention; developing individualized plans with strong child and family involvement that employ child and family strengths in the plan/course of action to resolve critical needs; implementing plans in timely and effective ways; tracking and adapting plans, based on results, in order to develop safety and sustainability beyond formal system involvement.</p>
<p>Contract with agencies to provide Multidimensional Treatment Foster Care (MTFC) slots and Intensive Treatment Foster Care (ITFC) slots.</p>	<p>10/1/08 – 9/30/11</p> <p>Lisa Parrish</p>
<p>Expansion of Wraparound</p>	<p>10/1/08 – 9/30/11</p> <p>Michael Rauso</p>
<p>Data indicators and outcome measures will be determined in order to evaluate the effectiveness of CSAT as well as IHBS services. The development of Cognos Cubes, derived from Business Intelligence and Performance Management software, will</p>	<p>07/01/10 – 06/30/11</p> <p>Adrienne Olson, Mitch Mason, Cecilia Custodio</p>

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<p>enable the County to track progress on data elements measuring the timeliness of mental health screenings, assessment, referral to service, provision of treatment, duration of services, outcomes associated with the delivery of service, as well as selected outcome measures associated with MSHA Outcomes Measures Application used by the current intensive in-home mental health services programs. Additionally, the County has agreed to conduct a Qualitative Services Review to assess compliance and measure improved outcomes. A three-pronged compliance approach is being proposed: 1) successful completion of a meaningful strategic plan; 2) a passing score from a qualitative review; and 3) acceptable progress on key tracking indicators as the measurable exit criteria for fulfilling the Settlement Agreement.</p>		
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<p>Strategy 1.8 Caseload Reduction Ted Myers Lisa Parish Dick SantaCruz</p>	<p>Strategy Rationale: DCFS' continued success in serving children and their families and achieving outcomes is reliant on reasonable caseloads and workloads for social workers. As caseloads and workloads are reduced, social workers will have more time to engage families, youth, and community in case planning and decision making, and best practice in social work will increase (e.g. purposeful and planned visitation, greater support of resource families and the birth parent – foster caregiver relationship, increased use of Team Decision Making meetings), resulting in stronger outcomes for children. In addition to the Prevention Initiative, caseload reduction will begin by diverting referrals received at the Child Protection Hotline to community</p>
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	<p>based organizations for intervention. Currently, CPHL accepts 88% of referrals for investigation, and 52% of those referrals results in an Immediate Response, both of which are significantly above the California state average.</p>	
<p>Reduce front-end referral rates and case openings by improving the identification of Child Protection Hotline referrals that would be more appropriately served by a community-based agency. These referrals that are "evaluated out" are referrals that do not meet the criteria for DCFS intervention, but are appropriate to refer to a community-based agency for support services.</p>	<p>10/30/08 – 6/30/09</p>	<p>Cleo Robinson</p>
<p>Train/Review CPHL new/current staff on the SDM tool, policy and procedures</p>	<p>07/08 – 12/08</p>	<p>Cleo Robinson Mark Miller</p>
<p>Develop new policy to support change in how CPHL will accept referrals.</p>	<p>7/08 – 11/08</p>	<p>Cleo Robinson Guy Trimarchi</p>
<p>Current management utilization reports will be designed to provide monthly reports and feedback for each CSW and SCSW</p>	<p>7/08 – 10/08</p>	<p>Cleo Robinson Cecelia Custodio</p>

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<p>A communication plan to key stakeholders regarding the changes underway at CPHL will be completed, which will ensure the Department's ongoing effort to enlist the community's cooperation, collaboration, and service satisfaction.</p>		<p>7/08 – 12/08</p>	<p>Cleo Robinson</p>
<p>Emergency Response Command Post Up-Front Assessments will be conducted by either a licensed or registered clinician from a community agency in SPA 4 and 6 in order to help reduce reliance on detentions.</p>		<p>Contract approval by Board pending, date TBD; Countywide roll-out dependent on funding and contract approvals and implementation by qualified agencies. Assessment process and tools to be assessed quarterly during first year.</p>	<p>Ed Sosa Harvey Kawasaki</p>
<p>Emergency Response Command Post Up-Front Assessments will be conducted by either a licensed or registered clinician using the Behavioral Severity Assessment Program (BSAP) is SPAs 4 and 6 in order to help reduce reliance on detentions</p>		<p>Contract approval - 10/08 Countywide roll-out dependent on evaluation and funding. Evaluation to begin 2 months after implementation.</p>	<p>Ed Sosa Michael Rauso</p>
<p>Integrate TDM practice at the Emergency Response Command Post so that TDMs are available after regular business hours, which will help link families to services and reduce reliance on detentions.</p>		<p>09/08 – 2/09</p>	<p>Ed Sosa Michael Rauso Nina Powell-McCall</p>
<p>Increase Permanency Practice and Rates through the following: The development of a milestone tracking system to better measure and manage milestones from Emergency Response to the termination of parental rights; centralize the Termination of Parental Rights (TPR) Filing Function within the Adoption and Permanency Resources Division; decrease the timeline between TPR</p>		<p>Milestone Tracking Tool: 7/08 - 2/09; Centralized TPR Filing: 07/08 – 9/08; Decrease TPR-Finalization: 7/08-9/08; Training to decrease appeals: 7/08 – 12/08; Decrease time from completions</p>	<p>Bill Thomas Diane Wagner Carlos Castillo Cecelia Custodio Log Nguyen</p>

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<p>to finalization; training to DCFS staff by County Counsel to improve practice and prevent appeals</p>	<p>to Finalizations: 7/08 – 6/09</p>	
<p>Improved Human Resource Practice and Rates by utilizing all available items budgeted to the Department. Monthly HR reports are being issued to track compliance in filling vacant items.</p>	<p>7/08 – 10/11</p>	<p>Sheryl Negash Wanda Hazel</p>
<p>Implementation of the Hold Harmless Staff Allocation Plan. To help motivate managers to safely lower caseloads without the negative impact of decreasing line social worker staffing, DCFS implemented (in July, 2008) a new approach to maintaining staffing levels of social workers. This method makes use of caseload averages from April 2007 to determine current and future CSW allocations.</p>	<p>7/08 – 9/08; ongoing</p>	<p>Chuck Tadlock</p>
<p>Lower caseloads by moving children into stable relative guardian homes in the Kin-GAP program. DCFS' goal is to recruit 10% (minimum of 36 children per month) of all Kin-GAP eligible children. The plan will target the guardianship population in placement more than two years.</p>	<p>7/08 – 9/08; ongoing</p>	<p>Michael Gray</p>
<p>Strategy 1.9 Integration and coordination of services between the Department of Social Services and the Department of Children and Family Services via the Linkages Program</p>	<p>Strategy Rationale: The Linkages Program is an interdepartmental partnership (between the Department of Children and Family Services (DCFS) and Department of Public Social Services (DPSS)) to address the common barriers that limit parents' ability to work and keep their children safely at home. Los Angeles County's Linkages Program is designed to address the needs of families from both prevention and intervention perspectives. The key goals of Linkages are:</p> <ul style="list-style-type: none"> • Linkages Prevention Goal: To ensure that families who are not currently connected to resources of DPSS, but could be, are 	

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	<p>provided an expedient method to access DPSS programs.</p> <ul style="list-style-type: none"> Linkages Intervention Goal: To ensure families who are dually involved in both the California Work Opportunity and Responsibility to Kids (CalWORKs) program and Child Welfare Services have the opportunity to maximize resources and coordinate case planning to provide a safe and stable home for their children while working toward economic self-sufficiency. <p>Implementation of Linkages has been underway since March of 2006. Currently eight (8) regional offices (San Fernando Valley, Metro North, Torrance, Wateridge, Santa Clarita, Lakewood, Pomona and Vermont Corridor) have launched the initiative. Further roll-out of the remaining DCFS offices and corresponding DPSS CalWORKs District Offices and Greater Avenues for Independence (GAIN) Region Offices is scheduled to proceed in FY 2008-2009.</p> <p>Preliminary findings indicate a higher degree of coordination has resulted in better outcomes for children and families. Early data in terms of short term outcomes points to decreased out-of-home placement when the Linkages model of service coordination between DCFS and DPSS is implemented. Further, it is expected that the program will assist families with reunification due to the additional resources that the Linkages program offers.</p>
<p>Full roll-out of Linkages in the remaining DCFS offices</p>	<p>Compton/Belvedere/Santa Fe Springs office – 12/008; Palmdale/Lancaster/Pasadena – 1/09 – 4/09; West L.A./Glendora/EI Monte – 05/09 – 7/09</p> <p>Debbie Guiloff David Yada</p>
<p>Outcome/Systemic Factor #2: Measure C1.4 – Reentry Following Reunification</p>	
<p>County's Current Performance:</p>	

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	<p>L.A. County's Performance on Reentry Following Reunification: 10.2% (National Standard Goal: 9.9%)</p> <p>Performance on this measure has declined since FY 2004-2005, as the reentry rate increased from 5.4% to 10.2%, an 88.89% change increase. However, L.A. County is currently meeting the National Standard Goal of a 9.9% reentry rate.</p> <p>Los Angeles County's current Reunification Composite score is 118.2.</p>			
	<p>Improvement Goal 2.0</p> <p>Los Angeles County's goal is to reach a Reunification Composite score of 121.6</p>			
	<p>Strategy 2.1</p> <p>Expansion and Enhancement of Wraparound Services (also under Strategy-1.4)</p>		<p>Strategy Rationale:</p> <p>The Wraparound Program is a strength and community-based team approach to helping families and children get their needs met so as to achieve permanency and stability in their living situation. The principles of the Wraparound process include family voice and choice, collaboration and shared responsibility for family success, and the delivery of culturally competent, individualized services. During the implementation of the Wraparound plan of care, the team meets regularly in order to review accomplishments, assess whether or not the plan is working to achieve the desired goals, adjust services/interventions that are not working, and assign new tasks to the Wraparound team members in order to move forward with the fulfillment of the team's mission. Wraparound services will also provide a transitional phase and a transition plan, where the team determines the follow-up options that will help and support the family in succeeding outside of the formal Wraparound structure.</p>	
	<p>Expand Wraparound by implementing a contract</p> <p>Children and families show strong satisfaction and support for the Wraparound process, as reported through surveys.</p>		<p>05/09 – 09/30/11</p> <p>10/1/08 – 9/30/11</p>	<p>Michael Rauso Pam Dubin</p> <p>Michael Rauso Pam Dubin</p>
	<p>Strategy 2.2</p>		<p>Strategy Rationale:</p> <p>Serving more families through Family Preservation and providing such services</p>	

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<p>Expansion of Family Preservation Service Contracts (also under strategy 1.5)</p>	<p>before family reunification takes place and after family reunification has occurred will increase the number of children who are able to reunify, as the parents will be better prepared to care for their child before the child returns home.</p>
<p>Expand the number of slots through existing Family Preservation agencies</p>	<p>10/1/08 – 9/30/11 Harvey Kawasaki Nattali Sampson</p>
<p>Evaluate outcomes of Family Preservation services</p>	<p>10/1/08 – 9/30/11 Harvey Kawasaki Nattali Sampson</p>
<p>Strategy 2.3 Provision of Intensive Home-Based Mental Health Services (also under Strategy 1.7)</p>	<p>Strategy 2.3 Contract providers who are providing IHBS services will also convene Child and Family Teams for those clients receiving IHBS services so that family members, friends, members of the family's natural support system, and professionals can join together to develop an individualized plan to strengthen family capacity, to assure safety, stability, and permanency, as well as build natural supports that will sustain the family over time. The Child and Family Team will be the forum in which these individuals come together to help the family craft and change services and supports by: Engaging and building trusting relationships with families; developing capable teams around the child and family; using the team to discover strengths and needs, especially the underlying needs that have produced the circumstances and behaviors requiring system attention; developing individualized plans with strong child and family involvement that employ child and family strengths in the plan/course of action to resolve critical needs; implementing plans in timely and effective ways; tracking and adapting plans, based on results, in order to develop safety and sustainability beyond formal system involvement.</p>
<p>Strategy 2.4 Prevention Initiative Demonstration Project (PIDP)</p>	<p>The Prevention Initiative Demonstration Project (PIDP) will target the population of children and families in Los Angeles County in all 8 Service Planning Areas (SPAs). The Department of Children and Family Services (DCFS) will connect the families with Community Based Agencies (CBOs) which will provide assessment and comprehensive services to the families in their own community. The goals of the PIDP are to keep children safe from harm, prevent families from entering and re-entering the County's health and human services system, and to reduce the length of out-of-home care placement of</p>

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	<p>children supervised by DCFS.</p> <p>Prevention Strategies include:</p> <p>1) Primary Prevention Strategies - target the general population including vulnerable families who experience isolation, poverty, joblessness and other underlying factors which may lead to child abuse and neglect. These strategies promote the development of healthier communities as a means of preventing child abuse and neglect before it occurs. These efforts are designed to ultimately decrease the number of children requiring entry, intervention and supervision by DCFS. Strategies include but are not limited to the following:</p> <ul style="list-style-type: none"> • Community Building – supporting families by providing opportunities for economic development (including employment training and opportunities); and providing a range of opportunities for residents and families to participate in community building. • Social Networking – creating and enhancing social networks which provide residents and families with self-empowerment and self-sufficiency experiences. • Community Relationship-Based Organizing – organizing and supporting positive activities for children and youth; participating in child abuse prevention initiatives/strategies. <p>2) Secondary Prevention – Secondary prevention addresses the needs of children and families who came to the attention of DCFS and chose supportive services on a voluntary basis. These services and activities include not only hard formal services (such as counseling and therapy) but also those informal services and supports referenced under Primary Prevention. The likelihood of re-entry into the system for families is greatly diminished when informal support services are combined with formal hard services. Strategies include but are not limited to the following:</p> <ul style="list-style-type: none"> • Family Support – parents have knowledge of parenting and child development; know where to find concrete support when the need arises; and can access social connections. • Institutional Transformation – programs/public entities such as early child care/schools, youth development and recreational/parks/libraries provide a welcoming and supportive environment for children and support families.
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	<p>3) Tertiary Prevention –Initiatives/strategies related to tertiary prevention target the children and families who have an open case with DCFS. These strategies will not only focus on the formal hard services to prevent further maltreatment of children under the care of DCFS but also those informal services and supports which can reduce the negative impact of abuse upon children, ensure the more timely reunification of children with their families, and decrease the re-entry of families in our system. Strategies include but are not limited to the following:</p> <ul style="list-style-type: none"> • Early Child Care and Development – children are socially and emotionally competent, prepared to enter kindergarten with their families prepared to support the child's readiness for school. • Youth Development – school age children are safe, healthy and ready to do well in school; have after school activities in safe places with caring adults as guides. Transition aged youth leaving the system will have the necessary support services and program to ensure a successful future. • Treatment Services – improvement in family functioning, improvement in mental/emotional well-being, decreases in youth behavior problems, and decreases in substance abuse. • Child Protection and Case Management – child welfare system efforts are to engage families and that case decisions are made through group processes which include families and their voices about choices (e.g., decision about youth include the youth). 	
<p>DCFS will monitor the contract with the agencies to provide PIDP comprehensive services and evidenced based practices for the children and families.</p>	<p>10/1/08 – 9/30/11</p>	<p>Angela Carter, Deputy Director Harvey Kawasaki, Division Chief Jennifer Hottenroth David Dreger, CSA II</p>
<p>Implementation and Outcomes: DCFS will monitor the PIDP implementation and outcomes. The PIDP requires the eight PIDP Lead Agencies to work in partnership with residents, families and communities, the public and private sector, the faith-based community, and all related County departments in achieving outcomes.</p>	<p>10/1/08 – 9/30/11</p>	<p>Angela Carter, Deputy Director Harvey Kawasaki, Division Chief Jennifer Hottenroth David Dreger, CSA II</p>
<p>Evaluation: DCFS will monitor and</p>	<p>02/26/08-09/30/09</p>	<p>Angela Carter, Deputy Director</p>

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<p>collaborate on the PIDP Evaluation which will be overseen by Casey Family Programs (CFP) and Children and Families Research Consortium (CFRC). The evaluation methodology will be a "Place-Based Evaluation" which will be assessed by focusing on the needs and strengths of the SPA local communities and utilize a format such as eight case studies (one for each SPA); the evaluation data will include factors such as CWS/CMS data, relationships between DCFS staff and Lead Agencies, changes in the networks over time, family social support, and parent sense of connection to their local community. The evaluation data will be assessed at critical time periods throughout demonstration project timeframe.</p>			<p>Harvey Kawasaki, Division Chief Jennifer Hottenroth David Dreger, CSA II</p>
<p>Goals: DCFS will monitor that the PIDP Model actions are consistent with the principles of the-</p> <ul style="list-style-type: none"> • Countywide Strategic Plan Goals- 1) Service Excellence, and 5) Children and Families' Well-Being; • Board of Supervisors five outcome areas to improve well-being, measured by the achievements- 1) Good Health, 2) Economic Well-Being, 3) Safety and Survival, 4) Social and Emotional Well-Being, and 5) Education/Workforce Readiness. • Title IV-E Waiver Goals: <ul style="list-style-type: none"> ➤ To improve the array of services for children and families and engage families through a more individualized 		<p>02/26/08-06/30/09</p>	<p>Angela Carter, Deputy Director Harvey Kawasaki, Division Chief Jennifer Hottenroth David Dreger</p>

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<p>approach that emphasizes family involvement;</p> <ul style="list-style-type: none"> ➤ To increase child safety without an over-reliance on out-of-home care; ➤ To improve permanency outcomes and timelines; and ➤ To improve child and family well-being. 		
<p>Strategy 2.5 Explore possibility of creating After-Care Services through PSSF/CAPIT integration contracting process</p>	<p>Strategy Rationale: Through the provision of after-care services, additional community-based support will be provided to families, especially during the first three months after a case closes, as data shows that reentries are most likely to occur within the first three months of case closure.</p>	
<p>Release Request for Proposal for After-Care Services.</p>	<p>Target dates: 12/09 – 1/10</p>	<p>Harvey Kawasaki</p>
<p>Implementation of PSSF/CAPIT After-Care contracts</p> <p>Strategy 2.6 Analysis and in-depth review of reentry cases</p>	<p>Strategy Rationale: Los Angeles County has seen an 88.89% change increase in reentries into foster care from FY 2004-2005 to FY 2005-2006. To help determine what may be causing the increase in reentries, an in-depth case review examination on reentry cases will be conducted to analyze possible causal or influencing factors that impact reentry into foster care.</p>	<p>Harvey Kawasaki</p>
<p>In-depth case review of re-entry cases to examine practices, operations, resource issues, and triggers that may be contributing to reentries into foster care</p>	<p>10/01/08 - 01/09</p>	<p>Mitch Mason Adela Estrada</p>

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<p>Strategy 2.6</p> <p>Prevent at least 40 percent of the 388 WIC petitions by providing support services to Kinship caregivers who are considering or have filed WIC 388 petitions to re-instate jurisdiction.</p>	<p>10/1/08 – 9/30/11</p>	<p>Michael Gray Court Services Regional Administrators</p>
<p>Outcome/Systemic Factor #3: <u>Measure C2.1 – Adoption within 24 months (Exit Cohort)</u></p>		
<p>County's Current Performance: L.A. County's Performance on Adoption within 24 months: 24.6% (National Standard Goal: 36.6%)</p>		
<p>The Los Angeles County Department of Children and Family Services has shown an improvement in the percent of children discharged from foster care to finalized adoption in less than 24 months from the date of the latest removal from home. Comparison of percentage figures from the baseline year (July 2004 – June 2005) to the most current performance data (July 2006 – June 2007), 15.1% to 24.6%, indicates an almost 63% rise in the percentage of exits to finalized adoption.</p>		
<p>Los Angeles County's current Adoption Composite Score is currently at 92.9.</p>		
<p>Improvement Goal 3.0</p> <p>Los Angeles County's goal is to reach an Adoption Composite score of 96.7.</p>		
<p>Strategy 3.1</p> <p>Engaging Family and Community in Decision making and Planning (Expansion of Family Team Decision Making), (also under Strategy 1.2);</p>	<p>Strategy Rationale:</p> <p>During the TDM, the Facilitator or the CSW/SCSW explains the concept of Concurrent Planning and provides Full Disclosure to assure that the family and their supports are fully aware of the consequences should the birth parents not resolve the issues that brought them to the attention of DCFS and Dependency Court. DCFS policy states that the CSW shall provide full disclosure to the parents in all stages of case planning. As part of TDM meetings, parents are informed of what the benefits and consequences are if they are able and/or willing to abide by the case plan within the ASFA timeframes.</p>	

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<p>Strategy 3.2 Increase Permanency Practice and Rates through the following: The development of a milestone tracking system to better measure and manage milestones from Emergency Response to the termination of parental rights; centralize the Termination of Parental Rights (TPR) Filing Function within the Adoption and Permanency Resources Division; decrease the timeline between TPR to finalization; training to DCFS staff by County Counsel to improve practice and prevent appeals. (also under Strategy 1.8)</p>	<p>Milestone Tracking Tool: 7/08 - 2/09; Centralized TPR Filing: 07/08 – 9/08; Decrease TPR-Finalization: 7/08-9/08; Training to decrease appeals: 7/08 – 12/08; Decrease time from completions to Finalizations: 7/08 – 6/09</p>	<p>Bill Thomas Diane Wagner Carlos Castillo Cecelia Custodio Log Nguyen</p>
<p>Outcome/Systemic Factor #4: <u>Measure C3.1 – Exits to Permanency (24 months in care)</u></p>		
<p>County's Current Performance: L.A. County's Performance on Exits to Permanency (24 months in care): 17.7% (National Standard Goal: 29.1%)</p> <p>DCFS has seen a decline in performance on this measure during the past three fiscal years, as the percent of all children in foster care for at least 24 months who were able to achieve permanency slipped from 19.6% in FY 2004-2005 to 18.6% in FY 2005-2006, and then down to 17.7% during FY 2006-2007. However, it should be noted that the number of children in long-term foster care decreased by 9.4% in 2006 and an additional 10.8% in 2007. It is likely that the children that are remaining in foster care are having greater difficulty achieving permanency due to having special needs and challenges, which may be why we are seeing a reduction in permanency for these children.</p> <p>Los Angeles County's current Long Term Care Composite score is 99.7</p>		
<p>Improvement Goal 4.0 Los Angeles County's goal is to reach a Long Term Care Composite score of 102.49</p>		

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<p>Strategy 4.1 Expansion of Family Finding and Engagement Activities</p>	<p>Strategy Rationale Specialized Permanency Units will target the most challenging youth in each office, categorized as high-need, who have no permanency resources, limited family connections, multiple placements, substance abuse and mental health issues, and runaway behavior. Children's Social Workers who work in the Specialized Permanency Units will have reduced caseloads and extensive training so that they may effectively utilize family finding and engagement strategies to better serve the permanency needs of this particular population. Social Workers in the Specialized Permanency Units will also receive high level support and expert consultation so that social workers are provided a framework of tools to help youth reconcile loss and rebuild relationships that will support permanency. Further, providing active family finding activities up-front will help increase the number of youth who are placed with relatives or non-related extended family members.</p>
<p>Milestone</p> <p>Contract for consultation and training on Family Finding practice from national experts Staff Family Finding practice champions (Assistant Regional Administrators) who will become local trainers. Identify staff (Children's Social Workers and Supervisor) to create Specialized Permanency Unit in Santa Clarita office Expand Permanency Units to all regional offices. Provide training to staff who will be providing services to youth served by the Specialized Permanency Units as needed based on each offices specific and targeted needs. In-service training, consultation, and coaching from national experts on family finding efforts, communicating with youth and family members, and preparing youth for permanence, will be provided to the pilot</p>	<p>Timeframe</p> <p>10/1/08 – 9/30/11 10/1/08 – 9/30/11 07/08 – 10/08 7/10 – 09/30/11 10/01/08 – 01/30/10</p> <p>Assigned to</p> <p>Lisa Parrish Lisa Parrish Paul Freedlund Lisa Parrish Mark Miller Lisa Parrish Mark Miller</p>
<p>10/1/08 – 9/30/11</p>	<p>Lisa Parrish Lisa Parrish Paul Freedlund Lisa Parrish Mark Miller Lisa Parrish Mark Miller</p>

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<p>offices. Each pilot office (Metro North, Pomona, and Santa Clarita) will establish and maintain a Project Lead Manager and a High-Needs Youth Permanency Leadership Team to coordinate and manage the project. Each pilot office Project Lead Manager will monitor and track the number of high-need youth referred and served by the Permanency Units as well as the results associated with the family finding and reconnection efforts.</p>		<p>10/31/08 – 9/30/11</p> <p>Lisa Parrish</p>
<p>Strategy 4.2 Engaging Family and Community in Decision Making and Planning through Permanency Planning TDMS.</p>	<p>Strategy Rationale Permanency Planning TDMS will provide a systematic and operational means to engage DCFS staff, family, youth, and the community in developing a permanency plan for children who have been living in foster care for two years or longer. Holding mandatory Permanency Planning TDMS every six months for these priority target populations will ensure that regular attention is given to permanency planning and that an inclusive, multidisciplinary approach is taken in order to assure access to resources and information that will assist with achieving permanency. Monitoring and tracking compliance with completing Permanency Planning TDMS is critical to ensure that all youth who meet the criteria receive the benefits of this service and to increase our success in achieving permanency for youth who have been living in foster care for two years or more.</p>	<p>10/1/08 – 9/30/11</p> <p>Lisa Parrish Alan Weisbart</p>
<p>Develop policy related to Permanency Planning TDMS</p>	<p>1/09 – 6/09</p>	<p>Michael Rauso Nina Powell-McCall Guy Trimarchi</p>
<p>Conduct training for DCFS Staff, Resource</p>	<p>07/09 – 09/30/11</p>	<p>Michael Rauso</p>

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Families, and Community Partners on Permanency Planning TDMS.				Nina Powell-McCall Mark Miller
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<p>Implement Permanency Planning TDMS initially for children meeting the following criteria: Children placed at the lower RCLs 6-9, children at low performing agencies as indicated by agency 2007 Scorecards, children ages 12 yrs. and younger, and children with the longest stays in other group home placements.</p>		<p>Michael Rauso Nina Powell-McCall</p>
<p>Implement Permanency Planning TDMS every 6 months for children who have been in foster care for 2 years or more with no identified permanency resource.</p>	<p>07/09 – 09/30/11</p>	<p>Michael Rauso Nina Powell-McCall</p>
<p>Monitor and track compliance with completing Permanency Planning TDMS,</p>	<p>10/09 – 09/30/11</p>	<p>Michael Rauso Nina Powell-McCall</p>
<p>Strategy 4.3 Expansion and Enhancement of Wraparound Services (also under Strategy 1.4, 2.1, and 5.3)</p>	<p>Strategy Rationale Increasing and expanding Wraparound services will benefit more children who are at risk of entering more restrictive placements. The Wraparound Program is a strength and community-based team approach to helping families and children get their needs met so as to achieve permanency and stability in their living situation. The principles of the Wraparound process include family voice and choice, collaboration and shared responsibility for family success, and the delivery of culturally competent, individualized services. During the implementation of the Wraparound plan of care, the team meets regularly in order to review accomplishments, assess whether or not the plan is working to achieve the desired goals, adjust services/interventions that are not working, and assign new tasks to the Wraparound team members in order to move forward with the fulfillment of the team's mission. Wraparound services will also provide a transitional phase and a transition plan, where the team determines the follow-up options that will help and support the family in succeeding outside of the formal Wraparound structure. Through this approach and through the delivery of these highly individualized services that will meet the specific needs of the family, it is expected that children and</p>	

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			<p>youth will be able to either return home or achieve an alternate form of permanency.</p>
	<p>Expand Wraparound services by implementing a contract</p>	<p>05/09 – 09/11</p>	<p>Michael Rauso Pam Dubin</p>
	<p>Children and families show strong satisfaction and support for the Wraparound process, as reported through surveys.</p>	<p>10/1/08 – 9/30/11</p>	<p>Michael Rauso Pam Dubin</p>
	<p>Strategy 4.4</p>		
	<p>Kin-GAP Initiative</p>		
	<p>Inform and increase awareness of the benefits of the Kin-GAP program among staff and relative caregivers (who have children in their care for two-years and longer) to promote permanency through legal guardianship.</p>	<p>10/1/08 – 9/30/11</p>	<p>Michael Gray</p>
	<p>Outcome/Systemic Factor #5: Measure C3.3 – In Care 3 Years or Longer</p>		
	<p>County's Current Performance: L.A. County's Performance: 64.2% (National Standard Goal: 37.5%) Los Angeles County's current Long Term Care Composite score is 99.7</p>		
	<p>Improvement Goal 5.0 Los Angeles County's goal is to reach a Long Term Care Composite score of 102.49</p>		

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<p>Strategy 5.1 Expansion of Family Finding and Engagement Activities (also under Strategy 4.1)</p>		<p>Strategy Rationale Specialized Permanency Units will target the most challenging youth in each office, categorized as high-need, who have no permanency resources, limited family connections, multiple placements, substance abuse and mental health issues, and runaway behavior. Children's Social Workers who work in the Specialized Permanency Units will have reduced caseloads and extensive training so that they may effectively utilize family finding and engagement strategies to better serve the permanency needs of this particular population. Social Workers in the Specialized Permanency Units will also receive high level support and expert consultation so that social workers are provided a framework of tools to help youth reconcile loss and rebuild relationships that will support permanency. Further, providing active family finding activities up-front will help increase the number of youth who are placed with relatives or non-related extended family members</p>
<p>Contract for consultation and training on Family Finding practice from national experts</p>		<p>10/1/08 – 9/30/11</p> <p>Lisa Parrish</p>
<p>Staff Family Finding practice champions who will become local trainers</p>		<p>10/1/08 – 9/30/11</p> <p>Lisa Parrish</p>
<p>Identify staff to create Specialized Permanency Unit in Santa Clarita office</p>		<p>07/08 – 10/08</p> <p>Paul Freedlund</p>
<p>Expand Permanency Units to all regional offices.</p>		<p>07/10 – 9/30/11</p> <p>Lisa Parrish</p>

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<p>Provide training to staff that will be providing services to youth served by the Specialized Permanency Units as needed based on each offices specific and targeted needs.</p>		<p>10/1/08 – 01/30/10</p> <p>Mark Miller</p>
<p>In-service training, consultation, and coaching from national experts on family finding efforts, communicating with youth and family members, and preparing youth for permanence, will be provided to the pilot offices</p>		<p>10/1/08 – 9/30/11</p> <p>Lisa Parrish Mark Miller</p>
<p>Each pilot office will establish and maintain a Project Lead Manager and a High-Needs Youth Permanency Leadership Team to coordinate and manage the project.</p>		<p>10/31/08 – 09/30/11</p> <p>Lisa Parrish</p>
<p>Each pilot office Project Lead Manager will monitor and track the number of high-need youth referred and served by the Permanency Units as well as the results associated with the family finding and reconnection efforts.</p>		<p>10/1/08 – 9/30/11</p> <p>Lisa Parrish Alan Weisbart</p>
<p>Strategy 5.2 Engaging Family and Community in Decision Making and Planning through Permanency Planning TDMS (also under Strategy 4.2)</p>	<p>Strategy Rationale</p>	<p>Permanency Planning TDMS will provide a systematic and operational means to engage DCFS staff, family, youth, and the community in developing a permanency plan for children who have been living in foster care for two years or longer. Holding mandatory Permanency Planning TDMS every six months for these priority target populations will ensure that regular attention is given to permanency planning and that an inclusive, multidisciplinary approach is taken in order to assure access to resources and information that will assist with achieving permanency.</p>

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			Monitoring and tracking compliance with completing Permanency Planning TDMS is critical to ensure that all youth who meet the criteria receive the benefits of this service and to increase our success in achieving permanency for youth who have been living in foster care for two years or more.
	Develop policy related to Permanency Planning TDMS	1/09 – 6/09	Michael Rauso Nina Powell-McCall Guy Trimarchi
	Conduct training for DCFS Staff, Resource Families, and Community Partners on Permanency Planning TDMS	07/09 – 09/30/11	Michael Rauso Nina Powell-McCall Mark Miller
	Implement Permanency Planning TDMS initially for children meeting the following criteria: Children placed at the lower RCLs 6-9, children at low performing agencies as indicated by agency 2007 Scorecards, children ages 12 yrs. and younger, and children with the longest stays in other group home placements.	4/08 – 09/30/11	Michael Rauso Nina Powell-McCall
	Implement Permanency Planning TDMS every 6 months for children who have been in foster care for 2 years or more with no identified permanency resource.	07/09 – 09/30/11	Michael Rauso Nina Powell-McCall
	Monitor and track compliance with completing Permanency Planning TDMS, Strategy 5.3	10/09 – 09/30/11	Michael Rauso Nina Powell-McCall
	Expansion and Enhancement of Wraparound Services (also under Strategy 1.4, 2.1)		Strategy Rationale: Increasing and expanding Wraparound services will benefit more children who are at risk of entering more restrictive placements. The Wraparound Program is a strength and community-based team approach to helping families and children get their needs met so as to achieve permanency and stability in their living situation. The principles of the Wraparound process include family voice and choice,

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		<p>collaboration and shared responsibility for family success, and the delivery of culturally competent, individualized services. During the implementation of the Wraparound plan of care, the team meets regularly in order to review accomplishments, assess whether or not the plan is working to achieve the desired goals, adjust services/interventions that are not working, and assign new tasks to the Wraparound team members in order to move forward with the fulfillment of the team's mission. Wraparound services will provide a transitional phase and a transition plan, where the team determines the follow-up options that will help and support the family in succeeding outside of the formal Wraparound structure. Through this approach and through the delivery of these highly individualized services that will meet the specific needs of the family, it is expected that children and youth will be able to either return home or achieve an alternate form of permanency.</p>	
<p>Expand Wraparound services by implementing a contract</p>		<p>05/09 – 9/30/11</p>	<p>Michael Rauso Pam Dubin</p>
<p>Children and families show strong satisfaction and support for the Wraparound process, as reported through surveys.</p>		<p>7/1/08 – 09/30/11</p>	<p>Michael Rauso Pam Dubin</p>

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	<p>Outcome/Systemic Factor:</p> <p>Recruitment and Support of Resource Families</p> <p>County's Current Performance:</p> <p>The data shows that the majority of children who are removed from their home for safety reasons are placed in foster homes outside of their community. From July 1, 2007 through December 31, 2007, there were 2,566 (63.8%) children initially placed in non-relative placements. Of these 2,566 children, 48% were placed outside of their community. In order to improve placement proximity to children's community of origin, there is a great need to recruit resource parents within SPAs 4, 5, and 6, all of which are considered to be the greatest areas of need since these are the communities from which the greatest numbers of children are removed. Additional resources are needed in order to carry out recruitment activities in such large geographic areas. Last year there were 123, 118, and 320 new families recruited in SPAs 4, 5, and 6 respectively.</p> <p>Further, last year a total of 2,851 new families were recruited throughout the county and attended orientations to become resource-or adoptive parents. There is also a need to recruit throughout Los Angeles County for Resource Families and in particular for Resource Families that can meet the needs of teens, Latino children, and African American children. This is done through activities such as media campaigns.</p> <p>There are over 500 children waiting for an adoptive family and nearly 7,000 children whose current plan is PPLA. For these children three levels of Child Specific Adoption Recruitment have been identified. The first is recruiting kin and NREFM. This is done through Family Finding and Engagement services. The second level is recruiting people who know of the child or are exposed to the child through school, church, health care, etc. This is done by letting people know that the child needs a family and encouraging the people connected to the child to advocate for the child or to adopt. The third level is to recruit through the media by letting people who have no knowledge of the child become aware of the child's need for a family. This is usually done by efforts such as the Internet, programs like Wednesday's Child, and displaying of the Heart Gallery.</p> <p>Resource Families continue to request additional supports to help them provide ongoing care for special needs children, such as respite care, additional training, crisis intervention resources, and greater responsiveness from the child's social worker when they are in need of help. They also felt that they need more access to managers and meet with them on a quarterly basis to review current challenges and needs.</p>
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	<p>Improvement Goal 2.0:</p> <p>There will be a 5% increase in the number of Resource and Adoptive Families recruited.</p> <p>25% of the children being serviced by the Older Youth Adoption Project (OYAP) will have a permanent placement (Permanent Placement is defined by being placed with a parent, relative, legal guardian, or adoptive family)</p>		<p>A. 9/08 -12/09 B. 9/08-12/09 C. 9/08-12/09 D. 9/08-12/09</p>	<p>Diane Wagner Sari Grant</p>
	<p>Increase the number of newly recruited resource families in SPAs 4, 5, and 6 by 5%.</p> <p>A. Present to a minimum of 10 faith-based organizations in these SPAs. B. Insure there is at least one orientation in each of these SPAs monthly. C. Advertise in at least one publication that covers SPAs 4, 5, and 6. D. Engage at least one youth sports teams in each of these SPAs to assist in recruiting families.</p>		<p>10/1/08-09/30/11</p>	<p>Michael Rauso Nina Powell-McCall</p>
	<p>Family to Family will collaborate with the Adoption and Permanency Resources Division (which includes the Recruitment Section) in order to build community partnerships that will increase the number of resource families that are recruited</p>		<p>10/1/08-09/30/11</p>	<p>Sari Grant Diane Wagner</p>
	<p>Implement staggered, focused, media campaigns targeting specific populations such as Latino, African American children and the teen population.</p>			
	<p>Enhance the Older Youth Adoption Project (OYAP). A. Provide three extra months of</p>		<p>A. 9/08-5/09</p>	<p>Sari Grant</p>

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<p>Consultation services to the OYAP staff by the LA Consortium. B. Create a youth theater group for unattached youth and have them perform at a minimum of one Community Theater.</p>		<p>B. 11/08-12/09</p>	<p>Diane Wagner</p>
<p>Engage faith based organizations in active and on-going recruitment A. Hold at least 10 'Open Your Heart Sundays' at various churches throughout the county. B. Have at least 10 new faith based organizations promote Resource Parenting by either providing a sermon on the need, featuring a waiting child in a bulletin, or hosting the Heart Gallery or other event.</p>		<p>A. 9/08-12/09 B. 9/08 – 12/09</p>	<p>Sari Grant Diane Wagner</p>
<p>Engage the Gay and Lesbian community in recruitment. A. Hold at least two recruitment events at GLBT locations. B. Advertise for Resource families in at least two GLBT publications.</p>		<p>A. 9/08-12/09 B. 10/08-12/09</p>	<p>Diane Wagner Sari Grant</p>
<p>Increase the level of personalization and support during the recruitment and orientation process. A. Work with the Technical Assistants from the National Resource Center to make the orientations more user-friendly. B. Create a tracking form and track callbacks to insure that all families who</p>		<p>A. 9/08-12/09 B. 10/08-12/09</p>	<p>Diane Wagner Sari Grant</p>

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<p>express interest from a recruitment event are contacted within 2 business days of the event. C. Host at least one 'Taking Care of Business' days where families can get assistance in completing applications, arranging live-scans, and get CPR training in one day.</p>		<p>C. 10/08 - 12/09</p>	
<p>Develop ongoing connections with prospective families by creating a mass communication e-mail system. A. Meet with BLS to set up system and learn how to input information B. Develop a website and create information to be sent out to families C. Develop an address book of all families that have submitted their website address.</p>		<p>A. 9/08-12/08 B. 11/08 -12/09 C. 11/08-12/09</p>	<p>Diane Wagner Sari Grant</p>
<p>Promote, Increase, and support permanence for all youth in relative care, through increased training, mentoring and expansion of support groups for relative caregivers.</p>		<p>9/20/08 – 10/20/09</p>	<p>Michael Gray</p>
<p>Kinship Liaisons, affiliated with the Kinship Resource Centers of DCFS will coordinate access to support groups for new relative caregivers from each of the respective service offices).</p>		<p>10/1/08-09/30/11</p>	<p>Michael Gray</p>
<p>Kinship Education Preparation and Support Curriculum modules will be integrated into the support group model as a means of increasing the access, utilization and availability of supportive guidance and mentoring from experienced relative</p>		<p>9/20/08-10/20/09</p>	<p>Michael Gray</p>

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caregivers. Increased community partnerships will be established with faith-based and community-based organizations to substantially enhance the array of services and supports available to relative caregivers within or near their own communities.		4/09- 12/09	Michael Gray
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Probation Department

SYSTEMIC FACTORS IN NEED OF IMPROVEMENT (PROBATION):
 IMPROVE INITIAL COMPREHENSIVE CASE ASSESSMENTS
 REDUCE TIMELINES TO PERMANENCY
 CASE PLANNING/CASE MANAGEMENT
 QUALITY ASSURANCE, POLICY DEVELOPMENT AND TRAINING

IMPROVEMENT GOAL 1: IMPROVE INITIAL COMPREHENSIVE CASE ASSESSMENT PROCESS:

<p>Strategy 1.1 Enhance and strengthen the comprehensive case assessment process to meet the individual service needs for probation youth and their families</p>	<p>Strategy Rationale: Early comprehensive cross systems assessments and reassessments will shorten the timelines to family reunification for probation youth and their families. The process to be developed will contribute to the selection of a more appropriate placement decision and achieving higher placement stability. In addition to this process, every Probation Youth entering suitable placement will be assessed by the strength based assessment tool, the Los Angeles Risk and Resiliency Checklist (LARRC) assessment tool. There will be reassessments every six months to update both, progress and needs. The Department includes LARRC training/updated training in the annual training curriculum. The Placement Permanency & Quality Assurance (PPQA) unit conducts monthly reviews of placement classes, which includes monitoring the completion of the LARRC tool to ensure that it is being done and that it is completed properly. Supervising Deputy Probation Officers (SDPOs) conduct monthly unit meetings to provide the opportunity to discuss and improve the monthly review statistics.</p>
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<p>Placement Bureau managers will develop a monitoring process that will be put in place to ensure that the Placement Deputy Probation Officers (DPOs) consistently utilize the LARRC every six months.</p>		<p>08/08-1/09Ongoing</p>	<p>Howard Wong Jed Minoff</p>
<p>Provide initial/updated training to Placement DPOs on the use and application of the LARRC. PPQA will review a sample of LARRCs completed and provide feedback to SDPOs to ensure training effectiveness on a quarterly basis.</p>		<p>11/08-11/09; Ongoing</p>	<p>Dawn Weinberg Lisa Campbell-Motton Art Mayfield</p>
<p>Placement Administrative Services (PAS) will develop a team approach to assess cases for most appropriate placement with consideration given to the risks and needs of each youth.</p>		<p>10/08-3/09</p>	<p>Carol Sanchez Michael Cooper Karen Streich Pat Lemaire</p>
<p>Provide training to Placement DPOs on the cross-system assessment process and tools. PPQA will review a sample of assessment tools completed and provide feedback to SDPOs to ensure training effectiveness on a quarterly basis.</p>		<p>1/09-1/10</p>	<p>Carol Sanchez Michael Cooper Lisa Campbell-Motton Art Mayfield Howard Wong</p>

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IMPROVEMENT GOAL 2: REDUCE TIMELINES TO PERMANENCY:

<p>Strategy 2.1 Expand the Evidence Based Practice, Functional Family Therapy (FFT) to parents and relative/non-relative caregivers</p>	<p>Strategy Rationale: To shorten the timelines to family reunification and permanency for youth in out of home care probation placements by enhancing the strength based assessment process and by providing evidenced based practice.</p>
<p>Implement FFT Interventionist Unit with the addition of 16 Probation Officers in order to increase the capacity and usage of FFT.</p>	<p>8/08-2/09</p> <p>Jed Minoff Jitahadi Imara Carol Sanchez</p>
<p>Provide training to the FFT staff.</p>	<p>10/08-10/09</p> <p>Jed Minoff</p>
<p>Strategy 2.2 Provide specialized quarterly trainings and conferences to improve knowledge of permanency and concurrent planning mandates</p>	<p>Strategy Rationale: By providing specialized training on permanency/concurrent planning, DPOs will develop an understanding of the mandates and best practices involving methods to reduce the time in out of home care. The SDPOs and PPQA will work together to review a sample of all court reports and case plans completed and provide feedback to the Placement Bureau Administration to ensure training effectiveness on a quarterly basis. It is also believed that increased referrals to the PPQA Unit for permanency planning will be another indicator that the permanency and concurrent planning training was effective.</p>
<p>Obtain special speakers who are experts in the field of family engagement, family finding and adoption. The Probation Department has a joint protocol with the Delinquency Court and the Department of Children and Family Services (DCFS) that sets the legal</p>	<p>12/08-12/09</p> <p>Lisa Campbell-Motton Jitahadi Imara</p>

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<p>foundation for collaborative work in furthering the adoption and legal guardianship for delinquent youth in foster care. There are various experts in both the Delinquency Court and DCFS who are providing both training and technical assistance to probation on the topics of adoption and legal guardianship. These experts will be identified and scheduled to speak at various probation trainings and meetings. The Probation Department is seeking the services of Kevin Campbell to assist in further developing the family finding program.</p>			
<p>Create and implement a quarterly training cycle for the Placement Bureau utilizing the Placement contracted consultant.</p>		<p>10/08-12/08; Ongoing</p>	<p>Lisa Campbell-Motton Carol Sanchez Howard Wong</p>
<p>Enhance the yearly training schedule to provide updated information on permanency/concurrent planning. The Deputy Probation Officers (DPOs), Supervising Deputy Probation Officers (SDPOs), and Managers are required to participate in at least 40 hours of annual training. Specialized training for Placement Staff has been developed and certified to provide specific information on permanency/concurrent training. These trainings will take place on an annual basis for all placement staff and will take place monthly for SDPOs. SDPOs/DPOs also participate in the UC Davis training offered yearly that incorporates the mandatory State training topics for placement officers.</p>		<p>10/08-2/09; Ongoing</p>	<p>Lisa Campbell-Motton Carol Sanchez Howard Wong</p>

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<p>Strategy 2.3 Explore probation options for establishing Foster Family/Licensed Foster Homes and recruitment of Foster/Adoptive Parents and Resource Families</p>	<p>Strategy Rationale: Probation will focus on expanding the number of foster family homes and recruit foster/adoptive home for those youth whose case plan goal has been identified as adoption or legal guardianship, but do not have any know or willing relatives to fulfill this responsibility. Work will be done to expand the faith based community to recruit potential legal guardians or adoptive homes.</p>
<p>Establish a working relationship with DCFS' Recruitment and Resource Division to gain information and options.</p>	<p>10/08-4/09; Ongoing</p> <p>Arthur Mayfield Lisa Campbell-Motton</p>
<p>Revise and Update the Adoptions Protocol document with the Court and Probation/Adoption Committee.</p>	<p>10/08-6/09</p> <p>Arthur Mayfield Lisa Campbell-Motton</p>
<p>Utilize Faith-Based Community and explore option to utilize Media-Based Recruitment to further permanency work.</p>	<p>10/08-6/09</p> <p>Anita Vigil</p>
<p>IMPROVEMENT GOAL 3: IMPROVE CASE PLANNING AND CASE MANAGEMENT:</p>	
<p>Strategy 3:1 Strengthen probation processes to improve all case related activities for the purpose of improving family engagement</p>	<p>Strategy Rationale: An in-depth evaluation of how to expedite the filling of vacancies and to keep the positions filled is a primary objective with the end result of reducing caseloads to a manageable level. Action will be taken to provide stability to the placement work force. The ongoing development of the newly designed Probation Case Management System (PCMS) will continue to focus on improving the case management system to provide DPOs/SDPOs will an automated case management system that will have the potential to store case information and print various reports. Probation does not have the benefit of a statewide system such as CWS/CMS.</p>

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Continued reduction of caseloads for Placement Officers by filling all vacant items and shifting specific functions to other units.		8/08-2/09; Ongoing for new vacancies	Howard Wong Carol Sanchez
Coordinate training for all new Placement Officers on Evidence Based Practice Functional Family Probation. Work with Placement Quality Assurance to assess the effectiveness of the training through monthly reviews that will determine the necessity for updated training, workshops and/or technical assistance for individuals or groups.		10/08-2/09; On-going	Kathy New Lisa Campbell-Motton Art Mayfield Jed Minoff
Develop a parent orientation/training model for parents and relative/non-relative caregivers of youth ordered by the delinquency court to out of home placement.		6/09-6/10	Lisa Campbell-Motton Art Mayfield Frank Imperial
Implementation of the Probation Case Management System. Probation's Information Services Bureau (ISB) Administrators will oversee, monitor and assess the implementation. The customer support desk will resolve any concerns, barriers or problems that arise on a daily basis to ensure effectiveness of the system for all users.		12/08-12/09	Fred Nazarbegian Eleanor Rodriguez

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IMPROVEMENT GOAL 4: IMPROVE PLACEMENT PERMANENCY & QUALITY ASSURANCE, POLICY DEVELOPMENT AND TRAINING:

<p>Strategy 4.1 Improve the Placement Permanency & Quality Assurance (PPQA) processes and improve the current specialized training program that PPQA provides</p>	<p>Strategy Rationale: Placement Permanency & Quality Assurance (PPQA) is dedicated to the Placement Bureau, which oversees all financial responsibility, policies, procedures, treatment and supervision of youth in out of home care. PPQA provides technical assistance, promotes and facilitates permanency through adoptions and legal guardianships, completes compliance reviews, develops policy and procedures and provides specialized training. The continued strengthening of this unit will be the focus of this SIP.</p>
<p>Provide ongoing technical assistance and communication to the Regional SDPOs on a monthly basis.</p>	<p>Ongoing</p> <p>Lisa Campbell-Motton Art Mayfield Howard Wong</p>
<p>Develop a process to monitor and review the usage of the LARRC strength-based assessment tool for accuracy, validity and timeliness.</p>	<p>2/09-8/09</p> <p>Art Mayfield</p>
<p>Train PPQA on the LARRC monitoring/review system.</p>	<p>2/09-8/09</p> <p>Lisa Campbell-Motton Art Mayfield</p>
<p>Train the SDPOs on the PPQA review system for court report and case plan enhancement to equip them to be the first line of quality assurance in the Placement Bureau.</p>	<p>8/08-8/09</p> <p>Lisa Campbell-Motton Art Mayfield Howard Wong</p>

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ATTACHMENT A

County Self-Assessment Report

Summary Assessment

The purpose of this section of the report is to summarize the County's performance on each of the C-CFSR Outcomes considering the analysis of its performance on the related outcome indicators as well as the impact on any systemic factors.

SUMMARY OF STRENGTHS

Safety Outcome 1:
Children are, first and foremost, protected from abuse and neglect.

The Department of Children and Family Services showed positive trends and outcomes in the percent of children who do not experience maltreatment while at home or in foster care. FY 2006-2007 data showed that 93.4% of children are free from repeat maltreatment during the 6 month period that followed the initial substantiated abuse report. While L.A. performs higher in this measure than the statewide level, DCFS has not met the National Standard Goal of 94.6%, but we are moving quite close to it. We did, however, surpass the National Standard Goal (99.68%) for the percent of children who do not experience maltreatment in foster care. L.A. data shows that 99.82% of our children were safe from maltreatment by a caregiver while in foster care.

DCFS Social Workers show a high compliance rate with providing timely responses to referrals that required an immediate response (97.2% compliance rate for FY 06-07) and those that required a 10-day response (96.6% compliance rate for FY 06-07). L.A. County performed better than the state as whole on both of these data indicators. In addition, there was a 91.7% compliance rate for completing timely home calls with children.

Other factors that influenced the positive trends in child safety include: 1) The increased use of SDM tools; 2) increased use of TDMS and other type of family meetings offered by Wraparound and Family Preservation; 3) the standardization of licensing requirements and the monitoring of foster homes, relative caregiver homes, and non-related extended family member homes; 4) DCFS practice and policy that requires social workers to continually assess the safety of the child during each home call and

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private interview with the child, and 5) the social worker's ongoing contacts with collaterals, such as the child's family members, teachers, counselors, etc., in order to help assess for child safety and well-being.

The Probation Department's Placement Officers are the first line of defense for reducing the risk of harm to children in foster care due to the fact that they conduct monthly visits to the group home and with the relative/non-relative care provider. All Placement Officers conduct monthly visits with each child placed in a group home or a relative/non-relative home. The average number of Probation officer visits, as appropriate, per child in placement or with an active child welfare case is one time per month (each 30 day period). According to the PPQA database, the compliance rate for this measure is consistently above 90%. This rate has stayed consistent even with the large amount of vacancies and workload in the Placement Bureau. The Group Home Monitoring Unit also plays a large part in this measure in that once a group home has a substantiated claim, they are placed under a variety of corrective measures to bring their staff and their facility up to the standard and are closely monitored to maintain that standard. In addition to this, monthly provider meetings are held to disseminate informing regarding child safety and well-being. The Foster Home Consultants ensure that all placements with relative/non-relative caregivers meet the standards of safety and provision in order for the home to be approved. The weakness in this area is the result in the Group Home Monitoring Unit being understaffed creating a workload that is sometimes very challenging. Additional staff items for this unit have been requested in the budget for the upcoming fiscal year.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

With the high SDM utilization rates, the widespread use of Removal TDMs, the high compliance rate with the completion of timely social worker visits with the child, as well as the high percentage of compliance with timely response rates to both immediate and 10-day referrals, DCFS is doing well in putting forth great efforts to maintain children in their homes whenever possible and appropriate. Policy, as well and practice that is influenced by the implementation of such initiatives as Point of Engagement and Family to Family, requires that social workers not only assess safety and risk issues, but also, just as importantly, the strengths of the family and the community to determine if risks can be mitigated by the use of these strengths as well as services that can be provided by the community. Social workers are trained to make every reasonable effort to avoid removal of any child, including offering Family Preservation services, emergency caretaker services, and/or removing the risk to the child instead of removing the child from their home.

The Delinquency Court and the Probation Department are very concerned with maintaining youth safely in their homes whenever possible and appropriate. They are now making more orders for youth to reside with a relative or non-relative when the parents' home is not an option. The courts are working with probation, DCFS and DMH to provide services for the family such as

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Wraparound, Family Preservation and Evidence-Based Services to maintain the youth in the home whenever possible and appropriate.

**Permanency Outcome 2:
Family relationships and connections of the children are preserved, as appropriate.**

Significant efforts are made to place children with relatives, and, while DCFS experienced some challenges implementing the requirements for completing relative caregiver assessments in a timely manner, the percentage of children whose first placement is with a relative continued to increase, going from 34.7% to 40.7% during the past three fiscal years. As of December 31, 2007, 51% of children in out-of-home care are placed with relatives. Placement policy requires social workers to inquire and search for relatives to be considered for placement and permanency options; DCFS also utilizes family engagement practices such as Team Decision Making to involve the child's family, non-related extended family members, and persons of support to promote the preservation of family connections.

DCFS also has seen an increase in the number of some or all siblings that are able to be placed together in foster care – going from 66.2% to almost 70% of some or all siblings being placed together during the past three fiscal periods. Factors that have influenced the preservation of family relationships and connections include: 1) DCFS Policy and core curriculum training that mandates the practice of maintaining sibling relationships whenever possible and appropriate, exhausting all options before separating siblings; 2) implementation of the Family to Family Initiative, which requires, through the use of Team Decision Making, that the team discuss how the child's relationship with family members, friends, and connections to his or her community will be maintained while in foster care; 3) training that is provided to resource parents emphasizes the importance of supporting visitation between parents and children and between siblings; 4) case planning that must include information as to how family connections will be preserved, including the visitation plan, and 5) successful strategies such as the Permanency Partners Program (P3), Family Finding, and Concurrent Planning.

Probation's Residential-Based Services maintains monthly statistics on all cases supervised in out of home care. The average monthly statistic of youth that are reunified within 12-18 months of removal from home is approximately 72. Currently, there are approximately 1200 Probation foster youth in group homes and approximately 150 in relative/non-relative homes. From July 2007 to present, there were 10,117 youth placed in group homes. Of those, 647 were reunified with their parents.

Due to the fact that Probation does not have access to CWS/CMS and the difficulty in obtaining information from DCFS regarding Probation foster youths' siblings, it is very difficult to find out the location of the youths' siblings or how many siblings there are. However, with the information that is provided, every consideration is given to placing siblings together.

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Well-Being Outcome 2: Children receive adequate services to meet their physical and mental health needs.

DCFS has Public Health Nurses located in each regional office to help meet the medical, dental, and developmental needs of children and youth. When a child has a medical issue that requires special attention and care, the child is transferred to the Medical Placement Unit, where the child can receive more intensive case management services by the social worker and a Public Health Nurse. In addition, there are six, soon to be seven, Medical Hubs that are available to provide the state-required initial medical exams and the forensic exams for DCFS served children who are newly detained. The Medical Hubs offer forensic, medical and mental health expertise and assessment capacity 24 hours a day, 7 days per week.

As for providing the mental health services needed for children and youth in foster care, there remains a need for improvement in developing the array of mental health services and assuring that such services are accessible. During fiscal year 07-08, DCFS and the Department of Mental Health will implement the court-ordered Enhanced Specialized Foster Care program Corrective Action Plan, in response to the Katie A. class action lawsuit that alleged that children in contact with the County's foster care system were not receiving the mental health services to which they were entitled.

Probation's Placement Bureau has only 2 Public Health Nurses to serve the entire county. Meetings are held between the PHNs and Probation to improve communication lines and ensure that their services are maximized. The PHNs attend regular meetings with the Group Home Providers and the Probation Officers in order to inform them of services provided and collaborate on current referrals.

Additionally, the Probation Department has implemented and is expanding the use of Placement Assessment Centers, which have had a great impact on providing stability and increasing well-being for youth in foster care. The current centers located at Boys Republic and Rancho San Antonio provide a more comprehensive assessment for suitable placement minors. These assessments include a determination of psychosocial, educational, and mental health status as well as substance abuse use and gang involvement. The resulting extensive assessment packet information enables staff to make a more informed placement decision for these youth.

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SYSTEMIC FACTORS:

Relevant Management Information Systems

The CWS/CMS system automates many of the tasks that county workers had to perform routinely and often manually. CWS/CMS allows for a centralized statewide system that allows State or county child welfare workers to share information on child abuse cases.

CWS/CMS is capable of tracking the children's location, demographics and permanency goals for all children in foster care and their families. The system is used at every level of the child welfare system. The CWS/CMS application provides critical information for timely child welfare intervention and case management. County and statewide data is available to child welfare administrators to support program management, budgeting and quality assurance activities. Over the last several years, DCFS has designed, developed and implemented a wide variety of web-based applications and reports to support the administration of child welfare services and the total business needs.

California Probation Departments do not have access to either CWS/CMS or any other statewide data tracking system. In the absence of this advantage, outcome data is not available for probation youth. This prevents probation departments statewide from obtaining reliable and accurate data to evaluate outcomes and monitor the progress of youth and families in the delinquency system. Since Probation Departments do not have access to CWS/CMS, it is not possible to obtain data on those youth who have crossed over from dependency to delinquency.

Probation's JCMS system is an excellent case management tool for case documentation and providing specific reports regarding certain case activities, it is limited in collecting, sorting, and analyzing data into meaningful and accurate reports and statistics. However, JCMS will be retired and replaced by a new enterprise case management system. The Probation Case Management System (PCMS) is scheduled for implementation sometime at the end of 2008. This system will include both adult and juvenile probation information, and the systems will be designed to provide information to the department's new data warehouse where information will be available to provide more comprehensive reports and information.

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Staff and Provider Training

The DCFS Training System provides consistent, high quality training that orients staff to the social and professional expectations associated with child welfare practice. A wide variety of topics are offered and training opportunities are offered on a frequent basis to all levels of staff. Those who receive training are generally very satisfied with the quality of the training and actually do learn from the trainings, as evidenced in a training evaluation report conducted by the Inter-University Consortium on the CSW Core Academy. For the Statewide Standardized Core Modules for (1) Safety, Risk and Protective Capacity, (2) Case Planning/Case Management, (3) Placement and Permanency, DCFS CSW Core trainees scored higher than statewide new workers at a statistically significant level. With CMI I, our trainees scored equal to statewide new workers, and results for CMI II and Child and Youth Development are too new to report. DCFS is obviously pleased with this result and also grateful to have a sound and continuously improving training evaluation system in place to capture this kind of information.

Although the Probation Department's Training Bureau has improved the quality and variety of training offered to its employees, there is still limited access due to funding to specialized trainings that are necessary to fulfill State and Federal mandates required to improve safety, well-being and permanency for youth and their families. Since the last System Improvement Plan, DCFS has made specialized training available for probation staff, but the opportunities are few and are limited in enrollment space.

Agency Collaborations

DCFS and Probation have shown great evidence in their responsiveness, engagement and ongoing consultation with a broad array of individuals and organizations representing agencies responsible for implementing child welfare services and other stakeholders, including other County Departments, service providers, community members, faith-based representatives, resource parents, birth parents, youth, Juvenile Court, and various public and private child and family serving agencies. The Title IV-E Waiver Demonstration Project planning process includes involving stakeholders from the various regions to share their feedback regarding the expansion or development of services that are needed. In addition, DCFS has Department of Mental Health, Department of Health Services, and Department of Public Social Services staff co-located in regional offices in order to integrate services and provide a multi-disciplinary approach to case planning. Numerous collaborative trainings, conferences, and meetings have been hosted in order to share involvement in evaluating and reporting the progress made in child welfare. Regional offices host outreach activities on a regular basis every year to engage the broader community in sharing the responsibility for the safety, permanency, and well-being of our children.

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SUMMARY OF AREAS NEEDING IMPROVEMENT

Permanency Outcome 1:

Children have permanency and stability in their living situation without increasing reentry into foster care.

In spite of progress made in improving the timelines towards reunification and adoption, L.A. County has not met the national standard goal for 12 of the 15 data indicators related to the permanency outcome. However, L.A. County has demonstrated strength in placement stability for children who have been in foster care anywhere from 8 days to 12 months and from 12 months to 24 months, as DCFS' performance on these two measures are above the national standard goal. However, we don't see the same level of performance for placement stability for children who have been in care at least 24 months, as we are slightly below the national standard goal on this measure, but still higher than statewide performance.

Though the data trends show that DCFS has been increasingly reunifying more children more quickly, the county is also seeing a greater percentage of children re-enter foster care after reunification has taken place. To help determine what may be causing the increase in reentries, DCFS would need to investigate case specific information to look at possible causal factors. For instance, when children are reunified, what services are provided to ensure the family is stabilized and able to care safely for their children? And, what type of transitional plan was devised before reunification actually took place? And, what dynamic in the family is triggering reentries?

Probation's Placement Permanency & QA Unit receives and assesses all cases referred by DCFS, delinquency court, Probation Officers, Attorneys, Child Advocates and the Placement Quality Assurance process to provide permanency through Adoption or Legal Guardianship. All cases are investigated for parents' whereabouts, relatives/non-relative extended family and life-long connections. Each permanency officer carries a caseload of 6-8 and meets with the DCFS/Probation Collaborative Permanency Committee monthly to discuss all cases destined for legal guardianship and adoption. Currently, the committee is working on 3 potential adoptions and 3 potential legal guardianships.

Another strategy being utilized to increase stability in probation youth's living situation and decrease reentry into foster care is the Evidence-Based Services, Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). These in-home services have been effective and have assisted probation youth from reentering the system.

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SYSTEMIC FACTORS

Case Planning

Safe Measures shows that for 2007, case plan completion for all cases that required an approved case plan ranged from 71.2% to 74% compliance. Anywhere from 22.9% to 25% of those cases had a case plan missing or the case plan was expired, and anywhere from 2.9% to 4% of the cases had case plans with a pending approval status.

While there is a systematic and operational way of engaging family in safety planning during Removal/Possible Removal TDMS, there is no system in place for assuring that families and youth are involved in case planning thereafter. Stakeholders report that not everyone who meets the criteria for a TDM actually gets referred for a TDM. Stakeholders reported that often times, parents are not aware of their rights and responsibilities and are not meaningfully engaged in the case planning process. Birth parents, youth, and caregivers reported that social workers do not spend enough time with them to do thorough assessments of how well the implementation of the case plan is coming along due to either performance issues with social workers and/or the high workload demands that prohibit the social worker's tracking, monitoring, and carry through of case plan activities. However, if a family is involved with a program such as Family Preservation or Wraparound Services, families, youth and caregivers are more likely to be engaged in case planning.

Probation's Permanency and Quality Assurance Unit reviews all cases and monitors compliance with the initial case plan development and subsequent updates. The data collected as to the rate of compliance is shared with the supervisors to determine where corrective action through training, enhanced supervision, etc., needs to be applied. Departmental training will take place in May 2008 to ensure that all Placement Officers have the knowledge and resources to improve the compliance rate of case plans.

Concurrent planning is a primary focus in case planning and is very much a priority and practice of the Department. Adoption and Legal Guardianship are new processes for Probation since there was no process in delinquency court previously. There is now a process in place for probation to grant legal guardianships, terminate parental rights and finalize an adoption. All Placement Officers' cases are reviewed to ensure that compliance for Concurrent Planning is met. There are many factors for older Probation youth that create a barrier for adoption as a concurrent or a permanent plan. Currently, there are 3 cases that are in the

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adoption process and 3 cases in the legal guardianship process in delinquency court and another 46 cases being assessed for adoption and legal guardianship.

Quality Assurance System

Los Angeles County is part of California's Outcomes and Accountability System (COAS), which requires the County to monitor and track State and Federal outcome measures and participate in a triennial cycle of self-assessment, System Improvement Planning, implementation and review. DCFS also produces and publishes an extensive array of data reports from CWS/CMS, SafeMeasures, and Cognos in order to do quantitative analysis that helps to determine whether or not progress is being made in outcomes related to safety, permanency and well-being.

While DCFS participates in the COAS, DCFS does not have its own internal formalized system in place where qualitative data is collected on cases in order to provide regular, in-depth examinations of practice issues across the county. Collecting qualitative data on a systematic and standardized basis would allow DCFS to go beyond data analysis in order to help us identify problems in practice that is causing poor performance on outcome indicators. For example, a qualitative analysis for those cases that are re-entering the system can help us discover challenges in practice and possible causal factors or triggers for children re-entering the child welfare system. Additionally, DCFS needs to have a process/standard in which plans of corrective and preventive actions are used to remedy performance gaps that are seen during qualitative reviews.

The Probation Department established the Placement Quality Assurance Unit in response to the passage of AB636 in 2004. This unit ensures compliance with State and Federal Mandates for the Placement Bureau and participates with DCFS in ensuring that the key components of the Outcomes and Accountability System are in place, utilized and completed as appropriate for both departments. The unit is currently expanding its work in the area of Group Home Monitoring and Relative/Non-Relative care. The major priority of this unit is ensuring that outcomes in the area of safety, well-being and permanency improve for all youth and their families. In addition to this unit, the Probation Department also has a Quality Assurance Bureau that focuses on the larger customer service and improvement practices for the entire department, both juvenile and adults.

Recruiting, Developing, and Supporting Resource Families:

The data shows that the majority of children who are removed from their home for safety reasons are placed in foster homes outside of their community. From July 1, 2007 through December 31, 2007, there were 2,566 (63.8%) children initially placed in non-relative placements. Of these 2,566 children, 48% were placed outside of their community. In order to improve placement proximity to children's community of origin, there is a great need to recruit resource parents within SPAs 4, 5, and 6 - the greatest

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areas of need since these are the communities from which the greatest numbers of children are removed. Additional resources are needed in order to carry out recruitment activities in such large geographic areas.

Resource Families continue to request additional supports to help them provide ongoing care for special needs children, such as respite care, additional training, crisis intervention resources, and greater responsiveness from the child's social worker when they are in need of help.

Budget constraints have further caused challenges in providing adequate funding to support, recruit and retain foster, adoptive, and relative caregivers.

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ATTACHMENT B

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Thank you to the following staff of the Department of Children and Family Services and the Probation Department, as well as our community stakeholders for the time, energy and contributions that you provided during the L.A. County Self-Assessment process. The work and thought that all of you so generously gave is deeply appreciated.

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ATTACHMENT C

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