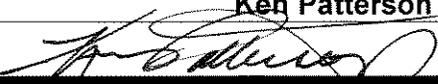
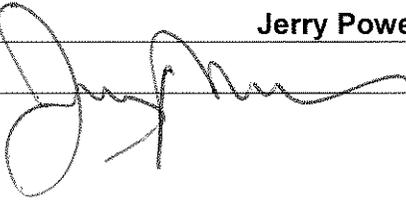


California's Child and Family Services Review System Improvement Plan	
County:	Stanislaus
Responsible County Child Welfare Agency:	Community Services Agency Child and Family Services Division
Period of Plan:	09/18/2007 – 09/17/2009
Period of Outcomes Data:	July 2007 report
Date Submitted:	September 18, 2007
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Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Ken Patterson
Signature:	 9/18/07
Submitted by:	County Chief Probation Officer
Name:	Jerry Powers
Signature:	

SEP 28 2007

1. Local Planning Bodies:

Stanislaus County's Child and Family Services Division and Juvenile Probation Department participated collaboratively in the development of the Self-Assessment document and System Improvement Plan.

Stanislaus County has a long history of close and collaborative partnerships with agency partners, community based organizations, the Foster Parent Association, stakeholders and other community groups. Focus groups were conducted with social workers, probation officers, Juvenile Court Judges and Commissioners, Foster Family Agencies and Group Home staff, and community partners and stakeholders via the Community Partner Review Team.

The Community Partner Review Team included members of our Child Welfare Services (CWS) Advisory Board whose input is essential to the completion of the Self Assessment and the development of the System Improvement Plan. Outreach was completed to solicit the participation of other key stakeholders and agency partners.

In addition to the various focus groups, additional development of the System Improvement Plan was conducted in collaborative brainstorming sessions, through our agency outcome review committee, known as Self-Evaluation. The community and agency partners are invited to Self Evaluation, in addition to agency staff, supervisors and managers.

The Self-Assessment and System Improvement Plan included one or more representatives from:

Community Services Agency, Child and Family Services Division
Behavioral Health and Recovery Services, Children System of Care
Court Appointed Special Advocates
Health Services Agency
California Youth Connection (CYC)
Faith-based community partners
Foster Parent Association
Foster Family Agencies
Stanislaus County Office of Education
Kinship Services
Former Foster Youth
District Attorney
Sheriff's Department
Modesto Police Department
Probation
Community Based Organizations
Valley Mountain Regional Center
Superior Court, Juvenile Division presiding Judge and Commissioner
CalWORKs/TANF and Integrated Services
Parent Consumer

2. Share Findings that Support Qualitative Change:

Since early 2002, Stanislaus County has had a functioning Self-Evaluation group as part of the implementation of the Family to Family Initiative. That group was the basis for the stakeholders and agency group that engaged in the in-depth analysis of the outcomes and systemic factors necessary as part of the C-CFSR Self Assessment and System Improvement Plan.

The Self-Evaluation team used data from the U.C. Berkeley web site, SafeMeasures, and the production of a number of business objects reports to analyze child welfare outcomes. Probation, whom does not have CWS/CMS, used internally developed data collection methods to report their outcomes.

In addition to quantitative analysis of data, Stanislaus County used qualitative information gathered from focus groups with a range of consumers. These focus groups assisted the agency to identify those areas in need of change and develop potential strategies for addressing agency and systemic areas for growth.

System Improvement Plan implementation and progress will continue to be monitored through the Self Evaluation meeting process.

Outcome/Systemic Factor: Recurrence of Maltreatment (Child & Family Services)			
County's Current Performance: Stanislaus County's rate of children without a repeat recurrence of maltreatment within 6 months of a prior maltreatment is less than the current National Standard (94.6%), but has improved over the past couple of years. The vast majority of repeat maltreatment was involving allegations of General Neglect and Caretaker Absence or Incapacity. Stanislaus County has implemented a number of process improvement strategies to address this area, including Differential Response, Comprehensive Assessment Tools (CAT) for safety and risk assessment, and other policy changes and training.			
Improvement Goal 1.0 Reduce repeat maltreatment for children, with particular emphasis on children 0-5 years of age.			
Strategy 1.1 Convene the Quality Assurance Review Team (QART) to: review instances of repeat maltreatment (particularly for children 0-5 years); make recommendations to the Leadership/Management Team regarding practice issues, training, policies & procedures, services, etc.		Strategy Rationale¹ The circumstances that result in repeat maltreatment vary significantly and do not always indicate that a child was at risk of harm. Statistical analysis shows that children ages 0 – 5 years have the highest rates of recurrence. Specific case review of these cases may allow for further examination of the changes that CFS needs to make in order to improve outcomes for children and thus reduction in repeat maltreatment.	
Milestone	Timeframe	Assigned to	
1.1.1 The Quality Assurance Review Team met & made recommendations to Leadership Team regarding suggested training, policy and procedure changes; and/or other suggestion strategies.	Quarterly	System Improvement Supervisor & Staff Development Supervisor, under the direction of the CFS System Improvement Manager.	
1.1.2 Training, policy & procedure changes were made as needed.	Quarterly	CFS Management Team	
Strategy 1.2 Hold Family Engagement Meetings (FEM) for families with continued stresses (when children are deemed safe and not at high risk of re-abuse) prior to case closure.		Strategy Rationale¹ Stanislaus County offers pre-placement, preventative services through Family Maintenance and Families in Partnership. Many of these families are in need of services to address family stresses, but they are not willing to engage with the agency. Families must sign a case plan for voluntary services within 30 days (60 days for some circumstances	

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

as per policy) and cases must discontinue if the family is unwilling to do so. When the children are safe and there is not imminent risk of harm, services are stopped due to the family's unwillingness to engage. For many of these families, circumstances worsen resulting in further involvement in Child and Family Services. A formalized meeting, such as a Family Engagement Meeting can help families to overcome resistance and successfully plan for involvement in services designed to assist and support them.

Milestone	1.2.1. Family Engagement Meeting (FEM) policies refined to include meeting with family and partners when not engaged and/or upon termination of services.	December 2007	Assigned to	System Improvement Manager & Management/Leadership Team
	1.2.2 Staff and partners trained on FEM procedures.	February 2008		System Improvement Manager & Management/Leadership Team
	1.2.3 FEM meetings held with families refusing services and/or prior to case closure.	March 2008		Social Workers, Supervisors & Managers

Strategy 1.3
Continue implementation of Comprehensive Assessment Tool (CAT) and provide on-going training on the use of safety and risk assessment in decision making.

Strategy Rationale¹
The Peer Quality Case Review (PQCR) process pointed out the continuing challenge for staff in deciphering when parental cooperation impacts safety and risk to children and when it does not. In past years, decisions were made largely based upon the parents' successful completion and/or cooperation with services (such as parenting, counseling) rather than the more comprehensive assessment of a number of factors as is now the case. The implementation of the Comprehensive Assessment Tool (CAT) which assists social workers and supervisors to complete a comprehensive evaluation of safety and risk was implemented within the past couple of years. This change in practice for staff and supervisors has been successful but continues to require on-going training. Advanced risk and safety assessment training will further reinforce this growth.

Milestone	1.3.1 New staff trained in Risk and Safety Assessment (CAT) and integration of tools into practice.	Timeframe	Within 3 – 4 months of hire	Assigned to	Supervisors, Staff Developer, and Systems Improvement Manager
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<p>1.3.2 Advanced CAT training and/or Safety & Risk Assessment training was provided.</p>	<p>2008</p>	<p>Staff Developer, Systems Improvement Manager</p>
<p>Notes:</p>		
<p>Improvement Goal 2.0 Engage families at children at risk of abuse or neglect in community-based preventative services.</p>		
<p>Strategy 2.1 Differential Response</p>	<p>Strategy Rationale¹ Differential Response connects families with community-based services through Path 1, 2 or 3 when children are at low or no risk of abuse and neglect. Services through Family Resource Centers, Public Health and/or Hutton House (teen services) provide the assessment, case management and support to stabilize families under stress, but whose children are safe and at no or low risk of abuse/neglect.</p>	<p>Assigned to System Improvement & Emergency Response Managers System Improvement & Emergency Response Managers System Improvement & Emergency Response Managers</p>
<p>Milestone 2.1.1 Maintained Family Resource Centers and community partners trained to implement DR. 2.1.2 Multidisciplinary Team (MDT) of parents, service providers and Child & Family Services staff convened one to two times monthly. 2.1.3 Differential Response Path 1 and 2 provided through Health Services Agency for substance exposed infants.</p>	<p>Timeframe FY 2007 - 2008 Monthly 2007-2008. FY 2007-2008</p>	<p>Assigned to System Improvement & Emergency Response Managers System Improvement & Emergency Response Managers</p>
<p>Strategy 2.2 Develop a county plan for early intervention & prevention for prenatal & parental substance use/abuse.</p> <p>Strategy Rationale¹ Through the Self Assessment process and PQCR processes the need for early intervention, education and preventative services for substance use/abuse was identified. Stanislaus County desires to engage families early in substance abuse services, before services escalate to child abuse or neglect. As a county with extensive methamphetamine use, outpatient and inpatient treatment is important to improving outcomes for children and families.</p>		

<p>Milestone</p> <p>2.2.1 Parental substance use/abuse education and early intervention discussed in a community partner meeting, such as Perinatal Substance Abuse Coalition, Child Abuse Prevention Council (CAPC), etc.</p> <p>2.2.2 Recommendations/plan for substance use/abuse prevention education and early intervention strategies developed with community partners.</p>	<p>Timeframe</p>	<p>February 2008</p> <p>April 2008</p>	<p>Assigned to</p> <p>CFS Management Team</p> <p>CFS Management Team</p>
<p>Strategy 2.3 AmeriCorps Members / Family Advocate</p>	<p>Strategy Rationale¹ Family Advocates particularly those who are parents and/or former members of the Child Welfare system are valuable members of the team that support parents involved in child welfare services. Family Advocates are able to speak with a voice that can be more easily heard from families.</p>		
<p>Milestone</p> <p>2.3.1 Family Advocates/ AmeriCorps members recruited and placed in Family Maintenance, Families in Partnership and/or Family Reunification.</p> <p>2.3.2 Family Advocates / AmeriCorps members provided support and/or aftercare for families involved voluntarily or through court with the child welfare system.</p>	<p>Timeframe</p>	<p>January 2008</p> <p>FY 2007 - 2008</p>	<p>Assigned to</p> <p>AmeriCorps Program Coordinator & System Improvement Manager</p> <p>AmeriCorps members, Site Supervisors, AmeriCorps Program Coordinator and System Improvement Manager</p>
<p>Describe systemic changes needed to further support the improvement goal.</p>			
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals. Advanced Risk & Safety Assessment training is needed through the SPHERE Institute and/or the Child Welfare Training Academy. Most training that is provided in the new worker Academy is rather basic and duplicative for the mostly Title IV-E students hired in Stanislaus. Even for those whom have found the information new material, additional training on the impact risk and safety assessment at a more advance level is needed.</p>			
<p>Identify roles of the other partners in achieving the improvement goals. Community partners are involved as indicated above.</p>			
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p>			

Stanislaus County is funded for System Improvement activities through CWS Outcome Improvement Plan (CWSOIP) funds and as a Pilot 11 county. Pilot monies are committed through June 30, 2008. To sustain the extensive, county-wide implementation of DR after July 1, 2008, continued funding will be needed, with particular emphasis that CWS funds can not be used to sustain case management efforts by community partners, despite the successful results. In addition, System Improvement activities are supported through General Fund and Promoting Safe & Stable Families dollars. Sustaining these funds are also essential to maintaining Differential Response.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Outcome/Systemic Factor: Placement Stability (Child and Family Services)			
County's Current Performance: Stanislaus County Child & Family Services is performing just under the National Standard for the percentage of children who have two or fewer placements. Placement stability is best for children in care for 12 months or less and becomes correspondingly more problematic the longer children are in care. Children between the ages of 11 and 15 years have the lowest stability rates. This is particularly true the longer children are in care and for children in Foster Family Agencies.			
Improvement Goal 1.0 Improve caregiver (foster parent/relative) skills in parenting preteen and adolescent children/youth that are victims of abuse and/or neglect.			
Strategy 1.1 Develop specialized training for foster parents, relative caregivers and social workers with working with and/or parenting foster youth, particularly children/youth 11 – 15 years of age.		Strategy Rationale² The group of youth with the greatest instability in placement is the 11 - 15 year olds. Assessment results indicate that substitute caregivers often lack the skills needed to care for foster children who are not only going through adolescents and it's related challenges, but also victims of trauma or neglect and inconsistent parenting histories.	
Milestone		Timeframe	
1.1.1 Coordinated meeting(s) with CSA, BHRS, MJC, FFAs and/or community partners that specialize in 11 -15 year olds.	December 2007	Management Team, Foster Parent Recruiter/Trainer & Supervisor, Staff Developer	
1.1.2 Developed training plan for caregivers specifically focused on youth 11 – 15 years of age.	February 2008	Management Team, Foster Parent Recruiter/Trainer & Supervisor, Staff Developer	
1.1.3 Trained foster parents, relative caregivers and social workers on adolescent issues and strategies.	May 2008	Management Team, Foster Parent Recruiter/Trainer & Supervisor, Staff Developer	
1.1.4 Developed & Submitted to the State a Specializes Care Rate Plan which takes into consideration varying levels of care for difficult to place children/youth.	Spring 2008	Specialized Care Rate Committee, Management Team, Supervisors	

² Describe how the strategies will build on progress and improve this outcome or systemic factor

<p>Strategy 1.2 Team Decision Making (TDM) for placement changes.</p>		<p>Strategy Rationale¹ Convening concerned parties regarding the placement decisions of foster youth greatly increases the quality of the decisions made. Stanislaus County implemented Team Decision Making (TDM) meetings in 2002. They are used consistently for removals, but less so for changes of placement. Adolescents are not always included in TDM meetings but are an instrumental part of the success of his/her placement.</p>			
				<p>Milestone</p> <p>1.2.1. TDM policies & procedures reviewed and updated.</p>	
				<p>Timeframe</p> <p>November 2007</p>	
<p>Milestone</p> <p>1.2.2 Foster parents & FFAs trained on TDM.</p> <p>1.2.3 11- 15 year olds invited to TDM meetings, unless contraindicated.</p>		<p>Timeframe</p> <p>December 2007</p> <p>December 2007</p>			
<p>Strategy 1.3 Foster Parent & Placement Support</p>		<p>Strategy Rationale¹ Foster parents and relatives need additional support in caring for children who have come from abusive and/or neglectful circumstances. Whereas FFA foster parents have an agency and county social worker to support them, county foster parents and relatives rely solely upon a county social worker. Pre-placement visits can result in smoother transition of children and youth from one placement to the next but requires a significant time commitment which 7 day notices and limited placement options do not support.</p>			
<p>Milestone</p> <p>1.3.1 Support plan for County foster parents created with priorities and timeline for implementation.</p> <p>1.3.2 Developed action plan for more effective linking of relative caregivers in the Child Welfare system to the Family Partnership (KSSP) Center and services.</p>		<p>Timeframe</p> <p>March 2008</p> <p>March 2008</p>			
<p>Assigned to</p>		<p>Assigned to</p> <p>System Improvement Supervisor, manager & Management/Leadership Team</p> <p>TDM Facilitators & System Improvement Supervisor</p> <p>All staff</p>			

<p>1.3.3 Explored reallocation of staffing resources within Reunification and Permanent Placement Units to enhance support for foster parents and placement stability and support.</p>	<p>March 2008</p>	<p>Court/Reunification and Permanent Placement Supervisors and Managers.</p>
<p>Describe systemic changes needed to further support the improvement goal. Foster Family Agencies need greater accountability for child welfare outcomes. Although we have placement agreements with FFAs for individual placements, there are no formal contracts between the County and Foster Family Agencies for the care of Dependent youth. The priorities and decisions of FFAs impact the performance of the County on our outcomes, yet they do not have the data needed to analyze their own performance and areas for growth. Although progress by placement type can be reviewed through the new Dynamic Reports at UC Berkeley, the information is not broken down by individual agency. Many FFAs strive to meet county goals, such as placement stability, permanency and the use of supporting strategies. There are many agencies operating in the county at one time and not all are knowledgeable about and/or committed to agency goals.</p>		
<p>Another system factor is the on-going training of caregivers. Child and Family Services provides the initial Pride training for county licensed foster homes, while FFAs provide their own training. Modesto Junior College provides the on-going training for foster parents and relative caregivers, but the coordination of training could be improved.</p>		
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals. Additional training on working with abuse/neglected adolescents and teens.</p>		
<p>Identify roles of the other partners in achieving the improvement goals. As indicated above.</p>		
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None at this time.</p>		

Describe how the strategies will build on progress and improve this outcome or systemic factor

Outcome/Systemic Factor: Re-entry into Foster Care after Reunification (Child and Family Services)			
County's Current Performance: Stanislaus County's performance on re-entry into care shows an upward trend in re-entry into foster care following reunification. Some of the re-entries are data entry issues, some of the re-entries are due to agency efforts to maintain children in voluntary placements while their parents enter treatment but subsequently are required to enter foster care, and some due			
Improvement Goal 1.0 Connect reunifying families to community-based support/aftercare services.			
Strategy 1.1 Hold Exit Team Decision Making (TDM) meetings. Includes offering a voluntary exit TDM to families for whom the Court dismisses Dependency and returns custody contrary to agency recommendation.		Strategy Rationale³ Prior to commencing trial visits, returning custody and/or closing reunification cases, families need to be connected to community-based and/or other aftercare services that can support them following the completion of reunification. Community-based supportive/aftercare services assist families with	
Milestone		Timeframe	
1.1.1 TDM policies & procedures reviewed and updated to include exit TDM meetings for reunification cases.	1.1.2 Staff trained on Exit TDM policies & procedures.	November 2007	Assigned to
1.1.3 Exit TDM meetings held for reunification cases.		February 2008	
		February 2008	
Strategy 1.2 Connect families exiting due to reunification to community resources.		Strategy Rationale¹ When families have completed their services with CFS, they still may need support from various community resources to help sustain them and assist them to manage future challenges. Families are most often reluctant to maintain connection with the child welfare agency and may not contact prior social workers when they are facing challenges.	

³ Describe how the strategies will build on progress and improve this outcome or systemic factor

		Community based resources, such as Family Resource Center, recovery support systems, faith-based organizations, etc can offer the needed support.	
Milestone	1.2.1. Aftercare plans developed with families prior to case closure.	February 2008	Assigned to Social workers & Reunification Supervisors & Manager. Social workers & Reunification Supervisors & Manager. Managers & Supervisors
	1.2.2 Families educated about potential community resources and permission sought to invite to TDM exit meetings.	February 2008.	
	1.2.3 Engaged faith-based community to provide support to families.	June 2008	
Describe systemic changes needed to further support the improvement goal. While Family Resource Centers are the most common supporter of families in the communities, they have their own resource limitations that prevent them from serving every family in their community. Families may have other areas of support, such as the faith community, recovery groups, family ties, etc. These partners need to be invited, with family consent, to participate in developing exit and aftercare plans. There is presently no funding to provide support to community partners after a family exits the child welfare system.			
Describe educational/training needs (including technical assistance) to achieve the improvement goals. None.			
Identify roles of the other partners in achieving the improvement goals. Community Partners will need the capacity to be able to support families in their neighborhoods after exiting child welfare services.			
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. Flexibility and increased funding to provide aftercare support.			

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

**Outcome/Systemic Factor:
Placement Stability (PROBATION)**

Although there are similarities between child welfare and the Probation Department, the reasons for removal generally are for very different reasons. The Probation Department usually recommends removing youth from their homes because of their continued criminality, and the risk posed to the community. Youth are also removed when it is determined they are in need of a more intense treatment program than they have been able to complete while living in the family home. Less often, youth are removed because they are at risk of abuse if left in the family home. Placement stability is our focus due to the issues that surround probation placement youth. Our data has shown that we could improve in the area of placement stability as many of our children have been placed in multiple placement settings. We know when a child has a stable placement they can focus their energy on addressing their treatment, educational, and life skill needs. Statistics indicate that Probation placement youth enter foster care older than youth entering the foster care system through Child and Family Services. The average age a child enters foster care in the probation system is 15-17 years of age. The teenage years are a challenging time for all children but with the additional impact of being removed from the family home, it becomes an extremely challenging time for children in out of home placement. If the placement is not stable it can impact every aspect of the child's life, and frequently increases their criminal behavior.

County's Current Performance:

In 2006 the Probation Department improved in the area of placement stability. In 2007 the placement stability gains realized the previous year were challenged by a more difficult to manage population. This included trying to meet the extensive needs of children who have more significant mental and physical issues than in the past. A large number of these children have been diagnosed with mental health and substance abuse issues. The severity of both of these diagnoses increases the potential of the child failing to remain in a placement and or successfully completing the program. Placement children with extensive mental health issues have a very difficult time remaining in out of home care. It is not uncommon for these children to fail several programs, which results in them in being moved from placements at a concerning rate. We want to assist these children in receiving the appropriate services and treatment they need so they can become successful in placement and return home in a timely fashion.

Placement goals include placing minors in the least restrictive setting with preference to family members when that option is available. The children that enter the probation system have committed a law violation and many have substance abuse and or mental health issues. These families have frequently exhausted all relative options prior to their child being arrested. This limits the available relative placements for these children. This can result in children being placed outside their local community to address their physical and mental health needs. Due to the transient nature of our children they frequently abscond from their placement requiring a subsequent placement, frequently at a higher level of care due to their behavior and needs. We want to focus on improving in this area, as we know that stability has a lasting impact on the long term health of children. During the community meetings, PCR and self assessment it was learned that families of placement children and the community feel enhanced outcomes in the area of placement stability and engaging families in the placement process would be beneficial. Discussions also resulted in staff reporting having a very difficult time engaging families in the process and the need to focus on ways to enhance family participation in the child's life while their child was in out of home placement.

<p>Improvement Goal 1.0 Improve placement stability by increasing a family's knowledge of the process. It is hoped that by educating placement families on the process, procedures and expectations they will more actively participate in the process. Family participation is critical in addressing the family's needs as well as providing services so the child can reunify in a timely manner.</p>			
<p>Strategy 1.1 Develop a packet of information for placement families that will be presented during the first meeting between the placement officer and the family.</p>		<p>Strategy Rationale⁴ We have a difficult time engaging families in the placement process once the court has made the order for out of home placement. Families are frustrated, as they do not feel they have a voice in the process and they know their children better than anyone. Our goal is with this educational program will be to give them an opportunity to actively participate from the time the placement order is made giving the opportunity to be engaged as early as possible. When a person feels they are involved in the planning process they are more vested in seeing that the plan is a success. We are hopeful this will increase placement stability as we work more with families in the placement process. This will give them a clear idea of what a child and family must do to successfully reunify.</p>	
<p>Milestone</p>		<p>Timeframe</p>	
<p>1.1.1 Key participants convene</p>	<p>October 2007</p>	<p>Juvenile Division Manager Placement Supervisor</p>	
<p>1.1.2 Informational packets developed</p>	<p>January 2008</p>	<p>Placement Supervisor Placement Unit Staff</p>	
<p>1.1.3 Informational packets presented to 90% of parents of out-of-home children</p>	<p>February 2008</p>	<p>Deputy Probation Officers, placement or court officer</p>	
<p>Strategy 1.2 Increase placement stability by engaging the family in the process by</p>		<p>Strategy Rationale¹ The officer's assigned to the placement unit report it is very difficult to</p>	

⁴ Describe how the strategies will build on progress and improve this outcome or systemic factor

utilizing the Family to Family model		engage family's in the placement process once the child has been ordered into out of home care. We know that a child has a better chance of being successful when the family is involved and participates in the child's treatment and placement program. We want to improve in engaging families to improve the success we have with our children in out of home placement. This will in return improve our family reunification rates.	
Milestone 1.2.1. Identify training 1.2.2 Training completed 1.2.3 Family meetings will be held for all children entering or exiting foster care		Timeframe January 2008 June 2008 July 2008	
Strategy 1. 3 Specialized training for placement officers regarding working with children and the families of children in out of home placement.		Strategy Rationale 1 During our PQCR one of the recommendations was to increase the specialized training that is provided to our staff. This was made based on the fact that there are many new staff assigned to the unit as well as the significant needs of placement children and their families. There are also several guidelines and regulations that pertain to probation youth in out of home placements.	
Milestone 1.3.1 Identify specific training needs 1.3.2 Training identified 1.3.3 All placement officer complete training		Timeframe January 2008 July 2008 December 2008	
Assigned to Juvenile Division Manager Placement Supervisor Juvenile Division Manager Placement Supervisor Training Coordinator		Assigned to Training Coordinator Placement Unit Supervisor Training Coordinator Juvenile Division Manager / Placement Supervisor	
Notes: Probation Officers are required to attend training each year. The training calendar year is July 1st of each year through June 30 th of the following year. The officers training for this calendar year have been completed and training has already been scheduled. Due to the scheduling and funding issues of this goal it will take approximately one year to fully implement the strategy if there are not dramatic staffing changes within the placement unit. Training specific to working within the regulations of our of home placement as well as working with families			

during this traumatic time would provide the officers with additional tools to be more effective in working with this population.

Improvement Goal 2.0		Address the unmet medication needs of children receiving medication as they transition from one placement to another.	
Strategy 2.1		Strategy Rationale ¹	
Invite the key people to identify and address the gaps in services as they relate to placement children who are receiving medication for mental or medical conditions as they transition from one placement to another.		It was noted in both our PQCR and Self Assessment that children ordered into out of home placement that are detained in a secure setting are frequently required to change medication due to insurance coverage or change in doctors. This medication change can delay the child in obtaining his/her medication for a brief period of time or up to several days. This delay or medication change can cause behavior to deteriorate while he/she waits to receive a therapeutic dose of medication. This can lead to placement instability due to behavior problems or the child absconding from the placement facility.	
Milestone	Timeframe	Assigned to	
2.1.1 Key people convene	Dec 2007	Chief Deputy of Field Services Juvenile Division Manager	
2.1.2 Team explores options of addressing this gap	Mar 2008	Juvenile Division Manager Key participants	
2.1.3 Report completed on most common medications and why they are prescribed	April 2008	Juvenile Division Manager Community Service Agency Staff	
Strategy 2.2		Strategy Rationale ¹	
Develop a strategy to address the identified gaps in service		It is unknown if all parties are aware of the impact current medication practices have on placement children. It is hoped the management team will strategize and find solutions to the medication management issues.	
Milestone	Timeframe	Assigned to	
2.2.1 MOU written to address the medication issues for children transitioning for setting to setting	April 2008	Chief Deputy of Field Services Juvenile Division Manager Placement Supervision	
2.2.2 Reconvene the key people who identified the gaps to finalize the protocol or MOU	May 2008	Juvenile Division Manager Key participants	

2.2.3 MOU signed	June 2008	Chief Deputy of Field Services Juvenile Division Manager Placement Supervisor
Strategy 2.3		
Strategy Rationale ¹		
Milestone	Timeframe	Assigned to
2.3.1		
2.3.2		
2.3.3		
<p>Describe systemic changes needed to further support the improvement goal. Probation children entering out of home placement are frequently removed due to their substantial mental or medical needs in addition to their criminal acts and the risk they pose to the community. These factors do not appear to be considered in the Federal or State outcomes. We are striving to increase the success of our youth in out of home placements by placing a greater emphasis on engaging their family in the process. We know that many of our probation youth entering out of home placement have been unsuccessful in addressing their treatment issues while residing with their family and their delinquent behavior has increased to the point they have become involved with the criminal justice system. They are traditional older then youth entering the system via child protect services system and have significant treatment issues to address in addition to their criminality. Many are directed to complete a treatment program to address their severe needs while residing in out of home care. This frequently takes a significant length of time and requires family participation. Our goal to increase the family participation by encouraging them, providing education on the process and procedures, and providing them support during the process. Our hope is that their increased involvement they will be supportive of the placement encourage their child to succeed by actively participating in the program resulting in an increase in the number of successful program graduations and family reunification.</p>		
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals. It has only been in the last few months that probation data has been available on the US Berkeley web site. The information is very valuable in measuring our outcomes. We will continue to utilize these reports on a monthly basis. We feel it would be beneficial for the State to a person who specializes in probation placements to work with the probation departments in completing their reports, answering questions and providing support. We are also in need of additional training for our staff. We have identified this need and added it to our goals as we feel with additional training our staff will be able to utilize the Family-to-Family model that centers on the family and the family's needs. We have utilized the Probation Officers Placement Core that provided a wealth of information but additional training would provide additional tools for our staff to utilize in the area of family engagement.</p>		
<p>Identify roles of the other partners in achieving the improvement goals. Stanislaus County Probation continues to work collaboratively with other county departments and community agencies. We have a strong partnership with Community Service Agency, Child and Family Services, Behavioral Health and Recovery Services, and Stanislaus County Superior Court. We work jointly with these agencies to provide quality care and services to our children in out of home care and frequently make joint visits. These partnerships have allowed us to address many of the significant issues that face our placement children. One of the major</p>		

issues is the number of our children with mental health diagnosis. During this process we learned that 91% of our placement children receive mental health services in 2006. We also learned that 43% are prescribed psychotropic medication. We have excellent programs in Stanislaus County for juveniles with mental health issues. Our children in placement continue to receive these services once they go into out of home care that has provided additional stability for our children. We know without this support we would have even less stability then they currently have. We also work collaboratively with Child and Family Services and have built a strong working relationship that is assisting us with working more effectively with our transitional age youth. We work closely with the California Connected by 25 Initiative and want to continue to increase our work in this area. We continue to have a strong partnership with Stanislaus County Office of Education. They work closely with our placement officers so we have all educational packets available so we can enroll our placement children in school immediately. This partnership has increase over the past few years into a team process that is efficient and effective. We know that working as a team we can increase the success of the children we serve.

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

The Probation Department is held to the same standards as Child and Family Services yet does not have the support of experienced probation personal at the State level. It would be beneficial for the State to hire people with probation experience to assist, provide guidance, and education for probation departments who are striving to meet State and Federal outcomes.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

During the PQCR and Self Assessment process several factors stood out regarding children in out of home care through the probation system. We learned that placement stability was an area of concern, as many of our children required several placements before they were successful. In collecting data during the process we learned that 91% of the probation children with placement orders were receiving mental health services (2006) and 43% were on psychotropic medication. We also learned that the families of these children felt excluded during the process and did not participate in obtaining the care and treatment their children needed. They shared that they were frequently exhausted due to the stress caused by their child's behaviors yet wanted to be involved in their child's life. Once the court was involved they felt intimidated by the process and embarrassed by the illegal acts their child had committed. The families shared they did not have the confidence to address their concerns with the court or probation officer resulting in them failing to participate in the process. This resulted in the probation officer acting as the parent to address the child's needs and parenting responsibilities. This caused the child to feel isolated and insecure, as they felt detached from their family and helpless about addressing this issue. This frequently led to the child running from their placement or failing to participate in the program. Many of those who did abscond were arrested on additional criminal charges resulting in a higher level of care and increased placement instability. Our statistical data showed that many of our children in out of home care required several placements prior to finding a program in which they remained and were successful.

During the past year we have started to address these issues. We heard what placement children and families shared with us during the PQCR process. We identified several key areas that could be resolved fairly quickly and addressed those areas. Training was a key area and one we immediately started to address. It was recommended that our placement supervisor who was new in his assignment complete the Probation Placement Core course. We followed this recommendation and he has completed the course. It was also mentioned that our placement officer's workload was too high. To assist these officers we added a person to the placement unit as a placement liaison. This person is responsible for locating new programs and foster homes to meet the unique needs of our placement youth and to locate appropriate placement for new children entering out of home care for the first time. This new position has allowed us to expand the programs and foster homes we utilize, increasing the number of programs available to our children, which is improving the stability of our youth. One new program has significantly improved the stability of our older male youth a traditional difficult population to serve. This allows for our traditional placement officers to work closer with the children under their supervision and address the small issues prior to them developing in to issues that result in a placement failure.

The strategies we are targeting in this SIP are centered on placement stability and how we can increase the stability of our youth once they enter out of home placement. We feel these targeted goals will increase placement stability. The first is to pull together our collaborative partners and placement families to develop a placement packet for families of children going into out of home placement. This packet would include educational, medical, mental health, and placement information regarding treatment issues for that child and other information as identified by the planning group. The initial step will be to identify what should be included in the packet. The invitations to this meeting will be sent to all key members of the community including parents of foster care children, foster family agencies, Community Service Agency, medical and mental health professionals, local law enforcement, and other interested parties. Those that participate will identify the information that would be beneficial to families of children entering out-of-home-placement. Once the packet information has been finalized the packets will be completed and provided to the placement probation officers. The placement officer will meet with the family prior to the child entering out of home placement. The goal is to provide the packet to 90% of all families of children entering out of home placement. This will give the family the opportunity to meet the placement officer and develop a relationship with them prior to the child entering out of home, placement. This will educate the family on the process, assist them in understanding the goals of the placement order and increase the family participation in the process encouraging their child to complete the program so they can reunify in a timely manner.

We also want to enhance the specialized training that is provided to placement officers. We identified this goal early in the PQCR process and started immediately by having the placement supervisor complete Probation Officer Placement Core. This was very informative and assisted in the unit with understanding the regulations surrounding placement children. We continued to hear during our community meetings that additional training would be beneficial. It is required that probation officers received continuing education through Standards and Training in Corrections in the amount of 40 hours each year. This training is excellent training but is not traditionally specific to placement children. We will explore additional training such as Family-to-Family training and other training provided by the Regional Training Academies as they relate specifically to engaging families in treatment plans and encouraging their children to participate in the programs available to them. We feel this would enhance our placement stability and increase family's participation in the process. We know that 99% of our children want to reunify with their families so we would benefit from additional training in this area.

We know that 43% of our placement children in 2006 were prescribed psychotropic medication and that 91% where receiving mental health treatment. During this process we learned that a change in medical providers frequently causes changes in the medication a child is prescribed. These changes can be due to different insurance companies following different medication formularies or the child seeing a different doctor who does not utilize the same medication as the previous doctor. Medication can also change when a child changes placements or goes from a secure into a non-secure placement. This change in medication may have profound effects on the child and his/her behavior, as many times a therapeutic level is required for the benefits of the medication to become effective. Delays in addressing medication issues can cause the behavior to deteriorate to the point the placement are terminated. This can impact not only the placement stability but have lasting impacts on the child. This brief gap in medication services can lead to minors absconding from placement and possible becoming involved in further criminal behavior. To start to address this gap the Probation Department will invite the key players to discuss and start dialog to develop a plan to address it. This is a major concern due to large number of children in the probation system that it impacts. The goal is to start working toward a seamless procedure to address the management of medication issues of children as they move between custody and placement situations.

V. SUMMARY ASSESSMENT

CHILD AND FAMILY SERVICES

Stanislaus County's Child Welfare program is a progressive and innovative program that is accredited by the Council on Accreditation. We strive to demonstrate and to provide services to children and families that are consistent with the "best practice" standards of the profession.

The assessment of safety and risk for abuse and/or neglect begins with the first phone call of suspected abuse or neglect. Intake social workers make a determination of the type of response through the use of the Comprehensive Assessment Tool (CAT) safety and risk assessment tool, a review of child abuse history and the reported allegations. Children and families are assigned to one of three response paths using the Differential Response system.

For those families whose children are determined to be at low or no risk of abuse or neglect, a referral is now made to a community partner to offer supportive services to assist the family. Children at moderate to higher risk will be assigned to a Stanislaus County social worker for investigation and assessment. Stanislaus County social workers are very responsive to children with allegations of abuse and neglect and children under our supervision. Our response rates to allegations are consistently better than 90%, as required by the state. The Comprehensive Assessment Tool (CAT) is used at two points during the initial investigation and helps to guide social workers to determine the appropriate path of service delivery.

When abuse or neglect has occurred, services are based upon the level of safety and risk and therefore could consist of community services, family maintenance services, Families in Partnership services or court intervention. Stanislaus County values keeping children with their birth families whenever this can be safely achieved. It has been our custom to provide pre-placement preventative services to families with the goal of maintaining children safely in their home. Even families with prior court action are assessed for in-home services. Although these families may be high risk, we recognize that families do change and current circumstances may justify safely leaving children at home with intensive services and support.

Stanislaus County has invested staffing resources into family maintenance, and has also partnered with other Public Agency Departments to provide intensive in-home services through a multi-disciplinary team, known as the Families in Partnership program. Through Families in Partnership, families involved with the child welfare system are able to receive intensive in-home services from a variety of professionals while assuring the safety of children that remain in their care. Informal care by relatives may be arranged while parents enter substance abuse treatment programs or are otherwise temporarily unable to care for their children.

Stanislaus County's Child and Family Services program spends a great deal of funding supporting treatment for families including inpatient, outpatient and sober living environments. These services assist many families in overcoming addiction and strengthening their parenting skills.

Despite these efforts, Stanislaus County continues to exceed the National Standard and state average in the area of recurrence of maltreatment. A longitudinal review of this measure, particularly on the Federal outcome shows a significant downward trend over the past couple of years demonstrating that our various efforts are having successful results. We have implemented strategies related to data entry clean up, Differential Response, use of the Comprehensive Assessment Tool (CAT), Team Decision Making (TDM) and coordinated case planning. Other on-going efforts such as the Families in Partnership Program and Family Maintenance have continued to improve outcomes for children and families.

To better understand the circumstances that result in a recurrence of maltreatment, Stanislaus County Child and Family Services made this area the focus for Peer Quality Case Review (PQCR). Our PQCR report, completed December 2006, along with this updated Self-Assessment, will enable our county to make additional improvements to this area.

Children are placed in out-of-home care only when they cannot be safely maintained with their families. Some children are removed immediately at referral because of the nature and severity of the issues, while many are removed only after attempts to alleviate risk factors with the provision of intensive pre-placement preventative services have not been successful. This is the primary reason that our foster care placement rates are about half the state average.

Decisions to remove or keep children at home are made in a Team Decision Making (TDM) meeting attended by representatives from the various child welfare programs as well as multi-disciplinary professionals. Parents and their support persons are included in the decision-making process in order to engage them in making the decision to remove or to develop a safety plan so that children can remain/return home. The agency maintains the decision-making authority, but through the TDM process parents are included and have a better understanding of the causes of court intervention when the children are removed. When children must be removed, case plans are established early and parents are connected with services that will help them reunify as quickly as possible.

Stanislaus County's rates of timely reunification have been below the Federal Standard and the state average for quite some time. These have improved over the past few years and are approaching the identified target. We have implemented a variety of strategies intended to assist families with completing their services in a more timely manner and reduce the amount of time that children spend in foster care without permanency, including Team Decision Making (TDM) meetings with families no later than 9 months into reunification and prior to exit from foster care. Additionally, Comprehensive Assessment Tools (CAT) are used to assess safety and risk of reunification before a decision to return children is made.

There are a number of factors that impact our reunification rates. First is our County's emphasis on providing voluntary family maintenance services. Our agency makes every effort to provide services to families through a voluntary program, such as Family Maintenance and our collaborative multi-disciplinary team, Families in Partnership. Because our removal rates are low and in-home services are frequent, the families in which children are removed may be those that are the most resistant to services. Since the majority of children are removed due to neglect, a significant common denominator may be alcohol and drug abuse. The families who do not avail themselves of voluntary

services may be the most resistant to treatment. The issues of these families may be so complex and intense that resolving these problems takes time.

Housing issues also play a significant role in the timeliness of reunification. Due to escalating housing costs, high unemployment, inadequate low income housing, and other factors of poverty, families experience delays in securing affordable and safe housing to which their children may return. During the past couple of years, our access to Section 8 vouchers through the Family Unification program has declined significantly. Vouchers are only sporadically available and are insufficient to meet the need of all families. Our housing costs have continued to rise, while access to low income housing remains a significant barrier.

As not all children are able to reunify with their parents, concurrent planning is an important priority of Stanislaus County. Extensive efforts are made to move every child to permanency through adoption or guardianship if they cannot be safely reunified. For those youth that we are not able to immediately establish a permanent plan for, our agency continually makes efforts to do so while simultaneously preparing older youth for emancipation.

It is our county's commitment to identify concurrent planning homes for children when they enter care, pursue permanency and lifelong connections for every older youth in care, and move every child to permanency. Stanislaus County is part of the California Connected by 25 Initiative. We are working diligently to modify procedures and practices in order to serve our adolescent and emancipated youth better and assure that each youth exits foster care with a relationship with a committed and caring adult. In addition, we have established programs to transition youth to college (the Bridge Program), and to ensure living stability through the THP plus program. Recently, the agency Director, CFS Assistant Director, Manager, Supervisor and Foster Youth met with City Officials to form a partnership to develop strategies to meet the housing needs of transitioning youth.

Stanislaus County moves children to adoption in a timely manner more than twice the Federal Standard of 32%. Our commitment and value of permanency of children not only includes finding permanent homes, but also extends to timeliness of those connections.

Because the families of children entering care for the first time typically receive a period of reunification services, the length of time to adoption may easily go beyond 24 months. The termination of parental rights is appealed in an estimated half of all cases. It is not unusual for the appeal to take a year to resolve. Because Stanislaus County strives to be a "best practice" county, we continuously work to improve even our strong areas. Although our adoption rate exceeds the National Standard and state average, we work diligently to develop new and innovative practices that will improve our outcomes and result in a permanent living situation for "every" child in Stanislaus County.

The well-being of children while in foster care is of significant importance in Stanislaus County. Placing children with their siblings is a significant priority. It is our belief that the sibling bond is one of the strongest bonds children develop. We place great importance on keeping children together. Approximately 48% of children are placed with all of their siblings, and 66% are placed with all or at least some of their siblings. Not only is it legally required to make every effort to keep siblings together, it is also a strong value of our social workers and other professional staff as well.

Stanislaus County is also strong at keeping children in lower levels of care. In terms of least restrictive environments, our first priority is to place children with their relatives. This has proven more difficult as approval policies have become more stringent. Only a small percent of children are initially placed in a relative home after removal although this increases for the primary placement. There are many barriers to relative placement, including housing issues, suitable space, criminal histories, and other issues.

Children are placed in county foster homes more often than any other placement type. Through our efforts in the Family to Family Initiative, we continuously strive to recruit more families in the communities where children are removed, and maintain a child's connections to their community.

Our group home placement rates have been consistently low for a number of years, with approximately 6% of our children placed in that level of care at any one time. Children in group homes or at risk of group home placement are part of our 3015 program. A social worker, with a reduced caseload, and a Children's System of Care clinician work together with children to keep them out of group homes or step them down to a lower level of care as soon as reasonably possible.

Stanislaus County has only a small number of ICWA eligible children. There are no tribal lands within the county; thus placement of children eligible for ICWA is less common than in other counties. If a child is alleged to have Native American Heritage, this is consistently researched and Tribes are collaborated with to provide the services and placements that meet the needs of the child and the requirements of the Tribe.

Stanislaus County has developed positions internally to support and transition youth, as well as identify and nurture lifelong connections for youth. These positions include two ILP permanent placement caseloads that serve adolescents, two aftercare workers who support and serve youth prior to and after emancipation, one ILP Coordinator who coordinates life skills classes and training, two ILP interviewers (former foster youth) to provide supportive services to youth, and one permanency specialist who searches for and helps establish lifelong connections for youth. We use sophisticated Internet databases to search for relatives and lifelong connections that may be placement options and/or support systems for youth.

Placement stability was added to our System Improvement Plan (SIP) in 2005 at CDSS request. The issue of multiple placement changes is one that Stanislaus County has been addressing through the implementation of the Family to Family Initiative in our county. On the Federal measure, approximately 83% of children who had been in care for twelve months or less had two or fewer placements. This improved this past year and now meets the National Standard.

Although Stanislaus County has no institutions or receiving "centers," children are traditionally placed in either a receiving home or other temporary home, while relatives are screened, placement matching is conducted and concurrent planning occurs. It is strength-based, and consistent with the values of Family to Family, that all children are placed in a family setting rather than in a shelter or other institution. As a result of this practice, few children have only one placement. Even one disruption of a placement results in an outcome that exceeds the standard. Analysis of our data over the year has revealed that a fair number of placement disruptions occur from relative homes. Well-meaning relatives who wish to care for their kin's children are unable to meet the needs of

some or all of the children placed in their home. We prioritize placement with other relatives in order to maintain the family relationships. Supportive services are offered through our county Family Partnership Program which provides kinship services but these are not always able to prevent the placement disruptions that result from children having many needs and/or challenging behaviors/issues.

An important issue of placement stability as well as siblings being placed together is the various practices, philosophies and values of Foster Family Agencies (FFA). Although the responsibility of the placement rests with the County social worker, many placements are changed from one home to another within FFAs without the notification or involvement of the county social worker. Foster Family Agencies are licensed by the State and may accept children from a number of different counties. Stanislaus County does not have an MOU or contracts with the individual FFAs and therefore does not approve agency policies and procedures. Stanislaus County has partnered with our local Foster Family Agencies and meets with them quarterly. We educate them on our expectations and our various strategies and projects for improving outcomes. We have included FFAs in our Self-Evaluation meetings to discuss placement stability and have provided them with their individual performance measures regarding placement change rates.

Stanislaus County has many strong partnerships to provide services for our youth. As previously stated, we are participating in the California Connected by 25 Initiative. We are working collaboratively with our partners to implement many new strategies to improve educational and housing outcomes for our youth. Stanislaus County is committed to making sure that every youth that leaves foster care does so with a caring and committed life long connection.

While Stanislaus County is meeting National and State expectations and experiencing many positive trend, there is one outcome that has risen negatively: our re-entry rates into care. There are a number of potential factors impacting this measure. An analysis of the children who re-entered care show that more than half are truly returning to foster care from reunification or a permanent home. The remaining 47% consist of methodological and data entry issues, which do not actually represent a child returning to foster care. For those that did re-enter foster care, there are a number of factors that contribute, among them the pressure to reunify within twelve months. Substance abuse is a factor in a large percentage of our cases and long term sobriety takes time to accomplish. Returning children home within twelve months may be too early to accomplish the long-term stability of a clean and sober lifestyle. Most children are returned on trial home visits. When situations deteriorate, children are removed before they are abused or neglected. Additionally, parents are at times resistant to further support and services after reunification, thereby creating stressful circumstances that may lead to a relapse.

Children who return from failed permanency often do so when they are in their teenage years. Teenagers present challenges to most parents. This can be difficult and trying time for any family. When a child has been a foster youth, the pressures are often amplified. This may be due to the youth's prenatal substance exposure, a higher likelihood of emotional or cognitive disorders or a family's unwillingness to cope with the challenges associated with this age.

One significant theme that permeated all community partner forums and staff focus groups was the problem of mental health issues in our community. Adult and adolescent mental health impacts almost all of the outcomes described. Services for adults and teens

that fall short of seriously mentally ill, are not as well funded in our community and leave many uninsured adults without needed treatment or medications. Many families are unable to afford the low co-payments for even those service providers that provide counseling on a sliding fee scale.

Another significantly challenging issue is the prevalence of methamphetamine in Stanislaus County. Despite many long-standing partnerships between community, law enforcement, public agencies, schools and other stakeholders, as well as a flourishing Drug Endangered Children (DEC) partnership, there continues to be a significant countywide problem with methamphetamine. The majority of substance abusing families who enter the child welfare system do so because of methamphetamine. The impact is felt in all aspects of our community and no less so in child abuse and neglect. Stanislaus County has a rich array of services, as mentioned previously, yet recovery from methamphetamine addiction takes a long time, exceeding the time limits for family maintenance and family reunification services. Aftercare is essential but funding is lacking, thereby contributing to the recurrence rates and re-entry into foster care.

Child and Family Services has much strength and has made significant improvement over the past years in most outcomes. Our continued efforts to be a "best practice" County are reflected in the positive growth demonstrated. Our various efforts to provide intensive and innovative services for families from prevention through permanency is reflected in our outcome improvements.

When we are challenged in an area, our culture dictates that we collaborate with our public and private partners to analyze and strategize a solution. We frequently braid our funding and work together to provide services. Not all solutions are easily achieved, but we continue to work toward positive change for children and families. While some are directly related to internal child welfare workings, many other community and more global factors must be changed in order to achieve the best possible results. Fortunately, our wonderful partnerships in Stanislaus County assist us with continually striving to meet this goal.

PROBATION

The Probation Department generally remove youth from their homes because of a lack of effective parenting that contributes to the youths continued criminality and the risk they pose to the community. Less often, youth are removed because they are at-risk of abuse, although these circumstances do occur. In the last fiscal year approximately 20% of the youth in out of home care were prior dependants of the Court. The Probation Department does a good job of exhausting all community resources prior to removing children from their home. Emphasis is placed on preventative services. When placement is necessary, the department seeks to identify relatives that are willing and able to provide a home for the minor. The department will work with families to facilitate this option when possible. The Probation Department maintains frequent contact with minors who are in out of home care; making face to face visits at least monthly if not more frequently.

The department completes the risks/needs assessment "Back on Track" on each minor. The results of the assessment and the information obtained from the minor and their family are used to develop the case plan. In addition, every minor and the parent review the case plan when available. The department could improve by more actively engaging

the family not only in the development of the case plan, but in jointly working to participate in services outlined in the case plan. The majority of out-of-home placement minors intend to reunify with their family, so family engagement is instrumental in successfully returning the minor to their home.

The Probation Department usually either returns the minor home or assists in emancipation when the youth is close to adulthood and/or does not wish to pursue adoption. Those youth who address their criminality issues through out-of-home placement and who are not able to reunify with their parents either because of safety factors or parents unavailability are generally processed through the WIC 241.1 proceedings to determine whether Child and Family Services or Probation will best serve the interest of the minor and the protection of society. The Probation Department has recently begun to work with Child and Family Services on identifying services for youth that are reaching the age of majority and will need independent living services to prepare to transition to adulthood. The department believes an area to focus on improving would be transitional age youth.