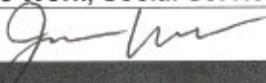
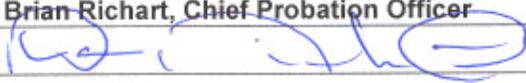


## SIP Cover Sheet

## California's Child and Family Services Review System Improvement Plan

<b>County:</b>	Shasta County
<b>Responsible County Child Welfare Agency:</b>	Health and Human Services Agency, Social Services Branch, Children and Family Services
<b>Period of Plan:</b>	November 2, 2008 thru November 2, 2009
<b>Period of Outcomes Data:</b>	(1) Quarter ending December 2007
<b>Date Submitted:</b>	(2) November 24, 2008
<b>County Contact Person for County System Improvement Plan</b>	
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<b>Submitted by each agency for the children under its care</b>	
<b>Submitted by:</b>	County Child Welfare Agency Director (Lead Agency)
<b>Name:</b>	Jane Work, Social Services Branch Director
<b>Signature:</b>	
<b>Submitted by:</b>	County Chief Probation Officer
<b>Name:</b>	Brian Richart, Chief Probation Officer
<b>Signature:</b>	

**Shasta County System Improvement Plan Interim Update – 2007/2009**  
Children and Family Services / Probation Department

**System Improvement Plan – Interim Update**

November 2, 2007 – November 1, 2008 – Report on Year 1 (Year 4 of C-CFSR)

November 2, 2008 – November 1, 2009 – Plans for Year 2 (Year 5 of C-CFSR)

**Executive Summary**

As part of the California Child and Family Services Review (C-CFSR), the California Department of Social Services requires every county's Children and Family Services (CFS) and Probation departments to produce a System Improvement Plan (SIP). The purpose of the SIP is to identify specific services – with timelines and measurable benchmarks – to help improve the safety, permanency, and well-being of CFS dependent children and probation wards who are in county care because of abuse or neglect or may be at risk of coming into county care.

During the first three years of the C-CFSR (FY04/05 – FY06/07), the SIP was produced annually and reported on the county's performance measures for the various Outcome/Systemic Factors that affected child safety, permanency, and well-being. These measures provided a statistical basis to evaluate programs – such as Differential Response or Family Team Meetings – and determine whether the programs were having an effect on the Outcome/Systemic Factors.

Starting last year, at the beginning of FY07/08, the State's methodology of analyzing performance measures underwent a transition and conversion to a more detailed and improved model. Because of this transition period, the State required the County to produce a two-year SIP with this interim report detailing the accomplishment/challenges of the first twelve-months and any plans to modify objectives and timelines for the second twelve-month period.

Further, in consultation with our California Department of Social Services (CDSS) consultant, we are adding additional “composite measures” to aid in determining the impact of CFS and Probation (where applicable) services in the areas of Reunification, Long Term Care, and Timely Social Worker Visits.

This report also includes how we are spending our Child Welfare System “Outcome Improvement Project” (CWS/OIP) funding – \$171,855 for CFS and \$12,317 for Probation – on programmatic services to improve our composite measures and, most importantly, the lives of our clients. (See Appendix A for funding categories and descriptive narratives.)

Finally, we are incorporating some very promising practices as identified by the County Welfare Directors Association (CWDA) that they adopted as recommended priorities with the Federal/State “Program Improvement Plan” (PIP). These areas are:

- Participatory Case Planning
- Foster Parent Recruitment, Retention, and Support
- Kinship Support

The following document provides a status report for Year 1 (10/1/07-10/31/08) and our plans for continued improvement in Year 2 (11/1/08-11/1/09), identifying areas where we may more effectively focus our resources to improve child welfare outcomes. Each “Outcome/System Factor” grid includes our performance measures, improvement goals, strategies, rationales, milestones, timeframes, and current status of milestones.

**Shasta County System Improvement Plan Interim Update – 2007/2009**  
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**System Improvement Plan Narrative**

The California Child and Family Services Review (C-CFSR) focuses on three subject measures:

- The safety measures are designed to reflect the effectiveness of efforts to protect children from abuse or neglect.
- The permanency measures are designed to reflect the time and proportion of children reunified with parents, the number of foster care placements for children, the length of time a child is in foster care, length of time to adoption, and the rate that children re-enter foster care after they have returned home or other permanent care arrangements have been made.
- The well-being measures are designed to reflect the degree to which children in foster care retain relationships with the family and extended communities with whom they are associated at the time of their removal from their parents, reflect the placement environment, and represent the transition to independence for transitional age youth.

The **SIP** for this two-year period (Year 1, 10/1/07-10/31/08, and Year 2, 11/1/08-11/1/09) continues to focus on service-delivery efforts in six (6) specific areas and is adding a seventh measure – Timely Social Worker Visits – to our lists of practices as we work toward improvements in the safety, permanency and well-being of children in Shasta County. :

1. Differential Response (Safety): Expands the response capacity of Children and Family Services (CFS) to reports of child abuse and neglect. CFS has partnered with the Shasta County Child Abuse Prevention Coordinating Council (SCCAPCC) to provide Parent Partners for services to families when there is low risk for child removal.
2. Timely 10-Day Response (Safety): Measures the percentage of referrals where face-to-face contact with a child occurs, or is attempted, within the regulatory time frames (where a determination is made that the abuse or neglect allegations indicate possible significant danger to the child).
3. Substance Abuse Counseling (Safety/Permanency): This service has been added to CFS to screen, assess, make referrals, case-manage, and monitor family members who are suspected/confirmed as having alcohol and/or drug involvement in an effort to decrease the recurrence of maltreatment of children and improve permanency.
4. Family Team Meetings (Safety, Permanency): This service involves families currently within, or at risk of becoming involved with, the child welfare or juvenile probation systems. A team decision-making approach is used with families and their support systems as partners to define family strengths, needs and goals. This service also assists families to identify helpful local services and resources. Shasta County Probation will also utilize this service, as appropriate, to improve safety and permanency outcomes for probation wards.
5. High Risk Team (Permanency): This service was developed in response to requests from foster and adoptive parents. A specialized case manager and high-risk team focus on early identification of high-risk children. They work closely with care providers and social workers to access needed services. Shasta County Probation will also utilize this program to improve permanency outcomes for probation wards.

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6. The Relative/NREFM (Non-Related Extended Family Member) Liaison (Permanency/Well-being): This program was initiated to meet the identified need of Relative/NREFM caregivers in accessing information and in navigating the child welfare system. Shasta County Probation will also utilize this program to improve permanency and well-being outcomes for probation wards.
7. Timely Social Worker Visit (Safety): Beginning in FY08/09 (Year 2), we are adding measure “2C” to monitor how we are meeting the requirements for social worker visits with clients according to statutory timeframes: one month, two months, and three months. The matrix for Year 2 has been added below.

The Shasta County **Probation Department** works most closely with CFS in the High Risk Team and Family Team Meeting areas. The primary focus of Probation is on the placement stability composite. Their update for the prior fiscal year and their plans for the next fiscal year are within the High Risk Team and Family Team Meeting narrative listings and matrices below.

**A comment on the UC Berkeley performance measures:** as expressed in the matrices below, data are presented indicating the “performance” within the various outcome/systemic factors. This is a data comparison process that measures improvements or lack of improvements within various categories, such as: no recurrence of maltreatment, timely social worker visits with children, reunification, exits to permanency, and placement stability, among other outcomes.

Whereas this data is accurate and useful to determine performance, the methodology used results in information that is often not current. As an example, some of the measures culled from the UC Berkeley data for this report have data end-dates of December 2006 and most have end-dates of December 2007. This complicates a ‘cause-and-effect’ review as some of our programs – such as High Risk Team and Substance Abuse Counseling – are just now becoming part of the agency’s culture, and other programs – such as Family Team Meetings and Relative/NREFM Liaison – are still evolving.

The solution to this issue is the increased use of **SafeMeasures** (CFS) and **Assessments.com** (Probation) as data analysis tools to supplement the UC Berkeley reports. **SafeMeasures** provides near real-time analysis of our data (the same source data as used by UC Berkeley) and enables the CFS managers, analysts, supervisors, and line-staff the ability to examine performance on the various measures.

In a similar fashion, **Assessments.com** is used by Probation to assess risk and needs and analyze data. Shasta County Probation took the lead in organizing 15 northern counties in the training and implementation of the Positive Achievement Change Tool (PACT) and other assessment and outcomes software provided by Assessments.com. The newly formed Northern California Probation Consortium (NCPC) consists of the counties of Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Nevada, Plumas, Sierra, Siskiyou, Sutter, Trinity and Yuba. The training and software package brings a scientific approach to corrections with an assessment model based on best practices.

We believe this blending of the official UC Berkeley data with SafeMeasures (CFS) and Assessments.com (Probation) will enhance the necessary feedback on our systems and practices to more successfully address our outcome in a timely fashion.

**Shasta County System Improvement Plan Interim Update – 2007/2009**  
Children and Family Services / Probation Department

**SIP Update Report: November 2, 2007 – November 1, 2008. Year 1 (Year 4 of C-CFSR)**

Differential Response (Safety)

Narrative update for Differential Response (DR) for Year 1:

1. The Differential Response Community Parent Partner (DR CPP) program continued to evolve in FY07/08. Of the 465 Path 1/Path 2 families referred to the program 135 (29%) engaged for these voluntary services. (Attached to the 135 families were 316 children.) 1086 face to face visits were held between the DR CPPs and the families. 569 (94.2%) of the 604 goals set by the families with the DR CPPs were accomplished, many involving community based service providers. The DR CPP program continually identified new service providers based on the needs of the families.
2. Two newsletters were created and distributed to educate the community and inform service providers of the DR CPP program to assist families through referrals to community resources.
3. The DR CPPs received Case Management (including home visiting and assessment) training. DR CPPs utilized a goal-tracking sheet that assists families in identifying issues in their situations that they would like to work on.
4. Approximately 35% of the families given surveys to critique the program and the parent partners returned them. To improve the return rate families have been given the option of mailing them in or filling them out during a visit. The DR committee and SIP team reviewed the surveys on a monthly basis to assess concerns and/or positives.

Timely 10-Day Response (Safety)

Narrative update for Timely 10-Day Response for Year 1:

1. CFS has accomplished a continual improvement in the Timely 10-Day Response (Safety) measure that reflects the percentage of referrals where face-to-face contact with a child occurs, or is attempted, within the regulatory time frames (where a determination is made that the abuse or neglect allegations indicate possible significant danger to the child). In FY07/08 1312 of the 1370 10-Day Response Investigations were completed in a timely manner. This represents an average monthly compliance level of 95.94%. On a quarterly basis, agency performance has exceeded 90%, 11 of the 12 months were above 90% with the one remaining month at 89.92%. This compares to FY06/07 with 88.58% average monthly compliance (1256 of 1415) and 7 of 12 months below the 90% requirement. FY05/06 had 80.91% average monthly compliance (983 of 1217) with 11 of the 12 months below 90% compliance.
2. The Intake Social Worker Supervisors maintained a Referral Assignment Log to identify those 10-Day referrals in danger of noncompliance that need to be reassigned.
3. Supervisors educated their Social Workers staff on the correct documentation of 10-Day referrals in CWS/CMS. Training on data input into CWS/CMS is provided, as needed, by the CWS/CMS Helpdesk Analysts.
4. Intake Supervisors and Social Workers with close ties to Law Enforcement continued to educate Law Enforcement because their investigatory timelines do not always fall within our regulatory timelines.
5. The Screening Unit has been expanded to better handle the fluctuating workload, cover vacations and unexpected absences, and help to eliminate delays in getting the referrals to the assigning Intake Supervisor.
6. Standards have been established and implemented for referrals to move to the assigning Intake Supervisor and to Social Workers.

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7. The Sexual Abuse Investigation Team has been expanded to target 10-Day compliance.
8. Weekly referral reports are distributed to the Intake Supervisors for use in the management of their Units and to ensure agency performance remains above the required 90% compliance level.

Substance Abuse Counseling (Safety/Permanency)

Narrative update for Substance Abuse Counseling:

1. Substance Abuse Counselors (SAC) are screening all clients referred by CFS staff. From January 1, 2008 through September 30, 2008, they screened more than 275 clients.
2. After completing assessments, SAC schedules client's next appointment with a treatment program prior to the client leaving the office. SAC will arrange transportation for client if necessary.
3. SAC attends Family Team Meetings to support the process of change for the client; identify strengths and struggles for clients. Work with client to develop a Recovery Plan.
4. On average, SAC tracks more than 100 clients per month through Substance Abuse treatment, providing status reports and maintaining communications with treatment providers.
5. SAC provides current client information to MDT to facilitate appropriate recommendations for client plan.
6. SAC meets with parents one-on-one, providing help focused on the addiction recovery process.
7. SAC participates in all FTM's and case staffings with treatment providers as needed.
8. When identified by social workers due to client behavior or lack of progress, SAC will reassess all clients to link them with necessary supports and to assure they are receiving appropriate services.
9. If a client is referred back, SAC will reassess client and develop or adjust the after-care plan.
10. As clients become more stable with SA issues, the SAC helps guide client to additional counseling services as needed for mental health, job training, childcare, and housing. When these needs are identified, the issues are staffed with the social worker.

Family Team Meetings (Safety, Permanency)

Narrative update for Family Team Meetings for Year 1:

1. In FY07/08, CFS contracted with a highly respected local nonprofit organization – Youth and Family Programs, Inc. – to provide our Family Team Meetings (FTMs). The nonprofit provider worked closely with the case-carrying social worker to provide comprehensive services.
2. The statistics for FY07/08 are impressive:
  - a. 273 Family Team Meetings held
  - b. 169 parents/legal guardians were seen
  - c. 12 FTMs were held to discuss placement changes; the use of FTMs in this manner was to improve placement stability.
  - d. 24 FTMs were called by a family member.
  - e. 404 satisfaction surveys were distributed with 288 returned (71.5%). These were used to evaluate FTMs from the client's perspective.
3. Interagency partners who participated in FTMs included:
  - a. Mental Health (17 FTMs)

**Shasta County System Improvement Plan Interim Update – 2007/2009**  
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- b. Public Health (16 FTMs)
- c. Office of Education/Foster Youth Services (110 FTMs)
- d. Alcohol and Drug (38 FTMs)
- e. Domestic Violence (11 FTMs)
- f. Probation Officers (15 FTMs)
- 4. Community Partners who participated in FTMs included:
  - a. Child's school staff (12 individuals)
  - b. Relatives (188 individuals)
  - c. Non-related extended family members (57 individuals)
  - d. Foster parents (126 individuals)
  - e. Family friends (35 individuals)
  - f. Medical or mental health providers (74 individuals)
  - g. Child care providers (2 individuals)
  - h. Clergy (1 individual)

High Risk Team (Permanency)

Narrative update for the High Risk Team program for Year 1:

- 1. Our HRT social worker liaison to Probation (housed at our inter-agency and co-located offices) has been working with Probation to improve training between agencies on HRT benefits.
- 2. The HRT is also working with Lilliput Children's Services, Inc., on issues relating to therapeutic interventions and services.
- 3. The HRT is working with the Shasta County Foster Parents Association to provide services for foster parents to improve placement stability.

The Relative/NREFM (Non-Related Extended Family Member) Liaison (Permanency/Well-being)

Narrative update for the Relative/NREFM program for Year 1:

- 1. **140** children are placed in **94** Relative/NREFM homes involving **32** social workers.
- 2. County contract work with a nationally recognized service provider – U.S. Search (for family-finding services – is nearing completion.
- 3. Existing Relative/NREFM worker is part-time only and concentrates primarily on emergent issues and preventative strategies.
- 4. Integration of Relative/NREFM placement models into agency philosophy continues through training and the face-to-face work of the Relative/NREFM Liaison.

We are adding the Timely Social Worker Visits for Year 2, which will include the structured use of "Safe Measures" (CFS) and Assessments.com (Probation) for use in evaluating consistency in timely visits.

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**SIP Plan: November 2, 2008 – November 1, 2009. Year 2 (Year 5 of C-CFSR)**

Differential Response (Safety)

Year 2 Plans

Correctly assessing assignment/response type of abuse/neglect referrals is directly correlated to the reduction of recurrence of abuse/neglect and consistency in CFS response to abuse/neglect referrals is critical for maintaining positive relationships with the community/public. Year 2 of the Differential Response component will have the added focus of utilizing Structured Decision Making tools in a correct and consistent manner for determining CFS response to new reports of abuse/neglect. Educating and engaging the community to partner with CFS and SCCAPCC to develop alternate responses to end abuse/neglect and providing a Community Parent Partner response to assess and refer families to community based organizations for resources and services will continue in year 2.

Timely 10-Day Response (Safety)

Year 2 Plans

CFS will continue to monitor, communicate, and publicize within the agency the expectation to consistently exceed the 90% compliance level of the Timely 10-Day Response (Safety) measure that reflects the percentage of referrals where face-to-face contact with a child occurs, or is attempted, within the regulatory time frames (where a determination is made that the abuse or neglect allegations indicate possible significant danger to the child). Year 2 will focus on the implementation of the utilization of the SafeMeasures tool to maintain/increase current performance. Additionally, we will be addressing workload spikes resulting from having a 10-Day referral Temporary Custody.

Substance Abuse Counseling (Safety/Permanency):

Year 2 Plans

Substance abuse services were added to CFS to screen, assess, make referrals, case-manage, and monitor family members that are suspected/confirmed as having alcohol and/or drug involvement. The goal of these efforts is to decrease the recurrence of maltreatment associated with substance abusing parents and improve permanency. We will continue to assess and monitor the level and efficacy of services and modify/evolve the services where necessary.

Family Team Meetings (Safety, Permanency):

Year 2 Plans

Shasta County decided to bring FTMs back ‘in-house’ and restructure the procedures to include more of the Health and Human Services Agency co-located partners in the FTM process. As part of our Health and Human Services Agency model, we are applying the skills and talents of our partners to provide comprehensive, and timely, services to our clients. Also, consistent with the Federal government’s “Program Improvement Plan” (PIP), we will be applying ‘Participatory Case Planning’ to our Family Team Meeting model.

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High Risk Team (Permanency):

Year 2 Plans

Continue to develop and support the specialized high-risk team case-manager who identifies high-risk children from multiple system entry points. This case manager facilitates, assesses, coordinates and tracks high-risk children to support foster and adoptive parents to minimize placement disruption. Will continue to work with the HRT social worker and coordinate activities with the Probation department for clients who are involved with both agencies. Also, consistent with the Federal government's "Program Improvement Plan" (PIP), we will be applying 'Foster Parent Recruitment, Retention and Support' to our HRT model to augment our permanency activities.

The Relative/NREFM (Non-Related Extended Family Member) Liaison (Permanency/Well-being):

Year 2 Plans

Future plans include incorporating Grandparent's Rights into Relative/NREFM training and operations. Also exploration into additional funding or personnel assistance. Use of tracking tools to monitor placement changes will be expanded to address placement stability issues. Also, consistent with the Federal government's "Program Improvement Plan" (PIP), we will be applying 'Kinship Support' to our Relative/NREFM model for both permanency and well-being issues.

Timely Social Worker Visits:

Year 2 Plans

Expanded use of SafeMeasures (CFS) and Assessments.com (Probation) by training supervisors and line-staff will be implemented. We will develop and institutionalize standard agency guidelines and expectations for the practice of making timely visits with children and accurately and completely documenting contact information and exceptions in CWS/CMS.

The below matrices are divided into two sections

1. The Update of activities for each component for Year 1. This describes milestones and issues raised in the first year of our two-year SIP.
2. The Plan of activities for each component (including the addition of the Timely Social Worker Visits) for Year 2. This section describes the plan, activities, and assigned persons for the second half of our two-year SIP.

**Shasta County System Improvement Plan Interim Update – 2007/2009**  
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**SIP Plan Components November 2, 2007 – November 1, 2008 – Report on Year 1 (Year 4 of C-CFSR)**

**Differential Response – UPDATE for Year 1**

<b>Outcome/Systemic Factor:</b> No Recurrence Of Maltreatment (S1.1)																													
<b>County's Current Performance:</b>																													
<b>No Recurrence Of Maltreatment (S1.1)</b>																													
This safety measure reflects the percentage of children who were victims of a substantiated or indicated child maltreatment allegation within the first 6 months of a specified time period for whom there was no additional substantiated maltreatment allegation during the subsequent 6 months.																													
<table border="1"> <thead> <tr> <th>Measure number</th> <th>Measure description</th> <th>Most recent start date</th> <th>Most recent end date</th> <th>Most recent numerator</th> <th>Most recent denominator</th> <th>Most recent performance</th> <th>Direction?</th> <th>Percent change</th> </tr> </thead> <tbody> <tr> <td>S1.1</td> <td>No Recurrence Of Maltreatment</td> <td>01/01/06</td> <td>12/31/06</td> <td>217</td> <td>246</td> <td>88.2</td> <td>No</td> <td>-1.7%</td> </tr> </tbody> </table>										Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change	S1.1	No Recurrence Of Maltreatment	01/01/06	12/31/06	217	246	88.2	No	-1.7%		
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<b>Improvement Goal 1.0</b>																													
Reduce the recurrence of abuse/neglect as measured by the number of subsequent substantiated/inconclusive re-referrals occurring within 6 months.																													
<b>Strategy 1. 1</b>					<b>Strategy Rationale</b>																								
Engage the community to partner with Children and Family Services to develop alternative responses to end the abuse of children in Shasta County.					Primary prevention in the community and early intervention with referred families will result in a reduction of abuse/neglect in the future because minor problems will be addressed before they become major ones.																								

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<b>Milestone</b>	<b>1.1.1</b> Efforts to identify new service providers and community based organizations to provide services to our Path 1 and Path 2 families will be ongoing.	<b>Timeframe</b>	1 – 12 months (10/31/07 – 9/30/08)	<b>Status of Milestone</b>	The Differential Response Community Parent Partner program continually identifies new service providers based on the needs of the Path1 and Path2 families. 2 Newsletters were created and distributed to inform service providers of the DR CPP program to assist families CFS has identified as families that may benefit from assistance from a community agency. The newsletters discuss the DR CPP program and the role of the Community Parent Partner. It also provides families with tips on safety, nutrition, and education.
	<b>1.1.2</b> Develop and implement a media campaign, including a Newsletter, to increase community awareness of the Differential Response program. Convey a better understanding of what the program is about to obtain greater community participation.		1 – 12 months (10/31/07 – 9/30/08)  Newsletter 1 & 6 months (10/31/07 & 3/31/08)		
<b>Strategy 1. 2</b> Path 1 and Path 2 families requesting services will be assessed and referred to relevant community based organizations for resources and services.			<b>Strategy Rationale</b> Early intervention with referred families will result in a reduction of abuse/neglect in the future because minor problems will be addressed before they become major ones. A thorough assessment of family's needs/strengths will lead to more appropriate referrals and services.		
<b>Milestone</b>	<b>1.2.1.</b> The Community Parent Partners will provide an initial assessment then identify and coordinate services for Path 1 and Path 2 families.	<b>Timeframe</b>	1 – 12 months (10/31/07 – 9/30/08)	<b>Status of Milestone</b>	DR CPPs provide an initial assessment to CFS referred Path 1 and Path 2 families. The assessment is a goal-tracking sheet that assists families in identifying issues in their situations that they would like to work on. The assessment also helps the DR CPPs coordinate the services they will provide to the families. This strength based tool focuses on the family strengths. The DR CPPs have received Case Management (including home visiting and assessment) training.
	<b>1.2.2</b> All new and existing Community Parent Partners will be trained in case management and assessment.		1 – 12 months (10/31/07 – 9/30/08)		

**Shasta County System Improvement Plan Interim Update – 2007/2009**  
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<p><b>Strategy 1.3</b> Appropriate Path 1 families referred to Children and Family Services (CFS) will receive a Community Parent Partner response. Moderate-risk Path 2 families referred to Children and Family Services (CFS) will receive a joint CFS and Community Parent Partner response or will receive a Community Parent Partner response once the referral is closed. (Initially identified Path 3 families where the issues are resolved, children are not taken into custody, and no case is opened could be downgraded to moderate risk Path 2 and fall into this strategy as well.)</p>		<p><b>Strategy Rationale</b> Community partner involvement in Path 1 and moderate-risk Path 2 referrals will increase family willingness to address safety and risk issues.</p>			
<b>Milestone</b>	<p><b>1.3.1</b> Guideline and procedures implemented for joint CFS and Community Parent Partner Differential Response.</p>	<b>Timeframe</b>	1 month (10/31/07)	<b>Status of Milestone</b>	<p>Differential Response guidelines and procedures were developed. We will be updating these guidelines and procedures in 08/09 SIP implementation year to reflect current practice. DR CPP program data reports identifying number of Path 1 and Path 2 referrals, family engagement, level of participation and participating CBOs, are reviewed monthly by the Differential Response committee to improve the efficiency and effectiveness of the program. Path 1 and Path 2 families are given surveys to critique the program and the parent partners. Approximately 35% of the surveys are returned. To improve the return rate families have been given the option of mailing them in or filling them out during a visit. The</p>
	<p><b>1.3.2</b> Automated monthly data reports generated from the SCCAPCC Differential Response services database that identifies all participating CBOs, and the level of engagement, participation and satisfaction of CFS Path 1 and Path 2 clients. New data fields added, as necessary.</p>		1 – 12 months (10/31/07 – 9/30/08)		
	<p><b>1.3.3</b> Data reports of 1.3.2, including client satisfaction survey results, reviewed and analyzed on a monthly basis to assess efficiency and effectiveness of Differential Response program processes.</p>		1 – 12 months (10/31/07 – 9/30/08)		

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	<p><b>1.3.4</b> Results shared with other Counties and States through the County Welfare Directors Association regional meetings, the Child Abuse Prevention Council regional meetings, and Differential Response technical conferences.</p>		<p>1 – 12 months (10/31/07 – 9/30/08)</p>	<p>DR committee and SIP team review the surveys on a monthly basis to assess concerns and/or positives. Results of the DR CPP program have been shared through the County Welfare Directors Association regional meetings, SCCAPCC Regional Coalition meetings, and the annual Differential Response Technical Conference.</p>
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<p><b>Strategy 1.4</b> Maintain and continue to develop funding sources.</p>	<p><b>Strategy Rationale</b> Funding and incentives are needed for community-based organizations to provide resources and services to the clients.</p>
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<b>Milestone</b>	<p><b>1.4.1</b> Conduct annual educational brainstorming / planning meeting with DSS Administration &amp; Fiscal to explore funding options to sustain the Differential Response program.</p>	<b>Timeframe</b>	<p>3 months (12/31/07)</p>	<b>Status of Milestone</b>	<p>Brainstorming/planning meetings have been held between CFS and SCCAPCC to explore funding strategies to sustain and/or grow the Differential Response Community Parent Partner program. SCCAPCC is currently utilizing Targeted Case Management funding to maintain/expand the DR CPP program. Research continues as to how other counties deliver and fund services/resources.</p>
	<p><b>1.4.2</b> Research to continue on how other counties and states fund services/resources.</p>		<p>1 – 12 months (10/31/07 – 9/30/08)</p>		
	<p><b>1.4.3</b> Continue to develop and implement plans for obtaining funds for agency and community based organizations.</p>		<p>1 – 12 months (10/31/07 – 9/30/08)</p>		

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**10-Day Response – UPDATE for Year 1**

**Outcome/Systemic Factor:**  
Timely Response (10-Day Response Compliance)

**County’s Current Performance:**

**Timely Response (10-Day Response Compliance) (2B)**

This measure computes the percentage of cases in which face-to-face contact with a child occurs, or is attempted, within the regulatory time frames in those situations in which a determination is made that the abuse or neglect allegations indicate significant danger to the child (10-day response).

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
2B	Timely Response (10-Day Response Compliance)	Q4 2006	Q4 2006	290	321	90.3	Yes	15.6%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
2B	Timely Response (10-Day Response Compliance)	Q2 2003	Q2 2003	78.1	Q4 2006	Q4 2006	90.3	15.6%	39

**Improvement Goal 1.0**

Increase the percentage of timely Supervisor assignment and timely Social Worker response to and documentation in CWS/CMS of child abuse/neglect 10-Day referrals. Obtain and maintain stable County performance to at least 90% compliance.

**Strategy 1. 1**

Monitor, communicate, and publicize within CFS the agency expectation to consistently meet the 90% compliance level and current level of operation.

**Strategy Rationale**

Intake Supervisors will monitor and communicate on an individual basis with each worker in their units. Intake Supervisors/Social Workers will communicate with Law Enforcement. Documented and posted group performance will raise awareness of performance within the agency. The above will heighten the level of awareness of the requirement to meet agency expectation of

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		timely Social Worker response to and documentation in CWS/CMS of child abuse/neglect 10-Day referrals.			
<b>Milestone</b>	<b>1.1.1</b> Maintain the Referral Assignment Log to include the Referral Receipt Date. Reassign referrals that are identified as in danger of noncompliance to other Social Workers.	<b>Timeframe</b>	1 – 12 months (10/31/07 – 9/30/08)	<b>Status of Milestone</b>	The Intake Social Worker Supervisors maintain a Referral Assignment Log that includes the Referral Receipt Date. This log is used by the Intake Supervisors to identify those 10-Day referrals that are in danger of noncompliance so that these referrals can be reassigned to other Social Workers if necessary. When an Intake Social Worker calls in sick, their Supervisor opens their caseload to identify 10-Day referrals needing response on that or the subsequent day. As necessary these referrals are reassigned to other Social Workers to ensure timeline compliance. As part of their daily supervision the Intake Supervisors educate and train their Social Worker staff on the correct documentation of 10-Day referrals in CWS/CMS. Training on data input into CWS/CMS is provided, as needed, by the CWS/CMS Helpdesk Analysts. Intake Supervisors and Social Workers with close ties to Law Enforcement continue to educate Law Enforcement about our regulatory need to respond within 10 days to referrals designated as requiring a 10-Day response because our regulatory timelines do not always fall within Law Enforcements investigatory timelines. A third Phone Screener position has been added to the
	<b>1.1.2</b> When an Intake social worker calls in sick, Supervisor open caseload and look for 10-Day referrals needing response on that or the subsequent day. Reassign referrals that are identified as in danger of noncompliance to other Social Workers.		1 – 12 months (10/31/07 – 9/30/08)		
	<b>1.1.3</b> Continue to educate and train Social Workers on the correct documentation of 10-Day referrals in CWS/CMS.		1 – 12 months (10/31/07 – 9/30/08)		
	<b>1.1.4</b> Continue to educate Law Enforcement about our regulatory need to respond within 10 days to referrals designated as requiring a 10-Day response.		1 – 12 months (10/31/07 – 9/30/08)		
	<b>1.1.5</b> Add a third Phone Screener position to develop a Screening Unit to better handle the fluctuating workload, cover vacations and unexpected absences, and eliminate delays in getting the referrals to the assigning Intake Supervisor.		1 – 12 months (10/31/07 – 9/30/08)		

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<b>Milestone</b>		<b>Timeframe</b>		<b>Status of Milestone</b>	
	<p><b>1.1.6</b> Establish and implement a standard of 3 calendar days or less for referrals to remain in the Screening Unit prior to moving to the assigning Intake Supervisor and a standard of same or next day assignment, by Intake Supervisor, of referrals to Social Workers.</p>		<p>1 – 12 months (10/31/07 – 9/30/08)</p>		
	<p><b>1.1.7</b> Assign a third Social Worker to the Sexual Abuse Investigation Team to target 10-Day compliance.</p>		<p>1 – 12 months (10/31/07 – 9/30/08)</p>		
	<p><b>1.1.8</b> Weekly, distribute to Intake Supervisors individual worker caseload referral reports and reports that monitor individual worker workload, 10-Day compliance performance, and 10-day referrals that need documentation in CWS/CMS.</p>		<p>1 – 12 months (10/31/07 – 9/30/08)</p>		
	<p><b>1.1.9</b> Graphically display current agency performance. Display prominently. Develop a mural strategy to draw attention to graph and performance level.</p>		<p>Data 1 – 12 months (10/31/07 – 9/30/08) Mural 3 months (12/31/07)</p>		
	<p><b>1.1.10</b> Use reports in 1.1.8 and 1.1.9 to monitor 10-Day referral response compliance level to assure performance remains at or above 90%.</p>		<p>1 – 12 months (10/31/07 – 9/30/08)</p>		

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**Substance Abuse Counselor – UPDATE for Year 1**

**Outcome/Systemic Factor(s):** No Recurrence Of Maltreatment (S1.1); Reunification Within 12 months – Exit Cohort (C1.1)  
Median Time to Reunification – Exit Cohort (C1.2); Reunification Within 12 Months – Exit Cohort (C1.3); Reentry Following Reunification (C1.4)

**County’s Current Performance:**

**No Recurrence of Maltreatment (S1.1)**

This safety measure reflects the percentage of children who were victims of a substantiated or indicated child maltreatment allegation within the first 6 months of a specified time period for whom there was no additional substantiated maltreatment allegation during the subsequent 6 months.

**Reunification Within 12 months – Exit Cohort (C1.1)**

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 reunified in less than 12 months from the date of the latest removal from home?

**Median Time to Reunification – Exit Cohort (C1.2)**

Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

**Reunification Within 12 Months – Exit Cohort (C1.3)**

Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home.

**Reentry Following Reunification (C1.4)**

This measure computes the percentage of children reentering foster care within 12 months of a reunification discharge.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
S1.1	No Recurrence Of Maltreatment	01/01/07	12/31/07	195	205	95.1	Yes	6.0%

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Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
S1.1	No Recurrence Of Maltreatment	07/01/02	06/30/03	89.7	01/01/07	12/31/07	95.1	6.0%	11

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C1.1	Reunification Within 12 Months (Exit Cohort)	01/01/07	12/31/07	85	152	55.9	No	-5.8%
C1.2	Median Time To Reunification (Exit Cohort)	01/01/07	12/31/07	N.A.	152	9.3	Yes	-8.8%
C1.3	Reunification Within 12 Months (Entry Cohort)	07/01/06	12/31/06	25	91	27.5	No	-27.1%
C1.4	Reentry Following Reunification (Exit Cohort)	01/01/06	12/31/06	17	165	10.3	Yes	-15.5%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
C1.1	Reunification Within 12 Months (Exit Cohort)	07/01/02	06/30/03	59.3	01/01/07	12/31/07	55.9	-5.8%	-5
C1.2	Median Time To Reunification (Exit Cohort)	07/01/02	06/30/03	10.2	01/01/07	12/31/07	9.3	-8.8%	N.A.
C1.3	Reunification Within 12 Months (Entry Cohort)	01/01/02	06/30/02	37.7	07/01/06	12/31/06	27.5	-27.1%	-9
C1.4	Reentry Following Reunification (Exit Cohort)	07/01/01	06/30/02	12.2	01/01/06	12/31/06	10.3	-15.5%	-3

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<b>Improvement Goal 1.0</b>					
Decrease the recurrence of maltreatment and/or abuse/neglect of children, as well as re-entry to foster care, through the elimination or mitigation of alcohol and/or other drug use that may be impairing their (caregivers) ability to parent their children.					
<b>Strategy 1.1</b>			<b>Strategy Rationale</b>		
The proposed strategy is the Alcohol and Other Drug (AOD) Substance Abuse Counselor on assignment at Child and Family Services to act as a liaison between the Behavioral Health Team (BHT) at CalWORKs, the Alcohol and Drug Programs Division, and Social Services – Children and Family Services.			The Substance Abuse Counselor screens, assesses, makes referrals, case-manages, and monitors cases that are suspected of having alcohol and/or drug involvement. Case consultation and crisis intervention are also provided.		
<b>Milestone</b>	<b>1.1.1</b> Screening and Assessment. Conduct Substance Abuse screening on all clients referred by CFS staff. Conduct and/or arrange assessments for clients.	<b>Timeframe</b>	1 – 24 months (10/31/07 – 9/30/09)	<b>Status of Milestones</b>	Substance Abuse Counselors (SAC) are screening all clients referred by CFS staff. From January 1, 2008 through September 30, 2008, they screened more than 275 clients
	<b>1.1.2</b> Individual/Family Case Management. Provide direct services to clients as needed. Take warm handoff from CFS Social Worker. Follow-up on client attendance at treatment program to ensure enrollment and participation. Schedule client appointments at treatment facilities.		1 – 24 months (10/31/07 – 9/30/09)		After completing assessments, SAC schedules clients next appointment with a treatment program prior to the client leaving the office. SAC will arrange transportation for client if necessary.
<b>Milestone</b>	<b>1.1.3</b> Consultation. Attend community meetings (client present) at CFS. Represent CalWORKs BHT and treatment program when needed at case staffings. Provide feedback to CFS staff by researching client treatment and treatment options. Distribute Assessment Summaries and Status Reports from the treatment programs. Provide consultation to mental health, social work, probation, and family violence staff.	<b>Timeframe</b>	1 – 24 months (10/31/07 – 9/30/09)	<b>Status of Milestones</b>	SAC attends Family Team Meetings to support the process of change for the client; identify strengths and struggles for clients. Work with client to develop a Recovery Plan.  On average, SAC track more than 100 clients per month through Substance Abuse treatment, providing status reports and maintaining communications with treatment providers.

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	<p><b>1.1.4</b> Collaboration. Represents Shasta County Alcohol and Drug Programs at weekly Multi-Disciplinary Team meetings. Attend Service Unity Meeting Voluntary staffing. Provide Perinatal Substance Abuse/HIV Infant Program Foster Care Training quarterly.</p>		<p>1 – 24 months (10/31/07 – 9/30/09)</p>		<p>SAC provides current client information to MDT to facilitate appropriate recommendations for client plan.</p>
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<p><b>Strategy 1.2</b> The Alcohol and Other Drug (AOD) Substance Abuse Counselor on assignment at Children and Family Services will participate in planning and implementation of transitional activities for parents reunifying with children, including reassessment of risks, provision for after care services and linking to support services.</p>	<p><b>Strategy Rationale</b> Emphasis on parent's connections to the AOD counselor at time of reunification will help them maintain recovery and increase stability of the reunification.</p>
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<b>Milestone</b>	<p><b>1.2.1</b> Provide support services to parents during the transition period for children that are being unified with their families.</p>		<p>1 – 24 months (10/31/07 – 09/30/09)</p>	<b>Status of Milestones</b>	<p>SAC meets with parents one-on-one, providing help focused on the addiction recovery process.</p>
	<p><b>1.2.2</b> Participate in reunification transition and planning activities for identified families.</p>		<p>1 – 24 months (10/31/07 – 09/30/09)</p>		<p>SAC participates in all FTM's and case staffings with treatment providers as needed.</p>
	<p><b>1.2.3</b> Reassess each identified client for risk focus factors, identify needed support services, and provide a warm handoff, connecting parents to appropriate and available resources.</p>		<p>1 – 24 months (10/31/07 – 09/30/09)</p>		<p>When identified by social workers due to client behavior or lack of progress, SAC will reassess all clients to link them with necessary supports and to assure they are receiving appropriate services.</p>
	<p><b>1.2.4</b> Provide aftercare services to identified clients as needed on relapse prevention and recovery support.</p>		<p>1 – 24 months (10/31/07 – 09/30/09)</p>		<p>If a client is referred back, SAC will reassess client and develop or adjust the after-care plan</p>
	<p><b>1.2.5</b> Report to social workers on additional services needed as they appear.</p>		<p>1 – 24 months (10/31/07 – 09/30/09)</p>		<p>As clients become more stable with SA issues, SAC helps guide client to additional counseling services as needed for mental health, job training, childcare, housing. When these needs are identified, the issues are staffed with the social worker.</p>

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**Family Team Meetings – UPDATE for Year 1**

**Outcome/Systemic Factor(s):** No Recurrence Of Maltreatment (S1.1); Reunification Within 12 months – Exit Cohort (C1.1); Median Time to Reunification – Exit Cohort (C1.2); Reunification Within 12 Months – Exit Cohort (C1.3); Reentry Following Reunification (C1.4); Exits to permanency, 24 months in care (C3.1); Exits to permanency, legally free to exit (C3.2); In care 3 years or longer, emancipated or age 18 in care (C3.3)

**County's Current Performance:**

**No Recurrence of Maltreatment (S1.1)**

This safety measure reflects the percentage of children who were victims of a substantiated or indicated child maltreatment allegation within the first 6 months of a specified time period for whom there was no additional substantiated maltreatment allegation during the subsequent 6 months.

**Reunification Within 12 months – Exit Cohort (C1.1)**

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 reunified in less than 12 months from the date of the latest removal from home?

**Median Time to Reunification – Exit Cohort (C1.2)**

Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

**Reunification Within 12 Months – Exit Cohort (C1.3)**

Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home.

**Reentry Following Reunification (C1.4)**

This measure computes the percentage of children reentering foster care within 12 months of a reunification discharge.

**Exits to permanency, 24 months in care (C3.1)**

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?

**Exits to permanency, legally free to exit (C3.2)**

Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to permanent home prior to turning 18?

**In care 3 years or longer, emancipated or age 18 in care (C3.3)**

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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Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
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Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
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C1.3	Reunification Within 12 Months (Entry Cohort)	07/01/06	12/31/06	25	91	27.5	No	-27.1%
C1.4	Reentry Following Reunification (Exit Cohort)	01/01/06	12/31/06	17	165	10.3	Yes	-15.5%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
C1.1	Reunification Within 12 Months (Exit Cohort)	07/01/02	06/30/03	59.3	01/01/07	12/31/07	55.9	-5.8%	-5
C1.2	Median Time To Reunification (Exit Cohort)	07/01/02	06/30/03	10.2	01/01/07	12/31/07	9.3	-8.8%	N.A.
C1.3	Reunification Within 12 Months (Entry Cohort)	01/01/02	06/30/03	37.7	07/01/06	12/31/06	27.5	-27.1%	-9
C1.4	Reentry Following Reunification (Exit Cohort)	07/01/01	06/30/03	12.2	01/01/06	12/31/06	10.3	-15.5%	-3

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Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C3.1	Exits To Permanency (24 Months In Care)	01/01/07	12/31/07	31	143	21.7	No	-20.2%
C3.2	Exits To Permanency (Legally Free At Exit)	01/01/07	12/31/07	75	79	94.9	No	-2.5%
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	01/01/07	12/31/07	16	25	64.0	No	2.4%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
C3.1	Exits To Permanency (24 Months In Care)	07/01/02	06/30/03	27.2	01/01/07	12/31/07	21.7	-20.2%	-8
C3.2	Exits To Permanency (Legally Free At Exit)	07/01/02	06/30/03	97.3	01/01/07	12/31/07	94.9	-2.5%	-2
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	07/01/02	06/30/03	62.5	01/01/07	12/31/07	64.0	2.4%	0

**Improvement Goal 1.0** Continue to increase community participation with Children and Family Services or juvenile probation systems by tailoring services to a family's individual needs and strengths.

**Strategy 1. 1** Continue to increase family and community involvement by the tailoring of services to a family's individual needs and strengths through the continued development and expansion of the Family Team Meeting (FTM) program, particularly by the Probation Department.

**Strategy Rationale** Family Team Meetings (FTM) are a team decision-making approach that works with families as partners to define family strengths, needs, goals, and to identify helpful services and resources. FTMs lead to more involvement of "family" members, community, and personal support people and services that can help the family change so that further incidents of abuse and/or neglect are minimized.

Milestone	Timeframe	Status of Milestones
1.1.1 Develop and apply practice of utilizing FTMs for the assessment of current and future child safety of families referred to Children and Family Services.	1 - 3 months (10/31/07 – 12/31/07) Completed	Completed by Youth and Family, Inc., and CFS. Probation aware of availability for their youth, if applicable.
1.1.2 Establish and utilize 329 W&I protocols for Probation FTMs when terminating ward placement.	1 - 3 months (10/31/07 – 12/31/07) Completed	A Memorandum of Understanding with Probation and CFS signed and in operation.

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	1.1.3 Develop protocols for CFS dependent youth who commit their first crime.		1 – 6 months (10/31/07 – 03/31/08) Completed		A Guidelines and Procedure is being completed for CFS and Probation to use for coordinated FTMs (part of the 329 W&I protocols).
	1.1.4 Develop protocols for probation wards in placement and apply FTMs for transition.		1 – 18 months (10/31/07 – 03/31/09)		Part of the 329 W&I protocols.
<b>Strategy 1. 2</b> Continue to integrate into the agency's training and operating practice the culturally and ethnically appropriate CFS Guideline and Procedures and ensure adequate training to CFS and Probation staff on the family involvement in the case-planning process and strength-based FTMs.			<b>Strategy Rationale</b> The written Guidelines and Procedures help CFS and Probation deal with conflicting priorities and provide additional guidance and strength-based approaches for culturally and ethnically diverse clients. Initial and ongoing training is an important component to institutionalize this process, as well as the 40-Developmental Assets philosophy.		
<b>Milestone</b>	1.2.1. The existing FTM Guidelines and Procedures will be reviewed by Mid-Managers and Program Analysts to ensure they are culturally and ethnically appropriate. Consultation with community stakeholders will be included.	<b>Timeframe</b>	1 – 18 months (10/31/07 – 03/31/09)	<b>Status of Milestones</b>	The Guidelines and Procedures are in the process of being reviewed by both ICWA and Southeast Asian (largest ethnic group in Shasta County) stakeholders.
	1.2.2 CFS and Probation Supervisors will include in their staff supervision time with social workers and probation officers to train on the use of FTM Guidelines and Procedures in relation agency expectations for culturally/ethnically diverse clients.		1 – 6 months (10/31/07 – 03/31/08) Completed		Part of the ongoing training in CFS and Probation regarding diversity and ICWA sensibilities.
	1.2.3 FTM procedures and client handouts will be translated in languages as identified by County guidelines.		1 – 18 months (10/31/07 – 03/31/09)		We are updating the existing forms with FTM language as appropriate with our HR personnel for consistency/ conformity with County practices.
<b>Strategy 1. 3</b> Continue to refine measurements and data tracking methods on Family Team Meetings for Children and Family Services dependents and probation wards to determine longitudinal outcomes and client/extended family participation rates.			<b>Strategy Rationale</b> An effective Family Team Meeting program will help to reduce recidivism and re-entry and increase placement stability and parent/youth participation in the case planning process. Collection and analysis of data will be used to assess perceived and objective effectiveness.		

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<b>Milestone</b>	1.3.1 Track number of Family Team Meetings, all participants, ongoing use of Family Team Meetings, and stage in case when Family Team Meetings occur. Also track individual client family recidivism and re-entry.	<b>Timeframe</b>	Quarterly – 12/31/07, 03/31/08, 06/30/08, 09/30/08, 12/31/08, 03/31/09, 06/30/09	<b>Status of Milestones</b>	Tracked monthly by Youth and Family. Excel spreadsheet tracks participants, meetings, followup meetings, etc. 273 first time FTMs held, 83 post detention, 13 pre detention, 73 second time FTMs, 37 third-time FTMs, etc. (see above narrative).
	1.3.2 Track, on a quarterly basis, the number of CFS and Probation client families as compared to the number of CFS and Probation client families with Family Team Meetings held to monitor agency acceptance of Family Team Meeting program.		Quarterly – 12/31/07, 03/31/08, 06/30/08, 09/30/08, 12/31/08, 03/31/09, 06/30/09		This is a work in progress and is being developed to ensure control group/monitored group accuracy.
	1.3.3 Develop, conduct, and track results of satisfaction survey administered to all Family Team Meeting program participants. Data will also be collected on perceived effectiveness.		Quarterly – 12/31/07, 03/31/08, 06/30/08, 09/30/08, 12/31/08, 03/31/09, 06/30/09		Completed. We have a 71.46% return rate on surveys and they are all examined and reviewed by supervisors/managers.
<b>Strategy 1.4</b> Continue to develop funding sources.			<b>Strategy Rationale</b> Funding and incentives are needed for community-based organizations to provide resources and services to the clients.		
<b>Milestone</b>	1.4.1 Collaboration of CFS and Probation fiscal staff working with CFS Program and Probation Officer(s) and FTM contracted provider to plan for ongoing funding sources.	<b>Timeframe</b>	1 - 12 months (10/31/07 – 09/30/08) Ongoing	<b>Status of Milestones</b>	<b>This is an ongoing subject area and discussions are held at our monthly meetings regarding funding issues.</b>
	1.4.2 Research how other counties, states, or nonprofit organizations acquire ongoing funding for FTM services/resources.		1 - 24 months (10/31/07 – 9/30/09)		<b>This is also an ongoing process.</b>
	1.4.3 Funding sources located and applications created for obtaining funds for CFS and Probation and community-based organizations.		1 - 24 months (10/31/07 – 09/30/09)		<b>Ongoing research.</b>

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**High Risk Team Meetings UPDATE for Year 1**

**Outcome/Systemic Factor:** Multiple Foster Care Placements (C4.1.2.3)

**County's Current Performance:**  
**Placement Stability (C4.1.2.3)**

For all children in child welfare supervised foster care for (8 days to 12 months) or (12 to 24 months) or (more than 24 months), what percent had no more than two placements?

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C4.1	Placement Stability (8 Days To 12 Months In Care)	01/01/07	12/31/07	227	271	83.8	No	-0.2%
C4.2	Placement Stability (12 To 24 Months In Care)	01/01/07	12/31/07	140	231	60.6	No	-1.1%
C4.3	Placement Stability (At Least 24 Months In Care)	01/01/07	12/31/07	83	261	31.8	Yes	0.5%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
<b>C4</b>	<b>Placement Stability Composite</b>	<b>N.A.</b>	<b>06/30/03</b>	<b>94.0</b>	<b>N.A.</b>	<b>12/31/07</b>	<b>93.6</b>	<b>-0.4%</b>	<b>N.A.</b>
C4.1	Placement Stability (8 Days To 12 Months In Care)	07/01/02	06/30/03	83.9	01/01/07	12/31/07	83.8	-0.2%	0
C4.2	Placement Stability (12 To 24 Months In Care)	07/01/02	06/30/03	61.3	01/01/07	12/31/07	60.6	-1.1%	-2
C4.3	Placement Stability (At Least 24 Months In Care)	07/01/02	06/30/03	31.6	01/01/07	12/31/07	31.8	0.5%	0

**Improvement Goal 1.0:** Reduce placement disruption, multiple foster care placements, and reentry into foster care of high-risk children. These high-risk children are placed in FFAs or county foster homes (at Special Care Rates) due to a combination of physical, emotional/behavioral and/or developmental challenges.

**Strategy 1. 1** Continue to develop and support the specialized high-risk team case-manager who identifies high-risk children from multiple system entry points. This case manager facilitates, assesses, coordinates and tracks high-risk children to support foster and adoptive parents to minimize placement disruption. This case manager will be assigned to the High-Risk Services Team.

**Strategy Rationale** High-risk children, because of severe medical and/or emotional/behavioral and/or developmental issues, suffer a far higher rate of placement disruptions, multiple foster care placements, and reentry into foster care. Early identification and intensive case-management is necessary to prevent these disruptions and to increase stability and the likelihood of permanency. Due to the emotional impacts and stresses on

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		foster and adoptive parents when caring for high-risk children, a single point-of-contact provides tools, strategies, support and access to specialized services.			
<b>Milestone</b>	1.1.1 The High-Risk Coordinator will continue to work with the foster parent/adoptive parent, the case carrying social workers and, the biological parent when applicable, to create a team that will support the foster parent through the creation and implementation of a individualized, intensive service package that will support the child's needs as the child moves through foster care. If the child is reunified or moves into another permanent situation such as adoption, then the case manager will work to pass the service plan to the family and to a community based team, creating continuity of care, to reduce the risk of the child re-entering the system.	<b>Timeframe</b>	1 – 24 months (10/31/07-09/30/09)	<b>Status of Milestones</b>	Our HRT social worker liaison to Probation (housed at our inter-agency and co-located offices) has been working with Probation to improve training between agencies on HRT benefits. The HRT is also working with Lilliput Children's Services, Inc., on issues relating to therapeutic interventions and services. The HRT is working with the Shasta County Foster Parents' Association to provide services for foster parents to improve placement stability.
	1.1.2 High-Risk Services Team committee to continue to meet on a periodic basis to assess programmatic results by the monitoring and tracking of client demographic, attendance, and other quantitative and qualitative dynamics. Data tracking measures and tools will be refined and modified based on ongoing evaluation.		1 – 24 months (10/31/07-9/30/09)		The HRT social worker, along with the program analyst, have developed a tracking devices to monitor usage and demographic data. The data is being compiled and will be reflected in future reports.
	1.1.3 Continue to develop and refine referral processes and all associated forms developed for social worker utilization of High Risk Team.		1 – 24 months (10/31/07-09/30/09) Ongoing		Ongoing with the HRT social worker and department staff.
	1.1.4 Provide training to all CFS social workers, interagency staff, Probation officers, community partners, county foster homes and Family Foster Homes on the High Risk Team.	<b>Timeframe</b>	6 – 12 months (03/1/08 – 09/30/08) Ongoing		The HRT social worker and HRT coordinator are providing ongoing training to department staff.
<b>Strategy 1. 2</b> Continue to refine and evolve the guidelines and procedures for the High-Risk Team Case Manager and the High-Risk Services Team.		<b>Strategy Rationale</b> As the program is an integral part of CFS and Probation operations, the refinement and clarity of the Guidelines and Procedures is important to address operational and programmatic changes that benefit the clients. Dissemination of the Guidelines and Procedures will provide standard agency expectations in helping workers deal with conflicting priorities.			

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<b>Milestone</b>	1.2.1 Guidelines and Procedures to be placed on the regular High Risk Services Team Agenda for discussion and modification as necessary.	<b>Timeframe</b>	Quarterly – 12/31/07, 03/31/08, 06/30/08, 09/30/08, 12/31/08, 03/31/09, 06/30/09		The Guidelines and Procedures are in place and discussed as needed.
	1.2.2 As Guidelines and Procedures are refined, CFS and Probation Staff will receive updates on the agency expectations.		1 – 24 months (10/01/07-9/30/09)		A plan to update the Guidelines and Procedures and provide training to staff is in place.

<b>Improvement Goal 2.0</b> Provide check-in and basic informational support for families to improve timely, consistent access for High-Risk Services and provide office support for and for improved data and client usage reporting by utilizing Family Workers.					
<b>Strategy 2.1</b> Enhance services to clients/families by providing additional levels of direct logistical and informational support.			<b>Strategy Rationale</b> Clients/families who utilize High-Risk Services may miss scheduled meetings or fail to obtain necessary information due to lack of available child-care and/or the procedural realities of accessing services such as check-in, necessary paperwork, and related documentation.		
<b>Milestone</b>	2.1.1 Determine funding sources and scope of work for Family Workers assisting the High-Risk Services program.	<b>Timeframe</b>	1 – 18 months (10/31/07-03/31/08)	<b>Status of Milestones</b>	We are continually reviewing available funding options.
	2.1.2 Develop Guidelines and Procedures on the use of Family Workers to provide “check-in” services for front-office work for clients/families accessing High-Risk Services and for client usage and data tracking to support analytical work on outcomes/measures.		6 – 24 months (04/1/08-09/30/09)		This issue is under ongoing discussion within the HRT committee and will be implemented with staffing permits.
	2.1.3 Develop appropriate child-care services coordinated by Family Workers for clients/families accessing High Risk Team Services.		6 – 18 months (04/1/08-04/30/09)		We are currently using the child-care option available to us with the Shasta County Foster Parents Association.

<b>Improvement Goal 3.0</b> Create a support team for post-adoption families to provide technical support.					
<b>Strategy 3.1</b> To assist post-adoptive families in accessing High-Risk Services Team support to provide placement stability and avoid possible reentry into foster care of High-Risk dependents and wards.			<b>Strategy Rationale</b> Post-adoptive families with High-Risk youth face additional challenges in maintaining the child in the home. By providing High-Risk Services post-adoptive support and structure, reentry into foster care and multiple placements will be reduced.		

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Milestone		Timeframe		
	3.1.1 Research and assist in the development of applying High-Risk Team services to the post-adoption cohort of clients. Determine applicability and funding source(s).		1 – 24 months (10/31/07-09/30/09)	<b>This is currently within our Shasta County and Lilliput Children’s Services, Inc. contract and HRT (CFS) services are available as needed.</b>
	3.1.2 Develop appropriate protocols to be included in the Guidelines and Procedures.		Completed	<b>This is ongoing within our post-adoption team meeting discussions and Guidelines and Procedures will be implemented.</b>
	3.1.3 Implement and promote a post-adoption focused High-Risk Services element and provide training to CFS and Probation staff who may have contact with post-adoptive families.		6 – 18 months (03/1/08-03/30/09)	There has been training to CFS staff on this issue and training to Probation staff is in the planning/coordination phase.

\* Interagency Partners include, but are not limited to, Mental Health Clinician, County Educational Specialist, Alcohol and Other Drug (AOD) Counselor, and Public Health personnel.

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**Relative/NREFM (Non-Related Extended Family Member) UPDATE for Year 1**

**Outcome/Systemic Factor(s):** Exits to permanency, 24 months in care (C3.1); Exits to permanency, legally free to exit (C3.2); In care 3 years or longer, emancipated or age 18 in care (C3.3); Multiple Foster Care Placements (C4.1.2.3); Multiple Care Placements in Least Restrictive Settings (4B)

**County's Current Performance:**

Exits to permanency, 24 months in care (C3.1)

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?

Exits to permanency, legally free to exit (C3.2)

Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to permanent home prior to turning 18?

In care 3 years or longer, emancipated or age 18 in care (C3.3)

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?

**Placement Stability (C4.1.2.3)**

For all children in child welfare supervised foster care for (8 days to 12 months) or (12 to 24 months) or (more than 24 months), what percent had no more than two placements?

**Foster Care Placement in Least Restrictive Settings (4B)**

This measure reflects the percent of children placed in each type of foster care setting. For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were in relative home, foster home, FFA, group home or other placements? What percent of children in child welfare supervised foster care were in relative home, non-related extended family member home, foster home, FFA, group home or other placement at a specified point in time?

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C3.1	Exits To Permanency (24 Months In Care)	01/01/07	12/31/07	31	143	21.7	No	-20.2%
C3.2	Exits To Permanency (Legally Free At Exit)	01/01/07	12/31/07	75	79	94.9	No	-2.5%
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	01/01/07	12/31/07	16	25	64.0	No	2.4%

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Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
C3.1	Exits To Permanency (24 Months In Care)	07/01/02	06/30/03	27.2	01/01/07	12/31/07	21.7	-20.2%	-8
C3.2	Exits To Permanency (Legally Free At Exit)	07/01/02	06/30/03	97.3	01/01/07	12/31/07	94.9	-2.5%	-2
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	07/01/02	06/30/03	62.5	01/01/07	12/31/07	64.0	2.4%	0

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C4.1	Placement Stability (8 Days To 12 Months In Care)	01/01/07	12/31/07	227	271	83.8	No	-0.2%
C4.2	Placement Stability (12 To 24 Months In Care)	01/01/07	12/31/07	140	231	60.6	No	-1.1%
C4.3	Placement Stability (At Least 24 Months In Care)	01/01/07	12/31/07	83	261	31.8	Yes	0.5%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
C4.1	Placement Stability (8 Days To 12 Months In Care)	07/01/02	06/30/03	83.9	01/01/07	12/31/07	83.8	-0.2%	0
C4.2	Placement Stability (12 To 24 Months In Care)	07/01/02	06/30/03	61.3	01/01/07	12/31/07	60.6	-1.1%	-2
C4.3	Placement Stability (At Least 24 Months In Care)	07/01/02	06/30/03	31.6	01/01/07	12/31/07	31.8	0.5%	0

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Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4B	Least Restrictive (Entries First Plc.: Relative)	01/01/07	12/31/07	14	263	5.3	No	-34.3%
4B	Least Restrictive (Entries First Plc.: Foster Home)	01/01/07	12/31/07	129	263	49.0	N.A.	-32.4%
4B	Least Restrictive (Entries First Plc.: FFA)	01/01/07	12/31/07	98	263	37.3	N.A.	158.5%
4B	Least Restrictive (Entries First Plc.: Group/Shelter)	01/01/07	12/31/07	5	263	1.9	Yes	-15.6%
4B	Least Restrictive (Entries First Plc.: Other)	01/01/07	12/31/07	17	263	6.5	N.A.	139.2%
4B	Least Restrictive (PIT Placement: Relative)	01/01/08	01/01/08	139	586	23.7	Yes	32.8%
4B	Least Restrictive (PIT Placement: Foster Home)	01/01/08	01/01/08	102	586	17.4	N.A.	-38.3%
4B	Least Restrictive (PIT Placement: FFA)	01/01/08	01/01/08	159	586	27.1	N.A.	24.5%
4B	Least Restrictive (PIT Placement: Group/Shelter)	01/01/08	01/01/08	30	586	5.1	Yes	-7.5%
4B	Least Restrictive (PIT Placement: Other)	01/01/08	01/01/08	156	586	26.6	N.A.	0.1%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
4B	Least Restrictive (Entries First Plc.: Relative)	07/01/02	06/30/03	8.1	01/01/07	12/31/07	5.3	-34.3%	-7
4B	Least Restrictive (Entries First Plc.: Foster Home)	07/01/02	06/30/03	72.5	01/01/07	12/31/07	49.0	-32.4%	-62
4B	Least Restrictive (Entries First Plc.: FFA)	07/01/02	06/30/03	14.4	01/01/07	12/31/07	37.3	158.5%	60
4B	Least Restrictive (Entries First Plc.: Group/Shelter)	07/01/02	06/30/03	2.3	01/01/07	12/31/07	1.9	-15.6%	-1
4B	Least Restrictive (Entries First Plc.: Other)	07/01/02	06/30/03	2.7	01/01/07	12/31/07	6.5	139.2%	10
4B	Least Restrictive (PIT Placement: Relative)	07/01/03	07/01/03	17.9	01/01/08	01/01/08	23.7	32.8%	34
4B	Least Restrictive (PIT Placement: Foster Home)	07/01/03	07/01/03	28.2	01/01/08	01/01/08	17.4	-38.3%	-63
4B	Least Restrictive (PIT Placement: FFA)	07/01/03	07/01/03	21.8	01/01/08	01/01/08	27.1	24.5%	31
4B	Least Restrictive (PIT Placement: Group/Shelter)	07/01/03	07/01/03	5.5	01/01/08	01/01/08	5.1	-7.5%	-2
4B	Least Restrictive (PIT Placement: Other)	07/01/03	07/01/03	26.6	01/01/08	01/01/08	26.6	0.1%	0

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<b>Improvement Goal 1.0</b> Increase the placement stability of children in placement (target number is no more than 2 placements per child).					
<b>Strategy 1. 1</b> Determine the causes of multiple moves, analyze and recommend what can be changed, then develop a plan for change. This involves both CFS and Probation staff.			<b>Strategy Rationale</b> Analysis of the reasons for placement changes may reveal patterns that can be mitigated or reversed through further social worker education and Relative/NREFM (Non-Related Extended Family Member) liaison support.		
<b>Milestone</b>	<b>1.1.1</b> Produce a report with details of all moves for all placement types (including emergency intake) and distribute to supervisors for analysis.	<b>Timeframe</b>	1 – 18 months (10/31-07 to 12/31/08)	<b>Status of Milestones</b>	We are continuing to develop an efficient tracking system (using Business Objects and CWS/CMS data) for this strategy.
	<b>1.1.2</b> Determine cause for each move.		1 – 18 months (10/31/07 to 12/31/08)		We are working with CWS/CMS existing fields and our social worker input to determine consistent and accurate tracking tools.
	<b>1.1.3</b> Analyze statistics and make recommendations on changes that can be made to reduce moves.		1 - 18 months (10/31/07 to 06/30/08)		This is an evolving process and is dependent upon 1.1.1 and 1.1.2 above. Currently, though, information obtained by the Rel/NREFM Liaison position is being shared with staff as developed.
	<b>1.1.4 Review</b> reasons why children were removed from relatives and NREFM and make suggestions on how this can be prevented in the future.		1 – 24 months (10/31/07 to 09/30/09)		Information obtained by the Rel/NREFM Liaison position is being shared with staff as developed.
	<b>1.1.5</b> Implement changes, including implementation of ‘family finding’ protocols to search for family members who can provide stability and support and/or additional options for placement for youth.		1 - 24 months (10/31/07 to 09/30/09)		We are completing our contract arrangements with “US Search” for family finding capabilities to supplement our existing Rel/NREFM locating work.

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<b>Improvement Goal 2.0</b> Increase the number of available Relative/NREFM caregivers, and increase the percentage of Relative/NREFM placements and connect Relative/NREFM Liaison to child /family in relative/NREFM placement for support.					
<b>Strategy 2. 1</b> Place more children in relative/NREFM and FFH homes early on and facilitate and enhance the access these families have to services and resources.			<b>Strategy Rationale</b> Kinship (relative/NREFM) families caring for dependant children have historically been underserved in terms of receiving support and training to assist them in dealing with the complexity of the child welfare system, the Juvenile Court, and in many cases the special needs of the children in their care. This can cause disproportional changes in relative/NREFM placement.		
<b>Milestone</b>	2.1.1 Determine supervisor/social worker training/awareness on the relative/NREFM preference and its importance on department performance (possible front-end emphasis).	<b>Timeframe</b>	1 – 4 months (10/01/07 to 01/31/08) Completed	<b>Status of Milestones</b>	The inclusion of CWS/CMS measures into social worker orientation and training is ongoing as well as the importance of the Rel/NREFM Liaison position.
	2.1.2 Develop agency philosophy/expectations regarding placement preferences and recommend process changes.		1 – 6 months (01/01/08 to 6/30/08) Ongoing		In consultation with our CDSS consultant and County Counsel (W&I code impacts) we are reviewing this process.
	2.1.3 Develop philosophy on more thorough front-end relative assessment to increase stability of first placement.		1 – 6 months (01/01/08 to 6/30/08) Ongoing		We are combining this strategy with our family finding and placement procedures to produce a comprehensive approach to placement stability combined with in-house and repeated trainings.
	2.1.4 Review reasons why children were removed from relatives and NREFM and make suggestions on how this can be prevented in the future.		1 – 12 months (10/31/07 – 10/31/08) Ongoing		The program analyst has worked with the Rel/NREFM Liaison on analyzing causes. This is ongoing.
	2.1.5 Develop training and awareness program and train social workers.		1 – 12 months (10/31/07 to 10/31/08) Ongoing		Our Rel/NREFM Liaison is in frequent contact with social workers and training modules have been added to CFS training.
	2.1.6 Ongoing liaison work to support relative/NRFEM caregivers to help maintain placements, including referral to Relative/NREFM Liaison for help with possible initial placement.		1 – 24 months (10/31/07 to 09/30/09) Ongoing		We have two staff (both 0.5 FTE) that assists the Liaison with initial placement issues. This is ongoing.

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**SIP Plan Components November 2, 2008 – November 1, 2009 – Plans for Year 2 (Year 5 of C-CFSR)**

**Differential Response – PLAN FOR Year 2**

<b>Outcome/Systemic Factor:</b> No Recurrence Of Maltreatment (S1.1)													
<b>County's Current Performance:</b>													
<b>No Recurrence Of Maltreatment (S1.1)</b>													
This safety measure reflects the percentage of children who were victims of a substantiated or indicated child maltreatment allegation within the first 6 months of a specified time period for whom there was no additional substantiated maltreatment allegation during the subsequent 6 months.													
Measure number		Measure description			Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change		
S1.1		No Recurrence Of Maltreatment			01/01/07	12/31/07	195	205	95.1	Yes	6.0%		
Measure number		Measure description			Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Direction?	Percent change	Estimated # of children affected
S1.1		No Recurrence Of Maltreatment			07/01/02	06/30/03	89.7	01/01/07	12/31/07	95.1	Yes	6.0%	11
<b>Improvement Goal 1.0</b>													
Reduce the recurrence of abuse/neglect as measured by the number of subsequent substantiated/inconclusive re-referrals occurring within 6 months.													
<b>Strategy 1. 1</b>						<b>Strategy Rationale</b>							
Utilize Structured Decision Making tools in a correct and consistent manner for determining CFS response to new reports of						Consistency in CFS response to reports of abuse/neglect is critical for maintaining positive relationships with the community							

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abuse/neglect.		and public. Correctly assessing assignment/response type reduces recurrence of child abuse/neglect.			
<b>Milestone</b>	<b>1.1.1</b> Staff trained/retrained in the utilization of the Structured Decision Making assessment tool.	<b>Timeframe</b>	3 months (11/30/08 – 1/31/09)	<b>Assigned to</b>	CFS Staff Development Supervisor, CFS Social Workers, CFS Program Manager.
	<b>1.1.2</b> Screening room staff use of Structured Decision Making assessment tool reviewed for accuracy and consistency. Suggestions for improvement provided by Staff Development Supervisor. Improvements implemented and monitored through supervision.		Review & Improvement Suggestions 3 months (11/30/08 – 1/31/09)  Implementation of Improvements 4 – 6 months (2/28/09 – 4/30/09)		CFS Staff Development Supervisor, CFS Intake Supervisors, CFS Program Manager.
	<b>1.1.3</b> Social worker staff use of Structured Decision Making tool reviewed for accuracy, engagement, and practice. Suggestions for improvement provided by Staff Development Supervisor. Improvements implemented and monitored through supervision.		Review & Improvement Suggestions 3 months (11/30/08 – 1/31/09)  Implementation of Improvements 4 – 6 months (2/28/09 – 4/30/09)		CFS Staff Development Supervisor, CFS Intake Supervisors, CFS Program Manager.
<b>Strategy 1. 2</b> Engage the community to partner with Children and Family Services to develop alternative responses to end the abuse of children in Shasta County.		<b>Strategy Rationale</b> Primary prevention in the community and early intervention with referred families will result in a reduction of abuse/neglect in the future because minor problems will be addressed before they become major ones.			

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Milestone		Timeframe		Assigned to	
	<p><b>1.2.1</b> Ongoing identification of and referral to service providers and community based organizations to provide services to our Path 1 and Path 2 families.</p>		1 - 12 months (11/30/08 – 10/31/09)		Shasta County Child Abuse Prevention Coordinating Council, Community Parent Partners, CFS Intake Supervisor, CFS Program Manager.
	<p><b>1.2.2</b> Create and distribute a Newsletter to increase community awareness of the Differential Response Community Parent Partner Program.</p>		1 & 7 months (11/30/08 & 4/30/09)		Shasta County Child Abuse Prevention Coordinating Council, Community Parent Partners, CFS Intake Supervisor, CFS Program Manager, HHSA Public Relations.
	<p><b>1.2.3</b> Quarterly, participate in community outreach activities and/or make presentations at community service organizations to convey a better understanding of what the Differential Response program is about to promote awareness, education, and to obtain greater community participation.</p>		1 - 3 months (11/30/08 – 1/31/09) 4 - 6 months (2/28/09 – 4/30/09) 7 - 9 months (5/31/09 – 7/31/09) 10-12 months (8/31/08 – 10/31/09)		Shasta County Child Abuse Prevention Coordinating Council, Community Parent Partners, CFS Intake Supervisor, CFS Staff Development Supervisor, CFS Program Manager.
<p><b>Strategy 1. 3</b> Path 1 and Path 2 families requesting services will be assessed and referred to relevant community based organizations for resources and services.</p>			<p><b>Strategy Rationale</b> Early intervention with referred families will result in a reduction of abuse/neglect in the future because minor problems will be addressed before they become major ones. A thorough assessment of family's needs/strengths will lead to more appropriate referrals and services.</p>		

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<b>Milestone</b>	<b>1.3.1.</b> The Community Parent Partners will provide an initial assessment then identify and coordinate services for Path 1 and Path 2 families.	<b>Timeframe</b>	1 – 12 months (11/30/08 – 10/31/09)	<b>Assigned to</b>	Shasta County Child Abuse Prevention Coordinating Council, Community Parent Partners, CFS Intake Supervisor, CFS Program Manager.
	<b>1.3.2</b> All new and existing Community Parent Partners will be trained in strength based case management, assessment, and motivational interviewing skills.		1 – 12 months (11/30/08 – 10/31/09)		Shasta County Child Abuse Prevention Coordinating Council, CFS Staff Development Supervisor.
<b>Strategy 1. 4</b> Appropriate Path 1 families referred to Children and Family Services (CFS) will receive a Community Parent Partner response. Moderate-risk Path 2 families referred to Children and Family Services (CFS) will receive a joint CFS and Community Parent Partner response or will receive a Community Parent Partner response once the referral is closed. (Initially identified Path 3 families where the issues are resolved, children are not taken into custody, and no case is opened could be downgraded to moderate risk Path 2 and fall into this strategy as well.)			<b>Strategy Rationale</b> Community partner involvement in Path 1 and moderate-risk Path 2 referrals will increase family willingness to address safety and risk issues.		
<b>Milestone</b>	<b>1.4.1</b> Update guideline and procedures to incorporate current referral collaboration practice for joint CFS and Community Parent Partner Differential Response.	<b>Timeframe</b>	2 months (12/31/08)	<b>Assigned to</b>	CFS Staff Development Supervisor, CFS Intake Supervisors, CFS Social Workers, CFS Program Manager, Shasta County Child Abuse Prevention Coordinating Council, Community Parent Partners.

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<p><b>1.4.2</b>          Create monthly data reports generated from the SCCAPCC Differential Response services database that identifies all participating CBOs, and the level of engagement, participation and satisfaction of CFS Path 1 and Path 2 clients. New data fields added, as necessary.</p>	<p>1 – 12 months (11/30/00 – 10/31/09)</p>	<p>Shasta County Child Abuse Prevention Coordinating Council.</p>
<p><b>1.4.3</b>          Data reports of 1.4.2, including client satisfaction survey results, reviewed and analyzed on a monthly basis to assess efficiency and effectiveness of Differential Response program processes.</p>	<p>1 – 12 months (11/30/08 – 10/31/09)</p>	<p>Shasta County Child Abuse Prevention Coordinating Council, CFS Intake Supervisors, CFS Social Workers, CFS Program Manager, CFS Analyst.</p>
<p><b>1.4.4</b>          Results shared with other Counties and States through the Children's Welfare Directors Association regional meetings, the Child Abuse Prevention Council regional meetings, and Differential Response technical conferences.</p>	<p>1 – 12 months (11/30/08 – 10/31/09)</p>	<p>CFS Program Manager, CFS Intake Supervisors, Shasta County Child Abuse Prevention Coordinating Council, Community Parent Partners.</p>
<p><b>Strategy 1.5</b>          Maintain and continue to develop program services/resources and funding sources.</p>		<p><b>Strategy Rationale</b>          To improve program sustainability the Differential Response program needs to be based on an evidence-based model and funding/incentives are needed for community-based organizations to provide resources and services to the clients.</p>

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<b>Milestone</b>	<b>1.5.1</b> Participate in educational brainstorming / planning meetings and technical training / support (e.g., PREVENT Institute) to address child maltreatment and to explore methods (e.g., TCM, PPP, Motivational Interviewing) to sustain the Differential Response program and move toward evidence-based practice.	<b>Timeframe</b>	1 – 12 months (11/30/08 – 10/31/09)	<b>Assigned to</b>	Shasta County Child Abuse Prevention Coordinating Council, Community Parent Partners, Parents, CFS Intake Supervisors, CFS Program Manager, CFS Social Workers, CFS Analyst.
	<b>1.5.2</b> Research to continue on how other counties provide and fund services/resources.		1 – 12 months (11/30/08 – 10/31/09)		CFS Program Manager, Shasta County Child Abuse Prevention Coordinating Council.
<b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> Update of implemented guidelines between agencies and community based organizations that provide procedures for implementation, working relationships, and confidentiality. Funding for caseload levels to permit the assignment of referrals to the three tracks and to reach the SB2030 Optimum Workload levels for delivery of best practice.					
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Ongoing training in fairness and equity as well as in the use of the assessment tool and agency expectations to increase consistency in how referrals are assigned to the tracks. Ongoing training of County and community staff on procedures and guidelines for handling differential responses and confidentiality expectations. Training in working collaboratively with community partners for Social Workers. Ongoing case management and assessment training for Community Parent Partners.					
<b>Identify roles of the other partners in achieving the improvement goals.</b> Community partners will share the responsibility for follow up and provision of services for families that would otherwise be screened out as not meeting the legal requirements for an investigation and/or services as a result of abuse and neglect. Community partner staff trained on mandated reporting, risk factors, identifying abuse and neglect will help Children and Family Services staff feel comfortable having referrals responded to by non Children and Family Services staff.					
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> A Child Welfare Services/Case Management System (CWS/CMS) tracking system for Differential Response with appropriate funding for the amount of work involved. Continued enhanced and flexible funding to support the early intervention activities to which families are referred. Regulatory/law changes to support the implementation of Differential Response and the sharing of information, training, and resources.					

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**10-Day Response – PLAN FOR Year 2**

**Outcome/Systemic Factor:**

Timely Response (10-Day Response Compliance)

**County's Current Performance:**

**Timely Response (10-Day Response Compliance) (2B)**

This measure computes the percentage of cases in which face-to-face contact with a child occurs, or is attempted, within the regulatory time frames in those situations in which a determination is made that the abuse or neglect allegations indicate significant danger to the child (10-day response).

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
2B	Timely Response (10-Day Response Compliance)	10/01/07	12/31/07	331	337	98.2	Yes	34.5%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
2B	Timely Response (10-Day Response Compliance)	04/01/03	06/30/03	73.0	10/01/07	12/31/07	98.2	34.5%	85

**Improvement Goal 1.0**

Increase the percentage of timely Supervisor assignment and timely Social Worker response to and documentation in CWS/CMS of child abuse/neglect 10-Day referrals. Obtain and maintain stable County performance to at least 90% compliance.

**Strategy 1. 1**

Monitor, communicate, and publicize within CFS the agency expectation to consistently meet the 90% compliance level and current level of operation.

**Strategy Rationale**

Intake Supervisors will monitor and communicate on an individual basis with each worker in their units. Intake Supervisors/Social Workers will communicate with Law Enforcement. Documented and posted group performance will raise awareness of

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		performance within the agency. The above will heighten the level of awareness of the requirement to meet agency expectation of timely Social Worker response to and documentation in CWS/CMS of child abuse/neglect 10-Day referrals.			
<b>Milestone</b>	<p><b>1.1.1</b>                  Maintain the Referral Assignment Log to include the Referral Receipt Date. Reassign referrals that are identified as in danger of noncompliance to other Social Workers.</p>	<b>Timeframe</b>	1 – 12 months (11/30/08 – 10/31/09)	<b>Assigned to</b>	CFS Intake Supervisors.
	<p><b>1.1.2</b>                  When an Intake social worker calls in sick, Supervisor open caseload and look for 10-Day referrals needing response on that or the subsequent day. Reassign referrals that are identified as in danger of noncompliance to other Social Workers.</p>		1 – 12 months (11/30/08 – 10/31/09)		CFS Intake Supervisors.
	<p><b>1.1.3</b>                  When an Intake social worker gets overwhelmed due to having a 10-Day referral Temporary Custody involving an intensive 48 hour workload, non-initiated 10-Day referrals identified as in danger of noncompliance may be returned to the assigning Supervisor for consideration of reassignment at the daily 8:15 meeting.</p>		1 – 12 months (11/30/08 – 10/31/09)		CFS Intake Supervisors, Social Workers.
	<p><b>1.1.4</b>                  Continue to educate and train Social Workers on the correct documentation of 10-Day referrals in CWS/CMS.</p>		1 – 12 months (11/30/08 – 10/31/09)		CFS Intake Supervisors.

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	<p><b>1.1.5</b> Continue to educate Law Enforcement about our regulatory need to respond within 10 days to referrals designated as requiring a 10-Day response.</p>		1 – 12 months (11/30/08 – 10/31/09)		CFS Intake Supervisors, Social Workers.
	<p><b>1.1.6</b> Maintain a third Phone Screener position to allow Screening Unit to better handle the fluctuating workload, cover vacations and unexpected absences, and eliminate delays in getting the referrals to the assigning Intake Supervisor.</p>		1 – 12 months (11/30/08 – 10/31/09)		CFS Intake Supervisors.
<b>Milestone</b>	<p><b>1.1.7</b> Continue implementation of a standard of 3 calendar days or less for referrals to remain in the Screening Unit prior to moving to the assigning Intake Supervisor and a standard of same or next day assignment, by Intake Supervisor, of referrals to Social Workers.</p>	<b>Timeframe</b>	1 – 12 months (11/30/08 – 10/31/09)	<b>Assigned to</b>	CFS Intake Supervisors, CFS Phone Screener Unit.
	<p><b>1.1.8</b> Maintain a third Social Worker in the Sexual Abuse Investigation Team to target 10-Day compliance.</p>		1 – 12 months (11/30/08 – 10/31/09)		CFS Intake Supervisors.

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<p><b>1.1.9</b> Weekly, distribute to Intake Supervisors individual worker caseload referral reports and reports that monitor individual worker workload, 10-Day compliance performance, and 10-day referrals that need documentation in CWS/CMS.</p>		<p>1 – 12 months (11/30/08 – 10/31/09)</p>	<p>CFS Analyst.</p>
<p><b>1.1.10</b> Graphically display current agency performance. Display prominently to draw attention to graph and performance level.</p>		<p>1 – 12 months (11/30/08 – 10/31/09)</p>	<p>CFS Program Manager, CFS Analyst.</p>
<p><b>1.1.11</b> Use Safe Measures reports and reports from 1.1.9 and 1.1.10 to monitor 10-Day referral response compliance level to assure performance remains at or above 90%.</p>		<p>1 – 12 months (11/30/08 – 10/31/09)</p>	<p>CFS Intake Supervisors, CFS Program Manager, CFS Analyst.</p>
<p><b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> Weekly tracking could lead to more timely inputting of contact data.</p>			
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Education of Law Enforcement, education/training of correct CWS/CMS documentation, time management, priority setting.</p>			
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> Expanded community responsibility and collaboration in the increased delivery of intervention and prevention services will allow for CFS to concentrate more efficiently on tracks that require CFS involvement.</p>			
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Allow the first response that is done by a community agency to count towards the 10-Day response timeline if CFS follows up with a contact within a 21-day timeframe.</p>			

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**Substance Abuse Counselor – PLAN FOR Year 2**

**Outcome/Systemic Factor(s):** No Recurrence Of Maltreatment (S1.1); Reunification Within 12 months – Exit Cohort (C1.1)  
Median Time to Reunification – Exit Cohort (C1.2); Reunification Within 12 Months – Exit Cohort (C1.3); Reentry Following Reunification (C1.4)

**County’s Current Performance:**

**No Recurrence of Maltreatment (S1.1)**

This safety measure reflects the percentage of children who were victims of a substantiated or indicated child maltreatment allegation within the first 6 months of a specified time period for whom there was no additional substantiated maltreatment allegation during the subsequent 6 months.

**Reunification Within 12 months – Exit Cohort (C1.1)**

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 reunified in less than 12 months from the date of the latest removal from home?

**Median Time to Reunification – Exit Cohort (C1.2)**

Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

**Reunification Within 12 Months – Exit Cohort (C1.3)**

Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home.

**Reentry Following Reunification (C1.4)**

This measure computes the percentage of children reentering foster care within 12 months of a reunification discharge.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
S1.1	No Recurrence Of Maltreatment	01/01/07	12/31/07	195	205	95.1	Yes	6.0%

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Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
S1.1	No Recurrence Of Maltreatment	07/01/02	06/30/03	89.7	01/01/07	12/31/07	95.1	6.0%	11

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C1.1	Reunification Within 12 Months (Exit Cohort)	01/01/07	12/31/07	85	152	55.9	No	-5.8%
C1.2	Median Time To Reunification (Exit Cohort)	01/01/07	12/31/07	N.A.	152	9.3	Yes	-8.8%
C1.3	Reunification Within 12 Months (Entry Cohort)	07/01/06	12/31/06	25	91	27.5	No	-27.1%
C1.4	Reentry Following Reunification (Exit Cohort)	01/01/06	12/31/06	17	165	10.3	Yes	-15.5%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
C1.1	Reunification Within 12 Months (Exit Cohort)	07/01/02	06/30/03	59.3	01/01/07	12/31/07	55.9	-5.8%	-5
C1.2	Median Time To Reunification (Exit Cohort)	07/01/02	06/30/03	10.2	01/01/07	12/31/07	9.3	-8.8%	N.A.
C1.3	Reunification Within 12 Months (Entry Cohort)	01/01/02	06/30/02	37.7	07/01/06	12/31/06	27.5	-27.1%	-9
C1.4	Reentry Following Reunification (Exit Cohort)	07/01/02	06/30/02	12.2	01/01/06	12/31/06	10.3	-15.5%	-3

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<b>Improvement Goal 1.0</b>					
Decrease the recurrence of maltreatment and/or abuse/neglect of children, as well as reentry to foster care, through the elimination or mitigation of alcohol and/or other drug use that may be impairing their (caregivers) ability to parent their children.					
<b>Strategy 1.1</b>			<b>Strategy Rationale</b>		
The proposed strategy is the Alcohol and Other Drug (AOD) Substance Abuse Counselor on assignment at Child and Family Services to act as a liaison between the Behavioral Health Team (BHT) at CalWORKs, the Alcohol and Drug Programs Division, and Social Services – Children and Family Services.			The Substance Abuse Counselor screens, assesses, makes referrals, case-manages, and monitors cases that are suspected of having alcohol and/or drug involvement. Case consultation and crisis intervention are also provided.		
<b>Milestone</b>	<b>1.1.1</b> Screening and Assessment. Conduct Substance Abuse screening on all clients referred by CFS staff. Conduct and/or arrange assessments for clients.	<b>Timeframe</b>	1 – 24 months (10/31/07 – 9/30/09)	<b>Assigned to</b>	Substance Abuse Counselor, Social Workers
	<b>1.1.2</b> Individual/Family Case Management. Provide direct services to clients as needed. Take warm handoff from CFS Social Worker. Follow-up on client attendance at treatment program to ensure enrollment and participation. Schedule client appointments at treatment facilities.		1 – 24 months (10/31/07 – 9/30/09)		Substance Abuse Counselor, Social Workers
<b>Milestone</b>	<b>1.1.3</b> Consultation. Attend community meetings (client present) at CFS. Represent CalWORKs BHT and treatment program when needed at case staffings. Provide feedback to CFS staff by researching client treatment and treatment options. Distribute Assessment Summaries and Status Reports from the treatment programs. Provide consultation to mental health, social work, probation, and family violence staff.	<b>Timeframe</b>	1 – 24 months (10/31/07 – 9/30/09)	<b>Assigned to</b>	Substance Abuse Counselor, Mental Health Staff, Social Workers, Probation staff, Domestic Violence counselors/staff.
	<b>1.1.4</b> Collaboration. Represents Shasta County Alcohol and Drug Programs at weekly Multi-Disciplinary Team meetings. Attend Service Unity Meeting Voluntary staffing. Provide Perinatal Substance Abuse/HIV Infant Program Foster Care Training quarterly.		1 – 24 months (10/31/07 – 9/30/09)		Substance Abuse Counselor, MDTs, SUM Team, Training Coordinator

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<b>Strategy 1.2</b> The Alcohol and Other Drug (AOD) Substance Abuse Counselor on assignment at Children and Family Services will participate in planning and implementation of transitional activities for parents reunifying with children, including reassessment of risks, provision for after care services and linking to support services.		<b>Strategy Rationale</b> Emphasis on parent’s connections to the AOD counselor at time of reunification will help them maintain recovery and increase stability of the reunification.		
<b>Milestone</b>	<b>1.2.1</b> Provide support services to parents during the transition period for children that are being unified with their families.		1 – 24 months (10/31/07 – 09/30/09)	Substance Abuse Counselor, Social Workers
	<b>1.2.2</b> Participate in reunification transition and planning activities for identified families.		1 – 24 months (10/31/07 – 09/30/09)	Substance Abuse Counselor, Social Workers, Supervisors, Mental Health Staff
	<b>1.2.3</b> Reassess each identified client for risk focus factors, identify needed support services, and provide a warm handoff, connecting parents to appropriate and available resources.		1 – 24 months (10/31/07 – 09/30/09)	Substance Abuse Counselor, Social Workers
	<b>1.2.4</b> Provide aftercare services to identified clients as needed on relapse prevention and recovery support.		1 – 24 months (10/31/07 – 09/30/09)	Substance Abuse Counselor, Supervisors, Social Workers
	<b>1.2.5</b> Report to social workers on additional services needed as they appear.		1 – 24 months (10/31/07 – 09/30/09)	Substance Abuse Counselor, Social Workers
<b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> Funding for caseload levels to reach the SB2030 Optimum Workload levels for delivery of best practice.				
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> On the policy level the agency must make a commitment to strengths-based work.				
<b>Identify roles of the other partners in achieving the improvement goals.</b> The Substance Abuse Counselor provides, locates, coordinates and monitors necessary and appropriate services and treatment for parents/families with CFS involvement.				
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Flexible funding and continued CWS Outcome Improvement Project funds are necessary to sustain this project.				

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**Family Team Meetings – PLAN FOR Year 2**

**Outcome/Systemic Factor(s):** No Recurrence Of Maltreatment (S1.1); Reunification Within 12 months – Exit Cohort (C1.1); Median Time to Reunification – Exit Cohort (C1.2); Reunification Within 12 Months – Exit Cohort (C1.3); Reentry Following Reunification (C1.4); Exits to permanency, 24 months in care (C3.1); Exits to permanency, legally free to exit (C3.2); In care 3 years or longer, emancipated or age 18 in care (C3.3)

**County's Current Performance:**

**No Recurrence of Maltreatment (S1.1)**

This safety measure reflects the percentage of children who were victims of a substantiated or indicated child maltreatment allegation within the first 6 months of a specified time period for whom there was no additional substantiated maltreatment allegation during the subsequent 6 months.

**Reunification Within 12 months – Exit Cohort (C1.1)**

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 reunified in less than 12 months from the date of the latest removal from home?

**Median Time to Reunification – Exit Cohort (C1.2)**

Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

**Reunification Within 12 Months – Exit Cohort (C1.3)**

Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home.

**Reentry Following Reunification (C1.4)**

This measure computes the percentage of children reentering foster care within 12 months of a reunification discharge.

**Exits to permanency, 24 months in care (C3.1)**

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?

**Exits to permanency, legally free to exit (C3.2)**

Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to permanent home prior to turning 18?

**In care 3 years or longer, emancipated or age 18 in care (C3.3)**

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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Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
S1.1	No Recurrence Of Maltreatment	01/01/07	12/31/07	195	205	95.1	Yes	6.0%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
S1.1	No Recurrence Of Maltreatment	07/01/02	06/30/03	89.7	01/01/07	12/31/07	95.1	6.0%	11

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C1.1	Reunification Within 12 Months (Exit Cohort)	01/01/07	12/31/07	85	152	55.9	No	-5.8%
C1.2	Median Time To Reunification (Exit Cohort)	01/01/07	12/31/07	N.A.	152	9.3	Yes	-8.8%
C1.3	Reunification Within 12 Months (Entry Cohort)	07/01/06	12/31/06	25	91	27.5	No	-27.1%
C1.4	Reentry Following Reunification (Exit Cohort)	01/01/06	12/31/06	17	165	10.3	Yes	-15.5%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
C1.1	Reunification Within 12 Months (Exit Cohort)	07/01/02	06/30/03	59.3	01/01/07	12/31/07	55.9	-5.8%	-5
C1.2	Median Time To Reunification (Exit Cohort)	07/01/02	06/30/03	10.2	01/01/07	12/31/07	9.3	-8.8%	N.A.
C1.3	Reunification Within 12 Months (Entry Cohort)	01/01/02	06/30/03	37.7	07/01/06	12/31/06	27.5	-27.1%	-9
C1.4	Reentry Following Reunification (Exit Cohort)	07/01/01	06/30/03	12.2	01/01/06	12/31/06	10.3	-15.5%	-3

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Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C3.1	Exits To Permanency (24 Months In Care)	01/01/07	12/31/07	31	143	21.7	No	-20.2%
C3.2	Exits To Permanency (Legally Free At Exit)	01/01/07	12/31/07	75	79	94.9	No	-2.5%
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	01/01/07	12/31/07	16	25	64.0	No	2.4%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
C3.1	Exits To Permanency (24 Months In Care)	07/01/02	06/30/03	27.2	01/01/07	12/31/07	21.7	-20.2%	-8
C3.2	Exits To Permanency (Legally Free At Exit)	07/01/02	06/30/03	97.3	01/01/07	12/31/07	94.9	-2.5%	-2
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	07/01/02	06/30/03	62.5	01/01/07	12/31/07	64.0	2.4%	0

**Improvement Goal 1.0** Continue to increase community participation with Children and Family Services or juvenile probation systems by tailoring services to a family's individual needs and strengths.

**Strategy 1. 1** Continue to increase family and community involvement by the tailoring of services to a family's individual needs and strengths through the continued development and expansion of the Family Team Meeting (FTM) program, particularly by the Probation Department.

**Strategy Rationale** Family Team Meetings (FTM) is a team decision-making approach that works with families as partners to define family strengths, needs, and goals, and to identify helpful services and resources. FTMs lead to more involvement of "family" members, community, and personal support people and services that can help the family change so that further incidents of abuse and/or neglect are minimized. Utilizing Assessments.com in the Probation Department will improve information gathering, standardize the risk classification process, and more accurately determine the individualized risk and needs of young offenders and their families.

Milestone	Timeframe	Assigned to
1.1.1 Develop and apply practice of utilizing FTMs for the assessment of current and future child safety of families referred to Children and Family Services.	Completed	Case-carrying social worker, Probation Officer(s), CFS staff, and HHSa partners.
1.1.2 Establish and utilize 241.1 protocols for Probation FTMs when terminating ward placement.	Completed	Probation Officer(s), CFS staff, and HHSa partners.

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	<b>1.1.3</b> Develop protocols for CFS dependent youth who commit their first crime.		1 – 18 months (10/31/07 – 03/31/09)		Case-carrying social worker, Probation Officer(s), CFS staff, and HHSa partners.
	<b>1.1.4</b> Develop protocols for probation wards in placement and apply FTMs for transition.		1 – 18 months (10/31/07 – 03/31/09)		Probation Officer(s), CFS staff, and HHSa partners.
<b>Strategy 1. 2</b> Continue to integrate into the agency’s training and operating practice the culturally and ethnically appropriate FTM Guidelines and Procedures and ensure adequate training to CFS and Probation staff on family involvement in the case-planning process and strength-based FTMs.			<b>Strategy Rationale</b> The written FTM Guidelines and Procedures help CFS and Probation deal with conflicting priorities and provide additional guidance and strength-based approaches for culturally and ethnically diverse clients. Initial and ongoing training is an important component to institutionalize this process, as well as the 40-Developmental Assets philosophy.		
<b>Milestone</b>	<b>1.2.1.</b> The existing FTM Guidelines and Procedures will be reviewed by Mid-Managers and Program Analysts to ensure they are culturally and ethnically appropriate. Consultation with community stakeholders will be included.	<b>Timeframe</b>	1 – 6 months (10/31/07 – 03/31/08) Completed	<b>Assigned to</b>	Mid-Managers, Probation staff, Program Analyst(s).
	<b>1.2.2</b> CFS and Probation Supervisors will include in their staff supervision time with social workers and probation officers to train on the use of FTM Guidelines and Procedures in relation to agency expectations for culturally/ethnically diverse clients.		1 – 6 months (10/31/07 – 03/31/08) Completed/Ongoing		CFS and Probation Training Supervisors, Supervisors
	<b>1.2.3</b> FTM procedures and client handouts will be translated in languages as identified by County guidelines.		1 – 18 months (10/31/07 – 04/30/09)		Program Analyst(s) and HHSa-HR personnel.
	<b>1.2.4</b> Assessments.com training will involve all juvenile probation staff.		1 – 18 months (10/31/07 – 04/30/09)		All Probation Staff
<b>Strategy 1. 3</b> Continue to refine measurements and data tracking methods on Family Team Meetings for Children and Family Services dependents and probation wards to determine longitudinal outcomes and client/extended family participation rates.			<b>Strategy Rationale</b> An effective Family Team Meeting program will help to reduce recidivism and reentry and increase placement stability and parent/youth participation in the case planning process. Collection and analysis of data will be used to assess perceived and objective effectiveness.		
<b>Milestone</b>	<b>1.3.1</b> Track number of Family Team Meetings, all participants, ongoing use of Family Team Meetings, and stage in case when Family Team Meetings occur. Also track individual client family recidivism and re-entry.	<b>Timeframe</b>	Quarterly – 12/31/07, 03/31/08, 06/30/08, 09/30/08, 12/31/08, 03/31/09, 06/30/09	<b>Assigned to</b>	CFS Program Analyst(s), Probation staff, CFS staff, and HHSa partners.

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	<p><b>1.3.2</b> Track, on a quarterly basis, the number of CFS and Probation client families as compared to the number of CFS and Probation client families with Family Team Meetings held to monitor agency acceptance of Family Team Meeting program.</p>		<p>Quarterly – 12/31/07, 03/31/08, 06/30/08, 09/30/08, 12/31/08, 03/31/09, 06/30/09</p>		<p>CFS Program Analyst(s), Probation staff, CFS staff, and HHS partners.</p>
	<p><b>1.3.3</b> Develop, conduct, and track results of satisfaction survey administered to all Family Team Meeting program participants. Data will also be collected on perceived effectiveness.</p>		<p>Quarterly – 12/31/07, 03/31/08, 06/30/08, 09/30/08, 12/31/08, 03/31/09, 06/30/09</p>		<p>CFS Program Analyst(s), Probation staff, CFS staff, and HHS partners.</p>
<p><b>Strategy 1.4</b> Continue to develop funding sources.</p>			<p><b>Strategy Rationale</b> Funding and incentives are needed for community-based organizations to provide resources and services to the clients.</p>		
<b>Milestone</b>	<p><b>1.4.1</b> Collaboration of CFS and Probation fiscal staff working with CFS Program and Probation Officer(s) and FTM contracted provider to plan for ongoing funding sources.</p>	<b>Timeframe</b>	<p>1 - 24 months (10/31/07 – 10/30/09)</p>	<b>Assigned to</b>	<p>CFS Program Analyst(s), Probation staff, and CFS/Probation fiscal representatives.</p>
	<p><b>1.4.2</b> Research how other counties, states, or nonprofit organizations acquire ongoing funding for FTM services/resources.</p>		<p>1 - 24 months (10/31/07 – 10/30/09)</p>		<p>CFS Program Analyst(s), Probation staff, and CFS/Probation fiscal representatives.</p>
	<p><b>1.4.3</b> Funding sources located and applications created for obtaining funds for CFS and Probation and community-based organizations.</p>		<p>1 - 24 months (10/31/07 – 10/30/09)</p>		<p>CFS Program Analyst(s), Probation staff, and CFS/Probation fiscal representatives.</p>
<p><b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> We need a good Quality Control/Assurance system. We need more funding for community agencies to offer more individualized services. Caseloads consistent with SB2030 recommendations are necessary to afford Social Workers time for an effective implementation of the labor-intensive Family Team meeting process. Awareness of cultural issues and cultural diversity must be taken into consideration and, if appropriate, incorporated into every decision making process.</p>					
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Community partners will have to have solid training in identifying families that need to be referred back to CFS. Training will be needed in conducting Family Team meetings for Social Workers and community partners. On the policy level the agency must continue to make a commitment to strengths-based work a part of the agency culture.</p>					
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> Community partners and CFS must be willing and able to work together on a pilot project even if there is not additional funding available. Together we need to work through communication and confidentiality issues.</p>					
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Flexible funding and continued CWS Outcome Improvement Project funds will be necessary to sustain the pilot project. Funding for additional Social Workers and support staff will be needed. UC Davis trainings should be open to all community partners.</p>					

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**High Risk Team Meetings – PLAN FOR Year 2**

**Outcome/Systemic Factor:** Multiple Foster Care Placements (C4.1.2.3)

**County's Current Performance:**

**Placement Stability (C4.1.2.3)**

For all children in child welfare supervised foster care for (8 days to 12 months) or (12 to 24 months) or (more than 24 months), what percent had no more than two placements?

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C4.1	Placement Stability (8 Days To 12 Months In Care)	01/01/07	12/31/07	227	271	83.8	No	-0.2%
C4.2	Placement Stability (12 To 24 Months In Care)	01/01/07	12/31/07	140	231	60.6	No	-1.1%
C4.3	Placement Stability (At Least 24 Months In Care)	01/01/07	12/31/07	83	261	31.8	Yes	0.5%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
<b>C4</b>	<b>Placement Stability Composite</b>	<b>N.A.</b>	<b>06/30/03</b>	<b>94.0</b>	<b>N.A.</b>	<b>12/31/07</b>	<b>93.6</b>	<b>-0.4%</b>	<b>N.A.</b>
C4.1	Placement Stability (8 Days To 12 Months In Care)	07/01/02	06/30/03	83.9	01/01/07	12/31/07	83.8	-0.2%	0
C4.2	Placement Stability (12 To 24 Months In Care)	07/01/02	06/30/03	61.3	01/01/07	12/31/07	60.6	-1.1%	-2
C4.3	Placement Stability (At Least 24 Months In Care)	07/01/02	06/30/03	31.6	01/01/07	12/31/07	31.8	0.5%	0

**Improvement Goal 1.0:** Reduce placement disruption, multiple foster care placements, and reentry into foster care of high-risk children. These high-risk children are placed in FFAs or county foster homes (at Special Care Rates) due to a combination of physical, emotional/behavioral and/or developmental challenges.

**Strategy 1. 1** Continue to develop and support the specialized high-risk team case-manager who identifies high-risk children from multiple system entry points. This case manager facilitates, assesses, coordinates and tracks high-risk children to support foster and adoptive parents to minimize placement disruption. This case manager will be assigned to the High Risk

**Strategy Rationale** High-risk children, because of severe medical and/or emotional/behavioral and/or developmental issues, suffer a far higher rate of placement disruptions, multiple foster care placements, and reentry into foster care. Early identification and intensive case-management is necessary to prevent these disruptions and to increase stability and the

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Team.		likelihood of permanency. Due to the emotional impacts and stresses on foster and adoptive parents when caring for high-risk children, a single point-of-contact provides tools, strategies, support and access to specialized services.			
<b>Milestone</b>	1.1.1 The High Risk Team Coordinator will continue to work with the foster parent/adoptive parent, the case carrying social workers and, the biological parent when applicable, to create a team that will support the foster parent through the creation and implementation of a individualized, intensive service package that will support the child's needs as the child moves through foster care. If the child is reunified or moves into another permanent situation such as adoption, then the case manager will work to pass the service plan to the family and to a community based team, creating continuity of care, to reduce the risk of the child re-entering the system.	<b>Timeframe</b>	1 – 24 months (10/31/07-09/30/09)	<b>Assigned to</b>	CFS High-Risk Coordinator, Treatment Supervisor, High Risk Services Team, CFS Program Manager and Interagency Partners.*
	1.1.2 High Risk Team committee to continue to meet on a periodic basis to assess programmatic results by the monitoring and tracking of client demographic, attendance, and other quantitative and qualitative dynamics. Data tracking measures and tools will be refined and modified based on ongoing evaluation.		1 – 24 months (10/31/07-9/30/09)		CFS Program Analyst(s), CFS High Risk Coordinator, Treatment Supervisor, High Risk Team, CFS Program Manager and Interagency Partners*.
	1.1.3 Continue to develop and refine referral processes and all associated forms developed for social worker utilization of High Risk Team.		1 – 24 months (10/31/07-09/30/09)		CFS High-Risk Coordinator, Treatment Supervisor, High Risk Team, CFS Program Manager and Interagency Partners*.
	1.1.4 Provide training to all CFS social workers, interagency staff, Probation officers, community partners, county foster homes and Family Foster Homes on the High-Risk Team.	<b>Timeframe</b>	6 – 12 months (03/1/08 – 09/30/08)	<b>Assigned to</b>	CFS Training Supervisor, CFS High-Risk Coordinator, Treatment Supervisor, High Risk Team, CFS Program Manager and Interagency Partners*.
<b>Strategy 1. 2</b> Continue to refine and evolve the guidelines and procedures for the High-Risk Team Case Manager and the High Risk Team.		<b>Strategy Rationale</b> As the program is an integral part of CFS and Probation operations, the refinement and clarity of the Guidelines and Procedures is important to address operational and programmatic changes that benefit the clients. Dissemination of the Guidelines and Procedures will provide standard agency expectations in helping workers deal with conflicting priorities.			

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<b>Milestone</b>	1.2.1 Guidelines and Procedures to be placed on the regular High-Risk Services Team Agenda for discussion and modification as necessary.	<b>Timeframe</b>	Quarterly – 12/31/07, 03/31/08, 06/30/08, 09/30/08, 12/31/08, 03/31/09, 06/30/09	<b>Assigned to</b>	CFS High Risk Coordinator, Treatment Supervisor, High Risk Services Team, and CFS Program Manager.
	1.2.2 As Guidelines and Procedures are refined, CFS and Probation Staff will receive updates on the agency expectations.		1 – 24 months (10/01/07-9/30/09)		CFS Training Supervisor, CFS High-Risk Coordinator, Treatment Supervisor, High Risk Services Team, CFS Program Manager, and Interagency Partners*.

<b>Improvement Goal 2.0</b> Provide check-in and basic informational support for families to improve timely, consistent access for HRT services and provide office support for and for improved data and client usage reporting by utilizing Family Workers.					
<b>Strategy 2.1</b> Enhance services to clients/families by providing additional levels of direct logistical and informational support.			<b>Strategy Rationale</b> Clients/families who utilize High Risk Team services may miss scheduled meetings or fail to obtain necessary information due to lack of available child-care and/or the procedural realities of accessing services such as check-in, necessary paperwork, and related documentation.		
<b>Milestone</b>	2.1.1 Determine funding sources and scope of work for Family Workers assisting the High-Risk Services program.	<b>Timeframe</b>	1 – 18 months (10/31/07-03/31/09)	<b>Assigned to</b>	CFS High-Risk Coordinator, CFS Program Analyst(s), and CFS Program Manager
	2.1.2 Develop Guidelines and Procedures on the use of Family Workers to provide “check-in” services for front-office work for clients/families accessing High-Risk Services and for client usage and data tracking to support analytical work on outcomes/measures.		6 – 18 months (04/1/08-03/30/09)		CFS Training Supervisor, CFS High-Risk Coordinator, Treatment Supervisor, High Risk Services Team, CFS Program Manager, and Interagency Partners.
	2.1.3 Develop appropriate child-care services coordinated by Family Workers for clients/families accessing High-Risk Services.		6 – 18 months (04/1/08-03/30/09)		CFS Training Supervisor, CFS High-Risk Coordinator, Treatment Supervisor, High Risk Services Team, CFS Program Manager, and Interagency Partners.

<b>Improvement Goal 3.0</b> Create a support team for post-adoption families to provide technical support.					
<b>Strategy 3.1</b> To assist post-adoptive families in accessing High-Risk Services Team support to provide placement stability and avoid possible reentry into foster care of High-Risk dependents and wards.			<b>Strategy Rationale</b> Post-adoptive families with High-Risk youth face additional challenges in maintaining the child in the home. By providing High-Risk Services post-adoptive support and structure, reentry into foster care and multiple placements will be reduced.		

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Milestone		Timeframe		Assigned to	
	3.1.1 Research and assist in the development of applying High-Risk Team services to the post-adoption cohort of clients. Determine applicability and funding source(s).		1 – 24 months (10/31/07-09/30/09)		CFS Program Analyst(s), CFS High-Risk Coordinator, Treatment Supervisor, High Risk Services Team, and CFS Program Manager.
	3.1.2 Develop appropriate protocols to be included in the Guidelines and Procedures.		Ongoing		CFS Training Supervisor, CFS High-Risk Coordinator, County Adoptions, Treatment Supervisor, High Risk Services Team, CFS Program Manager, and Interagency Partners*.
	3.1.3 Implement and promote a post-adoption focused High-Risk Services element and provide training to CFS and Probation staff who may have contact with post-adoptive families.		6 – 12 months (03/1/08-09/30/08)		CFS Training Supervisor, CFS High-Risk Coordinator, County Adoptions, Treatment Supervisor, High Risk Services Team, CFS Program Manager, and Interagency Partners*.
<p><b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> The current service gap for high-risk children results from being assigned to a regular case-carrying social worker already carrying a large caseload and who is limited in being able to deliver intensive and targeted services immediately or in a comprehensive and inclusive manner. Also, the need to have a statistically valid tracking system to address outcomes/measures that can be accessed on-demand within the existing computer systems is needed for supervisory and operational management.</p>					
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Ongoing training of staff, foster parent and adoptive parents, and CFS and Probation staff on the implementation and utilization of the High-Risk Services program.</p>					
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> A foster parent may need a specialized advocate to assist them with high-risk child issues and access to needed services. This would then empower a foster or adoptive parent to provide focused services and reduce the likelihood of a placement disruption.</p>					
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> . Continuation of the CWS Outcome Improvement Funding and funding augmentation and/or identifying and acquiring other sustainable funding streams to maintain the High-Risk Services program.</p>					

\* Interagency Partners include, but are not limited to, Mental Health Clinician, County Educational Specialist, Alcohol and Other Drug (AOD) Counselor, and Public Health personnel.

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**Relative/NREFM (Non-Related Extended Family Member) – PLAN FOR Year 2**

**Outcome/Systemic Factor(s):** Exits to permanency, 24 months in care (C3.1); Exits to permanency, legally free to exit (C3.2); In care 3 years or longer, emancipated or age 18 in care (C3.3); Multiple Foster Care Placements (C4.1.2.3); Multiple Care Placements in Least Restrictive Settings (4B)

**County’s Current Performance:**

Exits to permanency, 24 months in care (C3.1)

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?

Exits to permanency, legally free to exit (C3.2)

Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to permanent home prior to turning 18?

In care 3 years or longer, emancipated or age 18 in care (C3.3)

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?

**Placement Stability (C4.1.2.3)**

For all children in child welfare supervised foster care for (8 days to 12 months) or (12 to 24 months) or (more than 24 months), what percent had no more than two placements?

**Foster Care Placement in Least Restrictive Settings (4B)**

This measure reflects the percent of children placed in each type of foster care setting. For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were in relative home, foster home, FFA, group home or other placements? What percent of children in child welfare supervised foster care were in relative home, non-related extended family member home, foster home, FFA, group home or other placement at a specified point in time?

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C3.1	Exits To Permanency (24 Months In Care)	01/01/07	12/31/07	31	143	21.7	No	-20.2%
C3.2	Exits To Permanency (Legally Free At Exit)	01/01/07	12/31/07	75	79	94.9	No	-2.5%
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	01/01/07	12/31/07	16	25	64.0	No	2.4%

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Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
C3.1	Exits To Permanency (24 Months In Care)	07/01/02	06/30/03	27.2	01/01/07	12/31/07	21.7	-20.2%	-8
C3.2	Exits To Permanency (Legally Free At Exit)	07/01/02	06/30/03	97.3	01/01/07	12/31/07	94.9	-2.5%	-2
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	07/01/02	06/30/03	62.5	01/01/07	12/31/07	64.0	2.4%	0

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C4.1	Placement Stability (8 Days To 12 Months In Care)	01/01/07	12/31/07	227	271	83.8	No	-0.2%
C4.2	Placement Stability (12 To 24 Months In Care)	01/01/07	12/31/07	140	231	60.6	No	-1.1%
C4.3	Placement Stability (At Least 24 Months In Care)	01/01/07	12/31/07	83	261	31.8	Yes	0.5%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
C4.1	Placement Stability (8 Days To 12 Months In Care)	07/01/02	06/30/03	83.9	01/01/07	12/31/07	83.8	-0.2%	0
C4.2	Placement Stability (12 To 24 Months In Care)	07/01/02	06/30/03	61.3	01/01/07	12/31/07	60.6	-1.1%	-2
C4.3	Placement Stability (At Least 24 Months In Care)	07/01/02	06/30/03	31.6	01/01/07	12/31/07	31.8	0.5%	0

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Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4B	Least Restrictive (Entries First Plc.: Relative)	01/01/07	12/31/07	14	263	5.3	No	-34.3%
4B	Least Restrictive (Entries First Plc.: Foster Home)	01/01/07	12/31/07	129	263	49.0	N.A.	-32.4%
4B	Least Restrictive (Entries First Plc.: FFA)	01/01/07	12/31/07	98	263	37.3	N.A.	158.5%
4B	Least Restrictive (Entries First Plc.: Group/Shelter)	01/01/07	12/31/07	5	263	1.9	Yes	-15.6%
4B	Least Restrictive (Entries First Plc.: Other)	01/01/07	12/31/07	17	263	6.5	N.A.	139.2%
4B	Least Restrictive (PIT Placement: Relative)	01/01/08	01/01/08	139	586	23.7	Yes	32.8%
4B	Least Restrictive (PIT Placement: Foster Home)	01/01/08	01/01/08	102	586	17.4	N.A.	-38.3%
4B	Least Restrictive (PIT Placement: FFA)	01/01/08	01/01/08	159	586	27.1	N.A.	24.5%
4B	Least Restrictive (PIT Placement: Group/Shelter)	01/01/08	01/01/08	30	586	5.1	Yes	-7.5%
4B	Least Restrictive (PIT Placement: Other)	01/01/08	01/01/08	156	586	26.6	N.A.	0.1%

Measure number	Measure description	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance	Percent change	Estimated # of children affected
4B	Least Restrictive (Entries First Plc.: Relative)	07/01/02	06/30/03	8.1	01/01/07	12/31/07	5.3	-34.3%	-7
4B	Least Restrictive (Entries First Plc.: Foster Home)	07/01/02	06/30/03	72.5	01/01/07	12/31/07	49.0	-32.4%	-62
4B	Least Restrictive (Entries First Plc.: FFA)	07/01/02	06/30/03	14.4	01/01/07	12/31/07	37.3	158.5%	60
4B	Least Restrictive (Entries First Plc.: Group/Shelter)	07/01/02	06/30/03	2.3	01/01/07	12/31/07	1.9	-15.6%	-1
4B	Least Restrictive (Entries First Plc.: Other)	07/01/02	06/30/03	2.7	01/01/07	12/31/07	6.5	139.2%	10
4B	Least Restrictive (PIT Placement: Relative)	07/01/03	07/01/03	17.9	01/01/08	01/01/08	23.7	32.8%	34
4B	Least Restrictive (PIT Placement: Foster Home)	07/01/03	07/01/03	28.2	01/01/08	01/01/08	17.4	-38.3%	-63
4B	Least Restrictive (PIT Placement: FFA)	07/01/03	07/01/03	21.8	01/01/08	01/01/08	27.1	24.5%	31
4B	Least Restrictive (PIT Placement: Group/Shelter)	07/01/03	07/01/03	5.5	01/01/08	01/01/08	5.1	-7.5%	-2
4B	Least Restrictive (PIT Placement: Other)	07/01/03	07/01/03	26.6	01/01/08	01/01/08	26.6	0.1%	0

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<b>Improvement Goal 1.0</b> Increase the placement stability of children in placement (target number is no more than 2 placements per child).					
<b>Strategy 1. 1</b> Determine the causes of multiple moves, analyze and recommend what can be changed, then develop a plan for change. This involves both CFS and Probation staff.			<b>Strategy Rationale</b> Analysis of the reasons for placement changes may reveal patterns that can be mitigated or reversed through further social worker education and Relative/NREFM (Non-Related Extended Family Member) liaison support.		
<b>Milestone</b>	1.1.1 Produce a report with details of all moves for all placement types (including emergency intake) and distribute to supervisors for analysis.	<b>Timeframe</b>	1 – 3 months (10/31-07 to 12/31/07) Ongoing	<b>Assigned to</b>	Program Analyst
	1.1.2 Determine cause for each move.		1 – 24 months (10/31/07 – 9/30/09) Completed and Ongoing		Social Worker Supervisors, Social Workers, and Probation Officers.
	1.1.3 Analyze statistics and make recommendations on changes that can be made to reduce moves.		1 – 24 months (10/31/07 – 9/30/09) Ongoing		Program Managers, Supervisors, Relative/NREFM Liaison, Program Analyst
	1.1.4 <b>Review</b> reasons why children were removed from relatives and NREFM and make suggestions on how this can be prevented in the future.		1 – 24 months (10/31/07 – 9/30/09) Ongoing		Relative/NREFM Liaison and Licensing Supervisor.
	1.1.5 Implement changes, including implementation of 'family finding' protocols to search for family members who can provide stability and support and/or additional options for placement for youth.		1 - 24 months (10/31/07 to 09/30/09) Ongoing		Program Managers, Supervisors, Program Analyst
<b>Improvement Goal 2.0</b> Increase the number of available Relative/NREFM caregivers, and increase the percentage of Relative/NREFM placements and connect Relative/NREFM Liaison to child /family in relative/NREFM placement for support.					
<b>Strategy 2. 1</b> Place more children in relative/NREFM and FFH homes early on and facilitate and enhance the access these families have to services and resources.			<b>Strategy Rationale</b> Kinship (relative/NREFM) families caring for dependant children have historically been underserved in terms of receiving support and training to assist them in dealing with the complexity of the child welfare system, the Juvenile Court, and in many cases the special needs of the children in their care. This can cause disproportional changes in relative/NREFM placement.		
<b>Milestone</b>	2.1.1 Determine supervisor/social worker training/awareness on the relative/NREFM preference and its importance on department performance (possible front-end emphasis).	<b>Timeframe</b>	1 – 4 months (10/01/07 to 01/31/08) Ongoing	<b>Assigned to</b>	Program Managers, Supervisors, Relative NREFM Liaison, Training Supervisor

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<p><b>2.1.2</b> Develop agency philosophy/expectations regarding placement preferences and recommend process changes.</p>		<p>1 – 24 months (10/31/07 – 9/30/09) Ongoing</p>	<p>Program Managers, Program Analyst</p>
<p><b>2.1.3</b> Develop philosophy on more thorough front-end relative assessment to increase stability of first placement.</p>		<p>1 – 24 months (10/31/07 – 9/30/09) Ongoing</p>	<p>Program Managers and Supervisors</p>
<p><b>2.1.4</b> Review reasons why children were removed from relatives and NREFM and make suggestions on how this can be prevented in the future.</p>		<p>1 – 24 months (10/31/07 – 9/30/09) Ongoing</p>	<p>Relative/NREFM Liaison and Licensing Supervisor</p>
<p><b>2.1.5</b> Develop training and awareness program and train social workers.</p>		<p>1 – 24 months (10/31/07 – 9/30/09) Ongoing</p>	<p>Program Managers, Training Manager, Relative/NREFM Liaison</p>
<p><b>2.1.6</b> Ongoing liaison work to support relative/NRFEM caregivers to help maintain placements, including referral to Relative/NREFM Liaison for help with possible initial placement.</p>		<p>1 – 24 months (10/31/07 – 9/30/09) Ongoing</p>	<p>Relative/NREFM Liaison</p>
<p><b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> Agency expectation of Social Worker staff to utilize and promote to families the Relative/NREFM Liaison. Social Workers to promote Relative/NRFEM placement starting with first placement after intake.</p>			
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Expanded education of Social Worker staff on utilization and promotion to families of the Relative/NREFM Liaison and identify Relative/NRFEM sooner.</p>			
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> Expanded community responsibility and collaboration in the increased support of Relative/NREFM caregivers.</p>			
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Streamline and simplify the Relative Home Approval process, develop a philosophy for intake.</p>			

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**Timely Social Worker Visits – PLAN FOR Year 2**

**Outcome/Systemic Factor:**

Timely Social Worker Visits: Timely Social Worker Visits with Child – Month 1 (2C); Timely Social Worker Visits with Child – Month 2 (2C); Timely Social Worker Visits with Child – Month 3 (2C);

**County's Current Performance:**

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
2C	Timely Social Worker Visits with Child (Month 1)	Oct 2007	Oct 2007	653	726	89.9	N.A.	N.A.
2C	Timely Social Worker Visits with Child (Month 2)	Nov 2007	Nov 2007	660	724	91.2	N.A.	N.A.
2C	Timely Social Worker Visits with Child (Month 3)	Dec 2007	Dec 2007	629	709	88.7	Yes	9.0%

Comparisons ('Percent change' and 'Direction?') between baseline rate month 1 and most recent rate month 3.

**Improvement Goal 1.0**

Increase the percentage of timely Social Worker and Probation Officer visits with children and timely, accurate documentation in CWS/CMS. Increase County performance to 90% compliance by increased use of SafeMeasures (CFS) and Assessments.com (Probation).

**Strategy 1. 1**

Identify specific causal factors for the County's current level of performance by increased utilization of SafeMeasures.

**Strategy Rationale**

To determine the percentage of noncompliance attributed to non-contacts versus inaccurate/incomplete documentation in CWS/CMS.

<b>Milestones</b>	<b>1.1.1</b> Survey developed, conducted, and analyzed to capture causal factors of non-compliant Social Worker visits with children.	<b>Timeframe</b>	11/2/08-1/1/09	<b>Assigned to:</b>	Program Analysts, Probation and CFS supervisors/managers
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	<b>1.1.2</b> If survey indicates a data entry problem, staff will be trained in accurately entering contacts and contact exceptions.		11/2/08-2/28/09		Program Analysts, Probation and CFS supervisors/managers, Trainings supervisors.
<b>Strategy 1.2</b> Develop and institutionalize standard agency guidelines and expectations for the practice of making timely visits with children and accurately and completely documenting contact information and exceptions in CWS/CMS.			<b>Strategy Rationale</b> The accessibility of written guidelines and standard agency expectations will help workers deal with conflicting priorities.		
Milestones	<b>1.2.1</b> Standard agency guidelines and expectations developed for the practice of making <i>timely</i> monthly visits with children and <i>accurately and completely</i> documenting the contact in CWS/CMS or having visit exceptions approved by a Supervisor and accurately documented in the CWS/CMS case plan.	Timeframe	11/2/08-1/31/09	Assigned to:	Program Analysts, Probation and CFS supervisors/managers
	<b>1.2.2</b> Guidelines reviewed at Supervisors meeting, revised, and reviewed and accepted by Program Managers.		11/2/08-2/28/09		Program Analysts, Probation and CFS supervisors/managers
Milestone	<b>1.2.3</b> Desk guide developed for guideline, CWS/CMS documentation, and visit exception process and documentation.	Timeframe	3/1/08-6/30/09	Assigned to:	Program Analysts, Probation and CFS supervisors/managers

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	<p><b>1.2.4</b> Social Workers trained on guidelines and standard agency expectations.</p>		11/2/08-6/30/09		Program Analysts, Probation and CFS supervisors/managers, and training supervisor(s).
	<p><b>1.2.5</b> Treatment, Court, Adoptions, and Intake-Voluntary Supervisors supervision time used to help Social Workers learn to use guidelines, desk guide, and list of standardized expectations to prioritize workload</p>		3/1/08-11/1/09		Program Analysts, Probation and CFS supervisors/managers, and training supervisor(s).
<p><b>Strategy 1.3</b> Develop a Quality Assurance procedure and checklists to be used at each unit transition point to ensure contacts are made timely and are accurately and completely documented in CWS/CMS.</p>			<p><b>Strategy Rationale</b> Checking the quality of Social Work as cases transition through our system will ensure earlier detection of potential problems.</p>		
Milestones	<p><b>1.3.1</b> Standard agency Quality Assurance procedures developed to ensure that Social Workers and Probation officers are making <i>timely</i> monthly visits with children and <i>accurately and completely</i> documenting the contact and that appropriate visit exceptions are requested and approved in the CWS/CMS case plan.</p>	Timeframe	11/2/08-1/31/09	Assigned to:	Program Analysts, Probation and CFS supervisors/managers.

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	<p><b>1.3.2</b> Quality Assurance procedures reviewed at Supervisors meeting, revised, and reviewed and accepted by Program Managers.</p>		11/2/08-2/28/09		Program Analysts, Probation and CFS supervisors/managers
	<p><b>1.3.3</b> Case checklist template developed or updated.</p>		11/2/08-2/28/09		Program Analysts, Probation and CFS supervisors/managers
	<p><b>1.3.4</b> Social Worker/Probation Supervisors and staff trained on Quality Assurance procedures.</p>		11/2/08-2/28/09		Program Analysts, Probation and CFS supervisors/managers, and training supervisor(s).
<p><b>Strategy 1.4</b> Expanded deployment and use of Safe Measures quality assurance tool for CFS.</p>			<p><b>Strategy Rationale</b> By using Safe Measures (CFS), Social Worker and Probation Supervisors and staff are better able to keep track of required monthly visits with children and the correct documentation of exceptions through the use of an automated tool</p>		
Milestones	<p><b>1.4.1</b> Social Workers/Supervisors trained in Safe Measures.</p>	Timeframe	11/2/08-6/30/09	Assigned to:	Program Analysts, Probation and CFS supervisors/managers, and training supervisor(s).

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<b>1.4.2</b>	Progress and successes reported regularly by Supervisors to Program Managers, Deputy Director, and units.	11/2/08-11/1/09	Program Analysts, Probation and CFS supervisors/managers.
Discuss changes in identified systemic factors needed to further support the improvement goals. Sufficient training time and personnel needed to support SafeMeasures (CFS) expertise.			
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Vendor supplied training, UC Davis or other subject-matter-expert training, and ‘train-the-trainer’ approaches as viable given fiscal realities. (We do have existing CFS staff trained in SafeMeasures.)			
Identify roles of the other partners in achieving the improvement goals. CFS and Probation supervisory and training staff to support, educate, and evaluate performance of personnel in the use of these tools.			
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.			



## Attachment A – CFS – CWS/OIP FUNDS

Program	Measures Affected	Staff Costs	Miscellaneous
Differential Response	No Recurrence Of Maltreatment (S1.1)		\$76,908 Contract for Differential Response Community Parent Partner Program.
Substance Abuse Counselor	No Recurrence Of Maltreatment (S1.1) Reentry Following Reunification (C1.4)		\$32,761 Contract for Substance Abuse Counselor.
Family Team Meetings	No Recurrence Of Maltreatment (S1.1) Reentry Following Reunification (C1.4)		\$48,725 Contract for Family Team Meeting Coordination. \$1,512 Contract for Mental Health Participation.
High Risk Team Meetings	Multiple Foster Care Placements (C4.1.2.3)		\$1,512 Contract for Mental Health Participation.
Relative/NREFM (Non-Related Extended Family Member) Liaison	Multiple Foster Care Placements (C4.1.2.3) Multiple Care Placements in Least Restrictive Settings (4B)	\$10,437 Support Staff Relative/NREFM Liaison	

**Total = \$171,855**

### Differential Response:

Differential Response is a strategy to ensure child safety by expanding the ability of child welfare agencies to respond to reports of child abuse and neglect. Its core elements include a broader set of responses for working with families at the first signs of trouble, meaningful family engagement to ensure that needed changes are recognized and acted on, and expanded community partnerships to provide needed services to families.

Differential Response was implemented to reduce the percentage of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods and reduce the occurrence of abuse and/or neglect of children who remain in their own homes. The comprehensive countywide system of community-based family resource services of the Differential Response program are designed to prevent child abuse by working directly with the families that have issues not serious enough for Children and Family Services intervention but who are in need or crisis with issues that could escalate to abuse or neglect if not addressed.



## Attachment A – PROBATION – CWS/OIP FUNDS

Program	Measures Affected	Staff Costs	Miscellaneous
Sex Offender Treatment Program	Family Team Meetings Reentry Following Reunification (C1.4) -- High Risk Team Meetings Multiple Foster Care Placements (C4.1.2.3)	\$12,317	

**Total = \$12,317**

1 Deputy Probation Officer; 1 Probation Assistant

The DPO will:

- Assist the treatment provider in addressing critical issues and in supervising the minor’s activities in the home and community.
- Work closely with the treatment provider(s) in developing a case plan to ensure the minor is meaningfully participating in the treatment program and complying with court and therapeutic directives.
- Provide a link between the provider and the minor’s family.
- Provide case management functions including liaison with other community agencies involved with the family.
- 

The PA will:

- Be assigned to intake coordination for all new potential program participants, including follow-through with Child Protective Services, School, and Mental Health providers previously or currently involved with the minor and family.
- After disposition, follow through on appointments, case plan activities and referrals, and transportation needs when necessary.
- Do research and data entry to track outcomes.

Goal – Minors are expected to learn values as they relate to a respect for self and others. They may receive sex education and will develop an understanding of healthy human sexuality, and the correction of distorted beliefs about appropriate sexual behavior. Therapy focuses on impulse control and coping skills, assertiveness skills and conflict resolution to manage anger and resolve interpersonal disputes.