

CONTRA COSTA COUNTY
Children & Family Services

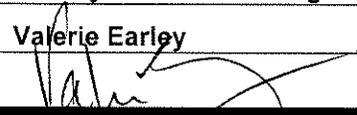
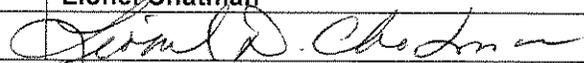
*A Bureau of the Employment &
Human Services Department*

**SYSTEM IMPROVEMENT
PLAN**

Annual Update March 2008

SIP Cover Sheet

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

County:	Contra Costa County
Responsible County Child Welfare Agency:	Children & Family Services Bureau
Period of Plan:	March 2007 – February 2010
Period of Outcomes Data:	
Date Submitted:	April 1, 2008
County Contact Person for County System Improvement Plan	
Name:	Valerie Earley
Title:	Director, Children & Family Services
Address:	40 Douglas Drive, Martinez, CA 94553
Phone/Email	925-313-1583
Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Valerie Earley
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Lionel Chatman
Signature:	

RECEIVED FEB 10 2009

Introduction and Overview

Contra Costa selected 8 outcomes, 1 new federal measure, and 2 systemic areas for the March 2007 Systems Improvement Plan. Under these areas there are 65 activities.

Outcome and Systemic Factor areas were selected for this SIP last March for a variety of reasons. Progress in activities and performance measurement in various outcomes have also been influenced and impacted based on internal changes and external circumstances.

- Two of the SIP outcomes (Referrals by Time to Investigation and Timely Social Workers Visits with Child) were selected to continue a focus on monitoring compliance. Compliance with timely social worker visits has, in fact, declined for this reporting period. The administrative team believes this is, in part, related to changes in philosophy about exceptions to visits. Recommendations from the supervisor led workgroup on Contacts, Waivers, and Exceptions are recommending policy changes to further limit the use of exceptions for stable placements that allowed visits to occur only every 3 or 6 months instead of monthly. The impact of the shift in policy will benefit children and families but the short term impact is a decline in performance as adjustments are made to these changes.
- Some of the SIP activities represent expansion of activities that were piloted in a specific region of the county and have proved to successfully impact performance and/or enhance service. For example, geographically assigned Emergency Response Investigators (under Safety Outcome 2B, Referrals by Time to Investigation) have been implemented across the county. The California Permanency for Youth strategy (under the new Federal Measure, Permanency Composite 3, A2) that searches for permanent connections for youth while in Foster Care and continuing past emancipation originally piloted in West County is being implemented countywide.
- Other activities called for research of Best Practice or Evidence Based Practice before a direction was set and implementation could be planned. For example the Siblings Placed Together Workgroup (under Well Being, Outcome 4A, Siblings Placed Together) was given the assignment to develop a protocol for siblings placed together. Research in how this is managed in other counties and states has influenced the recommendations from this workgroup.
- Outcome 1C, Rate of Child Abuse and Neglect in Foster Care, was added to improve performance in this area but also in response to a child's death in a Foster Home. Though the county was meeting regulations and policy requirements in this area, activities were added to go beyond regulations to add preventive activities to address the safety of children in the county's care. Activities such as Dual Licensure to cross check for complaints against the home in both licensed Foster Care and licensed Day Care, Foster Parent Mentoring Programs to connect an experienced Foster Parent to a newly licensed Foster Parent, and changing/monitoring health care for children in Foster Care by establishing a clinic and pharmacy to meet the needs of children and increase the communication between Health Services and Children's Services were added as SIP activities.

- Establishment of a weekly Foster Care Clinic staffed by a County pediatrician
 - Standardized processes for identification of those children entering the foster care system who require prompt medical attention
 - Public Health Nurses who work with Children & Family Services staff can now schedule appointments directly into the foster care clinic
 - System in place to ensure that each child leaving the foster care clinic has an identified primary care provider
 - Department of Pediatrics is in the process of finalizing a teaching document that will outline best practice considerations for providers seeing a foster child in a medical setting
 - Arranging cross training opportunities for Children & Family Services and Health Services staff
 - Continue to explore ways to integrate existing data to enable identification of foster children in existing HSD clinic and hospital systems.
- Under the Systemic Factor Disproportionality, performance reflects a decline in returning African American children home. Contra Costa had made great progress in reducing Disproportionality in this area previously. The performance decline may be attributed, in part, to staff's reaction to high media attention on the death of one young African American child thus creating a more cautious environment in making decisions to return children home.

One of the most effective changes with the work being done for this year's SIP was a broader inclusion of supervisors and staff in the coordinating, planning, and implementing of various strategies and activities. Under the direction of a new Child Welfare Director, supervisors asked for stronger voice in the vision and direction for Children's Services. In response to that, committees were established or restructured for more communication around SIP activities and general direction and planning for Children's Services. In addition, CWS Supervisors were given the opportunity to directly participate in policy making by chairing workgroups. The creativity, innovation, and progress of the county and the success of this direction is apparent by a review of this document.

Contra Costa has made progress in addressing the strategies and activities over the past year, the first year in a 3 year SIP:

- Work has been completed on 18 of the activities. "Completed" indicates planning for the activity and full implementation has been accomplished. In most instances, the activity itself continues with the expectation that it has become integrated into standard practice.
- All but 4 of the activities have had some work done.
- In many of the activities, planning is well under way and committees are now working with policy staff and Staff Development trainers to write policy and plan training for implementation.

In many of the outcomes and strategic areas, improved performance reflects the efforts and progress. In other outcome areas, practice changes can be measured, but impact on outcomes performance may not be reflected in the short term. As stated above, in some areas, improvements in practice may generate a

short term decline in outcome performance but the longer term effect will be improved service to families and children.

These Systems Improvement strategies, in conjunction with the 2 federal grants (Systems of Care, Partnering for Permanency and Comprehensive Assessment for Positive Family Outcomes), and various other initiatives and strategies, reflect Contra Costa's continued vision and goal for best practices to serve families and children.

Use of Data

In 1997, the statewide Child Welfare System/ Case Management System (CWS/CMS) was implemented in Contra Costa. This gave a much broader scope of data recorded about children and families and services provided by the agency. With the award of a federal Systems of Care grant in 2003, the county was able to hire a Children's Services Research and Evaluation Manager.

The culture shift since that time has progressed from the perception that Data is "scary" and shifts social workers' attention to numbers instead of families, to Data "is our friend" and can point CFS in the right directions to improve outcomes for children and families. Data does not in itself answer questions but allows the organization to drill down, ask tactical questions to study hypotheses and measure whether strategies work or not, and therefore allow the manipulation of strategies when necessary.

Data driven decision making has impacted the county's Self Assessment, supported the planning for the Systems Improvement Plan, and supported the various workgroups and managers in assessing "best practice" and "evidence based" efforts as the county moves forward to implement SIP activities.

Changes from Original Plan

Over the past year, no significant changes have been made to planned SIP activities. However, the baseline performance data as well as improvement goal has been updated on several, but not all, of the SIP items. This was necessitated by the fact that the state and federal outcome measures have changed since our most recent SIP was submitted to the State in early 2007. The new outcomes and improvement goals are listed for each SIP item affected. If there is a national standard/goal associated with a given outcome, it is also reported.

In addition, timelines for activities, Start and Finish dates, have been modified as required based on current progress and/or coordination of implementation of activities.

Project Leadership Roles

Each Outcomes under Safety, Permanence and Well Being was given an Outcome Manager to oversee the outcome as a whole. Either a Manager (referred to as the functional Project Manager) or a Lead Supervisor were assigned to each of the activities in the SIP. The Lead Supervisors works on a defined project and reports to the Outcome Manager. The essential part of this "matrix" style of management is that many people share the responsibility for planning, implementation and monitoring of a practice change and subsequent outcome improvement.

Roles and responsibilities of the Outcome Manager

The Outcome Manager is responsible for collecting the information from each of the Project Managers and lead supervisors regarding their specific outcome and tracks the progress on each of the projects. The Outcome Manager presents summary reports to committees on all projects in the Outcome area. This summary information is submitted annually for inclusion in the

annual report to CDSS. The outcome manager also supports the lead supervisors in chairing and managing areas assigned to them as well as advocating for resources needed (such as staff, trainers, policy analysts to write policy) and helps the supervisor frame their presentations to request input or support.

Roles and responsibilities of Project Manager

The Project Manager is responsible for the project assigned to them and for keeping the Outcome Manager up to date on the project. It is the Project Manager's responsibility to ensure the project is planned and implemented.

Roles and responsibilities of the Lead Supervisor

The Lead Supervisor prepares a project plan (template provided) and communicates with the Outcome Manager regarding their specific project. The Lead Supervisor presents "concise" updates of their project and their committees work at Children's Leadership Team (CLT) every two months, paying special attention to providing only updates and requesting help with challenges to planning or implementation.

Communication and Organizational Structure

To support effective communication and cross co-ordination of activities in the bureau as well as provide an inclusive planning process for supervisors and staff, the following committees have been created or restructured for reporting, monitoring, and tracking progress and/or approving direction and policy.

Program Committee

Program Committee membership consists of a broad representation of CWS staff and programs as well as Program Analysts and Staff Development trainers. The role of Program Committee is to establish projects, work issues, and recommend changes to the Administrative Team. The committee also serves as a forum for reviewing some of the strategies and activities in the SIP prior to finalization and implementation.

Children's Leadership Team (CLT)

To implement projects at the practice level it was determined that increased involvement and accountability was needed at the Supervisor and Staff level. Their expertise in how to translate new initiatives and/or projects into everyday practice is essential for successful operations. The team that is most able to implement practice changes, including the voice of managers, supervisors, and analysts, and therefore lead the Bureau is the Children's Leadership Team. CLT is led by the Director and meets 2 hours once each month.

Project Management Team

The Project Management team provides ongoing monitoring and coordination of projects and activities, hears bi-monthly updates from managers in each outcome areas, addresses resource needs for project development. The team consists of the Director, Managers, Parent Partners, and the Research and Evaluation Manager. Work has included determining the definition of a project, categorizing what are projects, monitoring projects through operationalization, and assigning responsibility for projects. Lead Supervisors and staff participating on workgroups

report to this team on an ad hoc basis. The PMT is under the direction of the Director and chaired by a consultant and meets once per month for 3.5 hours.

Children’s Services Administrative Team (CSAT)

The Administrative Team, the Director and Managers including the Research and Evaluation Manager, looks at every day administration and policy, provides oversight on policy, and resolves and responds to high level policy questions from the committees. This committee is under the leadership and direction of the Director, meets weekly and rotates between each District Office to have a “presence” in each district.

Performance Update Summary

For the 11 SIP items we are currently focusing upon, we have shown improvement (from baseline) in 7, no change in 2, and some decrement in performance in 2 areas. Of the 5 areas that have national standards/goals, we are meeting or exceeding the standard in 2 of the 5 (40%). The specific outcome areas are listed in the table below.

Outcome	Improvement from Baseline?	Meeting Natl Std?
Recurrence of Maltreatment	No change	Yes
Rate of Child Abuse/Neglect in Foster Care	No change	No
Referrals by Time to Investigation	Improved	N/A
Timely Social Worker Visits	Worsened	N/A
Length of Time to Reunification	Improved	No
Multiple Foster Care Placements	Improved	Yes
Siblings Placed Together	Worsened	N/A
High School Degree or GED	Improved	N/A
Exit to Permanency (24 Months in Care)	Improved	No
Disproportionality of Removals	Improved	N/A
Foster Home Recruitment/Retention	Improved	N/A

Lessons Learned During First Year of This SIP – What’s Working

Supervisors as Team Leaders

The SIP activity workgroups chaired by Supervisors have presented a fresh innovative approach in many of the SIP activities. Bringing a perspective more closely aligned with front line staff who provide direct service delivery, policy recommendations from these workgroups take into account best practice for children and families as well as a knowledge of the impact on the Social Workers. An added benefit of this is the opportunity for supervisors to serve in a leadership capacity in project planning and management; this allows for mentoring by managers to support supervisors in preparing for secession to Manager positions.

Staff Involvement in Change Strategies

The inclusion of supervisors and staff in discussions about vision, direction, and strategy direction has created a stronger team for the bureau. Policy changes consider their input and the advance communication allows discussions regarding implementation challenges before rather than after policy is scheduled for implementation.

SIP has Defined Goals and Direction

The Project Management efforts around the SIP activities and the coordination of these activities with strategies outside the SIP (such as changes being planned to meet federal grant initiatives) has led to a more thoughtful approach to scheduling ... It has also helped define the bureau's direction and vision.

Connection to Data

Use of data in not only evaluating outcomes but also in determining/confirming best practices has supported the committee's recommendation. In addition, with supervisor lead workgroups, the Research and Evaluation Manager has been able to be responsive to Workgroups Leads and Workgroups further solidifying the connection of practice and performance to outcomes.

Committee Structure and Reporting and Tracking Protocols

The standing Oversight committee (County Leadership Team and Project Management Team) have helped Activity Team Leads in their progress toward practice and implementation recommendations because there is a standing forum to share ideas and request needed resources such as other staff's participation, etc. This has also presented a forum to get feedback from the management team and the broader teams represented on the CLT and PMT during the process rather than at the end of the process only to find out the initial premise wasn't accepted. In addition, since all programs and functional areas are represented on workgroups and in the committees, there are opportunities for cross training of staff in other areas, such as ILSP or Homefinding, to learn their focus, program goal, and challenges.

Outcome Managers for SIP Activities

Since each outcome has a Division Manager assigned as an Outcome Manager that provides direction to activities in their area, some of the supervisors are cross reporting to managers other than their own. This cross-pollination of reporting has broadened the experience of managers and supervisors.

Knowledge Management

The inclusion of supervisors and staff in planning and implementing SIP activities shifts the management approach from top down to inclusive structure.

Tracking Matrix

A year ago, when assignments were being made for each of the Activities, it was clear that tracking progress was going to be cumbersome because of the high number of activities. It was

at that time that Managers were assigned to each of the Outcome areas. To further facilitate the generation of this annual reporting document, a standard matrix format was created for each of the outcome managers to use for summarizing activities bi-monthly for committee reporting and annually for state reporting. The creation of this report was based on the compilation of the matrices from each Outcome Manager.

Challenges/Barriers

Budget Constraints

With the impending fiscal outlook, it is anticipated that there will be delays in implementation of some of the strategies as the emphasis shifts to management of fiscal restraints. For example, there is a demonstrated need for additional support in the area of Research and Evaluation and Staff Development. There may be delays in being able to fill such vacancies.

Broader Outreach to Line Staff

The current approach has been very successful including Supervisors in planning. However, more work needs to be done in outreaching to workers for participation on various committees.

Culture Shifts

Directions being set at Workgroup levels that include Supervisors and some workers may reach direct line staff level and meet with resistance. Planning needs to continue to understand the complexity of changes in the line workers view and still seek buy-in and motivate staff at line staff level.

Reaching Consensus

Since policy making workgroups now include staff at more levels and from various regions, reaching consensus for doable, best practice approaches is more of a struggle.

Juggling Time to Include Project Planning

With the inclusion of Supervisors now chairing workgroups, there is a greater awareness of the impact of juggling the necessary and job enriching Project Management efforts with the tasks already required of Managers and Supervisors.

<i>Component A</i>	Safety
<i>Outcome 1B</i>	Recurrence of Maltreatment
<i>County's Baseline Performance</i>	
For the base period Oct 1, 2004 to Sept 30, 2005 (the latest available data from UCB at the time of the SIP which allows 12 month follow-up) there was a 7.8% recurrence of abuse. This is a decrease from 13.3% for the base period Oct 1, 2003 to Sept 30, 2004.	
<i>Revised Baseline Performance</i>	
This outcome has changed due to the change in the Federal and State Outcome Measures. The new Federal and State Outcome Measure is S1.1 – No recurrence of Maltreatment. The baseline period, as gathered from UC Berkeley, is from the latest period available before our current SIP – July 2005 – June 2006. The percentage of no recurrence of maltreatment within 6 months of a previous substantiated allegation is 94.6%. This is equal to the national standard/goal.	
<i>Improvement Goal</i>	
Decrease recurrence of maltreatment by an additional 25% to less than 6% for the base period Oct 1, 2007 through Sept 30, 2008 (the latest period which will allow Mar 2010 reporting).	
<i>Revised Improvement Goal</i>	
Increase the percentage of no recurrence of maltreatment to 95% or greater. This is above the national standard/goal for this outcome.	
<i>Performance Update</i>	
For the period July 2006 – June 2007, the percentage of no recurrence of maltreatment within 6 months of a previous substantiated allegation is 94.6%. This is equal to the national standard/goal but shows no change from our baseline.	

<p>Strategy</p> <p>Improve use of existing resources such as Differential Response, the Child Abuse Prevention Council, Team Decision Making and the Comprehensive Assessment Tool to engage families, educate reporters, assess families, plan for safety and prevent recurrence of maltreatment.</p>	<p>Strategy Rational</p> <p>By ensuring maximum use of available resources, staff will have better information for decision making, families will have access to more supportive services and incidences of recurrence of maltreatment will decrease.</p>
---	--

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Re-Engage/ Re-Refer at DR	<p>1. Review DR Policy and revise to allow re-engagement and to allow for data collection on engagement, re-engagement and service outcomes (re-referrals).</p> <p style="text-align: right;">Redesign Div Manager</p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>April 2007</i></p> <p><i>Finish</i> <i>June 2007</i></p>	<p>The policy was reviewed and was revised to ensure feedback for data collections and engagement.</p> <p>Follow-up information from Community Engagement Specialists (CES) regarding engagement to Path 1 Differential Response services and any information from Community Services or Health Care providers to be reviewed. CES follow up with families who don't engage in services and work to help them engage in voluntary prevention services.</p> <p>Revised policy published.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
	<p>Provide training to Community Engagement Specialists, screening staff, Managers, ER staff and community providers regarding the re-engagement process.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Manager</i></p>	<p><i>Status Completed</i> <i>Start June 2007</i> <i>Finish Sept 2007</i></p>	<p>Revised policy discussed with staff at Division Meetings. Community Engagement Specialists trained to new policy.</p> <p>DR Path 1 community providers trained to new policy at monthly meeting. Re-enforcement training/discussion to be provided at monthly meetings.</p>
DR Database	<p>2. Develop a DR database for tracking engagement and service outcomes.</p> <p style="text-align: right;"><i>Research & Evaluation Mgr</i></p>	<p><i>Status Pending</i> <i>Start Jan 2009</i> <i>Finish June 2009</i></p>	<p>Plan to develop a new database pending. The Software vendor, Efforts to Outcomes, is designing a new database for use statewide. Contra Costa will review and assess database when available.</p>
CAT – Full Utilization	<p>3. Reassess the use of CAT and develop a plan for full utilization of the CAT in practice, via management accountability reports and supervisory tracking systems.</p> <p style="text-align: right;"><i>Administrative Team Redesign Program Analyst</i></p>	<p><i>Status Pending</i> <i>Start April 2007</i> <i>Finish June 2008</i></p>	<p>Management Reports are still being developed by the CAT Management Reports Workgroup. The estimated timeline for development of the Management Report on CAT penetration rates is May-June 2008.</p>
	<p>Provide training to all staff to ensure full implementation of the CAT.</p> <p style="text-align: right;"><i>Redesign Program Analyst</i></p>	<p><i>Status Pending</i> <i>Started June 2008</i> <i>Finish Sept 2008</i></p>	<p>This is pending the completion of utilization reports from the vendor.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Streamline Screening Workflow	<p>4. Establish screening work group to map the screening workflow process including staffing, clearances, CAT, reviewing and recording CWS history. Develop and implement a plan to streamline the process.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status Pending</i> <i>Start April 2007</i> <i>Finish June 2008</i></p>	<p>Div Mgr, Screening and clerical support staff workgroup convened to review referrals received from law enforcement and other sources. Procedures developed for review of referrals, setting priorities, and record searches by Screening support staff. Plans made for back-up of clerical staff as needed to avoid back-log of referrals requiring record searches.</p>
CWS/CMS Referral History	<p>5. Develop a best practice policy for recording CWS history in the screener and investigative narrative.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status Completed</i> <i>Start April 2007</i> <i>Finish June 2007</i></p>	<p>A policy was developed that identified a procedure that the screeners would copy and paste the investigation narrative section from prior referrals into the "Prior CWS history" section of the new referral. This ensures that emergency response social workers are able to see prior history at a glance and incorporate this information into their current investigation. This policy has been implemented and is currently be used.</p>
	<p>Train screening and ER staff (including after hours and ER back-up staff) on the requirements for recording and reviewing child welfare history for all referrals.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status Completed</i> <i>Start April 2007</i> <i>Finish June 2007</i></p>	<p>Staff were trained to this new policy in their unit meetings. Supervisors review and approve referral narratives to ensure they are comprehensive for any future referrals.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Expand TDM's	<p>6. Explore the expansion of TDMs across the county, revise policy, train staff and implement changes.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr SOC Proj Supervisor</i></p>	<p><i>Status Pending</i> <i>Start April 2007</i> <i>Finish June 2008</i></p>	<p>TDM Staff Training has been updated and now includes peer trainers (social worker TDM champions). This training is provided a minimum of twice each year to all staff and is a component of all new social worker training. A quality assurance mechanism is in place insuring that Permanency Planning/Exit TDMs occur for all eligible children. A second mechanism is under construction as a component of expanding Emergency Placement TDMs across the county. Placement Change TDMs are available to all families and are utilized in collaboration with service providers for youth entering Transitional Housing Placement Programs and specialized foster care for parenting teens.</p>
VFM	<p>7. Revise Voluntary Family Maintenance and TDM Policy and develop a new plan for eligibility for VFM.</p> <p style="text-align: right;"><i>Redesign Div Mgr SW Supervisor</i></p>	<p><i>Status Completed</i> <i>Start Sept 2007</i> <i>Finish Apr 2008</i></p>	<p>Workgroup met to review existing policy for establishing VFM services. The workgroup recommended a change in policy to indicate VFM cases can be initiated by Team Decision Making Meeting, Dispositional Review Team, or Juvenile Court recommendation. Their recommendation was excepted and the revised Voluntary FM policy was completed March, 2008.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Mandated Reporter Training	<p>8. Review the training curriculum for mandated reporters provided by the Child Abuse Prevention Council (CAPC), and staff.</p> <p style="text-align: right;"><i>CWS Director</i></p>	<p><i>Status Completed</i> <i>Start April 2007</i> <i>Finish Jan. 2008</i></p>	The training curriculum has been reviewed and revised.
	<p>Develop updated mandated reporter training curriculum and provide training for the Mandated Reporter Speakers Bureau.</p> <p style="text-align: right;"><i>CWS Director</i></p>	<p><i>Status Pending</i> <i>Start April 2007</i></p>	In working with Child Abuse Prevention Council (CAPC) it was decided that as a county, both agencies that provide mandated reporter should utilize the same curriculum. 20 Staff have been provided training from the CDSS, Office of Child Abuse Prevention Staff continue to provide joint training with the CAPC staff and each group also provides individual training to other groups.
Mandated Reporter Training – Med/Dental	<p>9. Coordinate with Health Services and CAPC to develop a training plan for medical and dental providers regarding recognizing and reporting abuse and neglect.</p> <p style="text-align: right;"><i>CWS Director</i></p>	<p><i>Status On-going</i> <i>Start April 2007</i> <i>Finish June 2008</i></p>	Over the last year approximately 85 medical providers have been trained. They include new public health nursing staff, general nursing staff and doctors at the local hospitals. CAPC and CFS will continue to coordinate and develop mandated reporter training targeting medical professionals.

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Train Mandated Reporters	<p>10. Provide new mandated reporter training curriculum to mandated reporters county-wide using teams of trained staff, community members and medical professionals. Explore ways to include information about Disproportionality in the training</p> <p style="text-align: right;"><i>Staff Dev Oversight Div Mgr</i></p>	<p><i>Status On-going</i> <i>Start April 2008</i> <i>Finish Jan 2009</i></p>	<p>See above.</p> <p>The department has just begun to develop ways in which the issues of disproportionality in child welfare are being included in meetings and trainings.</p>

<p><i>Describe systemic changes needed to further support the improvement goal.</i></p> <p>Revise policy for engagement in the Differential Response program and develop a data base to track the changes. Streamline the Response Determination program.</p>
<p><i>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</i></p> <p>Train staff and community partners in engagement strategies and new procedures for Differential Response. Train all staff in Comprehensive Assessment Tool. Develop mandated reporter training curriculum.</p>
<p><i>Identify roles of the other partners in achieving the improvement goals.</i></p> <p>Differential Response community partners to assist in the development and implementation of the DR changes. Child Abuse Prevention Council and selected mandated reports to assist in the development and delivery of the mandated reporter training curriculum.</p>

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

None needed.

Component A **Safety**
Outcome 1C **Rate of Child Abuse and/or Neglect in Foster Care**

County's Baseline Performance

For the period Oct 1, 2005 through Sept 30, 2006 (the latest available data from UCB), the percentage of substantiated cases of maltreatment by a foster parent was 0.51%.

Revised Baseline Performance

This outcome has changed due to the change in the Federal and State Outcome Measures. The new Federal and State Outcome Measure is S2.1 – No Maltreatment in Foster Care. The baseline period, as gathered from UC Berkeley, is from the latest period available before our current SIP – July 2005 – June 2006. The percentage of children in care who were not maltreated was 99.59%. This is slightly below the national standard/goal of 99.68%.

Improvement Goal

Decrease child abuse and/or neglect in foster care by 50% to 0.25% or less for the period Oct 1, 2008 through Sept 30, 2009 (the latest period which will allow Mar 2010 reporting).

Revised Improvement Goal

Increase the percentage of children in care who are not maltreated to 99.68% or greater – thus meeting or exceeding the new national standard/goal.

Performance Update

For the period July 2006 – June 2007, the percentage of children in care who were not maltreated was 99.60%. This is essentially equivalent to the baseline period and is slightly below the national standard/goal of 99.68%.

<p>Strategy</p> <p>Establish comprehensive system to record and respond to allegations of child abuse and neglect in out of home care.</p>	<p>Strategy Rationale</p> <p>A comprehensive response system will ensure children in out of home care are safe from abuse and neglect while providing supportive, preventive and ameliorative services for substitute care providers.</p>
---	--

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Out of Home Abuse Policy and Training	<p>1. Establish work group to clarify policy and practice for documenting and investigating allegations of abuse and neglect in out of home care.</p> <p style="text-align: center;"><i>County Wide Prog Div Mgr Adoptions/Homefinding Div Mgr Policy Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>April 2007</i></p> <p><i>Finish</i> <i>June 2008</i></p>	<p>The revision of the Out of Home Policy draft is to be submitted to Administrative Team in March 2008 for final approval. The policy develops procedures which revises the process to centralize of all Out of Home abuse referrals investigations. Implementation and training to commence upon approval of policy</p>
	<p>Train staff and implement practice change in recording allegations of abuse and neglect in out of home care.</p> <p style="text-align: center;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>In-</i></p> <p><i>Start</i> <i>progress</i></p> <p><i>Finish</i> <i>July 2008</i></p> <p style="text-align: center;"><i>Oct 2008</i></p>	<p>Training for CFS and Probation staff to commence upon approval of policy.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Homefinding Process Workgroup	<p>2. Establish work group comprised of foster parent liaison, licensing staff, foster parents and Parent Partner to review current Homefinding procedures including the licensing homestudy to reflect strength based language and assessments of the caretaker's ability to work with children placed in the child welfare system and their birth families.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>Aug 2007</i> <i>Finish</i></p>	<p>Workgroup of licensing staff, foster parents, foster parent liaison, and recruitment staff formed and met to develop new licensing home study.</p> <p>Parental assessment tool developed, SAFE home study adapted for use in conjunction with foster care home study to improve placement matching and stability.</p> <p>Contact with birth families by Resource Home families assessed and recommended to encourage Icebreakers, placement stability, visitation in a foster home setting to increase reunification rates.</p> <p>Licensing home study revised to reflect strength based language and caretaker assessment.</p>
Geo-Assignments for Licensing Staff	<p>3. Explore staffing concerns, barriers and potential gains associated with geographic collocation, of licensing social workers in the district offices.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>Jan 2008</i> <i>Finish</i> <i>Ongoing</i></p>	<p>Teams of adoption, licensing and foster parents are attending quarterly unit meetings in the districts to train on cross program issues, such as transitioning children while in placement and review of licensing regulations that address complaints. Communication between districts has improved. Specific dates to meet in the districts to present information and address barriers appear to be more beneficial than co-location of staff in district offices.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Dual Licensure Cross Check	<p>4. Establish and implement procedure for dual licensure cross checking prior to licensure/placement</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Sept 2007</i></p> <p><i>Finish</i> <i>Sept 2007</i></p>	<p>Licensing home study, application and case tracking protocol all require cross reporting to Community Care Licensing to determine if home is a dual licensed foster/child care home and if there are any previous or current complaints.</p> <p>Memo by Department of Social Services, dated October 7, 2007, outlines key tips and additional recommendations for effective communication and coordination between community care licensing for child care homes and foster homes (dual- licensure).</p>
Clinic & Pharmacy for FC	<p>5. Coordinate efforts with Public Health to provide specialized medical and pharmacy services for children and youth in foster care via specified health clinic days for foster children and youth in three geographic locations across the county.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr East County Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>Apr 2007</i></p> <p><i>Finish</i> <i>Jan 2009</i></p>	<p>Core workgroup and sub-committees continue to meet to refine the process, develop tools and protocols and an intake process for the foster care clinics. To date a foster care clinic has opened in one part of the county. Additionally, CFS is working with the Health Department to enhance access to urgent care services during evening hours for foster youth. This will result in working with a specialty clinic for after hour needs which are not life threatening.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
FP Mentor Program	<p>6. Define the parameters of a formalized foster parent mentor program in partnership with the Foster Family Network including Memorandum of Understanding, expectations, roles and responsibilities.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr Foster Parent Steering Committee</i></p>	<p><i>Status In progress</i> <i>Start June 2007</i> <i>Finish Oct 2008</i></p>	<p>Foster parent mentoring program workgroup developed and meeting regularly. Along with CFS the Foster Family Network taken on the role of mentor coordination and mentor development. Roles and responsibilities are being drafted, reviewed and training assessed for mentors. We have a contract in place with the FFN so MOU not necessary.</p>
	<p>Train all staff on the Foster Parent Mentor Program and implement mentor program.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>Start Jan 2009</i> <i>Finish Jan 2010</i></p>	<p>Training will commence upon review and acceptance of Foster Parenting Mentoring Program protocol.</p>
Mandatory Training for Foster Parents	<p>7. Establish a policy and procedures for enforcing, prioritizing and monitoring the 8 hours per year of mandatory training for foster parents to include prioritizing areas of training to be emphasized.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr Policy Div Mgr</i></p>	<p><i>Status In progress</i> <i>Start July 2008</i> <i>Finish July 2009</i></p>	<p>Tracking of training by foster parents now in place via the Home finding database. Letter to foster parents to outline tracking of mandatory training to be sent June 2008 with full implementation of monitoring training hours by July 2009.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Mandatory Training for Foster Parents	<p>Continue coordination of foster parent training with Community Colleges and Staff Development.</p> <p style="text-align: center;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<p>Quarterly meetings with Community Colleges review training needs and plan for ongoing training.</p>
<p><i>Describe systemic changes needed to further support the improvement goal.</i></p> <p>Establish and implement procedure for dual licensure. Develop and implement foster parent mentor program. Assign licensing workers geographically. Coordinate specialized medical and pharmacy services for children and youth in foster care in three geographic locations across the county.</p>			
<p><i>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</i></p> <p>Provide training to appropriate staff on policy for dual licensure.</p>			
<p><i>Identify roles of the other partners in achieving the improvement goals.</i></p> <p>Foster Parent Network to participate in the development of the Foster Parent mentoring program.</p> <p>Partner with Health Services to develop the three geographic locations across the county that provide specialized medical and pharmacy services for children and youth in foster care.</p>			
<p><i>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</i></p> <p>None needed.</p>			

Component A
Outcome 2B

Safety
Child Abuse and Neglect Referrals by Time to Investigation

County's Baseline Performance

For 2nd quarter 2006 (the latest data period UCB at the time of the SIP), the timely response for immediate and 10-day referrals was 96% and 90.3%, respectively.

Revised Baseline Performance

Not applicable as this measure has not changed.

Improvement Goal

Maintain timeliness of immediate and 10-day referrals at or above 90%.

Revised Improvement Goal

Not applicable as this measure has not changed.

Performance Update

For 2nd quarter 2007 (the latest period for which we have data from UCB), the timely response for immediate and 10-day referrals was 98.5% and 90.0%, respectively. We are currently meeting our improvement goal for this measure. We have slightly improved our timeliness of responses to immediate referrals while the percentage of timely responses to 10-day referrals has essentially remained the same.

<p>Strategy</p> <p>Review staffing strategies, work-flow procedures, use of data, and training plans to ensure screening and emergency response units are fully functional at all times.</p>	<p>Strategy Rational</p> <p>Fully staffed screening and emergency response units with strategic procedures will run smoothly to ensure children receive a timely response.</p>
---	---

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>						
Safe Measures - Referrals	<p>1. Consistently use Safe Measures and provide ongoing training to staff and supervisors to enhance use of Safe Measures by staff as a tool to assess ongoing compliance.</p> <p style="text-align: right;"><i>Research & Evaluation Mgr</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><i>Status</i></td> <td style="width: 50%;"><i>Completed</i></td> </tr> <tr> <td><i>Start</i></td> <td><i>Mar 2007</i></td> </tr> <tr> <td><i>Finish</i></td> <td><i>Ongoing</i></td> </tr> </table>	<i>Status</i>	<i>Completed</i>	<i>Start</i>	<i>Mar 2007</i>	<i>Finish</i>	<i>Ongoing</i>	<p>Practice implemented during last Systems Improvement Plan period continues. Managers review Safe Measures with Supervisors at monthly conferences. Review of District totals occurs monthly at Administrative Team Meeting on third Tuesday of month.</p> <p>Research & Evaluation Manager monitors and brings reports for county wide trends to share periodically.</p> <p>There are continued efforts to monitor and encourage use of Safe Measures by Supervisors. District CWS/CMS Application Trainers/Mentors (ATM's) provide one on one training and support use of Safe Measures.</p>
<i>Status</i>	<i>Completed</i>								
<i>Start</i>	<i>Mar 2007</i>								
<i>Finish</i>	<i>Ongoing</i>								

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
ER Geo Assignment	<p>2. Continue to monitor geographic assignment of ER staff. Consider refinement to address work flow and different requirements in different geographic areas (i.e.: TDM, DR).</p> <p style="text-align: right;"><i>Operation Div Mgrs</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<p>Geographic assignment of ER staff for referral investigation implemented under previous SIP. Districts implemented differently based on geography and community identification. East County assigns by neighborhood, Central and West County by school district. Districts continue to monitor for equitable assignments of referral investigations.</p> <p>Evaluation of timely investigations shows no negative impact of geographic assignment; advantages identified in staff and community satisfaction.</p>
ER Workgroup	<p>3. Form an ER work group to address consistency of practice countywide. Establish and implement a plan for responding to work flow variations in ER and screening.</p> <p style="text-align: right;"><i>Operational Div Mgrs SW Supervisor</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>May 2007</i></p> <p><i>Finish</i> <i>Dec 2007</i></p>	<p>Workgroup formed; policy and procedures developed to move staff to an Off Assignment Board status on a regular basis to assure referral investigations and dispositions completed timely.</p> <p>Workgroup continues to update manual section on 10-day referrals backup plan. District Supervisor use Safe Measures to monitor for 90% case compliance.</p> <p>Systems review of Screening recommendations is ongoing. Case review sessions created by Director. Cross district discussion has focused on screening and ER decisions evaluating for consistency in policy implementation and removal decisions.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
After Hrs Workgroup	<p>4. Complete a work process map for the After-Hours program and implement changes to After Hours program as needed to enhance safety of children served.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i></p> <p><i>Start</i> <i>Jan 2009</i></p> <p><i>Finish</i> <i>Jan 2010</i></p>	<p>The work on this is scheduled to begin during the next third year of the SIP process.</p>

Describe systemic changes needed to further support the improvement goal.

Develop an Emergency Response Strategic Plan to establish and implement a plan for responding to work flow variations and consistency of practice.

Develop and implement modifications to the After Hours Program as needed to enhance safety of children served.

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

Provide ongoing training in Safe Measures.

Provide training to the identified back up ER staff.

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

None needed.

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

None needed.

Component A **Safety**
Outcome 2C **Timely Social Worker Visit with Child**

County's Baseline Performance

For 2nd quarter 2006 (the latest data period from UCB at the time of the SIP), timely social workers visits were at slightly more than 95%.

Revised Baseline Performance

Not applicable as this measure has not changed.

Improvement Goal

Maintain compliance at 90% or higher.

Revised Improvement Goal

Not applicable as this measure has not changed.

Performance Update

For 2nd quarter 2007 (the latest period for which we have data from UCB), timely social workers visits were approximately 86%. This is below our baseline level and we are not meeting our goal of maintaining timely visits at or above 90%.

Strategy Use policy development and data review to resolve barriers to increasing compliance with timely social worker visits.	Strategy Rationale Safe Measures data and clear policy expectations support worker accountability.
--	--

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Safe Measures - Contacts	<p>1. Consistently use Safe Measures and provide ongoing training to staff and supervisors to enhance use of Safe Measures by staff as a tool to assess ongoing compliance.</p> <p style="text-align: right;"><i>Operational Div Mgr Research & Eval Mgr</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>Ongoing</i></p>	<p>Activities implemented in previous SIP continued. Monthly, supervisors review compliance with workers, Div Mgrs review with supervisors, Administrative Team and Director reviews with Div Mgrs.</p> <p>Issue with Safe Measures not crediting completion of staff visits for staff other than SW resolved. Safe Measures Navigation Tool revised.</p> <p>CWS/CMS form for contacts revised for SW's who write out contacts for clerical input.</p> <p>Statistical Data to be reviewed every six months to determine how many waiver/exceptions are in place and assessment of workload impact if policy for waivers modified.</p>
Guardian Visits Policy & Trng	<p>2. Finalize policy regarding visits to children in probate guardianships.</p> <p style="text-align: right;"><i>Policy Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>Apr 2007</i> <i>Finish</i> <i>Apr 2008</i></p>	<p>Quick Guide and a sample of screen prints for creating a Non Dependent Guardian Case Plans and for updating case status from Dependency to Non Related Guardianship completed.</p> <p>Manual section on Guardianship Policy being finalized.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Guardian Visits Policy & Trng	<p>Train staff, including Social Casework Assistants on policy changes and implement policy regarding visits to children in probate guardianships.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>May 2008</i></p> <p><i>Finish</i> <i>Sept 2008</i></p>	<p>Implementation is pending completion of policy documentation.</p>
Contacts, Waivers, Exceptions	<p>3. Develop policy recommendations regarding waivers/exceptions, including the philosophy of waivers/exceptions and when they are appropriate.</p> <p style="text-align: right;"><i>Central County Div Mgr SW Supervisor</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>Aug 2007</i></p> <p><i>Finish</i> <i>Mar 2008</i></p>	<p>County, state, & federal policy & regulations reviewed:</p> <ul style="list-style-type: none"> • California DSS Manual Sec. 31-320 • CC County Children’s Services Handbook • CC County DC-104 & 104A derived from DSS Manual Sec. 31-320 • New federal reg. eliminating waivers for monthly visits in 2011 <p>Current practice in each district compared.</p> <p>Research requested and CWS/CMS data reviewed to consider impact of reducing use of exceptions now in anticipation for 2011 federal policy eliminating waivers.</p> <p>Policy manual section drafted. Training outline and content also drafted Policy proposed for consideration:</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
<p>Contacts, Waivers, Exceptions</p>			<ul style="list-style-type: none"> • No new waivers/exceptions granted • No monthly waivers/exceptions for youth 17 and older. • Continuation of existing waivers will be for 3 months not 6 months. • All waivers must be discussed and agreed by child and care provider, must be recorded and approved in case plan, must be reviewed and re-approved every 6 months at case plan renewal. • Waivers/exceptions will not be approved during an “in effect” case plan period. • Out of state placements and Non-Dependent Non-Related Legal Guardianship cases are excluded from above. <p>Considerations on proposed policy requested by county wide specialized placement units Independent Living Skills and County Residential Placement Unit; request being reviewed.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Contacts, Waivers, Exceptions	<p>Develop policy for waivers/exceptions. <i>Administrative Team</i></p>	<p><i>Status In progress</i> <i>Start Jan 2008</i> <i>Finish June 2008</i></p>	<p>Upon approval of draft written policy by Administrative Team and Project Management Team, Program Analyst will finalize policy. Staff Development Specialist assigned to prepare and present training. Workgroup developed training curriculum and outline.</p>
	<p>Train all staff on the changes to the policies regarding face to face contacts and waivers/exceptions. <i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>Start July 2008</i> <i>Finish Sept 2008</i></p>	<p>Pending Staff Development Specialist assigned to prepare and present training. Workgroup developed training curriculum and outline.</p>
	<p>Implement contacts policy and waiver/exceptions policy. <i>Operational Div Mgrs</i></p>	<p><i>Status</i> <i>Start Sept 2008</i> <i>Finish Nov 2008</i></p>	<p>Pending completion of above activities.</p>

Describe systemic changes needed to further support the improvement goal.

None needed.

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

Provide ongoing training in Safe Measures. Provide training regarding waiver/exceptions, probate guardianships and contacts.

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

None needed.

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

None needed.

Component E
Outcome 1B

Permanence and Stability
Multiple Foster Care Placements

County's Baseline Performance

For the 12 month entry cohort period between Jul 1, 2004 and Jun 30, 2005 (the latest UCB data available at the time of the SIP), 72% of the children had no more than two placements.

Revised Baseline Performance

This outcome has changed due to the change in the Federal and State Outcome Measures. The new Federal and State Outcome Measure is C4.1 – Placement Stability (8 days to 12 months in Care). The baseline period, as gathered from UC Berkeley, is from the latest period available before our current SIP – July 2005 – June 2006. The percentage of children with two or fewer placement settings during the year was 85.9%. This is slightly below the national standard/goal of 86%.

Improvement Goal

Increase children with only 1 or 2 placements after 12 months to 75% for the entry cohort between Jul 1, 2007 and Jun 30, 2008 (the latest period which will allow Mar 2010 reporting).

Revised Improvement Goal

Increase the percentage of children with two or fewer placement settings during the year to 86% or greater. Thus, our goal is to meet or exceed the national standard/goal for this outcome.

Performance Update

For the period July 2006 – June 2007, the percentage of children with two or fewer placement settings during the year was 89.6%. We have improved from our baseline level and are currently meeting our improvement goal.

Strategy

Use strategic planning process to incorporate all available resources in a comprehensive placement stability system.

Strategy Rationale

Use of placement resources will provide the best support to foster parents to maintain children in the least restrictive, stable placement.

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
SOC Multiple Placement Tool	<p>1. Complete development of System of Care multiple placement assessment tool.</p> <p style="text-align: right;"><i>Research & Evaluation Mgr</i></p>	<p><i>Status In progress</i> <i>Start Mar 2007</i> <i>Finish Jan 2009</i></p>	<p>Baseline study completed to identify children referred for foster home placement who may be at risk for placement instability. Results of study suggest early identification of children at risk for placement instability is possible and a standardized assessment can be developed and used for this purpose.</p> <p>Further discussion will determine next steps.</p>
Placement Preservation Resource	<p>2. Assess and evaluate current placement preservation resources for coordination of services, overlaps and gaps in services, including mental health services available to preserve placements.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status In progress</i> <i>Start Jan 2008</i> <i>Finish Jan 2009</i></p>	<p>Authorized Administrative Services payments analyzed to determine use of services and to evaluate appropriate provider and impact of services on outcomes.</p> <p>Mental health liaisons located at district CFS offices.</p> <p>Kinship Programs support is available at district CFS offices.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Placement Move TDM's	<p>3. Continue to provide Team Decision Making meetings to children at highest risk of placement disruptions.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<p>TDM training and provision of TDM has expanded so that TDM is utilized prior to unplanned moves and placement disruptions.</p> <p>A bimonthly Resource Family Newsletter has been utilized to educate and engage caregivers in participating in TDM in order to avoid 7-day placement termination notices.</p> <p>West Co Emergency Response units are reviewing TDM's meeting held and not held to determine full utilization at initial removal.</p> <p>A countywide case review process is being evaluated, as part of Family to Family Anchor Site activities, to insure that the needs and placement change circumstances of children enduring numerous placement disruptions are systemically reviewed. These reviews will include TDM meeting review.</p> <p>Planning for new federal grant, Comprehensive Family Assessments, will further integrate TDM's into case planning.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Resource Homes Support Plan	<p>4. Develop a systematic plan for supporting relative, NREFM and licensed caregivers which may include a mentoring program, linkages to Kinship Resources, use of TDM's and referrals to community resources.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>Dec 2008</i> <i>Finish</i> <i>Dec 2009</i></p>	<p>District offices focusing on Icebreakers as a support for children in placement and Resource Home providers.</p> <p>Foster Parent Steering Committee (Foster Parents, Homefinding and Licensing staff, Eligibility staff, etc.) have agreed on "Top Ten Expectations" best practice guidelines for both Foster parents and social workers.</p>

Describe systemic changes needed to further support the improvement goal.

Develop a systemic plan for supporting relative, NREFM and licensed caregivers including a mentoring program and a link to the Kinship Program including use of TDM and community resources.

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

Train staff regarding coordination of placement resources.

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

Incorporate Kinship Program in the systemic plan to coordinate placement resources.

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

None.

Component E
Outcome 1B

Permanence and Stability
Length of Time to Exit Foster Care to Reunification

County's Baseline Performance

For the 12 month entry cohort period between Jul 1, 2004 and Jun 30, 2005 (the latest UCB data available at the time of the SIP), 43.6% of the children reunified within 12 months.

Revised Baseline Performance

This outcome has changed due to the change in the Federal and State Outcome Measures. The new Federal and State Outcome Measure is C1.3 – Reunification Within 12 Months (Entry Cohort; First Entries to Care, 8 Days or More in Care) . The baseline period, as gathered from UC Berkeley, is from the latest entry cohort period available before our current SIP – January 2005 – June 2005. The percentage of children who entered in the designated 6 month period who were reunified within 12 months was 43%. This is below the national standard/goal of 48.4%.

Improvement Goal

Increase children who reunify within 12 months to 48% (a 10% increase), for the entry cohort period between Jul 1, 2007 and Jun 30, 2008 (the latest period which will allow Mar 2010 reporting).

Revised Improvement Goal

Increase the percentage of children who reunify within 12 months to the national standard/goal of 48.4%.

Performance Update

For the entry cohort period January 2006 – June 2006 (the latest period reported), the percentage of children who reunified within 12 months was 43.7%. While this is an improvement from our baseline, we will need to continue to work in this area to meet the national standard/goal.



<p>Strategy</p> <p>Improve provision of individualized, culturally competent reunification services with coordination of reunification efforts.</p>	<p>Strategy Rationale</p> <p>Families who receive culturally competent individualized services with access to multiple support systems will reunify faster.</p>
--	--

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Early Reunification Analysis	<p>1. Define resource barriers to early reunification by conducting an analysis of a sample of cases in which families took over 12 months to reunify.</p> <p style="text-align: right;"><i>Research & Evaluation Mgr</i></p>	<p><i>Status Pending</i></p> <p><i>Start</i></p> <p><i>Finish</i></p>	
Housing Services Resources	<p>2. Define potential community partnerships and resources for housing services for families in need of housing.</p> <p style="text-align: right;"><i>Policy Div Mgr</i> <i>SW Supervisor</i></p>	<p><i>Status In progress</i></p> <p><i>Start May 2007</i></p> <p><i>Finish Sept 2008</i></p>	<p>Workgroup has been established. Membership includes two CFS supervisors, a parent partner, and the former Housing Liaison. The group is charged with guidance and protocol for staff when they need to seek/access housing resources.</p> <p>The group is exploring developing a computer database for housing resources and is gathering resource information county wide including utilizing a Housing Resource Guide booklet developed in East County, working with CalWORKs, Stand, and other agencies that support housing resources.</p> <p>The group meets monthly.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Housing Svcs for Early Reunification	<p>3. Establish early reunification housing service support system in partnership with homeless service agencies and the Housing Authority.</p> <p style="text-align: right;"><i>Policy Div Mgr SW Supervisor</i></p>	<p><i>Status</i> <i>completed</i> <i>Start</i> <i>Oct 2007</i> <i>Finish</i></p>	<p>Director has discussed the possibility of a special program for to enhance housing options for reunifying families with the HUD director. At this time it is not felt this is a viable option to get federal approval.</p>
Childcare Resources	<p>4. Partner with other county agencies to establish childcare resource priority system for families who could reunify faster if they had quality childcare services available.</p> <p style="text-align: right;"><i>Policy Div Mgr Administrative Support Analyst</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>Mar 2008</i> <i>Finish</i> <i>Sept 2008</i></p>	<p>Childcare council, Community Services Bureau, and Childcare staff at Employment and Human Services Department have been invited to attend an CWS Administrative Team meeting for a strategic planning/brainstorming session on how to establish a priority system for families in FR status, ready for reunification if childcare was available.</p> <p>Different funding streams being explored and referral form being revised to help identify appropriate provider/prioritization of referrals.</p> <p>Childcare council has sent list of the children referred by CWS and asked for priorities.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Linkages	<p>5. Continue linkages with CalWorks and develop partnerships for streamlining specific services for families preparing to reunify.</p> <p style="text-align: right;"><i>Policy Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<p>Linkages supervisors in CalWORKs and CFS in East County district have been oriented to identify the AB 429 cases and have worked out a protocol to ensure that when a Welfare-To-Work eligible family has a Family Reunification plan, the CalWORKS case be served in the Assessed for Intensive Services unit for closer coordination with CWS.</p>
Earley Reunification Resources	<p>6. Orient staff to online and published resources for families to facilitate early reunification.</p> <p style="text-align: right;"><i>Administrative Team</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>Oct 2007</i></p> <p><i>Finish</i> <i>Oct 2008</i></p>	<p>Desk Guide for Supervisors that assists with determining factors for Early Reunification/Early case closure has been created and placed on website for staff access.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Individualized Case Plans	<p>7. Develop a protocol to ensure provision of individualized, culturally competent case plans, including linkages and engagement of parents and youth in the case planning process. Train staff in the case planning process and monitor changes.</p> <p style="text-align: right;"><i>Policy Div Mgr SW Supervisor</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>Sept 2008</i></p>	<p><u>Individualized Culturally Competent Case Plans Involving Youth and Families</u></p> <p>Project was originally assigned from Oversight for Cultural Competency committee. SW Supervisor has drafted training material to support staff in using CWS/CMS Case Plan functionality while still focusing on individualized , culturally competent case plans. Areas stressed:</p> <ul style="list-style-type: none"> • Limit number of responsibilities to those that are significant for meeting case plan goals. • Focus on language for case plan and other client documents and reports such as Court Reports to be strength based, clear, and concise. • Use free-form text fields in CWS/CMS case plan to customize parent action items. • Engage parents, youth, providers in planning and evaluation process; consider reasonable family alternatives that meet objectives rather than require adherence to standard language on case plans (example, consider faith based counseling as meeting needs for

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Individualized Case Plans			<p><u>Coordination of Case Planning between CFS and Workforce Services (Linkages)</u></p> <p>Linkages Pilot in East County is up and running with team meeting on a quarterly basis. In addition, the supervisors of the VFM, AIS, and CS units are in communication regularly regarding common clients. When CFS notifies the AIS unit of a case that is served by both bureaus, the AIS unit requests that the case (if it is not currently being served in their unit) be transferred. That way, all the CFS involved cases that CalWORKs knows about are being served by one unit in the district and those cases are staffed by social workers (the AIS staff).</p> <p>The team is in the process of instituting the LAM (Linkages Assessment Meeting). A referral form has been developed that helps link the CWS and WTW workers who have a common client. A universal release of information is in the works. Linkages material has been distributed. CWS Special Project codes are being simplified.</p> <p>The Workplan for FY 08-09 will be developed shortly which will reflect continuation of work begun in FY 07-08.</p>
Promote Early Reunification	<p>8. Explore already existing tools, guidelines and policies that promote early reunification.</p> <p style="text-align: right;"><i>Administrative Team</i></p>	<p><i>Status</i> <i>On hold</i></p> <p><i>Start</i> <i>May 2008</i></p> <p><i>Finish</i> <i>Sept 2008</i></p>	

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>						
Legal Ad Hoc	<p>9. Continue collaboration with the court system through the Legal Ad Hoc Committee.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr SW Supervisor</i></p>	<table border="0"> <tr> <td><i>Status</i></td> <td><i>Continued</i></td> </tr> <tr> <td><i>Start</i></td> <td><i>Mar 2007</i></td> </tr> <tr> <td><i>Finish</i></td> <td><i>Ongoing</i></td> </tr> </table>	<i>Status</i>	<i>Continued</i>	<i>Start</i>	<i>Mar 2007</i>	<i>Finish</i>	<i>Ongoing</i>	<p>Collaborative addresses issues that involve CFS and the juvenile bar.</p> <ul style="list-style-type: none"> • A resource binder/carousel was developed for each court house out of this group. • An introduction to court video script was also developed but has yet to be produced. • Collaborative presents an annual cross training addressing issues court report delivery and any problems in collaboration. • An annual conference is presented every year followed by the production of a white paper about the training. This year's conference is "The Impact of Trauma on Child Development". Activities will facilitate a working relationship between CFS staff and the juvenile bar. <p>This year a new juvenile bar group representing parents and children has redirected efforts placing a focus on a new piece of research to the child welfare field and then working on facilitating working relationships and understanding of the differences and similarities in the roles of the Child Welfare worker and the Juvenile Bar Attorney.</p>
<i>Status</i>	<i>Continued</i>								
<i>Start</i>	<i>Mar 2007</i>								
<i>Finish</i>	<i>Ongoing</i>								

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
AOD Residential Treatment Programs	<p>10. Assess the practice and policy to ensure continuity of practice across the county regarding children returning to care of their parents while in AOD residential treatment programs.</p> <p style="text-align: right;"><i>Administrative Team</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>June 2007</i> <i>Finish</i> <i>Dec 2008</i></p>	<p>Review of hospital protocols for Positive Tox reporting has been initiated by CWS Director and Contra Costa Regional Medical Center. CFS is working with CHDP, the County Hospital and Perinatal Services to develop an assessment protocol based on AB 2669. In addition, the Perinatal Substance Abuse Partnership committee has developed a “marketing” tool to attract moms who are pregnant and using substances to see the doctor and to engage in prenatal care.</p>
	<p>Publish guidelines for children returning to the care of their parents while in AOD residential treatment programs. Train all staff and supervisors on the guidelines.</p> <p style="text-align: right;"><i>Policy Div Mgr</i></p>	<p><i>Status</i> <i>Pending</i> <i>Start</i> <i>Mar 2008</i> <i>Finish</i> <i>Sept 2008</i></p>	<p>HOLD for now</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Ice-breakers	<p>11. Develop and finalize a plan to address barriers towards full implementation of Icebreakers.</p> <p style="text-align: right;"><i>Operational Div Mgrs</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Mar 2008</i></p>	<p>Icebreakers is a meeting with Social Worker and both birth parents and Resource Home parents at the time a child is removed. Purpose is to share information about the child and to build teamwork to make the transition easier for child. Summit held in East County with Resource Home Providers, Parent Partners, CWS SW's and Homefinding staff. Training guide created and adopted by Department as the official Icebreaker training material.</p> <p>Central County developed a work flow and tracking process for referrals for Icebreakers.</p> <p>West County implemented Icebreakers 2006.</p>
Parent Partner Program	<p>12. Maintain Parent Partner program and explore broadening the membership.</p> <p style="text-align: right;"><i>Parent Partner Coordinator</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i></p>	<p>Navigation Orientation trainers have been added in order to accommodate expanded offerings. We now have 4 Parent Trainers and 15 staff trainers.</p>
Incarcerated Parents	<p>13. Develop specific roles, expectations and procedures for engaging incarcerated parents and reassessing what services are offered to incarcerated parents.</p> <p style="text-align: right;"><i>Parent Partner Coordinator</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>Apr 2007</i></p> <p><i>Finish</i> <i>Sept 2009</i></p>	<p>Visitation Workgroup formed; Parent Partner Coordinator is proposing visitation criteria for incarcerated parents. The Parent Partners have also had discussions with "Friends Outside" to sponsor the Parent Partner training Navigation Orientation to incarcerated parents.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Best Practice for Visitation	<p>14. Develop a best practice policy regarding visitation for parents and children to include transitioning from supervised to unsupervised visitation, extended overnight visits, visit logistics including maximization of transportation services, and social casework specialists regularly supervising visits.</p> <p style="text-align: right;"><i>Policy Div Mgr SW Supervisor</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>June 2007</i> <i>Finish</i> <i>Feb 2009</i></p>	<p>The visitation workgroup exploring evidence based practice guidelines for visitation and integrating various procedures into county policy and procedures. Focus is on family engagement, cultural sensitivity, and the federal outcomes of safety, stability and permanence. The draft policy addresses visitation issues from removal through reunification and/or adoption, including social worker visits to children as well as visitation with case plan participants, siblings, grandparents (as applicable), CASA's, etc.</p>

Describe systemic changes needed to further support the improvement goal.

Establish early reunification housing service support system in partnership with homeless service agencies and the Housing Authority. Revise policy to ensure continuity of practice across the county regarding child placement in AOD residential treatment programs with their parents. Implement Icebreakers. Establish visitation policy for parents and children.

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

Train staff regarding online and published resources related to early reunification. Train staff in the engagement component of the case planning process. Train staff regarding visitation policy for parents and children.

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

Partner with Housing Authority, Community Services and CalWORKS to streamline services to support reunification. Continue relationship with legal community. AOD partners will assist in streamlining policies related to residential treatment.

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

None needed.

Component G **Child and Family Well-Being**
Outcome 4A **Siblings Placed Together**

County's Baseline Performance

In July 2006 (the latest UCB data available at the time of the SIP), 59.9% of those with siblings were placed with some or all of their siblings.

Revised Baseline Performance

Not applicable as this measure has not changed.

Improvement Goal

Increase siblings placed together with some or all of their siblings to 65% by Jul 1, 2009 (the latest period which will allow Mar 2010 reporting).

Revised Baseline Goal

Not applicable as this measure has not changed.

Performance Update

For July 2007, the most recent data available, 58.4% of those with siblings were placed with some or all of their siblings. This is a slight decrease from our baseline. We will need to continue working to improve this goal as we are not currently meeting our improvement goal.

<p>Strategy Continue to improve sibling placement policies and practices and increase the number of licensed foster homes.</p>	<p>Strategy Rationale Maintenance of the sibling relationship is significant to child well-being.</p>
---	--

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
<p>Sibling Placement Protocol</p>	<p>1. Review policies related to placement and develop a placement policy, including reserving multiple vacancies in specific homes for placement of sibling groups, use of FFA placements for sibling groups.</p> <p style="text-align: right;"><i>Benefits/Systems Sup Div Mg SW Supervisor</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>May 2007</i> <i>Finish</i> <i>Dec 2008</i></p>	<p>Workgroup established; methodology for outcome measurement explored and understood. Following activities planned to support performance improvement:</p> <ul style="list-style-type: none"> • Focus review month to be set, data reports to be generated to all SW's to verify/update sibling information in relationship table. • Supervisors to monitor court reports to be sure siblings are reflected. • Workers to identify reasons siblings not placed together for entry to CWS/CMS in Placement notebook. • Receiving Centers approved for 23 hour stays to give more time to locate a home for co-location rather than separating siblings. • Sibling status and visitation to be addressed at all case review meetings such as Administrative reviews, Permanency Placement Reviews, Placement Review Team, and Disposition Reviews.

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
<p>Sibling Placement Protocol</p>			<ul style="list-style-type: none"> • Supervisors to initiate discussion about sibling visitation and foster parents strongly encouraged to support visitation of siblings in foster homes. • Emergency Shelter Care and Homefinding staff to continue to explore placement home exceptions to support sibling placements. • Emergency Shelter Care and Homefinding to fund home improvements to support sibling placements. • Foster Home Recruitment to focus on homes for siblings. • Foster Parent newsletter focused on need for homes for siblings. Sibling placement needs to continue to be addressed in subsequent newsletters as a recruitment strategy. • Training to be provided to SW's on strength of sibling placements and to clerical staff on updating relationship table in CWS/CMS. • Forms completed at Screening with results of record searches to be reviewed for ease of identifying siblings and sibling placement info.

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Identify Sibs Not Placed Together	<p>Publish a Sibling Placement Policy Protocol defining resources for sibling placements, priorities and paths to accessing sibling placements.</p> <p><i>Benefits/Systems Sup Div Mgr SW Supervisor</i></p>	<p><i>Status In progress</i> <i>Start Mar 2008</i> <i>Finish Dec 2009</i></p>	<p>Manual material format has been started; program analyst invited to join group to begin documentation of expectations and procedures.</p>
Identify Sibs Not Placed Together	<p>2. Establish an accountability system for identifying siblings not placed together, convening a review of those placements and developing a plan to move siblings together.</p> <p><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status In progress</i> <i>Start Jan 2008</i> <i>Finish May 2008</i></p>	<p>The Placement Notebook will be used to track cases where decisions are made to not place sibs together. A new protocol will specify when sibling placements are reviewed. A plan to co-locate siblings will begin with new entries to care. Caution to be used in decisions to disrupt viable placements to move siblings together. Increased visitation of siblings in Foster Homes may encourage Resource Parents of one sibling to accept placement of other sibling(s) in their home.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Streamline ESC/Homefinding	<p>3. Complete a process map for the current procedures in the coordination of ESC and homefinding.</p> <p><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>Apr 2007</i></p> <p><i>Finish</i> <i>Apr 2008</i></p>	<p>Following task have been identified and are in progress:</p> <p>Data search of CWS/CMS and Homefinding Database to identify existing homes and capacity and types of placement accepted. Search should include any information on bed availability for sibling groups.</p> <p>Recruitment efforts to support sibling placements should include support for use of relative homes and recruitment of older emancipated siblings to be Resource Homes for younger dependent siblings.</p> <p>Recommend Placement agreement form be modified to ask following questions:</p> <ul style="list-style-type: none"> • Are you willing to accept other siblings? • Can you facilitate visits between siblings?
	<p>Implement a plan to streamline work practices in coordinating ESC and homefinding.</p> <p><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>Sept 2007</i></p> <p><i>Finish</i> <i>May 2008</i></p>	<p>Deliverables identified:</p> <ul style="list-style-type: none"> • Accurate database with access by for staff that includes all foster home vacancies, types, etc. • Streamlined policy and practice between Receiving Center, Emergency Shelter Care, Home Finding, Adoptions, etc.

Describe systemic changes needed to further support the improvement goal.

Establish an accountability system for identifying siblings not placed together. Coordinate Emergency Shelter Care and Homefinding.

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

None needed.

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

None needed.

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

None needed.

Component E **Child and Family Well Being**
Outcome 8A **Number of Children Transitioning to Self-Sufficient Adulthood**

County's Baseline Performance

For the latest reporting period (Oct 1, 2004 through Sep 30, 2005), 98 youth received a high school degree or GED. While we have reported data on this element we are not sure of the accuracy of the data. Additionally, we do not have accurate information on housing after emancipation for our youth.

Revised Baseline Performance

Not applicable as this measure has not changed.

Improvement Goal

Increase the number of youth who have graduated from High School or have received a GED. With the help of our new ILP database, we will be able to more accurately track the number of emancipating youth who leave the Child Welfare system with a high school degree/GED. We also plan to track the housing status of our emancipating youth.

Revised Improvement Goal

Not applicable as this measure has not changed.

Performance Update

For Oct 1, 2005 through Sep 30, 2006, the most recent data available, 110 of youth received a high school degree or GED. This is an increase in the number of youth with a degree or GED and thus we are currently meeting our goal in this area. In addition, our ILP database has currently gone live and we are beginning to use it for day to day functions.

<p>Strategy</p> <p>Gather baseline information on the number of youth emancipating with a high school diploma and increase that number.</p>	<p>Strategy Rationale</p> <p>Emancipating youth with high school diplomas have been shown to have better well-being outcomes.</p>
--	--

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
P2P	<p>1. Continue providing transitioning planning meetings (in the TDM style) for youth in preparation for emancipation, including assessing educational needs of youth.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<ul style="list-style-type: none"> • Beginning 9/1/07, all 17 year olds must have Exit TDM's prior to emancipation. • All staff trained and implemented Countywide. • Reminder system developed and implemented. • 2/08 – 192 Exit TDM's held • Plan to update the Exit TDM Action Plan to reflect the proposed new Transitional Independent Living Plan (TILP) • Working collaboratively with the Community Colleges to apply for the State of California Youth Empowerment Strategies for Success (YESS) California Program for 2008-2009 funding cycle which would significantly enhance the transitional planning process.

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
THP & Emancipation Services	<p>2. Provide training to staff on existing services for emancipating and emancipated youth, including THP/THP+ plan.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status In progress</i> <i>Start July 2007</i> <i>Finish July 2009</i></p>	<ul style="list-style-type: none"> • Training provided to all staff in July and August 2007. • Training presented to all new workers • Presentation provided by First Place for Youth at County Leadership Team regarding THP+. • Developing comprehensive training on Emancipation Services; completion date tentative for 2009
ILSP Binder	<p>3. Provide staff training on ILSP resource binder.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status In progress</i> <i>Start Nov 2007</i> <i>Finish Jan 2009</i></p>	<ul style="list-style-type: none"> • Resource Binder policy needs revision; anticipate completion by July 2008 • Staff training to be incorporated to comprehensive Emancipation Services training listed above.
Expand ILSP Services	<p>4. Explore expanding ILSP services in Richmond and Far East County. Implement these services as appropriate based on need.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status In progress</i> <i>Start Dec 2007</i> <i>Finish June 2009</i></p>	<ul style="list-style-type: none"> • Currently ILSP Life Skills training is presented in West, Central and East County • Collaboration with One Stop Career Center to determine possible co-location of career planning activities and ILSP activities being explored.
ISLP ID Card	<p>5. Revise proof of dependency ID card policy, procedure and system.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status In progress</i> <i>Start Apr 2007</i> <i>Finish June 2008</i></p>	<ul style="list-style-type: none"> • Policy revised and in the approval process • Implementation planned for June 2008

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
ILSP Database	<p>6. Complete development and implement ILSP data base, including accurate tracking of educational outcomes for youth.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status In progress</i> <i>Start Mar 2007</i> <i>Finish Jan 2009</i></p>	<p><u>ILSP Database</u></p> <ul style="list-style-type: none"> • ILSP Database completed and implemented in March 2008. • All staff trained to database in September 2007. • Currently meeting monthly to monitor implementation and determine data tracking possibilities. <p><u>Tracking Education Outcomes</u></p> <ul style="list-style-type: none"> • Pathways 2 Permanency (P2P) Subcommittee is collaborating with Foster Youth Services Advisory Board. • P2P developing internal procedure for systematically entering educational information into the Health and Education Passport. One unit is piloting efforts currently. • Held meeting with Office of Education to determine ways to share data and improve tracking of education data.

Describe systemic changes needed to further support the improvement goal.

Expand ILSP services in Richmond and Far East County as appropriate. Complete development and implement ILSP data base and other methods of tracking educational outcomes for youth

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

Train staff on ILP resource finders.

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

None needed.

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

None needed.

Permanency Comp 3
Component A2 Permanency

County's Baseline Performance

For all children in child welfare supervised foster care for at least 24 months prior to the start of the federal fiscal year (2005/2006), 12.6% were discharged to permanency in less than 12 months and prior to their 18th birthday.

Revised Baseline Performance

Not applicable as this measure has not changed.

Improvement Goal

Increase the percentage of youth in child welfare supervised foster care for at least 24 months prior to the start of the federal fiscal year (2008/2009; the latest period which will allow Mar 2010 reporting) who were discharged to permanency in less than 12 months and prior to their 18th birthday to 15%.

Revised Improvement Goal

Increase the percentage of youth in child welfare supervised foster care for at least 24 months prior to the start of the federal fiscal year (2008/2009; the latest period which will allow Mar 2010 reporting) who were discharged to permanency in less than 12 months and prior to their 18th birthday to 15% (measure C3.1). This goal is below the national standard/goal of 29.1%.

Performance Update

For all children in child welfare supervised foster care for at least 24 months prior to the start of the period 1 July 2006 – 30 June 2007, 14.1% were discharged to permanency in less than 12 months and prior to their 18th birthday (C3.1). This is an improvement from our baseline and puts us on track to meet our improvement goal. We are still below the national standard/goal.

<p>Strategy</p> <p>Incorporate permanency in all aspects of practice in order to allow more children to achieve permanency.</p>	<p>Strategy Rationale</p> <p>Children and youth who are discharged from foster care to a permanent family prior to emancipation have been shown to have better well-being outcomes.</p>
--	--

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
<p>Define Permanency/Due Diligence</p>	<p>1. Define permanency and redefine due diligence for the agency, utilizing CPYP (California Permanency for Youth Project) principles and integrating permanency efforts.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>July 2007</i> <i>Finish</i> <i>Sept 2009</i></p>	<p><u>Define Permanency</u></p> <p>Pathways 2 Permanency has completed the Permanency Definition for the agency. It was reviewed by parents, youth, and CSAT.</p> <p>Due Diligence workgroup to be formed to review procedures.</p> <p><u>Develop Family Finding Team Concept – Redefine Due Diligence</u></p> <p>Remainder of CPYP TA will be used to assist the Due Diligence/Family Finding Workgroup. This group will begin in March 2008 and continue through the summer until a plan is established. This group’s goals include folding in the internet search database, family tracking, and relative tracking.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Expand CPYP Countywide	<p>2. Integrate permanency efforts countywide to include principles of CPYP in the current P2P committee.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>July 2007</i> <i>Finish</i> <i>July 2009</i></p>	<p>Contra Costa has continued to use CPYP Technical Assistance and to hold monthly meetings with supervisors to discuss permanency related case issues since October 2007. Staff continue to attend CPYP Northern California multi-county meetings. Recently 6 staff attended the National CPYP Convening. Upcoming Permanency Conference in June 2008 which will be open to all staff and community partners.</p> <p>Information regarding youth identified for the CPYP project continues to be tracked and data is sent to CPYP regularly.</p>
Case Review Systems	<p>3. Explore, refine and redesign case review systems (PRT, AR, PP Review, Dispo) to define when staff are to use case reviews, the purpose of the various case reviews and the cultural component of case reviews.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>Oct 2007</i> <i>Finish</i> <i>Oct 2008</i></p>	<p>Permanency Case Conferences were held with Adoption, ILSP, CRPU, and West County Continuing supervisors from October through February 2008. LTFC and Group Home cases were reviewed and individual permanency plans were developed. System level issues were identified and a plan of action to resolve system level issues was developed.</p> <p>Protocols for case review systems (PRT, AR, PP review, Dispo) are being reviewed based on above recommendations following Permanency Case Conference discussions. The CWS Administrative Team plans to begin discussion at monthly Case Review meetings in March to May 2008.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Internet Search Engine	<p>4. Establish contract with internet database search engine to search for relatives. <i>County Wide Prog Div Mgr</i></p>	<p><i>Status In progress</i> <i>Start Mar 2007</i> <i>Finish Jan 2008</i></p>	<p>EHSD has been in contract negotiations with Acurrint and will be including CFS in the contract language to be a user of the search engine. Need to Identify data elements to track for searches: consider CPYP recommendations</p>
	<p>Expand training to all staff. <i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> <i>Start</i> <i>Finish</i></p>	<p>Pending, to be determined based on above activities.</p>

Describe systemic changes needed to further support the improvement goal.

Establish contract with internet database search engine to search for relatives. Redesign case review systems.

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

Train staff regarding CPYP principles, permanency, case review systems.

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

None needed.

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

None needed.

Systemic Factor

Outcome

Disproportionality of Removals for African American Youth

County's Baseline Performance

The calendar year 2006 incidence rate for first time removals of African American youth is 6.6/1000.

Revised Baseline Performance

This measure is changed to reflect new CA Department of Finance Population Projections as well as the methodology associated with the new State and Federal outcome measures which counts removals lasting 8 days or more – rather than a removal of any length no matter how short, as an entry into foster care. In addition, in order to fairly determine incidence rates for entries into foster care, we will report on all removals rather than only first time removals. The calendar year 2006 incidence rate for removals of African American youth is 11.2/1000 (266 African American children removed; total African American population under age 18 is 23,729).

Improvement Goal

Reduce the incidence rate of first time removals for African American youth by 15% to 5.6/1000 or less for calendar year 2009.

Revised Improvement Goal

Reduce the incidence rate of removals for African American youth by 15% to 9.5/1000 or less for calendar year 2009.

Performance Update

The calendar year 2007 incidence rate for removals of African American youth is 10.3/1000 (237 African American children removed; total African American population under age 18 is 23,041). This is an improvement from our baseline and suggests we are on track to meet our goal in this area.

<p>Strategy</p> <p>Utilize Differential Response and Team Decision Making and other culturally competent engagement strategies to decrease the number of first time removals for African American youth.</p>	<p>Strategy Rationale</p> <p>Use of culturally competent engagement strategies will assist families to build on their strengths and link families with community leaders and resources.</p>
---	--

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
DR Re-Engagemnt	<p>1. Review DR Policy and revise to allow re-engagement and to allow for data collection on engagement, re-engagement and service outcomes.</p> <p style="text-align: right;"><i>Redesign Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Sept 2007</i></p>	<p>Differential Response policy reviewed to determine appropriate action following family engagement or failure to engage and following feedback from service providers. Policy now allows request for re-request for engagement for DR services and referral as appropriate based on information collected.</p>
TDM – AA Under 5	<p>2. Continue provision of TDM services for all African American children under age 5 at risk of removal.</p> <p style="text-align: right;"><i>SOC Proj Supervisor</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<p>TDM services for all African American children under 5, and all of their siblings, at risk of removal continues. Monthly TDM statistics are provided to the agency's community partners and agency staff to insure timely feedback. This TDM data bundle has been enhanced as a result of suggestions from community members.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Disproportionality Conversations	<p>3. Develop conversation guides for supervisors to lead staff in discussions of disproportionality at all unit and review meetings every other month.</p> <p style="text-align: right;"><i>Administrative Team CWS Leadership Team</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>June 2007</i> <i>Finish</i> <i>Ongoing</i></p>	<p>Discussion led by CWS Director at County Leadership Team meeting regarding ongoing discussions for awareness of Disproportionality and improvement in practice in providing culturally competent services.</p> <p>Managers and supervisors to continue discussions at Division and Unit meeting levels. Managers and Supervisors presented creative ideas in raising staff's awareness to cultural issues.</p>
Health Srvc Referral Protocol	<p>4. Continue working with Public and Private Health Services to assist with the review and use of Health and Safety Code 123605. Explore use of protocols currently in place by hospitals in the county.</p> <p style="text-align: right;"><i>CWS Director</i></p>	<p><i>Status</i> <i>Ongoing</i> <i>Start</i> <i>Apr 2007</i> <i>Finish</i> <i>Apr 2008</i></p>	<p>Review of hospital protocols for Positive Tox reporting has been initiated by CWS Director and Contra Costa Regional Medical Center. CFS is working with CHDP, the County Hospital and Perinatal Services to develop an assessment protocol based on AB 2669. A draft assessment has been completed and will be implemented starting with perinatal services and updated at all medical appointments, including at labor and delivery.</p>
AODS Referral Practice	<p>5. Assess practices to determine if referrals related to Alcohol and Other Drugs are entered appropriately in CWS/CMS and if policy and practice are consistent with one another.</p> <p style="text-align: right;"><i>Administrative Team</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>June 2007</i> <i>Finish</i> <i>Dec 2008</i></p>	

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
CCOC – Practice Issues	<p>6. Continue to use the Cultural Competency Oversight Committee to establish a culturally competent agency, considering training and practice integration. Provide direction on moving change to the practice level to address Disproportionality.</p> <p style="text-align: right;"><i>CWS Director Operational Div Mgrs</i></p>	<p><i>Status</i> <i>Continued</i> <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>Ongoing</i></p>	<p>CCOC continues to meet monthly. Recent training sessions developed and presented to staff on “Words Mean Things” to promote strength –based, culturally competent language in discussion, documentation, and reports for families children served.</p> <p>Committee continues to address policy and procedure changes to integrate cultural competent principles and training concepts into practice.</p>
Data to Staff & Community	<p>7. Continue to gather data to present to staff and community partners in the districts around causes for and responses to Disproportionality.</p> <p style="text-align: right;"><i>Research & Eval Mgr</i></p>	<p><i>Status</i> <i>Continued</i> <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>Ongoing</i></p>	<p>Quarterly data presentations at Community Group Meetings in East, West, and Central County share process and participation data as well as regular updates on Disproportionality.</p>

Describe systemic changes needed to further support the improvement goal.

Revise policy for engagement in the Differential Response program and develop a data base to track the changes. Review protocols’ on when and where to record positive toxicology reports reported to CFS.

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

Develop conversation guides for supervisors to lead conversations in unit meetings.

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

Confirm with hospitals that they are following Health and Safety Code 123605 and collaborate together to address any necessary revisions in practice.

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

None needed.

Systemic Factor

Outcome

Foster Home Recruitment and Retention

County's Baseline Performance

The percentage of youth placed in foster homes as of Mar 29, 2007 is 18.5%.

Revised Baseline Performance

The percentage of youth as placed in foster homes of Mar 29, 2007 is 18.5%. At the end of calendar year 2006, there were 104 foster homes in our identified target zip codes. For first placement types during the period 1 July 2005 – 30 June 2006, 16.6% were Kin, 54.7% were foster, 14.7% were FFA, 9.4% were group, and 4.6% were Guardian.

Improvement Goal

Increase the number of available foster homes for youth to allow them to be placed within their own community and stay in the same school they were in at the time of removal.

Revised Improvement Goal

Increase the number of available foster homes for youth to allow them to be placed within their own community and stay in the same school they were in at the time of removal. In addition, continue utilizing foster homes when a less restrictive placement with relatives or with a guardian is not available. Increase the ability to gather valid information from our RDS database.

Performance Update

At the end of calendar year 2007 there were 179 foster homes in our target zip codes – an increase of 75 homes. As of 18 March 2008, the percentage of youth in foster homes was 18.2 percent – showing relative stability in the percentage of youth we have placed in foster homes. For first placement types during the period 1 July 2006 – 30 June 2007, 20.9% were Kin, 47.3% were foster, 18.7% were FFA, 7.3% were group, and 5.4% were Guardian. Thus, for a child’s initial placement a higher percentage of kin, FFA, and guardian homes were used in the latest reporting period, and a smaller percentage of group homes, and foster homes were used. We are making progress in increasing the number of foster homes – especially within our targeted areas. In addition, we are actively working to update our RDS database in order to facilitate analysis of progress.

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Recruitment Plan	<p>1. Review and revise a plan for recruiting foster homes including a focus on high removal neighborhoods, sibling groups, and homes for older youth and bilingual foster homes.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>May 2008</i></p>	<p>Data requested to confirm removals rates by zip codes to determine high removal areas. No change from originally designated target areas.</p> <p>Number of foster homes in the identified zip codes at end of 2007:</p> <ul style="list-style-type: none"> • East County – 88 homes • West County – 65 homes • Central County- 26 homes. <p>This represents an increase of 75 homes in the high removal areas the past year. In 2007, our Recruiter attended 22 events in the targeted areas and the Spanish speaking recruiter, hired August 2007, attended 6 events (August to October) Events in all areas included fairs, meetings, support groups and educational events.</p> <p>Orientations in English for recruitment of foster homes totaled 36. Orientations in Spanish totaled 8. The number of targeted recruitment efforts for siblings, older youth and bi-lingual homes totaled 38 orientations/events.</p> <p>Brochures/ recruitment materials translated into Spanish</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Recruitment Plan			<p>Two half day trainings, via Staff Development, on “Fostering Sibling Connections” was held February 13th that included staff, resource families and community partners to enhance awareness and importance of sibling connections and placement considerations.</p> <p>Developed form for contacting families after adoption finalization for potential co-placement of new sibling groups entering the child welfare system.</p> <p>Monthly RDS (Recruitment, Development, Support) team meetings continue to strategize and implement recruitment strategies.</p>
Increase # of Resource Homes	<p>2. Implement plan to increase the number of licensed foster homes and retain them for local placements.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Jan 2009</i></p>	<p>Foster parent/social worker feedback forms provide information on successes and areas for improvement in placement issues. There is a need to develop improved communication loop on problematic issues (staff and resource families).</p> <p>Emergency Shelter Care database allows search for homes with vacancies by zipcode. ESC procedures are to search for homes in zipcode of home of removal first to focus on local placements for children.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Increase # of Resource Homes			<p>Homefinding database tracks newly licensed homes to assure support, training and mentoring services are provided. Planning is to support newly licensed homes with mentoring by experienced Resource Homes, visits by Foster Parent Liaison, initiation to area support groups and notification of available trainings.</p>
Internal Teamwork/Coordination for RDA	<p>3. Develop an internal process to communicate and address licensing regulation concerns within the county to increase understanding of licensing guidelines and protocols, and implement a teamwork approach of communication and coordination to improve recruitment and retention of foster parents.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status In progress</i> <i>Start Mar 2007</i> <i>Finish Jan 2009</i></p>	<p>Action items planned and in progress:</p> <ul style="list-style-type: none"> • Review ALL forms used by state/ counties and CFS on complaints, investigations for clarity and understanding of use. • Develop a guide for when to initiate a CPS referral versus licensing complaint- in progress – BASA agenda January 2008 • Develop log to track completion and feedback to staff/resource family on “licensing issues” and complaints investigated. • Review Licensed Home retention, determine issues, and develop strategies to increase retention based on reasons, i.e. training, communication, lack of knowledge of child placed • Train staff and resource families to process/protocol., enhanced communication procedures.

Describe systemic changes needed to further support the improvement goal.

Review and revise a plan to ensure that there are available foster homes for children and youth to remain placed in their own community.

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

None needed

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

Assistance from the Foster Parent Network in providing input in to strategies to recruit and retain foster parents.

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

None needed