SIP Cover Sheet

FEB 17 2009
OFFICE OF
CHILD ABUSE PREVENTION

California's Child and Family Services Review
System Improvement Plan

County:	**San Mateo**
Responsible County Child Welfare Agency:	Human Services Agency Children and Family Services
Period of Plan:	**February 2007 - January 2008**
Period of Outcomes Data:	**Quarter 2 2008**
Date Submitted:	**February 6, 2009**

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Submitted by each agency for the children under its care	
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San Mateo County Children & Family Services (CFS)
System Improvement Plan (SIP)
FY 07/08
Annual Update: February 6, 2009

SIP Priority Area One: Safety/Service Array
Outcome/Systemic Factor: Children are, first and foremost, protected from abuse and neglect.
(Refer to Outcome Measures S1.1, S2.1, 2B Immediate, 2B 10-Day)

County's Current Performance

Differential Response entered its third year of county-wide implementation in FY 2007-08 and has continued to be an effective early intervention strategy. The most recent data (Data extract Q2 2008) shows a steady increase in the performance results for measure S1.1 beginning in FY 2006-07 which may be attributed to the county-wide implementation of DR in FY 2005-06. In the first quarter of FY 2008-09, 299 Path 1 and 2 families were referred to community partners for case management and information and referral.

CFS met the S2.1 measure for ten consecutive quarters, with the last quarter ending June, 2008. No case of maltreatment was reported in the last two quarters.

CFS has consistently met the 2B immediate measure, consistently exceeding the State standard. The performance for the 2B ten-day standard continues to show a positive trend, meeting the State standard in 3 of the 4 quarters in FY 2007-08.

Improvement Goal 1.0 Design and pilot three paths of differential response to reports of child abuse and neglect.

Strategy 1.1 Provide ongoing Differential Response (DR) services countywide through collaboration and contracts with community based organizations. Use data analysis to continuously evaluate, improve upon outcomes and target service delivery to our most vulnerable population of children ages 0-5. **Progress Report:** In FY 08-09, the focus of the DR Program shifted from providing three months of case management for families Countywide to providing more intensive case management to families with children aged 0-5 and in which abuse/neglect has previously been substantiated. By providing DR case management for up to six months to a more limited number of families, CFS was be able to maximize the available resources and direct DR services to the most vulnerable populations in our community. In addition, all contracted providers were required to utilize an evidence-based home visiting model and establish strength-based working relationships with families. Increased community partnerships have allowed contractors to work closely with community-based organizations so that families can easily access resources and ensure a continuum of care after case closure.	**Strategy Rationale** Implementing three paths of differential service response for families who become known through the CFS hotline has allowed at-risk families to access preventive and support services. These services are designed to prevent escalation of potential child safety risk to a level warranting CFS intervention. Data collected and analyzed can be used to measure client and performance outcomes related to DR.

Milestone	Anticipated Completion Date	Assigned To
1.1.1 Begin using data generated by CARE system to analyze outcomes including number of new referrals, number of referrals active and closed, number of pre- and post-Fasts completed, and engagement rates. Delete. This milestone was related to the CARE system and is no longer applicable.	07/01/08-02/06/09	Jerry Lindner, DR Manager, County Breakthrough Series Collaborative, CFS Mgmt Team
1.1.2 Continue to identify data needs and incorporate into reporting format. Delete. This milestone was related to the CARE system and is no longer applicable.	07/01/08-02/06/09	Jerry Lindner, DR Manager, County Breakthrough Series Collaborative
1.1.3 Continue to incorporate enhancements in CARE system based on identified priorities and Business Systems Group timeline. Update timeline for enhancements based on technical staff availability. Delete. This milestone was related to the CARE system and is no longer applicable.	07/01/08 - 02/06/09	Jerry Lindner, DR Manager, County Breakthrough Series Collaborative
1.1.4 Analyze results of DR Liaison time study in order to evaluate number of positions needed. As Differential Response Liaisons become more efficient in facilitating Multidisciplinary Team meetings and performing CARE related tasks, place increased emphasis on coordination of outreach efforts within the community.	07/01/08-02/06/09	Jerry Lindner, Differential Response Manager; CFS Mgmt Team
1.1.5 Identify a data system to be employed by our Differential Response community partners which will replace the CARE system and will enable our partners to track service delivery. Use reports generated to analyze outcomes. **(New Milestone)**	07/01/08-02/06/09	Jerry Lindner, Differential Response Manager; County Breakthrough Series Collaborative, CFS Mgmt Team

Strategy 1.2 Establish a forum to develop and review differential response practice guidelines and protocols that promote holistic, family-centered team-based case planning and service delivery. **Progress Report:** The Breakthrough Series Collaborative consists of CFS staff and members from the community partner agencies who are currently working with CFS to provide DR case management services. Regular meetings have allowed for open discussions and a free exchange of ideas for improving and maintaining the quality of the services provided.				**Strategy Rationale** Successful program implementation depends on a shared understanding and clear and consistent application of policies and protocols. One way to accomplish this is to provide a forum for HSA staff and community partners to participate in development, review and refinement of policy and protocol, realizing that as implementation progresses, the purpose and role of affiliated teams and committees will evolve in order to continue to meet program needs.	
Milestone	**1.2.1 a)** Use Breakthrough Series Collaborative meetings as a forum for frequent and ongoing communication with community partners who provide Differential Response case management services. Research best practices for discussion and consideration. **b)** Redefine the focus and role of the existing group to that of a community advisory council on Differential Response policy and protocol. Begin by sharing joint leadership between Agency and community partners, with the goal of evolving into a community led, community-driven collaborative. **Revised:** Continue to work collaboratively with community organizations that provide DR case management services. Maintain open lines of communication by continuing to meet on a regular basis to discuss issues and concerns, define best practice and strengthen relationships.	**Anticipated Completion Date**	07/01/08 - 06/30/10	**Assigned To**	Jerry Lindner, Differential Response Manager; County Breakthrough Series Collaborative
Strategy 1.3 Continue to evaluate DR community and Agency staff training needs. **Progress Report**: Collaborative trainings and ongoing communication/ dissemination of information have resulted in well-trained community partner and Agency staff who are invested in providing the best possible services to at-risk families. DR practice has become an integral part of CFS Social Workers' response to allegations of abuse and neglect.		**Strategy Rationale** In order to successfully maintain the integrity of the DR program, Agency and community partner staff at all levels must be appropriately informed of DR policies, procedures and best practices.			

Milestone		Anticipated Completion Date		Assigned To	
	1.3.1 Work in collaboration with Agency's Human Resource Department to develop, schedule and conduct Differential Response trainings on a quarterly or as-needed basis for all new Agency and community staff involved in providing Differential Response services. Incorporate related training modules developed by community partners into Differential Response training curriculum. **Revised:** Work in collaboration with Agency's Human Resource Department to develop, schedule and conduct Differential Response trainings on an as-needed basis for all new Agency and community staff involved in providing DR services. Incorporate related training modules developed by community partners into DR training curriculum.		0701/08 - 06/30/09		Human Resources Development, County Breakthrough Series Collaborative, Youth & Family Enrichment Services, Edgewood Center for Families, City of Daly City
	1.3.2 Ensure that systems improvement information is shared and appropriate training is provided to all Children and Family Services staff and Agency staff in other departments. Use multiple venues to continually update Agency and partner staff as changes occur in strategies and/or procedures and as data and data analysis becomes available. **Revised:** Ensure that DR information is shared and appropriate training is provided to all CFS staff and Agency staff in other departments. Use multiple venues to continually update Agency and partner staff as changes occur in strategies and/or procedures and as data and data analysis becomes available.		07/01/08 - 06/30/10		Jerry Lindner, Differential Response Manager, CFS Mgmt Team, Public Information Officer, CFS Policy Team, Social Work Supervisors
	1.3.3 Develop process and identify responsibility for incorporating changes in policies and practices into the Child Welfare Services on-line handbook and confirm that community partners have a similar process for informing their DR staff of changes and for incorporating changes into their written materials.		07/01/08 – 02/06/09		Business Systems Group, Elaine Azzopardi, Policy Manager, Jerry Lindner, DR Manager

Strategy 1. 4 Develop three-year project plan that addresses resources needed to move from pilot to full implementation; ensure that the plan is revised and updated as needed; and continue to obtain Board of Supervisors approval based on California Child and Family Services Triennial Review Schedule. **Revised:** Continue to implement DR as part of the SIP, ensuring that the plan is revised and updated as needed; and continue to obtain Board of Supervisors approval based on California Child and Family Services Triennial Review Schedule. **Progress Report**: CFS continues to implement the DR program and follows the Triennial Review Schedule in the completion of SIP revisions and updates, Peer Quality Case Reviews, and County Self Assessment processes.			**Strategy Rationale** A multi-year project plan is needed to develop and track projections of referral response path activity, and corresponding shifts in current CFS caseload and service needs. The plan should also identify funds needed to support system start-up including building the service array, and methods of re-directing or shifting funds to community resources and community-based services over time.		
Milestone	**1.4.1** Continue to utilize web-based data collection system to be used in analyzing staffing patterns, program effectiveness, outcomes and community involvement, as well as for use in performing functions related to team based case planning processes and data. **Revised:** Continue to review reports from community partners' databases to analyze staffing patterns, program effectiveness, outcomes and community involvement.	**Anticipated Completion Date**	07/01/08-06/30/09	**Assigned To**	Jerry Lindner, DR Manager, County Breakthrough Series Collaborative
Strategy 1.5 Understand DR in the context of an overarching system of prevention and early intervention services which are offered by the Agency and throughout the community to assist families that are struggling and at-risk. **Progress Report**: DR is one of multiple components that make up HSA's system of prevention/early intervention services. CFS continues to promote communication and collaboration with DR community partners, who continue to be located at Family Resource Center sites and have developed positive working relationships with community service providers in order to maximize resources and mutually assist at-risk families.			**Strategy Rationale** Understanding the relationship and interconnectivity of DR to other services offered by the Agency and within the community increases awareness of common goals and fosters mutual support and integration among programs.		

Milestone	Anticipated Completion Date	Assigned To
1.5.1 Support efforts to sustain the Family Resource Center network and continue to support a community school approach, both of which are primary components of the Agency's overall array of prevention and early intervention services.	07/01/08-06/30/09	Human Services Agency (HSA) Executive Team
1.5.2 Integrate plans/processes throughout the Agency and the County in order to reduce duplication of services.	07/01/08-06/30/09	HSA Executive Team
1.5.3 Incorporate a philosophy of prevention and early intervention in the development of ongoing CFS Performance Quality Improvement plans.	07/01/08-06/30/09	CFS Management Team, Accreditation and Quality Inprovement Department
1.54 Use results of Peer Quality Case Review to identify additional recommendations for implementation.	07/01/08-02/06/09	Children & Family Services Management Team
1.5.5 Working jointly with other Comprehensive Assessment Tool counties, continue to refine the tool; implement fully in San Mateo County.	07/01/08-02/06/09	Children & Family Services Training Coordinator, Children & Family Services Management Team

Strategy 1.6 Continue to employ management actions designed to improve the Agency's performance in the areas of referral response time and timely monthly social worker visits. **Progress Report:** CFS staff continues to respond to immediate referrals at a rate exceeding the State standard. For 10-day referrals, response timeliness has shown a marked upward trend over time, so that the standard has been met for the three most current report periods. Timely monthly Social Worker visits are consistently being conducted at a rate in excess of the State standard. In July 2008, all social work staff and supervisors were trained on the use of Safe Measures, a web-based program useful in organizing and monitoring caseloads.			**Strategy Rationale** Timely monthly social worker visits are critical in ensuring that children are cared for appropriately and safely. Although San Mateo County data reflects a slow but steady increase in the percentage of timely monthly visits, the State standard has not always been met.		
Milestone	**1.6.1 a)** Continue use of the internal AB636 2C tracking system which includes supervisory review and reporting on each non-compliant monthly social worker visit. **b)** Distribute and discuss report results at CWS Policy Team meetings on a quarterly basis. Hold managers accountable for ensuring supervisory compliance with the review process. **c)** Continue to distribute annual CWS/CMS Compliance Deadline calendar to all staff. **d)** Revise tracking sheet to include additional data entry instructions and distribute to all staff. **Revised:** 1.6.1 a) Transition to use of Safe Measures as a tracking mechanism for supervisory review and investigation of each non-compliant monthly social worker visit. b) Distribute and discuss AB636 report results at CFS Policy Team meetings on a quarterly basis. c) Continue to distribute annual CWS/CMS Compliance Deadline calendar to all staff. d) Ensure that staff is trained to use Safe Measures.	**Anticipated Completion Date**	a) 06/30/09 b) 06/30/09 c) 06/30/09 d) 06/30/09 a)07/01/08-02/06/09 b and c) 07/01/08-02/06/09 d) 07/01/08-02/06/09	**Assigned To**	CFS Mgmt Team, William Dai,IT Analyst, Social Worker Supervisors

	1.6.2 Continue to respond in a timely manner to immediate referrals. Develop and implement management actions which will help increase the compliance rate for 10-day response referrals so that the standard is consistently met.		07/01/08- 06/30/09		CFS Mgmt Team and staff
Improvement Goal 2.0 Assure appropriate linkages to mental health assessment and mental health treatment services for children and families.					
Strategy 2.1 Assess capacity and availability of mental health services for children and their families. Analyze linkages between mental health services, Children & Family services and AOD services. **Progress Report:** Multilingual counselors have been recruited and waiting lists eliminated for CFS clients requiring mental health services. Approximately 180 clients were referred and received services from Partners for Safe and Health Children Program (PSHC). Additionally, approximately 200 clients were referred, received mental health assessments, and received mental health services from Edgewood and Youth and Family Enrichment Services (YFS).		**Strategy Rationale** Assessing availability of mental health services will provide a comprehensive understanding of available services and help in identifying gaps. Results will provide a better understanding of our existing service array to help improve access to services by families at risk.			
Milestone	**2.1.1** Include quarterly data reports as a requirement of the current Memorandum of Understanding between CFS and Health Services. Ensure that reports are reviewed CFS Management Team. Analyze data and use results to plan and implement improvements.	**Anticipated Completion Date**	07/01/08- 06/30/09	**Assigned To**	CFS Mgmt Team, Health Services
	2.1.2 Develop and disseminate information sheet on referral processes, eligibility criteria and current capacity and availability of mental health, dual diagnosis and substance abuse assessment and treatment services. This is a milestone set by a previous manager. New manager has elected to focus on data collection, reporting and analysis which will provide information on capacity, availability, etc.		07/01/08- 06/30/09		Ellen Bucci, Special Programs Manager

	2.1.3 Distribute foundation funding to DR community partners for use in hiring mental health clinicians to provide counseling services to DR families.		07/01/08 – 02/06/09		Agency Financial Services staff
	2.1.4 Move towards strengthening resources through community partnership, continuing to develop strategies to expand early intervention services.		07/01/09- 06/30/09		Deborah Torres, Prevention/ Early Intervention Director
Strategy 2.2 Use the Agency-wide accreditation process as a means for improving Priority Area One-related services by complying with relevant accreditation requirements. **Progress Report**: On September 16, 2008, HSA was notified that it had become the first public agency in California to achieve accreditation through the Council on Accreditation (COA). Accreditation ensures that best practices are in place at every level throughout the Agency in order to meet the needs of those we serve.		**Strategy Rationale** Agency-wide accreditation efforts will provide an opportunity for examination of policies, procedures and service provision in order to develop and implement improvements based on accreditation requirements which reflect best practices in the social services field.			
Milestone	**2.2.1** Participate as needed on accreditation self-study teams in order to identify related areas; assist in the development of policy and/or procedural improvements necessary to meet accreditation requirements; and assist in the implementation of improvements. **REVISED:** Maintain accreditation status by continuing to incorporate best practices that were identified and implemented as part of the accreditation approval process.	**Anticipated Completion Date**	07/01/08- 06/30/09	**Assigned To**	CFS Mgmt Team, Supervisors and Staff

Describe systemic changes needed to further support the improvement goals.

- Improve communications among all stakeholders in the child welfare system. A communications plan should be developed and implemented to increase access to information about the child welfare system; this could include establishing a list-serve for on-line communication among families, workers and others (e.g., policy updates, FAQ bulletin).
- Improve collaboration and service integration among County departments and community-based agencies serving same families.
- Build information technology capacity in County and community partner organizations to collect data and track outcomes.
- Develop cultural competence of all participants in children's service system.

- Develop strategies promoting use of blended, flexible funding to maximize resources for families with multiple needs.
- Strengthen working relationships/partnerships among families, community organizations and public agency staff (e.g., Human Services, Probation, Health, and Courts).
- Improve methods of service contracting with public and private agencies: identify different contracting models, examine approaches used, tested, proposed in different San Mateo County departments or other counties; hold discussion with contracting partner agencies to obtain feedback on current contracting process (what does/doesn't work) and proposed models.
- Create formal mechanism for collaborative planning about service delivery among executive management staff of HSA, Health Services, Probation Departments and community partner agencies.
- Improve community cooperation and collaboration to achieve shared goals for children and families.
- Increase availability and affordability of child care.
- Increase availability of pre-school sites capable of serving children with behavioral difficulties.
- Increase availability and funding to support alcohol and other drug prevention and treatment services, especially gender appropriate service.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Training on cultural competence – the impact cultural norms have on family engagement and participation in services.
- Training for service providers and family caregivers on understanding and managing behavioral challenges of abused, neglected children.
- Training for service providers and families on age-appropriate child behavior and child development.
- Training for all partners (e.g., birth parents, foster parents, kin caregivers, CWS staff, Court, Probation, Counsel, and the Sheriff's department) in child welfare practice, protocol, roles and responsibilities.
- Training on working collaboratively, shared case management.
- Training for service providers, partners, and families on CPS reporting, CPS function and child welfare services, differential response protocols, particularly on how the system operates (legal requirements/timeframes) and case planning processes.
- Training on identifying risk, assessment, and family engagement.
- Training on confidentiality, HIPPA regulations, and appropriate use of releases.

Identify roles of the other partners in achieving the improvement goals.

All current stakeholders should engage their staff in this effort. All stakeholders and their staff should reach out to potential partners to communicate and gather support for implementing these system improvement goals, including:

Greater involvement from healthcare providers/practitioners, Mental Health, AOD, and schools in case planning processes.

- Churches or faith-based groups, such as Help One Child and Jeremiah's Promise, can support resource development for children, adolescents and parents.
- 4Cs (especially given their work in training license exempt child care providers) and pre-school programs can help support and should participate in team-based case planning.
- Members of the media (e.g., special series of articles, ads).
- Law enforcement (neighborhood district offices, community programs and policing programs).
- Schools, with the focus on individual schools rather than the County Office of Education, and their after school programs.

- Churches; the faith community.
- Existing advisory boards and commissions.
- Parks and Recreation offices.
- Ethnic and cultural associations.
- Peninsula Community Foundation – its neighborhood grants program staff and grantees.
- Rotary, Kiwanis, Junior League, Elks and other clubs, associations.
- Homeowners' associations.
- Community/Neighborhood Businesses.
- Sports teams.

Senior centers; many seniors provide child care for their relatives.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- Confidentiality and appropriate use of parental release forms.
- HIPAA implications.

SIP Priority Area Two: Permanence and Stability
Outcome/Systemic Factor: Children have permanence and stability in their living situations without increasing entry into foster care.
(Refer to AB636 Outcome Measures C1.1 – C1.4 and C4.1-C4.3)

County's Current Performance:
Although CFS has yet to meet C1.4's federal standard of ≤ 9.9%, CFS's performance on re-entry is on a positive trend. Q2 2008's 12.1% re-entry rate shows 14% improvement from last quarter and 32% improvement from a year ago. Re-entry continues to be one of the main focus areas of CFS's implementation plan and will be the focus again of the upcoming Peer Quality Case Review. Although CFS failed to meet the federal standard on C1.1 in three of the last four quarters, San Mateo County's reunification rate is greater than California's rate as a whole. Meeting the Placement Stability standards continues to be a challenge. However, CFS has implemented strategies to stabilize placements and continues the practices of placing children with relatives and placing children with all or some siblings, which are known to ensure placement stability.

Improvement Goal 1.0 Improve team-based case planning processes.

Strategy 1. 1 Review, revise and implement policies and protocols for each type of team-based case planning on an ongoing basis to make improvements in operations and to ensure that best practices are being used in placement decisions, in order to prevent re-entry into the child welfare system. **Revised**: Review, revise and implement Team Decision Making (TDM) policies and protocols on an ongoing basis to make improvements in operations and to ensure that best practices are being used in placement decisions, in order to prevent re-entry into the child welfare system. **Progress Report:** CFS has identified and incorporated multiple promising practices into TDM policies and protocols in order to improve outcomes for children. Efforts are underway to increase the number of TDMs held at changes of placement and CFS expects to implement TDMs at case closures during the next fiscal year. In addition to hiring a new TDM Coordinator, three alternate facilitators have been designated. A TDM model is being developed to meet the specific needs of African American male children in foster care. (See Strategy 1.4, Milestone 1.4.3)	**Strategy Rationale** Policies and protocols are currently under review and should be revised as needed to reflect changes that support participation in case planning. Policies and protocols should also be reviewed to assure they are being fully implemented.

Milestone	Anticipated Completion Date	Assigned To
1.1.1 Evaluate effectiveness of Team Decision Making forms and materials and use feedback to revise and improve materials as appropriate. **Revised:** Expand TDM facilitation team to include alternate facilitators.	07/01/08-02/06/09	Gary Beasley and Ellen Bucci, Area Two Project Managers, Team Decision Making Workgroup, Amanda Kim, Public Information Officer
1.1.2 Update and revise Team Decision Making brochure as needed. Continue to distribute brochures throughout the community. **Revised:** Continue to use TDMs in case planning. Review and analyze TDM survey responses and collect and analyze CWS/CMS data to measure impact of TDMs on placement stability and re-entry. Use findings to develop any needed management actions.	07/01/08-06/30/09	Team Decision Making Workgroup
1.1.3 Using the training offered to Team Decision Making facilitators, expand training audience to include Family Self Sufficiency Team facilitators. **Revised:** Expand TDMs to include additional decision points in Investigations and at case closing. Identify ongoing service needs and use TDM as a form for connecting families with community organizations that can provide the needed services. Include faith-based community, Prevention/Early Intervention Program and Self Sufficiency representatives at case closure TDMs	07/01/08-06/30/09	Team Decision Making Workgroup, Gary Beasley and Ellen Bucci, Priority Area Two Project Managers
1.1.4 Provide for ongoing training, software improvements and further development of business policies and protocols for a validated risk-needs assessment and case planning tool used to adequately determine youth needs, and facilitate appropriate, least-restrictive placements.	07/01/08-06/30/09	Probation
Strategy 1. 2 Review strengths and challenges of current team-based case planning (TBCP) groups and identify ways to increase participation and improve outcomes. **Progress Report:** Given that research correlates the TDM team-based case planning model with improved outcomes in the areas of re-entry and placement stability, CFS has focused its efforts on strengthening existing TDM policies and protocols. A data collection method is being developed to gather TDM data and analyze the impact of TDM practice on outcomes.	**Strategy Rationale:** San Mateo County has implemented eight forums for team-based case planning (Team Decision Making, Permanence Committee, Placement Review Board, Family Self Sufficiency Teams, etc.). Reviewing processes, resource needs, and results of team-based case planning will help identify practices that work most effectively to support stability for children and families.	

CFS has reached an agreement with Casey Foundation to provide family group conferencing training to TDM facilitators so that families whose situations do not meet TDM criteria will be able to receive team-based case planning services.					
Milestone	**1.2.1** Following review of Sphere TBCP report by TBCP Workgroup members, discuss and collect feedback on report recommendations. Make additional recommendations as needed and acquire approval through appropriate channels.	Anticipated Completion Date	06/30/09	Assigned To	Gary Beasley and Ellen Bucci, Priority Area Two Managers, CFS Policy Team, CFS Mgmt Team
	1.2.2 a) Plan and implement pilots recommended by workgroup including: - Conducting TDM meetings three months following the reunification of children with their families to assess status of reunification and to make early identification of potential issues and/or concerns which, when addressed, will help to prevent re-entry into the child welfare system - Combining Team Decision Making meetings with Family Self Sufficiency Team meetings **Revised:** - Combine closure TDM meetings with Family Self Sufficiency Team meetings (by including FSST member at TDM) in order to identify and access the maximum resources available to the family. b) Evaluate outcomes. c) Will work toward utilization of preset TDM time slots. **Revised:** Utilize preset TDM timeslots.		07/01/08-06/30/09 b) 06/30/09 c) 07/01/08-06/30/09		TBCP Case Planning Workgroup, Gary Beasley and Ellen Bucci, Priority Area Two Managers

	1.2.3 Expand membership of Team Based Case Planning Workgroup to include community partners and foster youth. Expand Team Decision Making to include the following additional representation: a) asset coaches b) Citizens' Review Panel member c) Provide appropriate training to additional representatives as needed on an ongoing basis. **Revised:** **1.2.3** Expand membership of Team Based Case Planning Workgroup to include additional partners.		07/01/08- 06/30/09	Gary Beasley and Ellen Bucci, Priority Area Two Managers, TDM Workgroup
	1.2.4 To ensure placement stability for children initially placed at Receiving Home/Tower House, conduct visit with child in new placement within two weeks of placement to assess stability. **(New Milestone)**		07/01/08- 02/06/09	Pravin Patel, Permanent Placement Manager
	1.2.5 Restructure quality assurance advisory group to include educational community, mental health and youth mentors.		07/0/08- 06/30/09	Gary Beasley and Ellen Bucci, Priority Area Two Managers
	1.2.6 Use FY 08/09 Family Finding pilot to locate significant family members or other significant adults for every child in care. **(New Milestone)**		07/01/08- 06/30/09	Ellen Bucci, Priority Two Project Manager

Strategy 1. 3 Assess needs of staff, community partners, parents, and youth for supports that increase stability for families after children return home from foster care. **Progress Report:** CFS is encouraging increased use of wraparound services in order to strengthen families and promote increased stability at reunification. A monitoring system is in place to determine the number of families receiving wrap services so that strategies can be developed as needed to increase participation. A decision has been made to convene a TDM at every case closing in order to identify continuing service needs and provide linkages to those services following reunification. Families continue to be identified and referred to Family Self Sufficiency Teams to enhance their access to services.	**Strategy Rationale** Many factors affect successful reunification of children with their families. It is important that we learn whether there are specific ways to improve our practice and tailor services to better meet the needs of families in San Mateo County during the case planning and post-reunification process.

Milestone		Anticipated Completion Date		Assigned To	
	1.3.1 Explore the possible development of a liaison position to centralize and coordinate team-based case planning processes Agency-wide. **Revised**: **1.3.1** Use TDM to link with other team based case planning entities to address disproportionality and re-entry.		07/01/08- 02/01/09		Gary Beasley and Ellen Bucci, Priority Area Two Managers
	1.3.2 a) Plan bi-monthly meetings with Citizens' Review Panel (community representatives) as a forum for continuing to build upon relationships and for soliciting feedback on operations, policies and protocols, and challenges. b) Prepare a clear, concise, community-focused description of team-based case planning and the role community partners can play in these meetings. Create a venue for community partner feedback regarding whether they feel that their voice is being heard during the team decision making process.		07/01/08- 02/06/09 b) 6/30/09		Gary Beasley, Priority Area Two Manager
	1.3.3 Explore ways to leverage funding for aftercare services, e.g. possible collaboration with Public-Private Community Partnership		07/01/08- 06/30/09		CFS Mgmt Team
	1.3.4 Work with State group to change language and forms to make case plans more user-friendly for children and families.		07/01/08- 02/06/09		CFS Mgmt Team
	1.3.5 Provide social work staff with placement training to enable them to make thoughtful and informed recommendations to TDM groups which are based on current best practice.		07/01/08- 02/06/09		Elaine Azzopardi, Policy Manager

Strategy 1.4 Act as the lead agency in a County-wide effort to reduce disproportionality and increase stability for children of color. **(New Strategy)** **Progress Report:** CFS was designated by the San Mateo County Manager to take the lead in reducing disproportionality in our safety net of services. He recommended that the Human Services Agency take the lead in creating a disproportionality action plan, and identified the use of data, a review of processes to identify systemic bias, promising practices review, and training as examples of effective strategies which can be used in improving outcomes for minority children and families. He also recommended the development of a community outreach and engagement strategy, to ensure that addressing disproportionality will be a broad-based, collaborative, community-wide process.			**Strategy Rationale:** Data indicates that African American children experience disproportionality and disparity at multiple decision points including referral, substantiation, and entry into out of home care. Addressing these issues will result in improved outcomes for children of all ethnicities.		
Milestones	**1.4.1** Partner with the California Disproportionality Project to create a work plan for addressing disproportionality in child welfare. Expand efforts to include other Agency departments and County agencies where disproportionality exists, e.g., economic self sufficiency, the juvenile justice system. **(New Milestone)**	**Completion Date**	07/01/08-06/30/09	**Assigned To**	Gary Beasley, Priority Area Two Manager, Disproportionality Workgroup
	1.4.2 Consider the long term impact of disproportionality on youth in the child welfare system when making placement decisions at TDMs by adding a discussion of cultural considerations to the TDM process. Facilitate thoughtful placement decisions by acknowledging the disparity in treatment of children of color and by maintaining the involvement of concerned community members in the decision making process. **(New Milestone)**		07/01/08-06/30/09		Gary Beasley and Ellen Bucci, Priority Area Two Managers
	1.4.3 Design a TDM model tailored to the specific needs of African American male children and pilot the model. Track data to determine whether a correlation exists between use of the model and increased permanency/ reduced re-entry for target group. **(New Milestone)**		07/01/08-06/30/09		Gary Beasley, Priority Area Two Manager, Disproportionality Workgroup

Strategy 1.5 Use the Agency-wide accreditation process as a means for improving Priority Area Two – related services by complying with **Progress Report:** On September 16, 2008, HSA was notified that it had become the first public agency in California to achieve accreditation through the Council on Accreditation (COA). Accreditation ensures that best practices are in place at every level throughout the Agency in order to meet the needs of those we serve.			Strategy Rationale Agency-wide accreditation efforts will provide an opportunity for examination of policies, procedures and service provision in order to develop and implement improvements based on accreditation requirements which reflect best practices in the social services field.		
Milestone	**1.4.1** Participate as needed on accreditation self-study teams in order to identify Area Two-related standards; assist in the development of policy and/or procedural improvements necessary to meet accreditation requirements; and assist in the implementation of improvements. **Revised:** Maintain accreditation status by continuing to incorporate best practices that were identified and implemented as part of the accreditation approval process.	**Anticipated Completion Date**	07/01/08-02/06/09 07/01/08-06/30/09	**Assigned To**	Children & Family Services Management Team, Supervisors and Staff

Describe systemic changes needed to further support the improvement goal.

- Improve communications among all stakeholders in the child welfare system. A communications plan should be developed and implemented to increase access to information about the child welfare system; this could include establishing a list-serve for on-line communication among families, workers and others (e.g., policy updates, FAQ bulletin).
- Improve collaboration and service integration among County departments and community-based agencies serving same families.
- Build information technology capacity in County and community partner organizations to collect data and track outcomes.
- Develop cultural competence of all participants in children's service system.
- Develop strategies promoting use of blended, flexible funding to maximize resources for families with multiple needs.
- Strengthen working relationships/partnerships among families, community organizations and public agency staff (e.g., Human Services, Probation, Health, and Courts).
- Integrate evidence-based practice recommendations in all policies, protocols to support best practices in service delivery.
- Expand service network through greater involvement of non-traditional community resources that support children and families.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Training on cultural competence – the impact cultural norms have on family engagement and participation in services.
- Training for service providers and family caregivers on understanding and managing behavioral challenges of abused, neglected children.
- Training for service providers and families on age-appropriate child behavior and child development.
- Training for all partners (e.g., birth parents, foster parents, kin caregivers, CWS staff, Court, Probation, Counsel, and the Sheriff's department) in child

welfare practice, protocol, roles and responsibilities.

- Training on working collaboratively, shared case management.
- Training for service providers, partners, and families on CPS reporting, CPS function and child welfare services, and differential response protocols, particularly on how the system operates (legal requirements/timeframes) and case planning processes.
- Training in team-based case planning and team-based decision-making participation and protocols.
- Training for community service partners in strength-based assessment and case planning skills.
- Training for social work supervisors that will encourage consistency in conducting assessments and applying decision-making criteria, especially in cases where children are returning home.

Identify roles of the other partners in achieving the improvement goals.

- Greater involvement from healthcare providers/practitioners, Mental Health, AOD, and schools in case planning processes.
- Churches or faith-based groups, such as Help One Child and Jeremiah's Promise, can support resource development for children, adolescents and parents.
- 4Cs (especially given their work in training license exempt child care providers) and pre-school programs can help support and should participate in team-based case planning.
- Improve current contracting approach to support participation in team-based case planning.
- All participants' roles need to be clearly defined.
- All participants should reinforce sense of shared undertaking by communicating to others that they are part of the system.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- Confidentiality and appropriate use of parental release forms.
- HIPAA implications.

<table>
<tr><td colspan="2">SIP Priority Area Three: Permanence and Family Connections
Outcome/Systemic Factor: The family relationships and connections of children will be preserved as appropriate.
(Refer to Outcome Measure 4B)</td></tr>
<tr><td colspan="2">County's Current Performance
Based on the most recent point in time data (July 2008), more children were placed in the most restrictive placement. Kin had the highest rate of placement at 36.3%, followed by FFA at 22.1%, Guardian at 12.8%, Foster at 9.8% and Group Home at 8%. The order of highest to lowest placement is consistent with the Statewide data.
CFS has consistently placed half of its' foster children with all siblings. The rate of placing children with some or all siblings has been trending upward and has shown a 14.5% increase from one year ago.</td></tr>
<tr><td colspan="2">Improvement Goal 1.0 Improve supports for social workers, foster and kin parents, and birth parents to help keep youth in family care placements.

Revised:
Improve supports for birth, kin, foster and adoptive parents, social workers and youth.</td></tr>
<tr><td>Strategy 1. 1 Increase access to information about the child welfare system, including how it works, requirements, and available resources.

Revised:
Enhance resources needed by birth, kin, foster and adoptive parents, social workers and youth.

Progress Report:
A full-time Foster Parent Liaison/Ombudsperson has been hired to support resource families by facilitating the resolution of inquiries and complaints.

Training was provided to Agency and partner staff in order to increase their understanding of issues faced by kinship families, and to strengthen and build their skills in working with kinship families.

A respite policy evaluation was conducted.</td><td>Strategy Rationale The self assessment indicated a need for basic information about child and family serving systems. Specific requests for support included ways to contact other people when questions about how to support youth arise. Encouraging informal and formal communications can help families locate resources that will promote stability and access to appropriate support.</td></tr>
</table>

Milestone	Anticipated Completion Date	Assigned To
1.1.1 Maintain the Foster Youth Services Program in order to provide educational liaison services to youth, parents and social workers. **(New Milestone)**	07/01/08-02/06/09	Ellen Bucci, Special Programs Manager
1.1.2 Conduct mandatory visitation and placement training for social workers. **(New Milestone)**	07/01/08-02/06/09	Elaine Azzopardi, Policy Manager
1.1.3 Continue to fund kinship care services in order to make services and resources available to help family members continue to provide care for youth. **(New Milestone)**	07/01/08-02/06/09	Deborah Torres, Director, Prevention/Early Intervention
1.1.4 Continue to use the Foster Parents of Adolescents Subcommittee as a training forum for foster parents.	07/01/08-02/06/09	Ellen Bucci, Priority Area Three Manager
1.1.5 Continue to implement and expand housing stipend program in order to enhance the ability of emancipating youth to achieve self-sufficiency. Integrate with existing programs and services.	07/01/08-06/30/09	Ellen Bucci, Priority Area Three Manager
1.1.6 Continue to explore transitional housing options for emancipating youth, including procurement of a building to house emancipated adolescents.	07/01/08-02/06/09	Ellen Bucci, Priority Three Manager, Office of Housing, County Board of Supervisors
1.1.7 Continue to offer Independent Living Program services to 14 and 15 year old youth. Increase the number of youth receiving services.	07/01/08-02/06/09	Ellen Bucci, Priority Area Three Manager, Independent Living Program staff, College of San Mateo
1.1.8 Increase Asset Coaching staff to assist youth in understanding and acquiring internal and external developmental assets.	07/01/08-02/06/09	Ellen Bucci, Priority Area Three Manager

Milestone	Anticipated Completion Date	Assigned To
1.1.9 Facilitate the preservation of family connections during visitation, by way of web camera equipment, between youth that are placed in out of state/county care and their families.	07/01/08-06/30/09	Ellen Bucci, Priority Area Three Manager, Juvenile Probation Services Mgmt Team
1.1.10 Publicize and conduct two training sessions on how to discuss with youth the best practice strategies for locating and developing lifelong connections. Involve and engage multi-ethnic presenters and participants in the information sharing process.	07/01/08-02/06/09	Ellen Bucci, Special Programs Manager
1.1.11 Provide family reunification services with children in placement including transportation, food and lodging for visits to the placement by the family or transportation for visits home by the minor.	07/01/08-06/30/09	Probation
1.1.12 Provide stabilizing behavioral health services to allow for appropriate, less restrictive out-of-county placements, including mental health treatment services and psychotropic drugs.	07/01/08-06/30/09	Probation
1.1.13 Facilitate youth's independence by providing independent living resources (e.g. clothing for employment, book and other academic supplies) and general support in permanency planning.	07/01/08-06/30/09	Probation

Strategy 1.2 Improve program to maintain and support resource families.

Progress Report:
A full-time Foster Parent Liaison/Ombudsperson has been hired to support resource families by facilitating the resolution of inquiries and complaints. The Liaison meets with foster parents on a regular basis to maintain open and ongoing communication.

Strategy Rationale HSA and foster parents have begun to address the issues of greatest concern to foster parents and improve supports. However, more can be done to build a retention program that better addresses resource families' concerns.

Milestone	Anticipated Completion Date	Assigned To
1.2.1 Continue to collaborate with the California Youth Permanency Project in developing programs to achieve permanency for more youth.	07/01/08-06/30/09	Ellen Bucci, Priority Area Three Manager
1.2.2 Standardize practices which explore permanent placement for all youth **Revised:** Conduct at least two Adoption Day events annually in order to continue to successfully recruit adoptive homes for children aged 13 and older.	07/01/08-02/06/09	Pravin Patel, Permanent Placement Manager
1.2.3 Continue to examine Intake infrastructure and practice as it relates to permanent placement for all children in the foster care system. Make recommendations for improvements. **Revised:** Submit presentation to Board of Supervisors as part of the annual Adoption Month event which includes a Board proclamation.	06/30/09 Completed	Pravin Patel, Permanent Placement Manager
1.2.4 Explore Efforts to Outcomes system as a possible way of tracking housing, Fostering the Future and aftercare outcomes. Explore feasibility of making system available to staff.	07/01/08-02/06/09	Ellen Bucci, Priority Area Three Manager, Business Systems Group
1.2.5 Review foster parent training curriculum. Identify needed changes/updates. Develop revised curriculum.	07/01/08-02/06/09	Pravin Patel, Permanent Placement Manager
Strategy 1.3 Recruit resource families who can meet adolescents' unique needs.	**Strategy Rationale** Recruiting Resource Families within our county who can meet these needs will help preserve	

Progress Report: Approximately 180 assessments of potential adoptive and foster homes were completed. In addition to its recruitment efforts, CFS collaborated with Edgewood Center to research new and promising technology for use in locating family members of foster youth. A twelve month contract was finalized to conduct extensive searches for family linkages that will lead to permanent placement, a sense of belonging and/or lifelong connections.			family connections and increase placement in the appropriate least restrictive care setting.		
Milestone	**1.3.1** Continue to develop and distribute marketing materials that focus on adolescents and resources available to caregivers.	Date	07/01/08- 06/30/09	Assigned To	Ellen Bucci, Priority Area Three Manager
	1.3.2 Include Adolescent Panels at every foster parent orientation.		07/01/08- 06/30/09		CFS staff
	1.3.3 a) Continue to strengthen and expand the Foster Parents of Adolescents Subcommittee and include members in strategic planning. b) Include former foster youth in accreditation and Peer Quality Case Review processes.		07/01/08- 06/30/09 b) 07/01/08- 06/30/09		Ellen Bucci, Priority Area Three Manager, Elaine Azzopardi, Policy Manager
Strategy 1.4 Build stronger partnerships among foster families and social workers through holding facilitated conversations to achieve a shared understanding of the expectations that define the working relationships and culture of the child welfare system, and monitor whether these have been met. **Progress Report:** Partnerships between foster families and CFS staff were strengthened in previous fiscal years through quarterly partnership conferences.			**Strategy Rationale** In order to improve retention and recruitment of resource families, the organizational culture of the child welfare system must shift to promote true partnership. Preliminary work has already been done by CW social workers and foster parents to determine what will need to be changed, when, how and by whom. This strategy will build upon this work and serve as a model for culture change throughout the entire system.		
Strategy 1.5 Use the Agency-wide accreditation process as a means			**Strategy Rationale** Agency-wide accreditation efforts will		

for improving Priority Area Three-related services by complying with relevant accreditation requirements **Progress Report:** On September 16, 2008, HSA was notified that it had become the first public agency in California to achieve accreditation through the Council on Accreditation (COA). Accreditation ensures that best practices are in place at every level throughout the Agency in order to meet the needs of those we serve.			provide an opportunity for examination of policies, procedures and service provision in order to develop and implement improvements based on accreditation requirements which reflect best practices in the social services field.		
	1.5.1 Participate as needed on accreditation self-study teams in order to identify related areas; assist in the development of policy and/or procedural improvements necessary to meet accreditation requirements; and assist in the implementation of improvements. **Revised:** Maintain accreditation status by continuing to incorporate best practices that were identified and implemented as part of the accreditation approval process.		07/01/08- 06/30/09		CFS Mgmt Management Team and Staff

Describe systemic changes needed to further support the improvement goal.

- Improve communications among all stakeholders in the child welfare system. A communications plan should be developed and implemented to increase access to information about the child welfare system; this could include establishing a list-serve for on-line communication among families, workers and others (e.g., policy updates, FAQ bulletin).
- Improve collaboration and service integration among County departments and community-based agencies serving same families.
- Build information technology capacity in County and community partner organizations to collect data and track outcomes.
- Develop cultural competence of all participants in children's service system.
- Develop strategies promoting use of blended, flexible funding to maximize resources for families with multiple needs.
- Strengthen working relationships/partnerships among families, community organizations and public agency staff (e.g., Human Services, Probation, Health, and Courts).
- Align reimbursement levels for AAP, foster care, guardianship, kinship care support.
- Improve access to adoption supports: assure post-adoption eligibility for benefits and financial support for adopted foster youth (medical assistance, school financial aid).

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Training on cultural competence – the impact cultural norms have on family engagement and participation in services.
- Training for service providers and family caregivers on understanding and managing behavioral challenges of abused, neglected children.
- Training for service providers and families on age-appropriate child behavior and child development.
- Training for all partners (e.g., birth parents, foster parents, kin caregivers, CWS staff, Court, Probation, Counsel, and the Sheriff's department) in child welfare practice, protocol, roles and responsibilities.
- Training on working collaboratively, shared case management.
- Training for service providers, partners, and families on CPS reporting, CPS function and child welfare services, differential response protocols, particularly on how the system operates (legal requirements/timeframes) and case planning processes.
- Develop and provide training for families on how to support children/youth with special needs.
- Deliver training necessary to assure CWS staff, partners and families are clear about roles, responsibilities, and dispute resolution alternatives in each phase of child welfare case activity (referral/intake, placement, court hearings, case planning, reunification, adoption, emancipation).
- Increase access to training for birth parents, foster parents, kin caregivers, Court, Probation, counsel, and the Sheriff's department in child welfare practice, protocol, roles and obligations. Provide joint training sessions for above groups to improve understanding and collaborative practice.
- Develop technical assistance or training for parents and service provider staff on how to access educational supports for youth (e.g., IEPs, SSTs). Incorporate staff and resource parents. (The County Office of Education provides some of this training already).
- Develop and provide training for families on how to support adolescents (topics on dealing with difficult behavior, alcohol and drug use, sexual identity and orientation).
- Increase availability of training for service providers on child related issues - Child Development, Children with Mental Health Issues and Developmental Delays (including DSM IV), Infant/Child Abuse, Physical and Sexual Abuse (including terminology), Working with Adolescents and Teens, Transgender Identity).
- Increase availability of training for service providers on parent related issues – working with foster parents as allies, Difficult Situations with Parents; parenting skills.
- Y.O.U.T.H. Training (developed by former foster youth for social workers, service providers).
- Resource parent training – tailor training to the specific needs of foster and fost-adopt parents (target the audience).

Identify roles of the other partners in achieving the improvement goals.

- Greater involvement from healthcare providers/practitioners, Mental Health, AOD, and schools in case planning processes.
- Churches or faith-based groups, such as Help One Child and Jeremiah's Promise, can support resource development for

children, adolescents and parents.
- 4Cs (especially given their work in training license exempt child care providers) and pre-school programs can help support and should participate in team-based case planning.
- Include foster youth in MAPP training.
- Subgroups of foster parents who share similar interests (e.g., fostering adolescents, medically fragile children) should work more directly with FPA board, with the association as a whole, and with groups responsible for work in this plan.
- Youth should be more involved in all phases of implementing this plan.
- ACAT (Adolescent Collaborative Action Team) can support resource development for adolescents.
- Community-based organizations, especially those serving teens, should be involved in ongoing planning and implementation.
- Community colleges could conduct wider range of courses for foster parents, emancipating foster youth.
- CDSS must work with counties to help assure that resources and technical assistance are available, and that statutory changes are made to support this work.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
- Confidentiality and appropriate use of parental release forms.
- HIPAA implications.
- Foster home licensing requirements should be more flexible.
- Extend eligibility for Medi-Cal for adopted children.
- Extend eligibility for Education Financial Aid for adopted children.