

# DEPARTMENT OF CHILDREN'S SERVICES



## COUNTY OF SAN BERNARDINO HUMAN SERVICES SYSTEM

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DEANNA AVEY-MOTIKEIT  
Director

July 30, 2007

Linda Tolentino-Thomas, Manager  
CDSS, Children's Services Operations Bureau  
744 P Street, MS 3-90  
Sacramento, CA 95814

Dear Ms. Tolentino-Thomas:

Attached is the County of San Bernardino System Improvement Plan Update for 2007.

The following bulleted items provide an overview of the many areas in which we have advanced policy, practice and outcomes for the betterment of the families of San Bernardino County.

- New Initiatives such as Family to Family, Wraparound services and Kinship Services Centers have been rolled out countywide
- Policies and procedures regarding data entry have been refined and staff at all levels have been trained
- The Case Assessment Tool (CAT) has been made available to management, supervision, and line staff to assist in consistent assessment throughout the life of a case
- SafeMeasures has been implemented at the management and supervisory level and is being provided to line staff for use in the evaluation and correction of case work problems as they arise
- Better practice in data entry and concurrent planning practices as a result of SB218 have improved our Timeliness to Adoption outcome
- Outcomes for our transition-aged youth have been addressed with the hiring of Educational Liaisons to ensure that each child receives the best possible education
- We have also improved our ability to track outcomes for these youth by better information gathering prior to their exit from our system
- Fairness and Equity is being addressed through better relations with local tribes, training for management and supervision in cultural awareness and department and countywide assessment of cultural competency

We continue to examine policy and practice to improve our systemic processes, especially in the areas of Re-entry into Foster Care and Fairness and Equity. Further, we are exploring ways to enable the county to use Efforts to Outcomes (ETO) for the ILP, Family to Family, PSSF and CAPIT programs.

We look forward to this coming year's Self Assessment, PQCR and new System Improvement Plan cycle to evaluate areas needing additional improvement.

Sincerely,

Deanna Avey-Motikeit  
Director

Mark Uffer  
County Administrative Officer

Board of Supervisors  
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State of California  
County of San Bernardino



Department of Children's Services

2007

**AB 636 System Improvement Plan Update**

**I. SIP Narrative**

The 2007 System Improvement Plan Update is a report of progress made by San Bernardino County in improving the safety, permanency and well-being outcomes for children and families that have come to the attention of Child Welfare Services. Assembly Bill (AB) 636 provides for the measurement of key program outcomes, processes, and receipt of critical services. This measurement process is now known as the California Child Welfare Services Outcomes System (C-CWSOS).

The System Improvement Plan (SIP) is an agreement between the San Bernardino County Board of Supervisors and the California Department of Social Services (CDSS) stating that the County is dedicated to improving outcomes, especially in four areas, through a plan of improvement goals, strategies and milestones. In 2004, the County identified need for improvement in *Recurrence of Maltreatment*, *Timeliness to Adoption*, *Children Transitioning to Self-sufficient Adulthood*, and *Fairness and Equity*.

As specified in the SIP, the County began a comprehensive effort to improve the quality of data entry into the Child Welfare Services Case Management System (CWS/CMS). This improvement in the County's accuracy combined with a 2005 change in the State methodology for outcomes measurement resulted in acceptable outcomes measurements for the County in *Recurrence of Maltreatment*. In 2006, the focus for improvement shifted from *Recurrence of Maltreatment* to *Re-entry to Foster Care*.

The AB636 outcomes measures for this update are based on the April 2007 California Child Welfare Services *Outcome & Accountability Report* (2006 Quarter 3). Beginning with the O&A Report of 2006 Quarter 4, all Counties will transition to the new measurements that support the California CWS Outcomes System.

San Bernardino County has reached many of the milestones needed to implement the strategies set forth in the System Improvement Plan. As some strategies were implemented, need arose to add, delete and modify other strategies. The following

overview will highlight the changes, accomplishments and areas of concern the County has experienced since the SIP Update submitted in June 2006. The areas of focus are: Timeliness to Adoption, Re-Entry into Foster Care, Children Transitioning to Self-sufficient Adulthood, and Fairness and Equity

### **Timeliness to Adoption**

The County has increased quality communication between Adoptions and Child Protective Services (CPS) through conjoint meetings, trainings and physical location changes. County Department of Children's Services (DCS) management conveyed its commitment to facilitate opportunities for these two groups to work as one in the interest of better outcomes for children. The two staffs are now located in closer proximity to each other. Flyers alerted all staff and supervisors that Adoptions staff would be included in CPS unit meetings and trainings. Meeting agendas reflect items that strengthen the collaboration.

DCS implemented a teamed Concurrent Planning (CP) matching process during late 2006. Early identification of potential Resource Families is critical to the timely and successful adoption of a child into a permanent home. The teamed CP matching process will quicken this identification and provide a more thorough list of potential Resource Families for the child. Implementation Staff were trained in the process and a pilot implementation region was selected. The pilot was followed by rollout countywide.

The Department has implemented secondary assignment status for concurrent planning workers early in the case planning process for low reunification prognosis cases or anytime it is determined that reunification prognosis is low.

Adoptions data input and data integrity requirements have been clarified to ensure that adoption cases are closed in a timely manner. This change will also improve contact compliance.

The Foster Care Home Study has been modified to identify Resource Family homes for Concurrent Planning placements and adoptions.

A reunification prognosis tool was implemented to identify cases where reunification is less likely to occur in order that services are provided and appropriate actions taken to expedite permanency. A process was developed so that the results are communicated at the Concurrent Planning Review (CPR). The County will continue to explore all permanency options for all children, including older children, who cannot be reunited with their birth parents.

DCS has assessed the current method of tracking CPRs and has determined that there is a need to automate this tracking/monitoring process into a shared countywide system. Additionally, SafeMeasures has been implemented to assist supervisors in monitoring and tracking concurrent planning compliance.

The County has implemented Senate Bill (SB) 218, legislation (2006) that, under specified circumstances, authorizes a court to designate a current caregiver as a "prospective adoptive parent" if the caregiver has met the threshold criteria contained in the legislation. DCS developed a committee to develop and implement policy and procedures. Supervisors, managers and Concurrent Planning staff were trained in the changes resulting from this new legislation from February through June 2007.

In order to improve assessment capabilities, the County has worked closely with other agencies, such as the Center for Children's Research (CRC) to pilot a risk assessment tool for caregivers. DCS was involved in the Melding study of assessing homes. The County has an ongoing working relationship with SPHERE Institute (the Case Assessment Tool) to ensure that the protective capacity of a potential caregiver is assessed through the Planned Placement Tool.

### **Rate of Foster Care Re-Entry**

Since the 2006 SIP Update, San Bernardino County has trained its staff in child risk and safety assessment. This training laid the foundation for further training in the new child risk and safety assessment tool adopted by the County. After successful piloting of this tool and training of the entire social work staff, the Department of Children's Services (DCS) rolled out SPHERE Institute's Comprehensive Assessment Tool (CAT) on May 17, 2007. Training for all staff impacted by this rollout was completed between March and June of 2007.

The CAT enhances the social worker's collection of pertinent data to make better-informed decisions about a child's risk and safety, and the family's capacity to care for and protect that child. CAT provides a structure of culturally and ethnically sensitive questions designed to inform the social worker of the strengths and weakness of the child and family and the need for special services. CAT also helps the social worker assess the need to make a change in the placement of the child. SPHERE will track the County's data entered into CAT in order to supply the County with an analysis of data trends in order to address practice issues.

The County's Legislation Research Unit (LRU) conducted a data study, which indicated that children with health problems and those returning to families impacted by substance abuse are more likely to return to foster care due to the family's lack of capacity to meet the child's special needs.

DCS has reviewed and improved the Placement Log to ensure accurate entry of foster care placement changes as a means of reducing the number of incorrect foster care re-entries. The Placement Log was modified, DCS coordinated with PDD to provide informational materials that have already been distributed. The updated Placement Log was implemented in early July 2007.

The County has adopted **Wraparound, Family To Family, Family Group Decision Making and Kinship Supportive Services** to reduce the number of children re-entering

foster care. These highly successful programs have been well received by staff, children, families and the community.

**Wraparound** is an intensive, community-based, family-oriented process designed to allow children with serious behavior and/or emotional difficulties to remain in their community or at the lowest level of care possible instead of being placed in a Group Home setting. During FY 2006-2007, San Bernardino County decreased their Group Home population by approximately 28% by providing Wraparound services. With five contracted providers covering the County, Wraparound services are currently provided to **120 children and their families**. Over the past fiscal year, **237 children** have been served. These children have remained in their homes or their community instead of being placed in a group home. The County is expanding its program through identification of potentially eligible children currently in group home settings and through social worker referrals. Wraparound slots will be extended to 200 countywide. Wraparound services are offered to eligible children referred by the County Departments of Behavioral Health, Probation and Children's Services.

LRU is developing Wrap outcomes tracking for safety and permanency. LRU is also working with SPHERE Institute to define client profiles of risk and paths through the system.

**Family To Family (F2F)** has greatly enhanced the County's ability to involve birth parents, relatives, resource parents and community partners in the decision making of a child's safety, permanency and well being. A Team Decision Making (TDM) meeting is mandatory in all implementation areas in cases of imminent risk, emergency placement and placement move. In the Spring of 2007, the West End Region fully implemented these TDMs in all cities. The Desert Region will fully implement TDMs by August 2007. The San Bernardino Region began TDMs in March 2007 and is incrementally adding TDMs in additional communities. County F2F TDM implementation areas include **18 cities**. During 2006, a total of **436 TDMs** were held countywide. Approximately **59.2% of birth parents** were in attendance at TDMs. In the interest of Fairness and Equity and decreasing disproportionality in the number of black infants entering care, all regions conduct TDMs on all black infants aged 12 months and under, and their family members.

Family To Family has helped the County to form stronger linkages with the community through the F2F strategy known as Building Community Partners (BCP). This strategy connects the County with a network of service providers and support groups to help a family build its capacity to care for its children. The San Bernardino Region works closely with the nationally recognized Operation Phoenix Program to reduce crime rates and establish safer communities in support of our families. Through the Building Community Partnership strategy, the Department of Children's Services has developed solid, collaborative relationships with **485 community agencies**. The agencies and their staff assist with providing services and supports to families at the community level.

**Family Group Decision-Making** is a powerful tool for keeping children in their families and continues to be utilized in all regions. The County began piloting FGDM in 2001. A

total of **211 children** have had FGDM conferences since the program was implemented in 2003 until mid-2007. Of these children, only 10 children had a subsequent substantiated referral within 12 months after the FGDM conference.

**Kinship Support Services** are offered to relatives (typically grandparents) who are raising relative children. Some of these children are under the supervision of the County Department of Children's Services. Kinship services include respite, health and nutrition education, parenting education, conferences, group counseling, recreation, community activities, celebrations, drum line and drill team, tutoring, summer camp for children, and Christmas gifting.

The County has three Kinship providers, each covering one of the three geographical regions of the 21,000 square mile County. The services offered and the number of children and kincaregivers participating at these Kinship centers has grown tremendously in the past year. During the fiscal year 2006-2007, an estimated 2,672 children in 1,029 kinship families were served through the three Kinship Centers. In June 2007, there were 693 children and their 267 families with open cases. The families with open cases receive ongoing services.

The County's annual Kinship Conference provides Kin-caregivers with workshops and motivational speakers on topics such as dealing with legal issues in Kinship care; behavior and challenges faced by relative caregivers in raising their kin children; and dynamics of gang culture. The Conference also affords Kin-caregivers the opportunity to network with other caregivers and service providers. The 2007 Kinship Conference attracted 88 attendees.

The newest Kinship Family Center opened in October 2006 and serves the west end of the County. The open house for this new center was attended by 149 children, caregivers, volunteers, Center staff and others.

The San Bernardino Kinship Family Center held its most recent anniversary celebration on a day of inclement weather, yet 100 Kin-caregivers, children and others attended

**Additional strategies** have been implemented, planned or are being developed in order to make improvements in this outcome area:

- ❑ The County's **START** program (Screening, Treatment, Assessment, Referral, and Treatment, formerly known as SART) offers parental support for children under five years of age. START models evidence-based practice to keep children safe at home.
- ❑ The County continues to build community capacity through **PSSF/CAPIT** evaluation of safety and permanency outcomes. This effort will help the County to improve community-oriented services based on an assessment of needs.

- ❑ The County is also exploring the use of **CalWORKs subsidized employment slots** for parent partners. DCS is considering the use of joint case plans for Family Reunification and Welfare To Work for strengthening parents.
- ❑ In the next twelve months the County plans to develop and implement a **post-reunification support program** to help reunified families plan for resolution of difficulties which may arise after the child has been returned to the family's home.
- ❑ The County is also expanding **Dependency Drug Court**. The County believes that substance abuse treatment plays a role in reducing re-entry to foster care.

### **Children Transitioning to Self-sufficient Adulthood**

The need to improve the tracking of Independent Living Program (ILP) data has been a high priority for the County Department of Children's Services. DCS tracks youth approaching ILP age, notification to those youth of ILP services, and youth participation in ILP activities. A database is needed to handle this information more efficiently and to track outcomes. Specifically, the County would like to determine the effectiveness of the services it offers through ILP and AfterCare.

The County completed an evaluation of existing methods of tracking ILP data in each of the operational regions. With the assistance of the County's Legislation Research Unit and the Administrative Resources Division, DCS has acquired an interim ILP database currently in use in Orange County. Staff has been trained and the tracking system has been implemented. However, this is an interim measure while the County continues to explore the web based Efforts To Outcomes (ETO) database used in Riverside County and other similar databases.

The Department is exploring the opportunity to become a *California Connected By 25* (CC25) county. This will enable the County to utilize the ETO already in place to track ILP data in other CC25 counties.

The County has developed data sharing and access between County ILP staff and AfterCare vendors. The identification of data needs and types of data available resulted in a plan to integrate ILP data. This plan has been shared with community partners.

The County Quality Support Services conducted a case read to determine compliance with policy on completion of the Transitional Independent Living Plan (TILP). QSS also worked with Loma Linda University School of Social Work to analyze demographic data (from the QSS case read) on the effectiveness of the services.

QSS piloted and tested a State exit tool to collect data on all eighteen and nineteen year olds. The emancipation checklist was revised to match all data elements in the exit tool. QSS also collects data on all exits due to age. The County is moving from collecting ILP data on youth served through the ILP Program to data on all youths ILP eligible and transitional aged youth regardless of ILP Program status.

QSS will administer a survey to all foster youth ages sixteen to nineteen to determine why they do not participate in ILP activities and to identify barriers to participation.

SafeMeasures has been implemented in San Bernardino County and provides the ability to monitor TILP completion. Training for managers, supervisors, mentors and lead workers has been completed. Training of line staff will take place in August 2007 with full implementation of SafeMeasures countywide expected by September 30, 2007.

Besides a reliable and flexible database, DCS must establish a means to maintain contact with youth who age out of foster care. The department is developing a website to maintain a link with transitioned youth.

The 2006 SIP update included a plan to identify leaders and mentors in order to establish a Youth Advisory Board (YAB) to involve youth in improving ILP services. The YAB was established and has helped increase the participation of youth in ILP activities. The YAB also helped to identify barriers to youth participation. Since the 2006 SIP update, the County has taken the YAB one step farther and has replaced it with a new local chapter of the California Youth Connection.

The County increases awareness of ILP activities among youth, Resource Parents and relatives through an ILP Newsletter and regular communication with Resource Family Associations and kinship centers. The emancipation checklist (exiting checklist) will be reviewed and improved to determine the best mix of services needed by each youth.

Graduation from high school has proven to be an area in need of much improvement. The County has modified a 2006 improvement goal to change the emphasis from passing the exit exam to graduating from high school. Six Education Liaisons have been hired to assist social workers in identifying transitional aged youth who are at risk of not passing the exit exam by the end of their sophomore year. The Education Liaisons have established a relationship with schools in order to track the progress of youth. They also help youth to link to tutoring services available through the schools.

Because some youth will not graduate from high school, DCS is dedicated to developing alternative plans that may include vocational or other training. The County will develop resource packets and website links to help provide a support system to transitioned youth. DCS will inventory the County's various social service and workforce agencies to identify funding or opportunities that will provide jobs for youth.

The Department supports Resource Parents by working with Community Colleges to provide training to Resource Parents on ILP services. DCS also provides information to Resource Parent associations regarding ILP services.

### **Fairness and Equity**

The Department of Children's Services (DCS) has reviewed several surveys of cultural competence. Child Welfare League of America (CWLA) has developed the Cultural

Competence Agency Self-Assessment Instrument. DCS reviewed and adapted the CWLA instrument to meet the County's survey needs. This review and adaptation was accomplished by the Fairness and Equity Task Force. A plan to administer the survey and evaluate the results was developed by members of this task force and staff from the County's Legislation Research Unit (LRU). The results will be analyzed to determine changes to the delivery of Child Welfare Services in the County of San Bernardino. Concurrently, the Countywide Cultural Competence Committee is searching for a survey tool which will meet the needs of all County departments to assess the cultural competence with which all County services are delivered.

DCS has chosen SPHERE Institute's Comprehensive Assessment Tool (CAT) to assess child risk and safety. CAT Option B was implemented countywide in May 2007. Option B contains questions that are worded to address the cultural and ethnic needs of the child and family. All management, supervisory and line staff have been trained in the use of CAT and the concepts of culturally competent assessment of child risk and safety. Policies and procedures have been developed and implemented. The County will continue to participate in the State CAT Users Group to further refine the culturally competent wording of the tool. The result will be data that will help to explain the diversity of social worker decisions between different ethnic groups.

The County will continue to collaborate with the University of California at Berkeley to gain an understanding of the data and indicators of bias. Cultural competency aspects will be added to County program impact evaluation forms. Outcome and demographic data from these forms will be used to review the service array. The County is evaluating software to improve collection and tracking of service, outcomes and demographic data. One of the software packages being evaluated is Efforts To Outcomes.

Due to lack of available funding, the County has eliminated the Improvement Goal 4.0, which would have added a Community Liaison to staff in order to facilitate the other Fairness and Equity improvement goals.

The County Children's Network conducts an annual conference that now includes a variety of workshops that address the provision of child welfare services to Native American Indian children and families. Tribal members are presenters and panel members in the workshops. Many of the County's social workers attend these workshops.

In the past two years, the County has hosted a Tribal Star Summit of County CWS leaders and local Tribal Leadership. This Summit was followed by a Tribal Star gathering in which DCS social workers became aware and more informed of the cultural facets of serving Native American Indian children and families. Social workers also became more aware of the provisions of the Indian Child Welfare Act. Two DCS social workers recently completed a Tribal Star Training for Trainers.

In the past year, the DCS Desert Region has worked closely with two Tribes to update a years-old memorandum of understanding in order to collaboratively provide child welfare services to Native Americans residing in the County. Plans are underway to provide

video-conferencing between a DCS Desert office and a Tribal center located on a reservation. This connection will facilitate workshops offered by DCS to Tribal members in order to develop Tribal foster homes. Our County Counsel is working with one of these Tribes regarding the State application process for forming a Foster Family Agency. DCS staff continues to meet with Tribal Leaders on a monthly basis.

Fairness and Equity is now the basic foundation for all core training social workers receive at the Public Child Welfare Training Academy. In addition, DCS has integrated training on Substance Abuse, Domestic Violence, Understanding Poverty and the New Initiatives (F2F, Wraparound, FGDM and Kinship Support Services) into the Department's Orientation and Induction program for new workers. In the previous year, all line workers, line supervisors, and managers received the same cycle of training, in addition to a cultural awareness workshop presented by Dr. Peter Nwosu for supervisors and managers.

### **Other Successes and Upcoming Improvements**

Since the beginning of the 2004 cycle of Self-Assessment, the County has shown improvement in the delivery of Child Welfare Services. **Data entry clean-up** and adherence to timely input of case information has helped to improve the accuracy of documenting services delivered. Policy has been instituted requiring timely entry of all contact notes. Training has been completed in all areas regarding entry requirements for contact notes.

This improvement is shown in the **ongoing monitoring of case data** reported by SafeMeasures and other reporting mechanisms used by CWS managers and supervisors. Improvement is also evident in the Quarterly Data Reports issued by CDSS. This 2007 SIP Update is based on data reported in the April 2007 Quarterly Data Report for Quarter 3 of 2006. Specific Q3 data has been incorporated at the beginning of each template for the four SIP Components, in the section entitled "Current County Performance".

Social Workers continue to **involve families in the development of case plans**. The Social Worker now has up to 60 days to complete an initial case plan with the family. This allows more time for assessment and joint decision making with the family regarding their case plan needs. This is a vast improvement in family involvement since the 2004 PQCR, especially in the geographical areas where Team Decision Making (TDM) has been implemented.

The Department continues to emphasize to Social Workers the **necessity of Concurrent Planning** as an integral and "concurrent" aspect of providing for the safety, well-being and permanency of the child. Policy and procedures have been changed to reflect the importance of timely Concurrent Planning. Staff has been trained. These improvements to the system factors have been made. In the next cycle of Self-Assessment, Quality Support Services (QSS) will be asked to conduct a case read to determine the effectiveness of these efforts.

**DCS provides birth parents with opportunities to strengthen their skills** so that they can keep or be reunified with their children. A 2004 Survey of Birth Parents provided DCS with much needed feedback from parents regarding their needs for improving their parenting skills. Parents have been linked to information and classes on parenting skills.

The Department has **trained its Social Workers in cultural awareness** so they can be sensitive to the needs of families as decisions are made in a child's case. DCS has chosen a culturally enhanced version of a child risk and safety assessment tool, in order to more competently assess the capacity of a family to protect a child.

The 2004 PQCR called attention to some of the characteristics of calls from mandated reporters. The **curriculum for training of mandated reporters** is being updated to address the potential for bias that causes children from one race or ethnicity to be reported more often than other children.

Supporting Resource Parents is an ongoing priority of the Department. DCS has developed the conceptual and procedural framework for the establishment of a **"Warm Line" to support Resource Parents** with encouragement in order to preserve placements. When implemented, this Warm Line will operate seven days per week from 4pm to 10pm, typical hours of interaction between foster youth and their Resource Parents. Plans are to staff the Warm Line with trained, compassionate, and knowledgeable mentor Resource Parents. They will be backed up by a Social Worker to deal with issues requiring a higher level of intervention.

## **1. Local Planning Bodies**

In preparation for the 2004 Self-Assessment, the County Department of Children's Services, assisted by the County's Children's Network, developed the multi-disciplinary **Self-Assessment Team**. This team is composed of a variety of social service agencies and stakeholders to guide the evaluation of the Child Welfare Services system and the identification of areas in need of improvement. Through regional teams, outreaches, and direct involvement of system stakeholders, the Self-Assessment Team gathered information that reflected the overall functioning of the system and provided insight into areas in need of improvement.

In 2005, the County conducted a follow-up review of its Self-Assessment. As in the first C-CFSR cycle (California – Child and Family Services Review), this assessment and the resulting System Improvement Plan (SIP) were accomplished through the collaboration of the County Department of Children's Services (DCS) with community partners; other public/private agencies and providers of children's services; kin caregivers; foster parents; and youth.

These same partners contributed to the accomplishment of improvement strategies set forth in the 2006 SIP Update. This 2007 SIP Update reports the progress made by the collaborative effort of the partners and the improvement strategies to be employed in the next 12 months.

The structure of the Children's Network offers an existing and well-established foundation upon which to build the Self-Assessment Team. The basic components of the Children's Network are:

- *Policy Council* – Department Heads and key leaders of children's programs.
- *Children's Services Teams* – Agency representatives. The role and membership of this group was expanded to meet the requirements of the Self-Assessment Team.
- *Community Collaboratives* – Regional agency and community representatives. Building linkages from the Community Collaboratives to the Self-Assessment Team enhances community involvement.
- *Children's Lobby* – Assesses legislative changes on behalf of children.

The Self Assessment Team includes representatives from the following stakeholder groups :

- Foster Youth
- Foster Parent
- Tribal Representative
- Parent/Child advocate
- CASA (Court Appointed Special Advocate)
- County Schools Representative
- Law Enforcement Representative
- First 5 Commission Representative
- Regional Center Representative
- Community College Representative
- Children's Network Officer
- County Counsel Representative
- Public Health Representative
- Department of Behavioral Health Representative
- Probation Representative
- Juvenile Court Representative
- DCS Representative
- DCS Social Services Practitioner

DCS established teams to interpret data, communicate findings, assess the need for improvement, and to produce a plan to address areas in need of improvement. These teams consist of community members, caregivers, providers of children's services, public/private agencies, DCS staff and staff from other County departments and agencies. Particular attention is given to evaluating the progress made in achieving the goals set forth in the previous System Improvement Plan.

The **Data Team** reviews statewide and countywide outcome measures provided by the State, examining the measures at the regional and sometimes unit level. The team then analyzes the data to determine the need for changes to policy, procedures and/or practice. This team develops survey tools, compiles survey data and focus group data, and provides reports to the Management Team, the Self-Assessment Team and the

Program/Policy Evaluation Team. The Data Team assists in writing the Self-Assessment and the System Improvement Plan for each cycle. The Data Team evaluates changes between outcomes measurement data for the current cycle and the data gathered in the previous cycle.

The **Program/Policy Evaluation Team** reviews the Data Team's reports, trends in outcome data and recommendations. This team reviews monthly performance reports generated by LRU from UCB CSW/CMS data, Peer Quality Review findings (from the first C-CFSR cycle), and policy and practice issues related to Department performance. The team recommends programmatic changes and training areas, and receives feedback from the Management Team and the Self-Assessment Team to develop measurable goals and objectives. Ad hoc teams are established to address identified concerns.

The **Peer Quality Review Team** travels to neighboring counties to review cases. During 2004, the first cycle of the review process, this team facilitated the review of San Bernardino County cases by neighboring counties. In subsequent years, departmental team members traveled to other counties to assist in their own PQCRs.

The **Communications and Training Team** communicates findings and recommendations to all levels of DCS staff. This team is responsible to develop and coordinate necessary training. Additionally, this team develops monitoring tools to be used by social work staff. Departmental Staff in conjunction with PERC and PDD staff provided training to all levels of staff affected by identified policy and practice changes.

The **Community Collaboration Team** communicates findings and recommendations to community stakeholders. This team receives input from the Self-Assessment Team, Management Team and Program/Policy Evaluation Team to inform the preparation of the SIP.

Other County partners that have provided support and membership for these teams include County Program Development Division, Program Integrity Division, Legislation and Research, Quality Support Services, IQSAB (Improving Quality System-wide Advisory Board), Performance-Education-Resource-Center, Children's Network, DCS Special Services, DCS Operational Regions, and the DCS Administrative Resources Division.

The DCS Administrative Resources Division (ARD) handled the portion of the work that is administrative in nature. ARD developed structures and processes that guided the Department through the various tasks required by AB636. DCS social work staff participate on committees and workgroups, providing vital input and perspective on practice and process.

The Self-Assessment Report and the System Improvement Plan are the results of the concerted efforts of these teams. SIP work groups are formed in a manner which best utilizes each member's expertise and area of interest to develop the goals, strategies and

milestones for improving the County's performance in each of the identified outcome areas.

This interagency collaboration provides a holistic and multidisciplinary approach to providing effective Child Welfare Services.

## **2. Findings That Support Qualitative Change**

The collection and analysis of data for the development of the **2004 Self-Assessment (SA)** and the resulting **2004 System Improvement Plan (SIP)** was achieved through the **2004 Peer Quality Case Review (PQCR)** process, various surveys, interviews, focus groups, and reviews.

A summary of findings of the 2004 Peer Quality Case Review has been extracted from the 2004 System Improvement Plan and is contained in **Attachment A** of this SIP. This summary briefly describes some of the findings and the Department's response to some of those findings. Of particular importance are the findings relevant to the three outcomes addressed in the **2004 SIP: *Recurrence of Maltreatment, Timeliness to Adoption, and Children Transitioning to Self-Sufficient Adulthood.***

In the **2005 Self-Assessment**, Recurrence of Maltreatment was replaced by *Rate of Foster Care Re-Entry*.

## **3. Summary Assessment of the 2005 County Self-Assessment Update**

The 2005 Self-Assessment Update did not require a PQCR and was followed by the 2006 SIP Update. A summary assessment has been extracted from the 2005 Self-Assessment Update and is contained in **Attachment B** of this 2007 SIP Update.

The document creation is as follows:

- 2004 Peer Quality Case Review
- 2004 Self-Assessment
- 2004 System Improvement Plan
- 2005 Self-Assessment Update
- 2006 System Improvement Plan Update
- 2007 System Improvement Plan Update

## **II System Improve Plan Update Components**

The four components of the 2007 SIP Update are:

- Timeliness to Adoption
- Rate of Foster Care Re-Entry
- Children Transitioning to Self-Sufficient Adulthood
- Fairness and Equity

**Outcome/Systemic Factor:**

**Timeliness to Adoption (3D and 3A)** - This is a federal and state outcome measure that compares the number of children who were adopted from Child Welfare Services supervised foster care during a 12-month study period with the number of those same children who had been in care for less than 24 months.

Outcome 3D and 3A is a multiple system outcome. There are numerous agencies that have a stake in the child's well being and numerous rules and regulations that must be adhered to by each agency for children to be appropriately transitioned from foster care to adoption.

California Child Welfare Services Outcomes System data indicator: (These new measures will be utilized in the next round of Self-Assessment.)

- **Measure C2.1:** Of all children who were discharged from foster care to a finalized adoption during FY 2004, what percent were discharged in less than 24 months from the date of the latest removal from home?

- **Measure C2.2:** Of all children who were discharged from foster care to a finalized adoption during FY 2004, what was the median length of stay in foster care **in months** from the date of the latest removal from home to date of discharge to adoption?

**County's Current Performance:**

(Based on C-CWS Outcome and Accountability County Data Report for San Bernardino County, April 2007)

- **3D.** Federal – 29.1% of all children who were adopted from child welfare supervised foster care during the 12-month study (10/01/05 – 09/30/06) had been in care for less than 24 months. This is a 0.7% **decrease** since the previously reported study period (04/01/04 – 03/31/05).

- **3A.** State – 5.9% of 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 (10/01/03 – 09/30/04) were adopted within 24 months. This rate reflects **no change** from the previous study period (07/01/03-06/30/04). Note: This is the most recent data reported by UC Berkeley.

California Child Welfare Services Outcomes System data indicator: (New data indicators are not yet available from University of California Berkeley.)

**Improvement Goal 1.0** Increase quality communication between Adoptions and Child Protective Services.

**Strategy 1.1** Conduct conjoint meetings or training sessions between Adoptions and Child Protective Services at least once every two (2) months.

**Strategy Rationale:** In order to establish rapport and increase awareness of the process a CPS unit must go through to get a child adopted, regular contact must be maintained between the regional adoptions unit and each CPS unit in that region.

<b>Milestone</b>	<p><b>1.1.1</b> Top down commitment that conjoint meetings and training sessions will take place and that the agenda will reflect items that will strengthen the collaboration.</p> <p><b>1.1.2</b> "Alert" flyers for conjoint meetings or trainings issued to all staff and supervisors.</p>	<b>Timeframe</b>	<p>Completed (07/31/06)</p> <p>Completed (09/30/06)</p>	<b>Assigned to</b>	<p>Department of Children's Services Administration (DCS/Admin), DCS/Adoptions, DCS Operational Regions,</p> <p>DCS/Administrative Resources Division (DCS/ARD), Human Services Program Development Division (HS/PDD)</p>
<b>Strategy</b>	<p><b>1.2</b> Implement teamed Concurrent Planning matching process.</p>		<p><b>Strategy Rationale:</b> Early identification of potential Resource Families is critical to the timely and successful adoption of a child into a permanent home. The teamed CP matching process will quicken this identification and provide a more thorough list of potential Resource Families for the child.</p>		
<b>Milestone</b>	<p><b>1.2.1</b> Convene a Planning and Implementation Team</p> <p><b>1.2.2</b> Educate staff as to teamed Concurrent Planning process</p> <p><b>1.2.3</b> Designate a pilot implementation region</p> <p><b>1.2.4</b> Rollout countywide</p>	<b>Timeframe</b>	<p>Completed (08/31/06)</p> <p>Completed (12/31/06)</p> <p>Completed (01/31/07)</p> <p>Completed (04/30/07)</p>	<b>Assigned to</b>	<p>DCS/ARD, DCS Operational Regions, HS/PDD</p>
<b>Strategy</b>	<p><b>1.3</b> Integrate Adoptions staff in proximity to Child Protective Services staff at the same physical location.</p>		<p><b>Strategy Rationale:</b> Physical proximity of adoptive and CPS staff will promote better communication, yielding improved adoptions outcomes.</p>		
<b>Milestone</b>	<p><b>1.3.1</b> Identify which adoptions staff are out-stationed away from CPS Staff.</p> <p><b>1.3.2</b> Assess the possible relocation of adoptions staff.</p> <p><b>1.3.3</b> Recommend to regional management necessary staff relocation.</p>	<b>Timeframe</b>	<p>Completed (08/31/06)</p> <p>Completed (09/30/06)</p> <p>Completed (09/30/06)</p>	<b>Assigned to</b>	<p>DCS/Adoptions, DCS/ARD, DCS Operational Regions</p> <p>DCS/Adoptions, DCS/ARD, DCS Operational Regions</p> <p>DCS/ARD, Human Services Facilities Management, DCS Operational Regions</p>

	1.3.4 Coordinate staff relocation.		Completed (03/31/07)	DCS/ARD, Human Services Facilities Management, DCS Operational Regions
<b>Strategy 1.4</b>	Implement secondary assignment status for Concurrent Planning worker prior to 45-day post-disposition CPR (Concurrent Review) for low reunification prognosis cases, or at any other time it is determined that reunification prognosis is low.		<b>Strategy Rationale:</b> This process is necessary in cases where reunification services have been provided for six months or more and for cases where reunification is likely to fail.	
<b>Milestone</b>	1.4.1 Implement reunification prognosis tool and encourage social workers to use this tool prior to JD and again before any CPR prior to the 21e hearing to determine need for secondary assignment of CP worker.	<b>Timeframe</b>	Completed (12/30/06)	DCS/ARD, DCS Operational Regions, HS/PDD
	1.4.2 Implement a process to communicate the assessment during Concurrent Planning Review.		Completed (01/31/07)	DCS/ARD, DCS Operational Regions, HS/PDD
	1.4.3 Implement process to monitor the use of the reunification prognosis tool (or some other means of evaluation) and the frequency of the Concurrent Planning Review conducted prior to the 45-day post-dispo.		12 months (07/01/07 – 06/30/08)	DCS/ARD, DCS Operational Regions, HS/PDD
	1.4.4 Develop policy and procedure to ensure proper utilization of the reunification prognosis tool.		12 months (07/01/07 – 06/30/08)	DCS/ARD, DCS Operational Regions, HS/PDD
	<b>Improvement Goal 2.0</b>			Increase monitoring, compliance and data tracking of management reports.
<b>Strategy 2.1</b>	Assess the need for an upgrade of the current method used to track and monitor Concurrent Planning Reviews in conjunction with Child Protective Services.		<b>Strategy Rationale:</b> Effective tracking along with accurate and timely management reports will ensure that Concurrent Planning Reviews are being conducted as required.	

<b>Milestone</b>	<b>2.1.1</b> Assess current methods of tracking Concurrent Planning Reviews.	Completed (05/31/07)	<b>Assigned to</b>	DCS/ARD, DCS/SS, HS Legislation Research and Quality Support Services (LRQSS)
	<b>2.1.2</b> Determine if there is a need to automate this tracking/monitoring process into a shared countywide system.	Completed (06/15/07)		DCS/ARD, DCS/SS, HS Legislation Research and Quality Support Services (LRQSS)
	<b>2.1.3</b> Develop an automated tracking / monitoring process for shared countywide use.	12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS/SS, HS Legislation Research and Quality Support Services (LRQSS)
<b>Strategy 2.2</b> Modify Concurrent Planning heading in the Status Review Court Report to show detailed Concurrent Planning information.		<b>Strategy Rationale:</b> It is necessary to show more complete Concurrent Planning information on the Status Review Court Report so that effective actions can be taken.		
<b>Milestone</b>	<b>2.2.1</b> Modify the content of the Concurrent Planning heading in the Status Review Court Report to show detailed CP information	12 months (07/01/07 – 06/30/08)	<b>Assigned to</b>	DCS/ARD, DCS/SS, HS/PDD, Court Coordination Committee
	<b>2.2.2</b> Increase effective monitoring to ensure completion of the detailed CP information in the heading of the Concurrent Planning section of the Status Review Court Report.	12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS Operational Regions, DCS/SS
	<b>2.2.3</b> Conduct case read to determine effectiveness and Court response to detailed Concurrent Planning information.	12 months (07/01/07 – 06/30/08)		LQRSS
<b>Improvement Goal 3.0</b> Implement SB 218, legislation (2005) that, under specified circumstances, authorizes a court to designate a current caregiver as a "prospective adoptive parent" if the caregiver has met the threshold criteria contained in the legislation.				
<b>Strategy 3.1</b> Develop a committee to guide County implementation of SB 218.		<b>Strategy Rationale:</b> New policy and procedures are necessary to communicate and implement the changes resulting from this new legislation.		

<b>Milestone</b>	<b>3.1.1</b> Convene Implementation and Planning Team.	Completed (08/31/06)	<b>Assigned to</b>	DCS/Adoptions
	<b>3.1.2</b> Initiate ongoing meetings to develop and implement policy and procedures.	Completed (10/31/06)		DCS/ARD, HS/PDD, DCS/Adoptions, DCS Operational Regions
	<b>3.1.3</b> Train staff	Completed (05/31/07)		DCS/ARD, HS/PDD, DCS/Adoptions, DCS Operational Regions
<b>Strategy 3.2</b> Initiate Concurrent Planning matching process at initial foster care placement.		<b>Strategy Rationale:</b> Early identification of potential Resource Family homes is critical.		
<b>Milestone</b>	<b>3.2.1</b> Implement process to ensure that Concurrent Planning Review is completed and that matching occurs early in the life of the case.	12 months (07/01/07 – 06/30/08)	<b>Assigned to</b>	DCS/ARD, DCS/SS
	<b>3.2.2</b> Implement process to identify Resource Family homes. (see 4.1)	12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS/SS
	<b>3.2.3</b> Implement process to utilize Foster Care home studies for developing pool of Resource Family homes.	12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS/Adoptions, DCS/Central Placement Unit (DCS/CPU)
<b>Strategy 3.3</b> Refine Concurrent Planning Review process.		<b>Strategy Rationale:</b> The existing Concurrent Planning process has proved to be ineffective in improving outcomes for children.		
<b>Milestone</b>	<b>3.3.1</b> Revisit, review and evaluate existing process.	12 months (07/01/07 – 06/30/08)	<b>Assigned to</b>	DCS/ARD, DCS/SS, HS/PDD
	<b>3.3.2</b> Recommend changes.	12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS/SS, HS/PDD
	<b>3.3.3</b> Communicate and implement changes.	12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS/SS, HS/PDD
	<b>3.3.4</b> Conduct case read to evaluate level and success of change.	12 months (07/01/07 – 06/30/08)		LRQSS
<b>Improvement Goal 4.0</b> Develop Resource Families in Family To Family implementation areas.				
<b>Strategy 4.1</b> Recruit, train and support Resource Families for Concurrent Planning placements and adoptions.		<b>Strategy Rationale:</b> Building community capacity for Concurrent Planning placements and adoptions will improve outcomes for children.		

<b>Milestone</b>	<b>4.1.1</b> Modify Foster Care home study to identify Resource Family homes.	Completed (09/30/06)	<b>Assigned to</b>	DCS/ARD, DCS/SS, HS/PDD
	<b>4.1.2</b> At Concurrent Planning placement, identify what skills are needed by Resource Family for effective matching.	12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS/SS, HS/PDD
	<b>4.1.3</b> Develop curriculum and implementation process to train and support Resource Family parents.	12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS/SS
	<b>Strategy 4.2</b> Establish involvement of Community Partners in the Concurrent Planning Review process and the Family To Family Team Decision Making (TDM) process.	<b>Strategy Rationale:</b> Employing practices such as Family To Family Building Community Partners, will provide additional opportunities to involve Community Partners in improving outcomes for children.		DCS/ARD, DCS/Adoptions, DCS/Family To Family, HS/PDD
<b>Milestone</b>	<b>4.2.1</b> Identify key Community Partners (stakeholders).	12 months (07/01/07 – 06/30/08)	<b>Assigned to</b>	DCS/ARD, DCS/Adoptions, DCS/Family To Family, HS/PDD
	<b>4.2.2</b> Establish a community based Concurrent Planning Review process.	12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS/Adoptions, DCS/Family To Family, HS/PDD
<b>Milestone</b>	<b>Strategy 4.3</b> Explore involvement of prospective Resource Families in Permanency TDM's (Team Decision Making).	<b>Strategy Rationale:</b> The prospective Resource Family has much to offer in the TDM process. Additionally, the prospective Resource Family's involvement will help to ensure that decision making is accomplished with the input of all of the significant parties.	<b>Assigned to</b>	DCS/ARD, HS/PDD, DCS/Adoptions, DCS/Family To Family
	<b>4.3.1</b> Implement a process to identify prospective Resource Families.	12 months (07/01/07 – 06/30/08)		DCS/ARD, HS/PDD, DCS/Adoptions, DCS/Family To Family
	<b>4.3.2</b> Implement a process to train and support prospective Resource Families in the TDM process.	12 months (07/01/07 – 06/30/08)		DCS/ARD, HS/PDD, DCS/Adoptions, DCS/Family To Family
	<b>4.3.3</b> Implement a process to maintain communication with prospective Resource Families to facilitate scheduling and involvement in TDM's.	12 months (07/01/07 – 06/30/08)		DCS/ARD, HS/PDD, DCS/Adoptions, DCS/Family To Family

**Discuss changes in identified systemic factors needed to further support the improvement goals.** Improved training for social workers and line supervisors will increase the appropriate use and effectiveness of Concurrent Planning and Family To Family, resulting in improved outcomes in this area. Continued refining of court procedures will facilitate faster adoptions. Increasing community capacity for Concurrent Planning placements and adoptions will enable adoptions to occur sooner and enable the child to remain in the community.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.** Specific training programs will need to be developed in the areas of concurrent planning process and court procedures regarding juvenile dependency cases for parents, caretakers and staff. Technical assistance and numerous resources will be necessary to facilitate the needed changes in all of the above areas.

**Identify roles of the other partners in achieving the improvement goals.** DCS/ARD will assist HS/PDD, PERC, DCS/Special Services, DCS/Adoptions and judicial representatives in reviewing existing training materials and policies/procedures in their respective areas. Any needed changes will be identified and the development of new procedures will be planned and implemented in the respective departments.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.** The State could allocate more funding to adequately support the minimum staff required to meet all state and federal mandates for the provision of Child Welfare Services. Legislation could be enacted that directs the alignment of Juvenile Court activities and CWS best practices. Additional legislation is needed to ensure that Court and attorney activities do not extend cases beyond the statutory limits for reunification and aid in timeliness for adoptions.

**Outcome/Systemic Factor:**

**Rate of Foster Care Re-Entry (3G)** – This measure reflects the number of children who re-enter foster care subsequent to reunification or guardianship. It is a federal and state outcome measure.

3G. State - What percent of 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 and were reunified within 12 months of entry, re-entered foster care within 12 months of reunification?

California Child Welfare Services Outcomes System data indicator: (These new measures will be utilized in the next round of Self-Assessment.)

- **Measure C1.4:** (Permanency of Reunification) Of all children who were discharged from foster care to reunification in the 12-month period prior to FY 2004 (i.e., FY 2003), what percent re-entered foster care in less than 12 months from the date of discharge?

**County's Current Performance:**

(Based on C-CWS Outcome and Accountability County Data Report for San Bernardino County, April 2007)

- **3G. State** – 8.8% of 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 (10/01/03-09/30/04) and were reunified within 12 months of entry, re-entered foster care within 12 months of reunification. This is a 5.6% **decrease** since study period 04/01/02-03/31/03.

California Child Welfare Services Outcomes System data indicator: (New data indicators are not yet available from University of California Berkeley.)

**Improvement Goal 1.0** Improve data input regarding foster care and placement.

**Strategy 1.1** Implementation of new placement log.

**Strategy Rationale:** Accurate entry of foster care placement changes will reduce number of incorrect foster care re-entries.

Milestone	Timeframe	Completed	Assigned to
1.1.1 Review current placement log process.		Completed (09/30/06)	Department of Children's Services Administrative Resources Division (DCS/ARD), DCS Operational Regions, Human Services Program Development Division (HS/PDD), Family To Family Self-Evaluation Committee
1.1.2 Recommend and make changes.		Completed (05/31/07)	DCS/ARD, DCS Operational Regions, HS/PDD

	1.1.3 Implement and train staff on placement log and best practice.	12 months (07/01/07 – 06/30/08)	DCS/ARD, HS/PDD
<b>Strategy 1.2</b>	Monitor compliance with placement change information and provide policy clarification as needed.	<b>Strategy Rationale:</b> SafeMeasures is currently providing administrative staff, managers and supervisors with monitoring capabilities to ensure improved case management.	
<b>Milestone</b>	1.2.1 Train line staff.	12 months (07/01/07 – 12/31/07)	DCS/ARD, DCS Operational Regions, Performance – Education – Resource – Center (PERC)
	1.2.2 Implement use of SafeMeasures at line level.	12 months (07/01/07 – 12/31/07)	DCS/ARD, DCS Operational Regions
	1.2.3 Monitor utilization.	12 months (07/01/07 – 06/30/08)	DCS/ARD, DCS Operational Regions
	<b>Strategy 1.3</b>	Collect and analyze data to help determine commonalities among children re-entering foster care.	<b>Strategy Rationale:</b> Identification of commonalities will assist targeting of appropriate interventions and help in analysis of trends.
<b>Milestone</b>	1.3.1 Utilize CWS/CMS and CAT Continuing Services Assessment Tool to monitor trends. LRQSS will do a case read on re-entry cases	12 months (07/01/07 – 06/30/08)	Assigned to
	1.3.2 Conduct case read.	12 months (07/01/07 – 06/30/08)	Assigned to
	<b>Improvement Goal 2.0</b>	Improve post-reunification safety planning.	
<b>Strategy 2.1</b>	Train staff to develop plans for post-reunification services and family reintegration.	<b>Strategy Rationale:</b> A post-reunification plan for families does not currently exist. A family maintenance plan exists. There is a critical need to be able to assess the family's needs for stability.	
<b>Milestone</b>	2.1.1 Use the CAT Continuing Services Assessment Tool to assess reintegration needs.	12 months (07/01/07 – 06/30/08)	Assigned to

	<p><b>2.1.2</b> Plan for parent relapse.</p> <p><b>2.1.3</b> Develop and implement exit debriefing (post-reunification support plan) or Reunification TDM's (Team Decision Making)</p>		<p>12 months (07/01/07 – 06/30/08)</p> <p>12 months (07/01/007 – 06/30/08)</p>	DCS Operational Regions	DCS Operational Regions DCS/ARD, DCS Operational Regions, HS/PDD
<b>Strategy</b>	<p><b>2.2</b> Develop a plan to provide post-reunification and family reintegration services.</p>		<p><b>Strategy Rationale:</b> The addition of the services will greatly improve the success of reunification.</p>		
<b>Milestone</b>	<p><b>2.2.1</b> Explore funding sources to enhance post-reunification and family integration services.</p> <p><b>2.2.2</b> Continue to implement Family To Family Team Decision Making countywide.</p> <p><b>2.2.3</b> Strengthen Kinship Support Services countywide.</p> <p><b>2.2.4</b> Strengthen Wraparound Services countywide.</p> <p><b>2.2.5</b> Connect Children and families with F2F, Kinship and Wrap.</p>	<b>Timeframe</b>	<p>12 months (07/01/07 – 06/30/08)</p>	<b>Assigned to</b> DCS/ARD, Human Services Administrative Support Division (HS/ASD) DCS/ARD, DCS Operational Regions, Community Partners DCS/ARD, DCS Operational Regions, Community Partners DCS/ARD, DCS Operational Regions, Community Partners DCS/ARD, DCS Operational Regions, Community Partners	
<b>Strategy</b>	<p><b>2.3</b> Develop a post-reunification resource packet for parents.</p>		<p><b>Strategy Rationale:</b> This resource packet will provide families with local information to show how to interact with schools, Department of Behavioral Health (DBH), Public Health (DPH) and other formal and informal agencies. Many parents have never learned how to interact with these agencies.</p>		
<b>Milestone</b>	<p><b>2.3.1</b> Develop an array of reunification support services (a Resource Guide of transportation, housing, other contributions of various agencies) through Building Community Capacity (a strategy of Family To Family) and Wraparound.</p>	<b>Timeframe</b>	<p>12 months (07/01/07 – 06/30/08)</p>	<b>Assigned to</b> DCS/ARD, DCS/SS, Department of Behavioral Health, (DBH), Public Health (DPH), County Schools, Probation, Transportation Department, Children's Network, Family To Family	

<p><b>2.3.2</b> Explore using CalWorks subsidized employment slots for parent partners and using FR/WTW (Family Reunification / Welfare To Work) case plans for strengthening parents.</p>	<p>12 months (07/01/07 – 06/30/08)</p>	<p>DCS/ARD, DCS/Special Services (DCS/SS), DCS Operational Regions</p>
<p><b>2.3.3</b> Provide transitional documents, safety plan, access information and resource packet at time of reunification.</p>	<p>12 months (07/01/07 – 06/30/08)</p>	<p>DCS/ARD, DCS/SS, DCS Operational Regions</p>
<p><b>Strategy 2.4</b> Implement SPHERE Institute's child risk and safety assessment tool known as the CAT (Comprehensive Assessment Tool).</p>	<p>Completed (05/04/07)</p>	<p><b>Strategy Rationale:</b> This tool will provide backup documentation for status review hearings and eventually provide the means to evaluate best practice in order to reduce risk in Child Welfare cases. .</p>
<p><b>2.4.1</b> Train social workers to thoroughly assess child risk and safety needs.</p>	<p>12 months (07/01/07 – 06/30/08)</p>	<p>DCS/ARD, DCS Operational Regions, PERC</p>
<p><b>2.4.2</b> Monitor compliance.</p>	<p>12 months (07/01/07 – 06/30/08)</p>	<p>DCS/ARD, DCS Operational Regions</p>
<p><b>2.4.3</b> Utilize key indicators (provided by SPHERE Institute) of data to make decisions, understand trends and initiate practice. (What is the probability of this family getting their child back?)</p>	<p>12 months (07/01/07 – 06/30/08)</p>	<p>DCS/Administration, DCS/ARD, DCS Operational Regions, LRQSS</p>
<p><b>2.4.4</b> Develop management reports to define client populations at greater risk.</p>	<p>12 months (07/01/07 – 06/30/08)</p>	<p>DCS/ARD, HS/PDD, LRQSS</p>
<p><b>Milestone</b></p>	<p><b>Timeframe</b></p>	<p><b>Assigned to</b></p>
<p><b>Describe systemic changes needed to further support the improvement goal.</b> 1) Improving the accuracy and timeliness of entering data into the Placement Log is an ongoing endeavor for the Department. 2) The Department will continue to explore affordable means to provide post-reunification and family re-integration services. 3) The Department will continue to seek funding to support its efforts to improve outcomes. 4) The Department will continue to provide support for the countywide full implementation of SPHERE Institute's Comprehensive Assessment Tool (CAT), rolled out on May 14, 2007. 5) Continue to monitor and utilize analytical data. 6) Continue to expand Drug Court countywide to reduce the number of children re-entering Foster Care.</p>		
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> PERC will coordinate ongoing training for the following: 1) use of the Comprehensive Assessment Tool, 2) placement log, 3) best practice, 4) SafeMeasures, and 5) developing case plans for post-reunification services and family integration.</p>		
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> ARD will provide the administrative support to initiate, implement and facilitate ongoing processes. The Operational Regions will be involved in ongoing training, monitoring and support of their staff. PERC will</p>		

coordinate and provide training on use of CAT to assess child risk and safety needs and make decisions to meet those needs. DCS will collaborate with Community Partners, parents, and other departments. Community Partners will continue to provide community-based services and supports (F2F, Kinship, Wrap and START).

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.** Legislation is needed to ensure adequate funding to support these improvement efforts. The Child Welfare Improvement Activities funding (from CWSOIP) is an important beginning to this type of supportive funding, however, much more available funding is needed. Legislation is needed for funding of Family Reunification Public Health Nurses.

**Outcome/Systemic Factor:**

**Children Transitioning to Self-Sufficient Adulthood (8A)** – This measure reflects the number of foster children eligible for Independent Living Program services who receive appropriate education and training and/or achieve employment or economic self-sufficiency.

In that the current 8A state measure is flawed, we are transitioning to the CWDA/CDSS approved 8A measure which reports monthly on the status of all foster youth exiting out of home care due to attaining age 18 or 19 in terms of education, employment, housing, source of income and permanent connections. In addition, we plan to transition to the new federal Chafee outcome measure that tracks ILP services provided to participating foster youth from age 16 to 20 once the federal Chafee regulations are finalized in the Spring of 2008.

This measure includes data regarding youth, ages 16 through 20, who receive services from the Independent Living Foster Care Program. It identifies the number of youth receiving Independent Living Program services, the program outcomes for those youth and certain client characteristics. This report is limited to a subset population obtained from State of California form 405A. It is a state outcome measure.

**County's Current Performance:**

California Child Welfare Services Outcomes System data indicator: (New data indicators are not yet available from University of California Berkeley.)

(Based on C-CWS Outcome and Accountability County Data Report for San Bernardino County, April 2007)

- 8A. State – **255** foster youth eligible for Independent Living Services received a *high school diploma* during the period 10/01/05 – 09/30/06. This is an **increase** of 21 since the period 10/01/03-09/30/04.
- 8A. State – **244** foster youth eligible for Independent Living Services enrolled in college or higher education during the period 10/01/05 – 09/30/06. This is an **increase** of 51 since the period 10/01/03-09/30/04.
- 8A. State – **3,606** foster youth eligible for Independent Living Services received ILP Services during the period 10/01/05 – 09/30/06. This is an **increase** of 589 since the period 10/01/03-09/30/04.
- 8A. State – **123** foster youth eligible for Independent Living Services completed vocational training during the period 10/01/05 – 09/30/06. This is an **increase** of 32 since the period 10/01/03-09/30/04.
- 8A. State – **580** foster youth eligible for Independent Living Services were employed or had other means of support during the period 10/01/05 – 09/30/06. This is a **decrease** of 148 from the period 10/01/03-09/30/04.

<p><b>Improvement Goal 1.0</b> Expand and improve the quality and accessibility of ILP data.</p>		<p><b>Strategy Rationale</b> Each of the three DCS operational regions utilizes a separate ILP tracking system. These regional systems were developed independently of each other and do not interface. The result has been a lack of communication and coordination of data between regions.</p>	
<p><b>Strategy 1.1</b> Develop a shared automated system to be used by all operational regions of the Department of Children's Services (DCS) as an interim method to track ILP-eligible youth.</p>		<p>Completed (10/31/06)</p>	
<p><b>Milestone</b></p>		<p>Assigned to</p>	
<p>1.1.1 Investigate existing methods of tracking data in regions.</p>	<p>Completed (02/28/07)</p>	<p>Administrative Resources Division (DCS/ARD), Special Services (DCS/SS), DCS operational regions</p>	
<p>1.1.2 Develop a database to track, coordinate and share data between all regions.</p>	<p>Completed (03/31/07)</p>	<p>DCS/ARD, DCS/SS</p>	
<p>1.1.3 Train staff and implement tracking system.</p>	<p>12 months (07/01/07 – 06/30/08)</p>	<p>DCS/ARD, DCS/SS, Performance Education Resource Center (PERC)</p>	
<p>1.1.4 Explore Efforts Towards Outcomes (ETO) as a permanent means of tracking ILP data.</p>	<p>12 months (07/01/07 – 06/30/08)</p>	<p>DCS/ARD, DCS/SS, LRQSS</p>	
<p>1.1.5 Explore opportunity to becoming a California Connected By 25 county.</p>		<p>DCS/ARD, DCS/SS, Performance Education Resource Center (PERC)</p>	
<p><b>Strategy 1.2</b> Develop data sharing and access between County Independent Living Program (ILP) staff and AfterCare vendors.</p>		<p><b>Strategy Rationale</b> Aftercare vendors capture and record important data that is very useful to ILP staff.</p>	
<p><b>Milestone</b></p>		<p>Assigned to</p>	
<p>1.2.1 Identify data needs and types of information available.</p>	<p>Completed (10/31/06)</p>	<p>DCS/ARD, DCS/SS</p>	

					DCS/ARD, DCS/SS DCS/ARD, PERC
<p><b>1.2.2</b> Develop a plan to integrate ILP data.</p> <p><b>1.2.3</b> Share ILP data integration plan with community partners.</p>			<p>Completed (02/28/07)</p> <p>Completed (04/30/07)</p>		
<p><b>Strategy 1.3</b> Develop capability to track TILP completion compliance for managers, supervisors and workers.</p>			<p><b>Strategy Rationale</b> Managers and supervisors do not have a tool for monitoring the completion of Transitional Independent Living Plans (TILP).</p>		
<p><b>Milestone</b></p>		<p><b>Timeframe</b></p>		<p><b>Assigned to</b></p>	
<p><b>1.3.1</b> QSS will read cases to determine TILP completion compliance and analyze results.</p>			<p>Completed (06/01/06)</p>	<p>LRQSS</p>	
<p><b>1.3.2</b> QSS will work with Loma Linda University (LLU) School of Social Work to analyze demographic data (from QSS case read) on effectiveness of services.</p>			<p>Completed (05/31/07)</p>	<p>DCS/ARD, DCS/SS, LRQSS, LLU</p>	
<p><b>1.3.3</b> Subscribe to SafeMeasures, a web-based reporting system for CWS/CMS data.</p>			<p>Completed (05/31/06)</p>	<p>DCS/ARD, Human Services Administrative Services Contracts Unit (HS/ASD/CU), DCS/SS</p>	
<p><b>1.3.4</b> Train DCS managers, supervisors and mentors in the use of SafeMeasures.</p>			<p>Completed 01/31/07</p>	<p>DCS/ARD, SafeMeasures Trainer</p>	
<p><b>1.3.5</b> Develop policy and procedures for application of SafeMeasures.</p>			<p>Completed 05/31/07</p>	<p>DCS/ARD, HS Program Development Division (HS/PDD)</p>	
<p><b>1.3.6</b> Train DCS line social work staff in the use of SafeMeasures.</p>			<p>2 months (07/01/07 - 08/31/07)</p>	<p>DCS/ARD, SafeMeasures Trainer, PERC</p>	
<p><b>1.3.7</b> Implement SafeMeasures countywide.</p>			<p>3 months (07/01/07 – 09/30/07)</p>	<p>DCS/ARD</p>	
<p><b>1.3.8</b> Begin reporting SafeMeasures TILP completion compliance data.</p>			<p>1 month (10/01/07 – 10/31/07)</p>	<p>DCS/ARD, DCS Operational Regions, HS Legislation Research and Quality Support Services (LRQSS)</p>	

	<p><b>1.3.9</b> Develop and implement management reports.</p>	3 months (11/01/07 – 02/28/08)	DCS/ARD, DCS Operational Regions, HS Legislation Research and Quality Support Services (LRQSS)
<p><b>Improvement Goal 2.0</b> Increase early awareness and exposure to Independent Living Program for youth, Resource Parents and relatives.</p>			
<p><b>Strategy 2.1</b> Develop a youth connection to promote participation in ILP activities.</p>		<p><b>Strategy Rationale</b> The enthusiasm of the ILP-involved youth will stimulate the interest and participation of other ILP-eligible youth.</p>	
<p><b>Milestone</b></p>	<p><b>2.1.1</b> Identify leaders/mentors among ILP and AfterCare youth.</p>	Completed (12/31/06)	DCS/ARD, DCS/SS, AfterCare vendor
	<p><b>2.1.2</b> Establish a California Youth Connection chapter.</p>	Completed (06/02/07)	DCS/Adoptions
	<p><b>2.1.3</b> Facilitate interaction of leaders/mentors with ILP-eligible youth to increase participation in ILP activities.</p>	Completed (05/31/07)	DCS/ARD, DCS/SS
	<p><b>2.1.4</b> Develop a plan to administer a survey and follow up to all foster youth 16 to 19 to ask why they do not participate in ILP activities and to identify barriers to participation.</p>	12 months (07/01/07 – 06/30/08)	DCS/ARD, DCS/SS, LRQSS
<p><b>Strategy 2.2</b> Increase awareness of ILP activities among Resource Parents and relatives.</p>		<p><b>Strategy Rationale</b> Informing Resource Parents and relatives of the ILP services offered to youth will improve the participation rate in those services.</p>	
<p><b>Milestone</b></p>	<p><b>2.2.1</b> Publish and distribute an ILP Newsletter.</p>	Completed (07/31/06)	DCS/SS
	<p><b>2.2.2</b> Communicate with Resource Family associations and kinship centers</p>	Completed (07/31/06)	DCS/SS, DCS/ARD
	<p><b>2.2.3</b> Conduct outreach to KinGap caregivers of youth aged 16+ years and older.</p>	12 months (07/01/07 – 06/30/08)	DCS/SS,DCS/ARD

<b>Strategy 2.3</b> Add a heading to all Status Review Hearing Court reports to indicate transitional readiness of youth aged 16 or older.		<b>Strategy Rationale</b> Increased emphasis and attention to the readiness of youth to transition will help the social worker to focus appropriate services to ensure a successful transition to adulthood.	
<b>Milestone</b>	<b>2.3.1</b> Put heading in all status review hearing reports.	12 months (07/01/07 – 06/30/08)	DCS/ARD, DCS/PDD
	<b>2.3.2</b> Add instructions to writing guides to indicate what issues to address regarding the youth's readiness.	12 months (07/01/07 – 06/30/08)	DCS/ARD, DCS/PDD
	<b>2.3.3</b> Ensure that the emancipation checklist is completed for each transitional aged youth.	12 months (07/01/07 – 06/30/08)	DCS/ARD, DCS/PDD
<b>Improvement Goal 3.0</b> Increase number of transitional aged youth graduating from High School.			
<b>Strategy 3.1</b> Establish a system to track transitional aged youth's results on the California High School Exit Exam (CAHSEE).		<b>Strategy Rationale</b> Appropriate services and support can be offered to transitional aged youth so that the rate of success will be improved.	
<b>Milestone</b>	<b>3.1.1</b> Implement a process to identify transitional aged youth of age/grade level to take exit exam.	Completed (03/31/07)	DCS/ARD, DCS/SS, AfterCare
	<b>3.1.2</b> Through the use of Education Liaisons, ensure that youth are connected with school provided/financed tutoring if needed.	Completed (03/31/07)	DCS/ARD, DCS/SS, Education Liaisons, AfterCare
<b>Strategy 3.2</b> Through the use of Education Liaisons, assist social workers in identifying transitional aged youth who are at risk of not passing the high school exit exam by the end of their sophomore year.		<b>Strategy Rationale</b> Alternative training will be considered for those youth who are at risk.	

<b>Milestone</b>	<b>3.2.1</b> Educational Liaisons will establish relationship with schools in order to track progress of youth.	<b>Timeframe</b>	Completed (03/31/07)	<b>Assigned to</b>	DCS/ARD, DCS/SS, Education Liaisons, AfterCare
	<b>3.2.2</b> Develop a process for monitoring the results of the CAHSEE for each youth.		12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS/SS, Education Liaisons, AfterCare
<b>Improve Goal 4.0</b> Provide alternative paths to self-sufficiency for those transitional aged youth who do not pass the State High School Exit Exam and do not have a reasonable expectation of graduating or completing high school.					
<b>Strategy 4.1</b> Identify youth who do not pass exam and notify resource parents of alternate services that will be provided.		<b>Strategy Rationale</b> Alternative training will be made available to those youth who do not pass.			
<b>Milestone</b>	<b>4.1.1</b> Continue tutoring for those students who are eligible to continue testing in high school.	<b>Timeframe</b>	12 months (07/01/07 – 06/30/08)	<b>Assigned to</b>	DCS/ARD, DCS/SS, Education Liaisons, AfterCare
	<b>4.1.2</b> Continue to encourage, motivate and support the youth.		12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS/SS, Education Liaisons, AfterCare
<b>Strategy 4.2</b> Explore alternatives for youth who do not pass the exam and can no longer test in high school.		<b>Strategy Rationale</b> Testing can continue after high school, however, some youth may choose to pursue vocational or other training.			
<b>Milestone</b>	<b>4.2.1</b> Explore emancipation conferencing for THPP youth.	<b>Timeframe</b>	12 months (07/01/07 – 06/30/08)	<b>Assigned to</b>	DCS/ARD, DCS/SS, Education Liaisons, AfterCare
	<b>4.2.2</b> Develop a list of alternative vocational and other training.		12 months (07/01/07 – 06/30/08)		DCS/ARD, DCS/SS, Education Liaisons, AfterCare
<b>Strategy 4.3</b> Provide alternative paths to self-sufficiency for exiting youth.		<b>Strategy Rationale</b> To ensure linkage and support.			

Milestone	Timeframe	Assigned to	
<p><b>4.3.1</b> Develop resource packet and connect youth with website.</p>	12 months (07/01/07 – 06/30/08)	DCS/ARD, DCS/SS, Education Liaisons, AfterCare, Community Partners	
<p><b>4.3.2</b> Collaborate with agencies providing transition-aged services.</p>	12 months (07/01/07 – 06/30/08)	DCS/ARD, DCS/SS, Education Liaisons, AfterCare, Community Partners	
<p><b>Describe systemic changes needed to further support the improvement goal.</b> Enhancing aftercare services and establishing a system of ongoing communication with transitioning youth will facilitate the measurement of the success of transition to self-sufficiency.</p>			
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> ILP policy and procedure training will be provided to DCS social workers as well as court staff. Resource Parents and Relative Caregivers will receive training on ILP services and how to help youth to transition from foster care to independent living. ILP youth who participate in CYC will receive leadership training. Technical assistance and resources are necessary to accomplish these ILP improvement goals.</p>			
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> PWCTA and PERC will assist in reviewing existing training materials and policies/procedures, identifying needed changes and additions, and developing/implementing training. Community Colleges will be involved in identifying training needs. PDD will advise on training, policy development and procedures. LRQSS will provide the necessary statistical and legislative analysis. F2F will be vitally involved in planning and implementation as well as ongoing monitoring and evaluation. SS and ARD will remain involved through the entire process to lend support services. Community Partners will be encouraged and invited to be involved throughout this process.</p>			
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> The County will continue to advocate for necessary bridges to restricted data that is pertinent to tracking long-term outcomes for transitioning youth. CMS redesign should include more education data elements, such as exit exams and credits for graduation.</p>			

<p><b>Outcome/Systemic Factor:</b>  <b>Integration of Fairness and Equity in Child Welfare Services</b> – How well does the County’s child welfare system provide appropriate culturally competent services, resources and supports in order to ensure that all children and families, regardless of racial/ethnic background or special needs, obtain similar benefit from child welfare interventions and attain equally positive outcomes?</p>	
<p><b>County’s Current Performance:</b>                  Children of color enter the child welfare system more frequently and at higher rates, stay for longer periods, and have lower rates of reunification than Caucasian children. Children with special needs are often unable to access necessary services due to geographical barriers or lack of availability of appropriate services.</p>	
<p><b>Improvement Goal 1.0</b> Embed fairness and equity in the criteria used for all case decisions, particularly at critical decision points: 1) Prevention and Intake, 2) Placement and FM/FR Decision, 3) FR and Ongoing Services, 4) PP and Ongoing Services, 5) Transition Age Youth (AfterCare), and 6) Adoptions.</p>	
<p><b>Strategy 1.1</b> Conduct a cultural survey in order to assess the child welfare system’s overall understanding and sensitivity to racial and ethnic disparities.</p>	<p><b>Strategy Rationale:</b> By learning more about the manner in which racial and ethnic bias affects the child welfare system, opportunities for discrimination can be minimized. Objective instruments and guidelines free of racial and ethnic bias can be more effectively developed and implemented.</p>
<p><b>Milestone</b></p>	
<p><b>1.1.1</b> Review existing cultural competency surveys.</p>	<p>Completed (12/31/06)</p>
<p><b>1.1.2</b> Identify or develop a cultural competency survey instrument.</p>	<p>Completed (04/30/07)</p>
<p><b>1.1.3</b> Develop a plan for administering the survey and evaluating results.</p>	<p>Completed (05/31/07)</p>
<p><b>1.1.4</b> Administer survey.</p>	<p>12 months (07/01/07 – 06/30/08)</p>
<p><b>1.1.5</b> Analyze results of survey.</p>	<p>12 months (07/01/07 – 06/30/08)</p>
<p><b>Timeframe</b></p>	
<p><b>Assigned to</b></p>	
<p>Department of Children’s Services / Administrative Resources Division (DCS/ARD), Fairness and Equity Committee (FE)</p>	
<p>DCS/ARD, FE</p>	
<p>DCS/ARD, Human Services Legislation Research and Quality Support Services (LRQSS)</p>	
<p>LRQSS</p>	
<p>LRQSS</p>	

	<p><b>1.1.6</b> Report results of survey to County CWS stakeholders, including Community Partners, and develop an action plan.</p>	12 months (07/01/07 – 06/30/08)	DCS/ARD, LRQSS, FE
<p><b>Strategy 1.2</b> Based upon results of the cultural competency survey, develop training for mandated reporters, Child Welfare Services staff and Community Partners in cultural awareness and sensitivity, aimed at reducing racial/ethnic stereotypes and bias in decision-making.</p>		<p><b>Strategy Rationale:</b> Training will foster a positive culture and more appropriate values among those involved in the child welfare system. Training will also help to eliminate unnecessary removal of racial and ethnic minority children from their homes.</p>	
<p><b>Milestone</b></p>	<p><b>1.2.1</b> Develop training materials and implement training.</p>	12 months (07/01/07 – 06/30/08)	DCS/ARD, FE, PERC (Performance-Education-Resource-Center)
	<p><b>1.2.2</b> Develop multicultural child abuse/neglect prevention workshop that will be included in established annual Children's Network Conference.</p>	12 months (07/01/07 – 06/30/08)	DCS/ARD, FE, PERC (Performance-Education-Resource-Center), County Cultural Competence Committee
	<p><b>Strategy 1.3</b> Update policies, procedures and practices in order to incorporate fairness and equity in all decision-making.</p>	<p><b>Strategy Rationale:</b> Modification of policies, procedures and practice standards will enable DCS staff to deliver Child Welfare Services in a fair and equitable manner.</p>	Assigned to
<p><b>Milestone</b></p>	<p><b>1.3.1</b> Implement SPHERE Institute's Comprehensive Assessment Tool (CAT), Option B –Culturally Enhanced version.</p>	Completed (05/14/07)	DCS/ARD, FE, DCS Operational Regions, Human Services Program Development Division (PDD), LRQSS, PERC
	<p><b>1.3.2</b> Review and identify areas of policy, procedures and practice where fairness and equity need to be emphasized.</p>	12 months (07/01/07 – 06/30/08)	DCS/ARD, FE, PDD
	<p><b>1.3.3</b> Make necessary updates to policies, procedures and practices (including policies related to ICWA – Indian Child Welfare Act).</p>	12 months (07/01/07 – 06/30/08)	DCS Administration, DCS/ARD, FE, PDD
	<p><b>1.3.4</b> Implement process to communicate changes in policies, procedures and practices to staff.</p>	12 months (07/01/07 – 06/30/08)	DCS/ARD, FE, PDD

<p><b>Improvement Goal 2.0</b> Evaluate data in order to identify factors that correlate to high risk of entering the system and high risk of remaining in the child welfare system for a disproportionately long period of time.</p>				
<p><b>Strategy 2.1</b> Collect and evaluate data of actions that occur at early points in the child welfare system, in order to identify causes of racial and ethnic disparities.</p>				
<p><b>Strategy Rationale:</b> Minority overrepresentation is often a product of actions that occur at early points in the child welfare system. Racial and ethnic disparity begins at the referral stage. This disproportionality then carries through to all of the other decision points in the system, often increasing the disparity. By defining the problem and identifying the scope of disparity and the specific points where disparity increases, data can inform choices and enable solutions. At this time, nearly 20% of the CWS/CMS data is uncoded as to ethnicity, due in part because the majority of referrals are made anonymously.</p>				
<p><b>Milestone</b></p>	<p><b>2.1.1</b> Using data and referral maps produced for Family To Family, explore the reporting sources of referrals and the race and ethnicity of the children being referred by each source.</p>	<p>12 months (07/01/07 – 06/30/08)</p>	<p><b>Assigned to</b></p>	<p>DCS/ARD, FE Committee, LRQSS</p>
	<p><b>2.1.2</b> Develop policy to ensure coding of ethnicity.</p>	<p>12 months (07/01/07 – 06/30/08)</p>		<p>DCS/ARD, FE, PDD</p>
	<p><b>2.1.3</b> Research fairness and equity approaches already taken in other counties and in other agencies within San Bernardino County.</p>	<p>12 months (07/01/07 – 06/30/08)</p>		<p>DCS/ARD, FE</p>
<p><b>Improvement Goal 3.0</b> Increase availability and access to resources and services which are culturally competent and appropriate to the special needs of children and their families.</p>				
<p><b>Strategy 3.1</b> Inventory current resources and services and identify gaps in availability and barriers to accessibility.</p>				
<p><b>Strategy Rationale:</b> Supportive services must be offered in the most appropriate manner in which the child and family can understand and benefit. Supportive services should be consistent with realistic expectations of the financial and logistical capabilities of the family. Supportive services must also be located in proximity to the child/family and be accessible to their special needs.</p>				

Milestone	Description	Timeframe	Assigned to	DCS/ARD, FE, PDD
3.1.1	Review current array of service providers in order to ascertain their ability to meet the particular needs of racial and ethnic minority children and special needs children and their families. Include cultural competency language in all new contracts.	12 months (07/01/07 – 06/30/08)	Assigned to	DCS/ARD, FE, PDD
3.1.2	Assess each provider's ADA compliance and proximity by public transportation.	12 months (07/01/07 – 06/30/08)		DCS/ARD, FE, PDD
3.1.3	Cultural competency items can be added to PSSF/CAPIT evaluations and outcome/demographic data from Impact forms used for review of service array.	12 months (07/01/07 – 06/30/08)		DCS/ARD, FE, PDD, LRQSS
3.1.4	Contract for Efforts to Outcomes (ETO) or similar system for online reporting by service to improve tracking and data entry of demographics.	6 months (07/01/07 – 12/31/07)		DCS/ARD, PDD, HS/ASD/CU
3.1.5	Recommend solutions to resolve barriers to availability and accessibility.	12 months (07/01/07 – 06/30/08)		DCS/ARD, FE, PDD
<p><b>Strategy 3.2</b> Improve the flexibility and sensitivity of those providing service to Child Welfare Services (CWS) children and families.</p>				<p><b>Strategy Rationale:</b> Social workers should be aware of biases, which could affect their provision of services to children and families. Increased cultural sensitivity on the part of social workers will increase the cooperation of and comfort level of families with CWS workers.</p>
Milestone	3.2.1	Implement process to diversify the composition of the child welfare system's workforce of culturally competent leadership, social workers, support staff, and providers.	12 months (07/01/07 – 06/30/08)	DCS Administration, DCS/ARD, FE, Community Partners, CWS Providers, CWS Agencies
	3.2.2	Implement process to diversify the service delivery system by contracting with organizations located in neighborhoods and managed by people of color.	12 months (07/01/07 – 06/30/08)	DCS Administration, DCS/ARD, FE, Community Partners, CWS Providers, CWS Agencies
	<p><b>Describe systemic changes needed to further support the improvement goal.</b> Keys to improvement in this area of fairness and equity will be the involvement of the Fairness and Equity Committee and Community Partners in developing improvements in training, recruitment, policy, procedure, practice and promoting the advancement of cultural competency.</p> <p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Researching and adapting existing successful practice models from other counties and agencies will enhance the Department's ability to implement these strategies more effectively and reach these goals sooner.</p>			

**Identify roles of the other partners in achieving the improvement goals.** DCS/ARD and the Fairness and Equity Committee will coordinate these improvement efforts. DCS Mentors, PERC, CWS agencies and Community Partners will provide valuable perspective and input to achieving milestones. PDD and LRQSS will provide technical support. DCS Administration will provide policy to make the necessary improvements.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.** The State should continue to update regulations and statutes to allow the counties greater access to more reliable data.

**ATTACHMENT A**  
Summary of 2004 PQCR, Related Surveys and Related Reviews

2 **Note:** It is important to remember that this Summary of 2004 PQCR findings  
0 was written in 2004 and should remain in context as findings that benchmarked  
0 the improvement process that has led to the 2007 System Improvement Plan  
4 Update. This 2004 review does not reflect the current 2007 status of “Family  
Involvement in Case Planning”.

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P  
Q *Peer Quality Case Review:*  
C

R The Peer Quality Case Review process was used during March 2004, in San  
Bernardino County, as an adjunct process to inform the Self-Assessment report  
2 mandated by AB636. The Peer Quality Case Review (PQCR) process  
0 included data review and specified case record reviews, structured individual  
0 caseworker interviews, supervisor focus groups, and concurrent and  
4 subsequent PQCR team debriefings. The focus area for investigation, ‘Family  
Involvement in Case Planning’ was selected by the Department of Children’s  
P Services to identify and review critical patterns in practices, strengths,  
Q concerns, themes, and trends as well as needs for resources and services.  
C

R The sampling methodology was both random and representative of the  
County’s caseload. A total of 85 cases were examined in order to enhance the  
2 probability of reliable and applicable results using qualitative versus  
0 quantitative methodology.  
0

4 *PQCR findings on CWS/CMS:*

P The PQCR found that the Department makes effective use of CWS/CMS  
Q (Child Welfare Services / Case Management System). The evaluation was  
C done through documents reproduced from CWS/CMS, including case plans,  
R court reports, and delivered service logs, and through interviews with social  
workers.

2 Although the Department’s use of CWS/CMS is effective, the system proves to  
0 be unduly restrictive. Overall CWS/CMS is cumbersome and unwieldy. For  
0 instance, case plans cannot easily be made specific to client needs. Initial case  
4 plans are often produced with minimal client participation due to the intake  
worker’s time limitations and data entry requirements.

P  
Q *PQCR findings on case documentation:*  
C

R An evaluation of documentation trends included a review of the case plan  
2 document, court reports (if applicable), delivered service logs, and hard file  
0 documents. These items were evaluated for compliance with County policy,  
0 and for appropriate practices. It was discovered that staff has more  
4 information in their memories, and has delivered a greater degree of services  
than is reflected in their documentation. Often, staff has difficulty finding time  
P to enter the data. There also appears to be a lack of consistent expectations

Q to enter the data. There also appears to be a lack of consistent expectations  
C about what should be entered.

R

*PQCR finding on case plans:*

2

0 The Department's PQCR revealed a need to change the process for creating the  
0 initial case plan by allowing more time to develop the case plan and providing  
4 for earlier involvement of the carrier worker. This will allow for more specific  
and more appropriate initial case plans to be developed. The Department will  
P continue to work with the Court to develop a more flexible process to amend  
Q and modify case plans between review hearings.

C

R

*PQCR findings on family involvement:*

2 The Department's philosophy is to provide services in the least intrusive  
0 manner with a family centered focus. The PQCR affirmed that social workers  
0 strive to maintain the lowest level of intervention and the greatest amount of  
4 collaboration with the family.

P In the majority of cases there was found to be immediate involvement of  
Q children and families in case planning. Social workers were found to be  
C persistent in locating and working with families early in the process.

R

2 A recommendation arising from the Department's PQCR calls for the  
0 development of a policy whereby an "Orientation Meeting" could be held with  
0 the immediate and extended family to inform them of the dependency process  
4 and role the Court plays in that process.

4

*Other PQCR findings:*

P

Q The Department's PQCR suggests the benefits of legislation and funding to  
C support treatment of emotionally and behaviorally disordered children outside  
R of the Child Protective Services venue, as a means of decreasing the  
occurrence of parental abandonment of their children in order for the child to  
2 receive treatment.

0

0 Additionally, staff has indicated through PQCR that they feel supported by  
4 their peers and supervisors.

P

*Survey of use of Concurrent Planning:*

Q

C The Department enlisted the services of the County's Legislation, Research  
R and Quality Support Services (LRQ) Research and Statistics Unit to conduct a  
survey of open Family Reunification and Permanent Placement cases to  
2 determine the Department's compliance with its Concurrent Planning policy as  
0 evidenced by documentation in the case file. A statistically valid representative  
0 sample of 350 cases was used. This sample consisted of cases pulled from each  
4 Department office. The findings show that Concurrent Planning is not  
consistently and appropriately used by social workers and enforced by  
P supervisors. The findings suggest that staff values/beliefs may impede

Q compliance with the Department's policy and expectations that Concurrent  
C Planning be an integral part of case management from the very onset of the  
R case. The Department will further explore the perceived barriers to  
implementing the County policy on Concurrent Planning.

2  
0 Verbal interviews with social workers during the PQCR indicated that  
0 Concurrent Planning is occurring, however it is neither documented nor  
4 viewed as an integrated part of the case planning process. Rather, it is seen as  
a stand-alone process. The Department continues to emphasize to social  
P workers the necessity of Concurrent Planning as an integral and "concurrent"  
Q aspect of providing for the safety, well-being and permanency of the child.

C  
R *Survey of Birth Parents:*

2 The Department enlisted LRQ to conduct a survey of Birth Parents of children  
0 with open Family Maintenance and Family Reunification cases to determine  
0 the level of their satisfaction with their child's social worker. A random sample  
4 of 400 cases was drawn from 3,617 active FM/FR cases representing 671 (all)  
birth mothers with active home and out-of-home cases and active residences  
P located within San Bernardino County. A total of 375 addresses were valid out  
Q of the 400 case mothers sampled. A total of 47 surveys were completed and  
C returned.

R  
2 Overall, the majority of the birth parents responding to the survey were  
0 satisfied with their child's DCS social worker. The notable areas of the birth  
0 parents' concern were 1) lack of resources provided to parents to improve their  
4 parenting skills, 2) parents not being asked what services they felt were  
needed, and 3) social workers not being sufficiently sensitive to the client  
P family's culture and religious beliefs. The survey also revealed a need for  
Q social workers to improve the accuracy of parental residential addresses for the  
C Family Maintenance and Family Reunification cases on CWS/CMS.

R *Survey of ILP Youth:*

2 The Department requested a survey of ILP eligible youth receiving  
0 Independent Living Program (ILP) services. The County's ILP serves both  
0 Department of Children's Services dependents and Probation wards, as well as  
4 youth who have aged out of the system (AfterCare). Because CMS driven data  
is not available for ILP outcomes, manually collected data from the annual  
P SOC 405A report was used for the purposes of this survey. Additionally, the  
Q survey instrument was distributed at an ILP Employment Conference held on  
C April 24, 2004, at the Ontario Convention Center. Approximately 150 youth  
R from DCS, Probation and AfterCare attended the conference. A total of 110  
youth completed the survey for a response rate of 73%. An incentive was given  
2 to youth who attended the Employment Conference.

0  
0 Based on data collected in a recent LRQ survey, ILP youth are optimistic about  
4 their future and most are planning to continue their education. The majority are  
satisfied with their communication with their social worker. The survey reveals  
P a need for additional understanding of the importance of court proceedings.

Q Additionally, the ILP youth surveyed appear to need assistance in developing  
C positive relationships with their siblings.

R

*Survey of Mandated Reporters:*

2

0 Mandated Reporters were surveyed by LRQ as part of the Self-Assessment  
0 process. Of the surveys mailed out to 404 (all) mandated reporters who made a  
4 referral in February 2004, 197 surveys were completed and returned. Allowing  
for bad addresses, the positive response rate was 49%. The survey of  
P mandated reporters reveals an overall satisfaction with the Child Abuse  
Q Hotline. The majority of the mandated reporters surveyed feel that CAHL  
C workers answered their calls promptly and courteously, attentive to all relevant  
R information. Some of the responses suggested that while most CAHL social  
workers present in an experienced, knowledgeable and professional manner,  
2 more consistent and thorough training might benefit other CAHL workers by  
0 increasing sensitivity and a higher regard for confidentiality.

0

4 Many of the mandated reporters surveyed feel that CAHL workers should do a  
better job of explaining what is going to happen after the mandated reporter  
P makes a report of suspected child abuse or neglect. The responses to the survey  
Q also indicated that the majority of mandated reporters know they are entitled to  
C be informed, in writing, of the final results of their Child Protective Services  
R (CPS) report. Almost half of the mandated reporters surveyed feel they can  
benefit from additional training in the identification and reporting of child  
2 abuse and neglect.

0

0 Several of the mandated reporters commented on the referral investigation  
4 techniques used by intake social workers. Some expressed a concern that  
limited Department resources may contribute to a delay in removing a child  
P from an unsafe situation.

Q

C *Review of recurrence of maltreatment data:*

R

2 The Department requested that LRQ conduct a review of multiple open  
0 referrals to determine the accuracy and applicability of the California  
0 Department of Social Services (CDSS) data on the County rate of recurrence  
4 of maltreatment and to identify trends in the number of multiple open referrals  
carried per unit of social workers. All regions were reviewed in February 2004  
and some regions were reviewed in March 2004. This review revealed that  
P some units consistently carried exceptionally few multiple open referrals. The  
Q Department continues to study the practices of these identified units to  
C determine which of these practices will help other units improve performance.  
R The Department will also continue to collaborate with the State and other  
counties to refine the State's methodology for generating data to measure this  
2 outcome.

0

0 *Review of fairness and equity data:*

4

P In this SIP, the Department has also included goals for strengthening  
community and staff awareness of fairness and equity for all children and

**Q** families in the child welfare system. The collection of data, which informed  
**C** the development of the plan to increase fairness and equity, was gathered  
**R** through interviews, focus groups, examination of outcome data and a review of  
current practices.

ATTACHMENT B  
SUMMARY ASSESSMENT of the 2005 SELF-ASSESSMENT UPDATE

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**Note:** It is important to remember that this Summary Assessment of the 2005 Self-Assessment was written in 2005 and should remain in context as the foundation for the System Improvement Plan Updates of 2006 and 2007.

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I. SUMMARY ASSESSMENT

**A. Discussion of System Strengths and Areas Needing Improvements**

Overview

The 2005 update to the County Self-Assessment Report begins with a summary of the implementation of the New Initiatives. These changes in practice required a shift in the manner in which Child Welfare Services have been delivered in the past. The shift is to a paradigm in which Child Welfare Services are developed and delivered through the collaboration of the Department of Children Services, the family, community partners, multi-discipline agency partners, and significant individuals from the family's system of support. Although DCS retains responsibility for all decisions made in the life of any case, those decisions are now reached by team consensus after all collaborators have had an opportunity to contribute their input on the provision of safety, permanence and well-being of the child.

Specifically, the New Initiatives include **Family To Family, Family Group Decision Making** and **Wraparound**. All of these initiatives operate from the base of strength of the family. The objective is to enable the family to maintain the child safely in the home, reunify the child safely with the family in their home, or maintain the child safely with a loving resource family in the child's home community. Every effort is made to preserve and empower the family with the least amount of intervention in order to provide for the safety, permanence and well-being of the child and the self-sufficiency of the family.

Besides the New Initiatives, other strengths have evolved from the County's 2004 AB636 System Improvement Plan. DCS has implemented a **Youth Advisory Board** to give youth an opportunity to participate in the needs assessment, development and evaluation of child welfare services, especially those services targeted at ILP-eligible youth.

The County's Screening, Assessment, Referral and Treatment process (**SART**) and the **Healthy Homes** program address the needs of children at high risk for long-term health and behavioral health outcomes. **Drug Court** and the Drug Endangered Children program (**DEC**) help to improve outcomes for children and families affected by parental substance abuse or dangerous exposure to illegal drug manufacturing.

Underlying all of these and many other enhancements to the delivery of child welfare services is the County's diligent efforts towards **Fairness and Equity** in all aspects of decision-making, policy formation, development of

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in all aspects of decision-making, policy formation, development of procedures, and procuring client support services. **Mandatory training** is underway to make DCS staff aware of the New Initiatives and to facilitate the paradigm shift to collaborative decision-making in developing and implementing successful case plans.

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Changes in the State's methodology of measuring and interpreting **outcome data** have improved the County's degree of compliance with State and Federal standards. DCS will continue to resolve data entry problems and clean-up data in the CWS/CMS database to more accurately reflect the quality and quantity of work performed by the County's staff.

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### Changes in Outcomes

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Since the 2004 cycle of Self-Assessment and development of the System Improvement Plan, the County has made significant improvement in outcomes.

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Included in the updated Self-Assessment Report are data tables from the **Quarterly County Data Report** (QCDR), produced by the California Department of Social Services (CDSS) and the University of California at Berkeley. This report is broken down into four general categories of information: Child Welfare Service Participation Rates, Safety Outcomes, Permanency Outcomes, and Child and Family Well-Being Outcomes. Comparisons are made between the most recent data and the oldest data provided by CDSS in the 2<sup>nd</sup> Quarter 2005 QCDR.

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#### Child Welfare Service Participation Rates (Year 2004)

- The County's population of children under the age of 18 has **increased** by 6,655 (since 2002) to 571,870.
- Of this population, 39,507 (69.1 per 1,000) unduplicated children were involved in a CWS referral during the year. This is an **increase** of 3,069 (4.6 per 1,000) since 2002.
- Substantiated referrals were 5,588 (9.8 per 1,000) a **decrease** of 343 (0.7 per 1,000) since 2002.
- There were 1,731 children (3.0 per 1,000) who entered a child welfare supervised placement for at least five days duration for the first time during 2004, a **decrease** of 55 (0.2 per 1,000) since 2002.
- There were 5,405 children (8.9 per 1,000) under the age of 19 in child welfare supervised foster care on July 1, 2004, a **decrease** of 28 (0.1 per 1,000) since July 1, 2003.

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#### Safety Outcomes

- 1A. Federal – 9.3% of all children with a substantiated allegation within the first six months of the 12-month study period (04/01/04-03/31/05) had another substantiated allegation within six months (limited to dispositions within the study year, according to federal guidelines). This is a 0.7% **decrease** since the study period 07-01/02-06/30/03.
- 1B. State – 12.8% of all children with a substantiated referral during the 12-month study period (04/01/03-03/31/04) had a subsequent substantiated referral within 12 months. This is a 2% **decrease** since the study period

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- referral within 12 months. This is a 2% **decrease** since the study period 07/01/01-06/30/02.
- 1B. State – 11.3% of all children with a first substantiated referral during the 12-month study period (04/01/03-03/31/04) had a subsequent substantiated referral within 12 months. This is a 2.2% **decrease** since study period 07/01/01-06/30/02.
- 1C. Federal - 1.10% of all children in county supervised or Foster Family Agency child welfare supervised foster care during the federally established nine month review period (07/01/04-03/31/05) had a substantiated allegation by a foster parent during that time. This is a 0.83% **increase** since review period 10/01/02-06/30/03.
- 2A. State – 9.2% of all children with allegation (inconclusive or substantiated) during the 12-month study period (04/01/03-03/31/04) who were not removed, had a subsequent substantiated allegation within 12 months. This is a 1.2% **decrease** since study period 07/01/01-06/30/02.
- 2B. State – 94.2% of all 1st Quarter 2005 Immediate Response referrals of child abuse and neglect have resulted in an in-person investigation, both planned and actual visits. This is a 2.2% **increase** since Q2 2003.
- 2B. State – 94.8% of all 1<sup>st</sup> Quarter 2005 10-Day Response referrals of child abuse and neglect have resulted in an in-person investigation, both planned and actual visits. This is a 1.3% **decrease** since Q2 2003.
- 2C. State – In March 2005, 87.1% of all children who required a monthly social worker visit, received a monthly visit. This is a 4.4% **increase** since April 2003.

**Permanency Outcomes**

- 3E. Federal – 60.5% of all children reunified from child welfare supervised foster care during the 12-month study period (04/01/04-03/31/05) had been in care for less than 12 months. This is a 3.7% **decrease** since study period 07/01/02-06/30/03.
- 3A. State – 38.4% of all children who entered foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/03-03/31/04) were reunified within 12 months (entry cohort). This is a 3.5% **decrease** since study period 07/01/01-06/30/02.
- 3D. Federal – 29.8% of all children who were adopted from child welfare supervised foster care during the 12-month study period (04/01/04-03/31/05) had been in care for less than 24 months. This is a 10.1% **increase** since study period 07/01/02-06/30/03.
- 3A. State – 6.5% of 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 (04/01/02-03/31/03) were adopted within 24 months (entry cohort). This is a 3.2% **increase** since the study period 07/01/00-06/30/01.
- 3B. Federal – 81.3% of all children in child welfare supervised foster care for less than 12 months during the 12-month study period (04/01/04-03/31/05). This is a 0.5% **increase** since study period 07/01/02-06/30/03.
- 3C. State – 63.5% of 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 (04/01/03-03/31/04), and were in care for 12 months,

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had no more than two placements (entry cohort). This is a 1.4% **decrease** since study period 07/01/01-06/30/02.

- 3F. Federal – 9.5% of all children who entered child welfare supervised foster care during the 12-month study period (04/01/04-03/31/05) were subsequent entries within 12 months of a prior exit. This is a 2.4% **decrease** since study period 07/01/02-06/30/03.
- 3G. State – 14.4% of 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 (04/01/02-03/31/03) and were reunified within 12 months of entry re-entered foster care within 12 months of reunification (entry cohort). This is a 3.5% **increase** since study period 07/01/00-06/30/01.

Child and Family Well-Being Outcomes

- 4A. State - 51.5% of all children in child welfare supervised foster care on April 1, 2005, with siblings in care, were placed with ALL of their siblings. This is a 3.2% **increase since July 1, 2003.**
- 4A. State - 73.7% of all children in child welfare supervised foster care on April 1, 2005, with siblings in care, were placed with SOME or ALL of their siblings. This is a 1.1% **increase** since July 1, 2003.
- 4B. State – 15.9% of 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 (04/01/04-03/31/05) were in *relative (kin) care as an initial placement*. This is a 0.6% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 32.4% of 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 (04/01/04-03/31/05) were in *relative (kin) care as a primary placement*. This is a 0.6% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 33.5% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in *relative (kin) care*. This is a 0.5% **increase** since July 1, 2003.
- 4B. State – 29.9% of 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 (04/01/04-03/31/05) were in *foster home care as an initial placement*. This is an 8.6% **decrease** since the study period 07/01/02-06/30/03.
- 4B. State – 16.1% of 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 (04/01/04-03/31/05) were in *foster home care as a primary placement*. This is a 2.2% **decrease** since the study period 07/01/02-06/30/03.
- 4B. State – 8.0% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in *foster home care*. This is a 2.3% **decrease** since July 1, 2003.
- 4B. State – 43.2% of 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 (04/01/04-03/31/05) were in *foster family agency*

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- (FFA) care as an initial placement. This is a 5.7% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 39.4% of 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 (04/01/04-03/31/05) were in *foster family agency (FFA) care as a primary placement*. This is a 1.6% **increase** since the study period 07/01/02-06/30/03.
  - 4B. State – 28.0% of all children who were in child welfare supervised foster care as of April 1, 2005 were in *foster family agency (FFA) care*. This is a 0.6% **increase** since July 1, 2003.
  - 4B. State – 3.6% of 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 (04/01/04-03/31/05) were in *group home care as an initial placement*. This is a 0.7% **increase** since the study period 07/01/02-06/30/03.
  - 4B. State – 4.1% of 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 (04/01/04-03/31/05) were in *group home care as a primary placement*. This is a 0.8% **decrease** since the study period 07/01/02-06/30/03.
  - 4B. State – 8.7% of all children who were in child welfare supervised foster care as of April 1, 2005 were in *group home care*. This is a 0.1% **increase** since July 1, 2003.
  - 4B. State – 7.4% of 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 (04/01/04-03/31/05) were in “*other*” care as an initial placement. This is a 1.6% **increase** since the study period 07/01/02-06/30/03.
  - 4B. State – 8.0% of 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 (04/01/04-03/31/05) were in “*other*” care as a primary placement. This is a 0.8% **increase** since the study period 07/01/02-06/30/03.
  - 4B. State – 21.8% of all children who were in child welfare supervised foster care as of April 1, 2005 were in “*other*” care. This is a 1.1% **increase** since July 1, 2003.
  - 4E. State – 47.6% of children identified in CWS/CMS with a “y” as Indian Child Welfare Act (ICWA) eligible were placed in foster care in *relative* homes as of the 1<sup>st</sup> Quarter of 2005. This is a 6.9% **increase** since the 2<sup>nd</sup> Quarter of 2003.
  - 4E. State – 0.0% of children identified in CWS/CMS with a “y” as Indian Child Welfare Act (ICWA) eligible were placed in foster care in *non-relative Indian family* homes as of the 1<sup>st</sup> Quarter of 2005. This is the **same** percentage reported for the 2<sup>nd</sup> Quarter of 2003.
  - 4E. State – 47.6% of children identified in CWS/CMS with a “y” as Indian Child Welfare Act (ICWA) eligible were placed in foster care in *non-relative non-Indian family* homes as of the 1<sup>st</sup> Quarter of 2005. This is a 21.7% **increase** since the 2<sup>nd</sup> Quarter of 2003.
  - 4E(2). State – 40.4% of all Indian Child Welfare Act (ICWA) eligible

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- children as identified with primary or mixed (multi) ethnicity of American Indian were placed in foster care in *relative* homes as of the 1<sup>st</sup> Quarter of 2005. This is a 7.1% **increase** since the 1<sup>st</sup> Quarter of 2004.
  - 4E(2). State – 4.5% of all Indian Child Welfare Act (ICWA) eligible children as identified with primary or mixed (multi) ethnicity of American Indian were placed in foster care in *non-relative Indian family* homes as of the 1<sup>st</sup> Quarter of 2005. This is a 5.0% **decrease** since the 1<sup>st</sup> Quarter of 2004.
  - 4E(2). State – 50.6% of all Indian Child Welfare Act (ICWA) eligible children as identified with primary or mixed (multi) ethnicity of American Indian were placed in foster care in *non-relative non-Indian family* homes as of the 1<sup>st</sup> Quarter of 2005. This is a 3.0% **increase** since the 1<sup>st</sup> Quarter of 2004.
  - 8A. State – 234 foster children eligible for Independent Living Services *received a high school diploma* during the period 10/01/03-09/30/04. This is a **decrease** of 43 since the period 10/01/01-09/30/02.
  - 8A. State – 193 foster children eligible for Independent Living Services *enrolled in college or higher education* during the period 10/01/03-09/30/04. This is a **decrease** of 17 since the period 10/01/01-09/30/02.
  - 8A. State – 3,017 foster children eligible for Independent Living Services *received ILP Services* during the period 10/01/03-09/30/04. This is an **increase** of 335 since the period 10/01/01-09/30/02.
  - 8A. State – 91 foster children eligible for Independent Living Services *completed vocational training* during the period 10/01/03-09/30/04. This is an **increase** of 14 since the period 10/01/01-09/30/02.
  - 8A. State – 728 foster children eligible for Independent Living Services *were employed or had other means of support* during the period 10/01/03-09/30/04. This is an **increase** of 116 from the period 10/01/01-09/30/02.

### Summary of 2005 Assessment

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The highly trained, dedicated social workers in the San Bernardino County Department of Children's Services (DCS) provide support to families at risk of becoming involved or already involved with the child welfare system. Utilizing a strength-based, community inclusive, team approach DCS encourages family involvement to ensure child safety and well-being with the least intrusive level of intervention. The County's focus on the positive attributes and potential of the family reflects the County's ability to coordinate the efforts of the family's support system, along with agency and community partners, to provide an array of effective Child Welfare Services. This approach has successfully improved outcomes for children and families in San Bernardino County.

*Case planning* is performed in collaboration with the family, service providers and community members to attain the greatest level of participation and the least level of prescriptive activities necessary to empower the family to move toward positive change. Social workers employ creative approaches in order to develop a successful case plan with the family that meets their needs in a manner consistent with the family's economic condition and culture. Case plans are continuously revised to meet the changing needs of the family. When appropriate service provision is absent or unavailable, social workers

0 appropriate service provision is absent or unavailable, social workers  
5 oftentimes provide those services themselves. Strategic, collaborative case  
S planning helps the family to discover ways to overcome barriers to accessing  
E services and resources necessary to strengthen the family, thereby creating a  
L safe and permanent home where children can thrive. The County is committed  
F to preserving the family. When children must be placed in out-of-home care,  
- San Bernardino County does particularly well in placing siblings together, and  
A placing children in relative care homes.

S San Bernardino County has partially implemented *Family To Family* (F2F)  
S under the guidance of the Annie E. Casey Foundation. This practice engages a  
E team of family members and persons who make up the support system for the  
S family and the child in becoming actively involved in the placement and care  
S of the child along with the planning and provision of services for the family. At  
M the Team Decision Making (TDM) meetings, a team seeks consensus in  
E making immediate decisions regarding out-of-home placements or  
N maintenance of the child in their home. A TDM is held before any placement  
T or re-placement occurs, or before any initial court hearing in cases of imminent  
2 risk removal. Family to Family also employs other strategies to engage the  
0 community in the protection of the child. These include recruitment of local  
0 foster families willing to work with the biological parents and keep the child in  
5 his own community as well as the recruitment of Community Partners who are  
involved in the TDM process.

S San Bernardino County rolled out TDMs at intake in the target region of the  
E City of Rialto on June 29, 2005. Over thirty (30) TDMs have been held since  
L implementation. Policy and procedures have been developed for TDM.  
F Training on TDM Readiness has been provided to staff and community  
- partners. In an effort to address disparity of children of color entering the child  
A welfare system, San Bernardino County will conduct TDMs on all African  
S American infants age 0-1 countywide as each region comes online with Family  
S To Family.

S To help build community capacity for receiving placements, Family To Family  
S utilizes a Recruitment, Development and Support of Resource Families (RDS)  
M workgroup. In communities with high referral rates, the County has  
E implemented "targeted community grass roots" approaches to recruiting. This  
N includes saturating community businesses and churches with recruitment  
T literature and attending community events. The County has increased its efforts  
2 to recruit resource families by providing staff with laminated cards to explain  
0 the process of becoming a resource family. In addition, staff has committed to  
0 increase its support of existing and potential resource families by returning all  
5 resource family calls within 24 hours of receiving the call. The RDS  
workgroup has developed a Resource Family Satisfaction Survey that will  
S begin in January 2006. The Retention Committee has developed strategies that  
E help support and retain foster parents. Implementation of a "Warm Line" is  
L planned for April 2006 to further support resource families. Letters of  
F Appreciation will be delivered to all resource families in February 2006.

- The Building Community Partnerships (BCP) workgroup develops and trains

A community agency partners on the Family To Family philosophy and the  
 S partners' role in Team Decision Making. Quarterly F2F Readiness trainings for  
 S community partners have been scheduled.

E  
 S The County has established a Self-Evaluation (SE) workgroup that monitors  
 S the County's AB636 System Improvement Plan as well as the Family To  
 M Family Outcomes. This workgroup tracks the outcomes of children who have  
 E been served by the TDM process and placed in their community of origin as  
 N well as siblings placed together. The SE workgroup is also developing a  
 T system to track new resource families.

2 Another San Bernardino County standard practice is ***Family Group Decision***  
 0 ***Making*** (FGDM), a family conferencing approach that provides the family  
 0 with a process for self-determination in making critical decisions regarding  
 5 obstacles to child safety, well-being, permanency and family reunification.  
 S Private Family Time is a fundamental aspect of FGDM that empowers the  
 E family as the primary decision-makers, fostering the family's self-reliance and  
 L self-worth. The social worker assigned to the case may refer the family to  
 F FGDM at any point in the life of the case when it becomes apparent that the  
 - extended family may have the solution to the family's needs.

A ***Wraparound*** services are offered to families with children who have serious  
 S behavioral, emotional, social and family problems. Wraparound services  
 S enable the child and family to overcome the barriers to retaining the child  
 E safely in a family home or foster home with care providers who know and love  
 S them in a family setting, instead of placement in a group home. In San  
 S Bernardino County, Wraparound is accomplished through contracted service  
 M providers who are experienced professional clinicians specialized in  
 E collaborating with family, friends and community resources to safely reunify  
 N children and families.

T  
 2 Family participation is voluntary in all Wraparound cases and cannot be court  
 0 ordered, however, the court can authorize Wraparound for 300/602 children if  
 0 the family agrees to participate. The child must have an open Medi-Cal case or  
 5 a written mental health diagnosis by an authorized mental health professional.  
 S Wraparound services are offered to 300/602 and AB2726 children who are in  
 E or at risk of group home care at RCL 10 or higher and have been referred by  
 L the child's social worker, mental health clinician or probation officer, followed  
 F by approval by the Interagency Placement Council and (for 300/602 children  
 - only) authorized by a minute order of the Court.

A The Wraparound Child and Family Team (CFT) develops a safety plan for the  
 S child along with a family mission statement and a set of goals in an  
 S Individualized Child and Family Plan (ICFP) that is outcomes-based and  
 E includes observable and measurable indicators of progress. The Plan is  
 S followed in the day-to-day delivery of services and is revised when needed.  
 S The Plan ends when the CFT reaches a consensus that the child and family  
 S have attained their goals and can self-sustain successfully in their community.

M  
 E The ***Youth Advisory Board*** (YAB) was established as a result of San

N Bernardino County's previous CWS Self-Assessment and subsequent System  
T Improvement Plan (SIP). The development and implementation of the Youth  
2 Advisory Board was identified in the County's SIP as an improvement goal for  
0 bettering outcomes for youth as they transition to self-sufficient adulthood.  
0 Outcomes for transitioning youth will be improved through youth involvement  
5 designed to improve the delivery of child welfare services to these  
transitioning youth.

S  
E The YAB Mission Statement states "The Youth Advisory Board, by educating  
L and collaborating with the community and child welfare services, commits to  
F providing resources for current and former foster and probation youth. The  
- Youth Advisory Board promotes the participation of foster and probation  
A youth in policy development and legislative change to improve social work  
S practice and child welfare policy." With the support of adult advisors, the YAB  
S will improve the child welfare system by advocating for and collectively  
E identifying the issues facing current and former foster/probation youth of San  
S Bernardino County. In addition, YAB members will attend various statewide  
S and leadership conferences pertaining to legislative and local issues affecting  
M San Bernardino County foster care and/or probation youth.

E  
N Beginning in June 2005, the YAB has convened two times per month with  
T twelve active board members and an audience of interested youth and  
supportive adults who advocate for youth in the community. YAB officers are  
2 chairperson, vice chairperson, secretary and treasurer. Youth ranging in age  
0 from 16-21 may complete a membership application that is reviewed by the  
0 adult advisors who then submit the application to the YAB. A motion is made  
5 to issue a conditional acceptance letter along with an invitation for the  
applicant to visit a meeting to see if they are really interested. If the applicant  
S youth and the YAB agree that there exists mutual benefit, the applicant is  
E accepted as a member. Approximately sixty (60) youth have been involved in  
L YAB since its inception.

F  
- Recruitment for the YAB is conducted through ILP, Aftercare and Probation.  
A YAB gave its first public presentation at the Independent City conference,  
S attended by 250 in-care and out-of-care youth from ILP foster care, Aftercare  
S and Probation. Independent City provided a mock situation where participating  
E youth could acquire and practice everyday living skills such as check writing,  
S apartment hunting, arranging for utility hookups, household budgeting, job  
S search, enrolling in educational/vocational classes, and other necessities. In  
M addition to participating in the mock activities, YAB members provided  
E resource materials and interacted with other conference attendees at the YAB  
N information booth.

T  
2 **Training in the New Initiatives** has been implemented for all Department of  
0 Children's Services (DCS) staff. To help meet the improvement goals in its  
0 SIP, each module in this training will address issues in the critical area of  
5 Fairness and Equity. This training is mandatory for all staff and is intended to  
communicate the County's philosophy, policy, practice and process for  
delivering child welfare services in an inclusive, participatory manner.

S Mandatory training has been initiated in the following specific areas: Domestic  
E Violence, Poverty, Substance Abuse, Fairness and Equity, and Teaming  
L Strategies (Wraparound, FGDM, F2F and YAB). Completion of training for  
F current staff is anticipated by late spring 2006.

-  
A To support the new initiatives countywide, DCS has reorganized its  
S Administrative Resources Division (ARD) to create Regional Support Teams.  
S Additionally, each of the three geographical regions of DCS has assigned a  
E CWS manager and supervisor to the Regional Implementation Team for their  
S respective areas.

S  
M The Regional Implementation Teams coordinate planning and implementation  
E to maintain standards across the regions and avoid duplication of services.  
N They assess and communicate needs for training and technical assistance to  
T support the implementation of New Initiatives. They also address Best Practice  
2 Individualized Child and Family Plans for Wraparound services in their  
0 respective region. In addition, each Regional Implementation Team reviews  
0 each referral for Wraparound services submitted in their respective region to  
5 ensure completeness and eligibility, and then is responsible for presenting the  
S case before the Interagency Placement Council (IPC) for approval of the  
E therapeutic appropriateness of providing Wraparound services for this child  
L and family. The case is then reviewed by the Administrative Subcommittee  
F (ASC) for final approval subject to the availability of resources.

-  
A The ARD Regional Support Teams are responsible for maintaining the  
S integrity and fidelity of the programs in their assigned region. They monitor an  
S outcomes and quality improvement process that supports service-providing  
E agencies, the community and DCS. The Regional Support Teams also provide  
S structural support, knowledge and information necessary for coordination of  
S program implementation and maintenance at the regional level.

S  
M Another strength of San Bernardino County is the existence of a wide range of  
E partnerships to provide opportunities for collaboration and integrated  
N prevention strategies and early intervention services to at-risk children and  
T families. The County's new Screening, Assessment, Referral and Treatment  
2 (SART) Process and Healthy Homes programs are promising examples of  
0 interagency collaborations that support and reflect our commitment to  
0 preventive and early intervention child welfare services.

5 The goal of **SART** is to improve the mental and social functioning of children  
S as measured by school readiness and the achievement of appropriate  
E developmental milestones. Children and their families, especially young  
L children ages 0-6, will be screened, assessed and referred for treatment through  
F a universal collaborative and standardized process that strengthens and builds  
- on existing programs in the community.

A Children born to women who use alcohol and illicit drugs during pregnancy  
S represent a large population of children at high risk for long-term health and  
S behavioral health outcomes. These children are at the core of the child welfare

ESMELNT  
 205  
 population in San Bernardino County and present with multiple problems that require interactions with a wide variety of County agencies. Furthermore, just as prenatal exposure to alcohol or drugs as well as premature birth and poor maternal nutrition can harm fetal brain development, family violence, substance abuse in the family, or maternal depression can interfere with the child's brain development after birth. Ultimately, intertwining social and biological factors contribute to long-term success or failure of all high-risk children.

205  
 005  
 The vision of SART is that children and their families living in San Bernardino County shall receive a comprehensive continuum of screening, assessment, referral, treatment and prevention services to ensure that:

- o Babies are born free of exposure to alcohol, tobacco and other drugs;
- o Children are raised in a safe and nurturing home; and
- o Children and families achieve optimal health and development.

SELFASS  
 -  
 The **Healthy Homes Program** provides specialty mental health services for dependents in out of home care. This program is an early screening and treatment collaboration between DCS and the County Department of Behavioral Health.

ESMELNT  
 The **Drug Endangered Children (DEC)** Task Force is a collaboration of the County Sheriff, District Attorney, Public Health, Children's Network and the Department of Children's Services to coordinate multi-agency response to law enforcement calls that involve drugs where children are present.

205  
 005  
 The interagency collaborations described in this self-assessment form a holistic and multidisciplinary approach to providing effective child welfare services to address child safety and well-being. Other interagency partners include the County Department of Behavioral Health, County Probation, Children's Fund, and Superior Court.

205  
 005  
 The following outcomes were identified in the County's 2004 Self-Assessment as areas needing improvement:

- Fairness and Equity
- Timeliness to Adoption (3D)
- ILP - Independent Living Program, Youth Transitioning To Self-Sufficient Adulthood (8A)
- Recidivism - Recurrence of Maltreatment (1A)

SELFASS  
 -  
 Recurrence of Maltreatment (1A) has been replaced by Rate of Foster Care Re-Entry (3G) in San Bernardino County's System Improvement Plan. A change in the State's methodology of measuring outcomes of Recidivism has shown San Bernardino County to be in compliance. In the 2005 Self-Assessment, DCS re-examined the County's risk and safety assessment policies. As a result, DCS is moving toward a standardized model of risk and safety assessment. Data clean-up on associated referrals and new strategies for monitoring data entry compliance have helped to better reflect the County's efforts in reducing recidivism.

2 recidivism.

0

0 **Timeliness to Adoption-** The Policy and Implementation Committee  
5 (workgroup) on Timeliness to Adoption was formed on November 16, 2004 in  
partial fulfillment of the County's AB636 System Improvement Plan. This  
S workgroup addressed systemic as well as best practice implementation  
E strategies that will reduce the timeline and number of placements from a  
L child's removal to adoption.

F

- Worker surveys and workgroup feedback indicate there has been little  
A substantive collaboration, case-teaming or joint decision-making regarding a  
S child's permanency needs and the development of an identified concurrent  
S plan. The breakdown of early, proactive and cohesive permanency planning  
E has increased the time children wait for an adoptive home.

S

S The Department of Children's Services (DCS) has reviewed the County's  
M policy on concurrent planning. Revision to concurrent planning protocol is  
E nearing completion. Training for line staff and supervisors is scheduled to be  
N completed in 2006. Additional staff has been proposed for the search unit,  
T relative approval, and for expediting assessments of children's health,  
education and psychosocial needs. The workgroup also identified a need for a  
2 concurrent planning worker in each line unit, facilitating more effective  
0 Concurrent Planning Reviews (CPR). DCS is working diligently to recruit staff  
0 to fill critical vacancies in its base of intake and carrier positions. Once desired  
5 staffing levels have been reached, recruitment will begin for concurrent  
planning workers.

S

E To increase consistency in completion of Paternity, Family Information and  
L other required forms, DCS has begun streamlining forms and requiring timely  
F review by the social worker of all client documentation. The workgroup has  
- recommended the implementation of a Forms Passport, a tracking system in  
A each case file to identify forms that have been completed or not completed.  
S Unit supervisors will conduct periodic file reviews to ensure that all required  
S relatives have been contacted and assessed. DCS has also implemented the  
E Court Orientation protocol requiring clients to attend an orientation for the  
S purpose of completing required client documentation regarding the identities of  
S absent parents and extended family members. The Court Orientation also  
M familiarizes the clients with the Court process and the importance of the  
E clients' total and immediate cooperation. Implementation of the Court  
N Orientation was specified as a milestone in the County's 2004 SIP.

T

2 DCS will examine the timeliness of adoption home studies in order to set  
0 standards for the length of time in which home studies are expected to be  
0 completed. The Department will also evaluate computerized systems that  
5 provide highly comprehensive search and matching capability to expedite child  
matching.

S

E Recruitment and training of Permanency Resource Families will be improved.  
L The workgroup has recommended that Permanency Resource Families (CP  
Families) be recruited and utilized only for low to moderate Family

F Reunification (FR) prognosis cases.

-

A **ILP** -While DCS provides ILP services to a greater number of youth in  
S comparison to other counties, the outcomes of these services are not always  
S available. DCS has established a Youth Advisory Board and has encouraged  
E more active involvement of youth in the creation of the ILP plan. DCS has  
S enlisted the help of Loma Linda University to begin developing a system to  
S track the delivery of ILP services and the outcomes of youth who have aged  
M out of foster care or exited probation.

E  
N **Fairness and Equity** – Interwoven in the County’s curricula of mandatory  
T staff trainings in the New Initiatives is the central theme of fairness and equity  
in the delivery of child welfare services. In addition, one full day is spent  
2 specifically on fairness and equity awareness and its application at significant  
0 decision points in the life of a case, including decisions regarding effective  
0 services that are culturally and linguistically appropriate for the family.

5

S The Department of Children’s Services has implemented a Fairness and Equity  
E Task Force to address issues of disparity and develop recommendations for  
L increasing access to culturally appropriate services provided by a culturally  
F competent social work staff and culturally diverse service agencies.  
- Implementation of the Task Force represents a completed milestone identified  
A in the County’s 2004 System Improvement Plan. The mission of the Task  
S Force is to integrate fairness and equity into all levels of decision-making,  
S policy formation, program development and delivery of child welfare services.  
E To accomplish its goals, the Task Force monitors the success of fairness and  
S equity strategies, provides follow-up, and establishes channels of  
S communication for feedback from staff, clients and community partners.

S

M The Fairness and Equity Task Force will focus on the positive characteristics  
E and the unique strengths and dignity of culturally diverse families so that they  
N can be enabled and empowered to provide for the needs of their children and  
T youth with the support of their engaged community and the services of  
culturally competent professionals.

2

0 **Rate of Foster Care Re-Entry** – Since the 2004 System Improvement Plan,  
0 one of the outcome areas identified for improvement has come into compliance  
5 (Recurrence of Maltreatment 1A). Therefore the County has identified another  
outcome area in which improvement is needed. The County desires to address  
S its Rate of Foster Care Re-Entry (3G). The measure for this outcome is defined  
E as follows: *For all children who entered child welfare supervised foster care*  
L *for the first time (and stayed at least five days) during the most recent 12*  
F *month study period and were reunified within 12 months of entry, what percent*  
- *re-entered foster care within 12 months of reunification?* The County’s base  
A rate is 11.4% (based on our benchmark time period of 07/01/00 to 06/30/01).  
S This rate increased to 12.4% for the period July 1, 2002 to June 30, 2003 based  
S on 672 first-entry children reunified with their families after 5 or more days in  
E welfare supervised foster care, of which 83 re-entered foster care within 12  
S months of reunification.

S

**M** As social work staff become more adept at assessing client safety and self-  
**E** sufficiency needs there will be a decrease in the recurrence of neglect and/or  
**N** abuse and a resulting decrease in the rate of children re-entering foster care.  
**T** The County Department of Children’s Services is evaluating safety and risk  
 2 assessment tools in order to provide staff with a standard for determining  
 0 whether to remove, retain or return a child based on the minimum level of risk  
 0 to safely retain the child in the family’s home. Further discussion of this  
 5 outcome area and the goals, strategies, milestones and timetables for  
 improving the outcomes will be detailed in the County’s 2006 System  
 Improvement Plan.

**S**  
**E** **Additional State Support Needed** - The following are areas in which  
**L** additional support from the state would help our County achieve improved  
**F** positive outcomes for children and families:

- 
- A** • Allocate more funding to adequately support at least the minimum staff  
**S** required to meet all state and federal mandates for the provision of child  
**S** welfare services.
- E** • Enact legislation that directs Juvenile Court to acknowledge research-based  
**S** best practices when considering intervention strategies designed by family  
**M** involvement in the development of a successful case plan.
- E** • Enact legislation and secure funding for more judges, courtrooms and  
**N** reduced child/parent attorney caseloads to help reduce court calendar  
**T** congestion to assist in our meeting reunification and permanency timelines.
- 2 • Enact legislation regarding the Unified Resource Family Assessment  
 0 process and secure funding to reform relative approval process to decrease  
 0 delays in placement of children with family while still ensuring children’s  
 5 safety.
- S** • Enact legislation and secure funding to support treatment of emotionally  
**E** and behaviorally disordered children and treatment of substance abusing  
**L** youth outside of the Child Protective Services venue so as to limit parental  
**F** abandonment of their children in order for the child to receive treatment.
- 
- A** • Implement strategic improvements in the CWS/CMS system that align it  
**S** with social work practice and more flexible application by users as well as  
**S** the ability to customize specific portions for County administration.
- S** • Secure full funding of the Kinship Support Services Program.
- M** • Secure funding of Family To Family and Family Group Decision Making.
- E** • Secure funding of Relative Approval Unit up to the CCL Licensing worker  
**N** caseload standards.
- T** • Enact legislation and secure funding for recognizing portability issues for
- 2
- 0
- 0

5 family/child engagement and the need for laptops.

- S • Enact legislation and secure funding for educational advocates to support
- E AB490 activities.
- L
- F • Give top priority to CMS enhancement of Adoption and ILP tracking.
- 
- A • Enact legislation to give COLA and rate increases to foster caregivers and
- S respite care.
- S

**B. Areas for further exploration through the PQCR**

S  
S  
M  
E  
N  
T

San Bernardino County completed the PQCR process in March 2004. This updated Self-Assessment Report represents a combination of facts and issues arising from our PQCR and self-assessment processes conducted in 2004 and 2005. With the issues covered in this report in mind, we intend to continue exploring strategies to improve outcomes for the children and families of San Bernardino County.