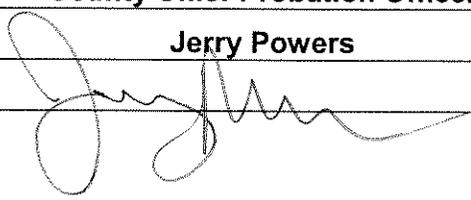
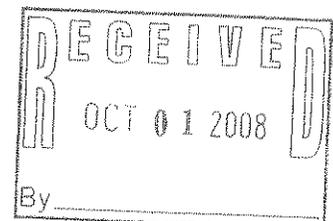


California's Child and Family Services Review System Improvement Plan	
County:	Stanislaus
Responsible County Child Welfare Agency:	Community Services Agency Child and Family Services Division
Period of Plan:	09/18/2007 – 09/17/2009
Period of Outcomes Data:	July 2008 report
Date Submitted:	
County Contact Person for County System Improvement Plan	
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Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Christine Applegate
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Jerry Powers
Signature:	



1. Local Planning Bodies:

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

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

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

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

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

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

2. Share Findings that Support Qualitative Change:

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

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

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

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

Outcome/Systemic Factor: Recurrence of Maltreatment (Child & Family Services)			
County's Current Performance: Stanislaus County's rate of children without a repeat recurrence of maltreatment within 6 months of a prior maltreatment is less than the current National Standard (94.6%), but has improved over the past couple of years. The vast majority of repeat maltreatment was involving allegations of General Neglect and Caretaker Absence or Incapacity. Stanislaus County has implemented a number of process improvement strategies to address this area, including Differential Response, Comprehensive Assessment Tools (CAT) for safety and risk assessment, and other policy changes and training.			
Improvement Goal 1.0 Reduce repeat maltreatment for children, with particular emphasis on children 0-5 years of age.			
Strategy 1. 1 Convene the Quality Assurance Review Team (QART) to: review instances of repeat maltreatment (particularly for children 0-5 years); make recommendations to the Leadership/Management Team regarding practice issues, training, policies & procedures, services, etc.		Strategy Rationale¹ The circumstances that result in repeat maltreatment vary significantly and do not always indicate that a child was at risk of harm. Statistical analysis shows that children ages 0 – 5 years have the highest rates of recurrence. Specific case review of these cases may allow for further examination of the changes that CFS needs to make in order to improve outcomes for children and thus reduction in repeat maltreatment. The QART has meet Quarterly and will continue to do so throughout 2008-2009 in order to continue case review of those with recurrence.	
Milestone	1.1.1 The Quality Assurance Review Team met & made recommendations to Leadership Team regarding suggested training, policy and procedure changes, and/or other suggestion strategies. Met Quarterly.	Timeframe	Quarterly 2007 – 2008 Quarterly 2008 - 2009
	1.1.2 Training, policy & procedure changes were made as needed.		Quarterly On-going 2008-2009
Assigned to			System Improvement Supervisor & Staff Development Supervisor, under the direction of the CFS System Improvement Manager.
			CFS Management Team
Strategy 1. 2 Hold Family Engagement Meetings (FEM) for families with continued stresses (when children are deemed safe and not at high risk of re-		Strategy Rationale¹ Stanislaus County offers pre-placement, preventative services through Family Maintenance and Families in Partnership. Many of these	

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

abuse) prior to case closure.		families are in need of services to address family stresses, but they are not willing to engage with the agency. Families must sign a case plan for voluntary services within 30 days (60 days for some circumstances as per policy) and cases must discontinue if the family is unwilling to do so. When the children are safe and there is not imminent risk of harm, services are stopped due to the family's unwillingness to engage. For many of these families, circumstances worsen resulting in further involvement in Child and Family Services. A formalized meeting, such as a Family Engagement Meeting can help families to overcome resistance and successfully plan for involvement in services designed to assist and support them.			
Milestone	1.2.1. Family Engagement Meeting (FEM) policies refined to include meeting with family and partners when not engaged and/or upon termination of services. Policies updated.	Timeframe	December 2007 Completed	Assigned to	System Improvement Manager & Management/Leadership Team
	1.2.2 Staff and partners trained on FEM procedures.		February 2008 Completed		System Improvement Manager & Management/Leadership Team
	1.2.3 FEM meetings held with families refusing services and/or prior to case closure.		March 2008 Continuing 2008-2009		Social Workers, Supervisors & Managers
Strategy 1. 3 Continue implementation of Comprehensive Assessment Tool (CAT) and provide on-going training on the use of safety and risk assessment in decision making.		Strategy Rationale ¹ The Peer Quality Case Review (PQCR) process pointed out the continuing challenge for staff in deciphering when parental cooperation impacts safety and risk to children and when it does not. In past years, decisions were made largely based upon the parents' successful completion and/or cooperation with services (such as parenting, counseling) rather than the more comprehensive assessment of a number of factors as is now the case. The implementation of the Comprehensive Assessment Tool (CAT) which assists social workers and supervisors to complete a comprehensive evaluation of safety and risk was implemented within the past couple of years. This change in practice for staff and supervisors has been successful but continues to require on-going training. Advanced risk and safety assessment			

training will further reinforce this growth.					
Milestone	1.3.1 New staff trained in Risk and Safety Assessment (CAT) and integration of tools into practice. Training provided for new staff within 3 – 4 months of hire during 2007-2008 year. Since Spring of 2008, SW positions have been cut and/or not filled regularly due to County and pending State budget issues.	Timeframe	Within 3 – 4 months of hire Continue 2008-2009	Assigned to	Supervisors, Staff Developer, and Systems Improvement Manager
	1.3.2 Advanced CAT training and/or Safety & Risk Assessment (Critical Thinking) training was provided to Supervisors and Managers July 2008, and to Social Workers August 2008 by the CWS Training Academy. Follow up refresher sessions were provided with Supervisors and Managers, and social workers as needed.		2008 - 2009		Staff Developer, Systems Improvement Manager
	1.3.3 CAT use monitored by Supervisors in regular supervision and quarterly in Self Evaluation team meeting via the CAT Implementation report provided by SPHERE.		2008-2009		System Improvement Staff, Supervisors and Managers
	1.3.4 Participated in the Breakthrough Series Collaborative on Safety and Risk Assessment.		June 2008 – October 2010		BSC Core and Extended Team Members
Notes: Stanislaus County Child and Family Services Division has continued to make progress on the percentage of children without a recurrence of maltreatment within 6 months of a prior substantiated referral. Family Engagement Meetings, improved risk and safety assessment and consistency across staff and leadership in critical thinking skills are all leading to improvements in agency performance.					
Improvement Goal 2.0 Engage families at children at risk of abuse or neglect in community-based preventative services.					
Strategy 2.1 Differential Response			Strategy Rationale ¹ Differential Response connects families with community-based services through Path 1, 2 or 3 when children are at low or no risk of abuse and		

		neglect. Services through Family Resource Centers, Public Health and/or Hutton House (teen services) provide the assessment, case management and support to stabilize families under stress, but whose children are safe and at no or low risk of abuse/neglect.			
Milestone	2.1.1 Maintained Family Resource Centers and community partners trained to implement DR. Differential Response was countywide with all three paths of response during the 2007- 2008 fiscal year. The Community Services Agency spent approximately \$1.2 million on Differential Response using a Family Resource Center approach. Funding streams included Pilot 11, CWSOIP, PSSF, CAPIT, Children’s Fund and County General Funds. Six (6) AmeriCorps members were funded by the Community Services Agency and placed in FRCs to further support Differential Response efforts.. As a result of County budget challenges and reduced allocations, all prevention and intervention community contracts, including Differential Response were reduced by 18% for FY 2008-2009.	Timeframe	FY 2007 - 2008 Continues FY 2008 – 2009 with 18% reduction due to funding losses.	Assigned to	System Improvement & Emergency Response Managers
	2.1.2 Multidisciplinary Team (MDT) of parents, service providers and Child & Family Services staff convened one to two times monthly during the 2007-2008 fiscal year. Continued to meet 1 – 2 times monthly throughout FY 2008-2009.		Monthly 2007-2008. Continue 2008-2009		System Improvement & Emergency Response Managers

	<p>2.1.3 Differential Response Path 1 and 2 provided through Health Services Agency for substance exposed infants. Differential Response was countywide with all three paths of response during the 2007- 2008 fiscal year in partnership with Public Health Nurses through the Health Services Agency. The Community Services Agency spent \$315,000 on Differential Response with the Health Services Agency, funded entirely with Pilot 11 and CWSOIP funds. As a result of County budget challenges and reduced allocations, all prevention and intervention community contracts, including Differential Response were reduced by 18% for FY 2008-2009.</p>		<p>FY 2007-2008 Continues FY 2008 – 2009 with 18% reduction due to funding losses.</p>		<p>System Improvement & Emergency Response Managers</p>
<p>Strategy 2. 2 Develop a county plan for early intervention & prevention for prenatal & parental substance use/abuse. Stanislaus County has developed a Methamphetamine Task Force with multi-agency and partner participation to address the impact of drugs on our community. Child and Family Services and Probation participate in the coalition headed by Behavioral Health and Recovery Services.</p>			<p>Strategy Rationale ¹ Through the Self Assessment process and PQCR processes the need for early intervention, education and preventative services for substance use/abuse was identified. Stanislaus County desires to engage families early in substance abuse services, before services escalate to child abuse or neglect. As a county with extensive methamphetamine use, outpatient and inpatient treatment is important to improving outcomes for children and families.</p>		
<p>Milestone</p>	<p>2.2.1 Parental substance use/abuse education and early intervention discussed in a community partner meeting, such as Perinatal Substance Abuse Coalition, Child Abuse Prevention Council (CAPC), etc. The Methamphetamine Task Force was established, with leadership from Behavioral Health and Recovery Services.</p>	<p>Timeframe</p>	<p>February 2008 Established January 2008</p>	<p>Assigned to</p>	<p>CFS Management Team CFS Leadership Team participated as a member of the team led by Behavioral Health and Recovery Services.</p>

	<p>2.2.2 Recommendations/plan for substance use/abuse prevention education and early intervention strategies developed with community partners. In progress by Mental Health Services, through the Methamphetamine Task Force.</p>		<p>April 2008 On-going 2008-2009.</p>		<p>A member of the CFS Management Team will participate on the task force.</p>
<p>Strategy 2.3 AmeriCorps Members / Family Advocate</p>			<p>Strategy Rationale ¹ Family Advocates particularly those who are parents and/or former members of the Child Welfare system are valuable members of the team that support parents involved in child welfare services. Family Advocates are able to speak with a voice that can be more easily heard from families.</p>		
<p>Milestone</p>	<p>2.3.1 Family Advocates/ AmeriCorps members recruited and placed in Family Maintenance, Families in Partnership and/or Family Reunification. One member was placed in each of Family Maintenance and Families in Partnership funded by Pilot 11 / CWSOIP. The family reunification slot could not be filled due to background check requirements and like delays and has been eliminated for the 2008-2009 service year due to Pilot 11 budget reductions. Place one member in Family Maintenance and one in Families in Partnership in the 2008-2009 service years.</p>	<p>Timeframe</p>	<p>January 2008 Completed November/December 2007 for the 2007-2008 Service Year.</p>	<p>Assigned to</p>	<p>AmeriCorps Program Coordinator & System Improvement Manager</p>

<p>2.3.2 Family Advocates / AmeriCorps members provided support and/or aftercare for families involved voluntarily or through court with the child welfare system. AmeriCorps members, as stated in Milestone 2.3.1, were placed and will be placed in 2008-2009 service year in voluntary service programs. The Court involved position could not be filled. Another aftercare worker parent mentor position was created and funded through Prop 10 funds to support families exiting intensive voluntary services, eg. Families in Partnership.</p>	<p>FY 2007 – 2008 Service Year 2008-2009.</p>	<p>AmeriCorps members, Site Supervisors, AmeriCorps Program Coordinator and System Improvement Manager Families in Partnership Supervisors and Manager</p>
<p>Describe systemic changes needed to further support the improvement goal. Stanislaus County Child and Family Services were selected to participate in the National Breakthrough Series Collaborative on Safety and Risk Assessment. Goals of this Breakthrough Series are to improve our safety and risk assessment practices, inclusion of parents and youth in the assessment of safety and risk, inclusion of community partners, and other like goals. Participation began in June 2008 and will continue over an 18 month period.</p>		
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals. Advanced Risk & Safety Assessment training was provided by the Child Welfare Training Academy. This training built on the skills learned in the CWS Training Academy as well as provided the conceptual framework of critical thinking to experienced workers. This training helped to bring our philosophical differences into alignment. Additional training and refreshers on this particular topic are desired.</p>		
<p>Identify roles of the other partners in achieving the improvement goals. Community partners are involved as indicated above.</p>		
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. Stanislaus County is funded for System Improvement activities through CWS Outcome Improvement Plan (CWSOIP) funds and as a Pilot 11 county. Funding of the Family Resource Centers providing Differential Response is jointly funded by First Five (Proposition 10) Funds. Additionally, Stanislaus County has committed the majority of PSSF and CAPIT funds to related system improvement activities. Pilot monies were committed through June 30, 2008, but will tentatively continue through FY 2008-2009, and thereafter decline until all funds are spread amongst all 58 counties. Another potential fiscal impact is the proposed legislation to redirect Prop 10 monies from the Counties to the state to support health care. With these pending and proposed funding reductions, the difficult local economy and reducing PSSF allocations, it will difficult to sustain these efforts over the coming years.</p>		

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

Outcome/Systemic Factor: Placement Stability (Child and Family Services)					
County's Current Performance: Stanislaus County Child & Family Services is performing just under the National Standard for the percentage of children who have two or fewer placements. Placement stability is best for children in care for 12 months or less and becomes correspondingly more problematic the longer children are in care. Children between the ages of 11 and 15 years have the lowest stability rates. This is particularly true the longer children are in care, ie. 24 months or more.					
Improvement Goal 3.0 Improve caregiver (foster parent/relative) skills in parenting preteen and adolescent children/youth that are victims of abuse and/or neglect.					
Strategy 3.1 Develop specialized training for foster parents, relative caregivers and social workers with working with and/or parenting foster youth, particularly children/youth 11 – 15 years of age.		Strategy Rationale² The group of youth with the greatest instability in placement is the 11 - 15 year olds. Assessment results indicate that substitute caregivers often lack the skills needed to care for foster children who are not only going through adolescents and it's related challenges, but also victims of trauma or neglect and inconsistent parenting histories.			
Milestone	3.1.1 Coordinated meeting(s) with CSA, BHRS, MJC, FFAs and/or community partners that specialize in 11 -15 year olds. FFA quarterly meetings held.	Timeframe	December 2007 Continue 2008-2009	Assigned to	Management Team, Foster Parent Recruiter/Trainer & Supervisor, Staff Developer
	3.1.2 Developed training plan for caregivers specifically focused on youth 11 – 15 years of age. Discussed in Self Evaluation.		February 2008 On-going 2008 - 2009		Management Team, Foster Parent Recruiter/Trainer & Supervisor, Staff Developer

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

	<p>3.1.3 Trained foster parents, relative caregivers and social workers on adolescent issues and strategies. Speak Out Team held 2007. Training by community partners with expertise in adolescent issues held Fall 2008. Parenting adolescents and/or Working with Difficult Behavior training provided to caregivers</p>		<p>May 2008 December 2008. Spring 2009</p>		<p>Management Team, Foster Parent Recruiter/Trainer & Supervisor, Staff Developer</p>
	<p>3.1.4 Developed & Submitted to the State a Specializes Care Rate Plan which takes into consideration varying levels of care for difficult to place children/youth. Submitted and Conditional approval received August 2008.</p>		<p>Spring 2008 Completed.</p>		<p>Specialized Care Rate Committee, Management Team, Supervisors</p>
	<p>3.1.5 Implemented Specialized Care Rate plan and monitored results to obtain final approval.</p>		<p>2008-2009</p>		<p>Specialized Care Rate Committee, Licensing Supervisor, Foster Care Unit Supervisor.</p>
<p>Strategy 3. 2 Team Decision Making (TDM) for placement changes.</p>			<p>Strategy Rationale ¹ Convening concerned parties regarding the placement decisions of foster youth greatly increases the quality of the decisions made. Stanislaus County implemented Team Decision Making (TDM) meetings in 2002. They are used consistently for removals, but less so for changes of placement. Adolescents are not always included in TDM meetings but are an instrumental part of the success of his/her placement. Further discussion indicated that attendance of clinicians at TDM placement meetings is not occurring consistently.</p>		
Milestone	<p>3.2.1. TDM policies & procedures reviewed and updated. Completed.</p>	Timeframe	<p>November 2007 Completed.</p>	Assigned to	<p>System Improvement Supervisor, manager & Management/Leadership Team</p>
	<p>3.2.2 Foster parents & FFAs trained on TDM. Trainings completed and on-going.</p>		<p>December 2007 2008-2009.</p>		<p>TDM Facilitators & System Improvement Supervisor</p>

	3.2.3 11- 15 year olds invited to TDM meetings, unless contraindicated. Completed and on-going.		December 2007 2008-2009		All staff
	3.2.4 Monitored quarterly in Self Evaluation		2008-2009		System Improvement Staff, Supervisors & Managers
	3.2.5 Children System of Care Clinicians invited to TDM placement meetings, as applicable		December 2008		Social Workers, Supervisors, Clinicians, TDM Scheduler
	3.2.6 For Youth ages 11 – 17 voluntarily placed in foster care due to behavior related issues, a Family Engagement Meeting, TDM, Interagency Resource Committee (IRC) and/or coordinated case planning was held within 30 days of placement to ensure successful placement and timely return home.		December 2008		Voluntary Services Manager, Supervisors and Social Workers and/or Emergency Response social worker.
Strategy 3.3 Foster Parent & Placement Support			Strategy Rationale ¹ Foster parents and relatives need additional support in caring for children who have come from abusive and/or neglectful circumstances. Whereas FFA foster parents have an agency and county social worker to support them, county foster parents and relatives rely solely upon a county social worker. Pre-placement visits can result in smoother transition of children and youth from one placement to the next but requires a significant time commitment which 7 day notices and limited placement options do not support.		
Milestone	3.3.1 Support plan for County foster parents created with priorities and timeline for implementation. Retreat with staff and foster parents held. On-going activities committee continues.	Timefram	March 2008 February 2008.	Assigned to	System Improvement Manager & Supervisor, Foster Parent Recruiter Trainer, Supervisor & Manager

<p>3.3.2 Developed action plan for more effective linking of relative caregivers in the Child Welfare system to the Family Partnership (KSSP) Center and services. System Improvement Supervisor, Permanency Specialist and Kinship Center coordinator meetings held, cross training provided, Permanency Specialist piloted and implemented initial relative placements and introduced families to Family Partnership Center services.</p>	<p>March 2008</p>	<p>System Improvement Manager</p>
<p>3.3.3 Explored reallocation of staffing resources within Reunification and Permanent Placement Units to enhance support for foster parents and placement stability and support. Suspended due to county budget cuts and potential State budget cuts. Hiring of staff reduced and several positions eliminated from FY 2008-2009 CWS Budget.</p>	<p>March 2008 Suspended due to budget.</p>	<p>Court/Reunification and Permanent Placement Supervisors and Managers.</p>

Describe systemic changes needed to further support the improvement goal.
 Foster Family Agencies need greater accountability for child welfare outcomes. Although we have placement agreements with FFAs for individual placements, there are no formal contracts between the County and Foster Family Agencies for the care of Dependent youth. The priorities and decisions of FFAs impact the performance of the County on our outcomes, yet they do not have the data needed to analyze their own performance and areas for growth. Although progress by placement type can be reviewed through the new Dynamic Reports at UC Berkeley, the information is not broken down by individual agency. Many FFAs strive to meet county goals, such as placement stability, permanency and the use of supporting strategies. There are many agencies operating in the county at one time and not all are knowledgeable about and/or committed to agency goals. Education and partnership activities continue through FFA Quarterly Meetings, though attendance is not 100% on the part of all Foster Family Agencies.

Another system factor is the on-going training of caregivers. Child and Family Services provides the initial Pride training for county licensed foster homes, while FFAs provide there own training. Modesto Junior College provides the on-going training for foster parents and relative caregivers, but the coordination of training could be improved.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.
 Additional training on working with abuse/neglected adolescents and teens.

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

As indicated above.

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

None at this time.

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

Outcome/Systemic Factor: Re-entry into Foster Care after Reunification (Child and Family Services)					
County's Current Performance: Stanislaus County's performance on re-entry into care shows an upward trend in re-entry into foster care following reunification. Some of the re-entries are data entry issues, some of the re-entries are due to agency efforts to maintain children in voluntary placements while their parents enter treatment but subsequently are required to enter foster care, and some due					
Improvement Goal 4.0 Connect reunifying families to community-based support/aftercare services.					
Strategy 4.1 Hold Exit Team Decision Making (TDM) meetings. Includes offering a voluntary exit TDM to families for whom the Court dismisses Dependency and returns custody contrary to agency recommendation.		Strategy Rationale³ Prior to commencing trial visits, returning custody and/or closing reunification cases, families need to be connected to community-based and/or other aftercare services that can support them following the completion of reunification. Community-based supportive/aftercare services assist families in times of crisis and meeting everyday life challenges, offer support from the community and peers in their neighborhood.			
Milestone	4.1.1 TDM policies & procedures reviewed and updated to include exit TDM meetings for reunification cases. Additional changes completed to further clarify timing of the exit TDM.	Timeframe	November 2007 November 2008	Assigned to	System Improvement Supervisor & Manager, Reunification Supervisors & Manager
	4.1.2 Staff trained on Exit TDM policies & procedures. Training on philosophy and expectations completed in Unit meetings.		February 2008 Fall 2008.		System Improvement Supervisor & Manager, Reunification Supervisors & Manager
	4.1.3 Exit TDM meetings held for reunification cases. Monitored quarterly in Self Evaluation.		February 2008 2008-2009		System Improvement Supervisor & Manager, Reunification Supervisors & Manager
Strategy 4.2 Connect families exiting due to reunification to community resources.		Strategy Rationale¹ When families have completed their services with CFS, they still may			

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

		<p>need support from various community resources to help sustain them and assist them to manage future challenges. Families are most often reluctant to maintain connection with the child welfare agency and may not contact prior social workers when they are facing challenges. Community based resources, such as Family Resource Center, recovery support systems, faith-based organizations; etc can offer the needed support. Relationship building between a county agency and the faith community takes a certain amount of dedication and time to build and maintain relationships. Due to the county budget constraints, CWS budget reductions and resulting staffing reductions it was determined that deferring this effort until some later time would be essential in order to fully commit to this partnership.</p>			
Milestone	<p>4.2.1. Aftercare plans developed with families prior to case closure. Implemented.</p>	Timeframe	<p>February 2008</p>	Assigned to	<p>Social workers & Reunification Supervisors & Manager.</p>
	<p>4.2.2 Families educated about potential community resources and permission sought to invite to TDM exit meetings. Implemented with limited community partners in attendance due to resource limitations.</p>		<p>February 2008.</p>		<p>Social workers & Reunification Supervisors & Manager.</p>
	<p>4.2.3 Engaged faith-based community to provide support to families. On-hold due to budget constraints, staffing reductions.</p>		<p>June 2008 Suspended until further notice.</p>		<p>Managers & Supervisors</p>
<p>Strategy 4. 3 Convene the Quality Assurance Review Team (QART) to: review instances of foster care re-entry following reunification; make recommendations to the Leadership/Management Team regarding practice issues, training, policies & procedures, services, etc.</p>		<p>Strategy Rationale⁴ The circumstances that result in re-entry following reunification vary significantly. Specific case review of these instances may allow for further examination of the changes that CFS needs to make in order to improve outcomes for children and thus reduction in re-entry into foster care.</p>			

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

Milestone	4.3.1 The Quality Assurance Review Team met & made recommendations to Leadership Team regarding suggested training, policy and procedure changes, and/or other suggestion strategies.	Timeframe	Quarterly FY 2008 – 2009, beginning November 2008	Assigned to	System Improvement Supervisor & Staff Development Supervisor, under the direction of the CFS System Improvement Manager.
Describe systemic changes needed to further support the improvement goal.					
While Family Resource Centers are the most common supporter of families in the communities, they have their own resource limitations that prevent them from serving every family in their community. Families may have other areas of support, such as the faith community, recovery groups, family ties, etc. These partners need to be invited, with family consent, to participate in developing exit and aftercare plans. There is presently no funding to provide support to community partners after a family exits the child welfare system.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
None.					
Identify roles of the other partners in achieving the improvement goals.					
Community Partners will need the capacity to be able to support families in their neighborhoods after exiting child welfare services.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.					
Flexibility and increased funding to provide aftercare support.					

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

Outcome/Systemic Factor:

Placement Stability (PROBATION)

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

County's Current Performance:

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

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

Improvement Goal 1.0			
Improve placement stability by increasing the family's knowledge of the process. It is hoped that by educating placement families on the process, procedures and expectations they will more actively participate in the process. Family participation is critical in addressing the family's needs as well as providing services so the family can reunify in a timely manner.			
Strategy 1. 1		Strategy Rationale⁵	
Develop a packet of information for placement families that will be presented during the first meeting between the placement officer and the family.		We have a difficult time engaging families in the placement process once the court has made the order for out of home placement. Families are frustrated, as they do not feel they have a voice in the process and they know their children better than anyone. Our goal is with this educational program will be to give them an opportunity to actively participate from the time the placement order is made giving the opportunity to be engaged as early as possible. When a person feels they are involved in the planning process they are more vested in seeing that the plan is a success. We are hopeful this will increase placement stability as we work more with families in the placement process. This will give them a clear idea of what a child and family must do to successfully reunify.	
Participants convened by October 2007 and packets developed by January 2008. The packets are being provided to the families of all parents (when available) of out-of-home children.			
Milestone	1.1.1 Key participants convene	Timeframe	October 2007 Completed by October 2007
	1.1.2 Informational packets developed		January 2008 Completed by January 2008
	1.1.3 Informational packets presented to 90% of parents of out-of-home children		February 2008 Available and Being Provided
Assigned to			Juvenile Division Manager Placement Supervisor
			Placement Supervisor Placement Unit Staff
			Deputy Probation Officers, placement or court officer
Strategy 1. 2		Strategy Rationale¹	
Increase placement stability by engaging the family in the process by utilizing the Family to Family model		The officer's assigned to the placement unit report it is very difficult to engage family's in the placement process once the child has been ordered into out of home care. We know that a child has a better chance of being successful when the family is involved and participates in the child's treatment and placement program. We want to improve in engaging families to improve the success we have with our children in	
The State's Family-to-Family Team Decision making (TDM) model continues to be the process in which our placement officers will engage. Placement officers are currently acquiring experience in the			

⁵ Describe how the strategies will build on progress and improve this outcome or systemic factor

TDM though their participation in the process with the Community Service Agency. Timeframe alterations for training and conducting our own TDMs are noted below.		out of home placement. This will in return improve our family reunification rates.			
Milestone	1.2.1. Identify training Placement Core training identified and three officers have completed to date	Timeframe	January 2008 September 2008	Assigned to	Training Coordinator Placement Unit Supervisor
	1.2.2 Training completed		June 2008 December 2009		Training Coordinator Placement Unit Supervisor
	1.2.3 Family meetings will be held for all children entering or exiting foster care		July 2008 January 2009		Juvenile Division Manager / Placement Supervisor
Strategy 1.3 Specialized training for placement officers regarding working with children and the families of children in out of home placement. Placement Core training is a requirement for all placement officers and the supervisor. Three out of five identified officers have attended; the other two are in the process of being scheduled. Officers are also taking advantage of specialized training being offered by the Community Service Agencies and the Administrative Offices of the Courts.		Strategy Rationale¹ During our PQCR one of the recommendations was to increase the specialized training that is provided to our staff. This was made based on the fact that there are many new staff assigned to the unit as well as the significant needs of placement children and their families. There are also several guidelines and regulations that pertain to probation youth in out of home placements.			
Milestone	1.3.1 Identify specific training needs	Timeframe	January 2008 Completed by January 2008	Assigned to	Juvenile Division Manager Placement Supervisor
	1.3.2 Training identified Placement Core training identified and three officers have completed to date.		July 2008 Completed by July 2008		Juvenile Division Manager Placement Supervisor Training Coordinator
	1.3.3 All placement officer complete training		December 2008 The remaining two will be scheduled for Core training by December 2008.		Juvenile Division Manager Placement Supervisor Training Coordinator
Notes: Probation Officers are required to attend training each year. The training calendar year is July 1 st of each year through June 30 th of the following year. Training for this calendar year (07-08) has been completed and training is being scheduled for FY 08-09. Training specific to working within the regulations of our home placement as well as working with placement families will provide the officers with additional tools to be more effective in working with this population.					

Improvement Goal 2.0					
Address the unmet medication needs of children receiving medication as they transition from one placement to another.					
Strategy 2.1		Strategy Rationale ¹			
Invite the key people to identify and address the gaps in services as they relate to placement children who are receiving medication for mental or medical conditions as they transition from one placement to another. Efforts will be made to identify which group homes will best serve specific mental health diagnoses. Two scenarios have been identified as factors potentially contributing to the delay of placement minors receiving medication: 1. Minor absconds and makes him/herself unavailable for medication; 2. Minor uses other substances while AWOL, which necessitates a medical delay in re-issuing the medication. It is felt that either scenario is out of the hands of all involved parties. The key parties will re-convene to review and make a final determination as to whether the strategy process should continue.		It was noted in both our PQCR and Self Assessment that children ordered into out of home placement that are detained in a secure setting are frequently required to change medication due to insurance coverage or change in doctors. This medication change can delay the child in obtaining his/her medication for a brief period of time or up to several days. This delay or medication change can cause behavior to deteriorate while he/she waits to receive a therapeutic dose of medication. This can lead to placement instability due to behavior problems or the child absconding from the placement facility. Milestone 2.1.3 does not appear relative to the improvement goal; therefore, it is recommended it be deleted from the improvement process.			
Milestone	2.1.1 Key people convene	Timeframe	Dec 2007 September 2008	Assigned to	Juvenile Division Manager Placement Unit Supervisor Mental Health Clinician
	2.1.2 Team explores options of addressing this gap (If applicable)		Mar 2008 November 2008		Juvenile Division Manager Key participants
Strategy 2. 2		Strategy Rationale ¹			
Develop a strategy to address the identified gaps in service Strategy 2.2 to be readdressed at the completion of Strategy 2.1.		It is unknown if all parties are aware of the impact current medication practices have on placement children. It is hoped the management team will strategize and find solutions to the medication management issues.			
Milestone	2.2.1 MOU written to address the medication issues for children transitioning for setting to setting	Timeframe	April 2008 TBD	Assigned to	Chief Deputy of Field Services Juvenile Division Manager Placement Supervision
	2.2.2 Reconvene the key people who identified the gaps to finalize the protocol or MOU		May 2008 TBD		Juvenile Division Manager Key participants

	2.2.3 MOU signed		June 2008 TBD		Chief Deputy of Field Services Juvenile Division Manager Placement Supervisor
Strategy 2.3			Strategy Rationale ¹		
Milestone	2.3.1	Timeframe		Assigned to	
	2.3.2				
	2.3.3				
<p>Describe systemic changes needed to further support the improvement goal. Probation children entering out of home placement are frequently removed due to their substantial mental or medical needs in addition to their criminal acts and the risk they pose to the community. These factors do not appear to be considered in the Federal or State outcomes. We are striving to increase the success of our youth in out of home placements by placing a greater emphasis on engaging family engagement. Many of our probation youth entering out of home placement have been unsuccessful in addressing their treatment needs while residing with their family and their delinquent behavior has increased to the point they have become involved with the criminal justice system. Traditionally, they are older than youth entering the system through the child protective services system and have significant treatment needs to address, in addition to their criminality. Many are directed to complete a treatment program to address their severe needs while residing in out of home care. This frequently takes a significant length of time and requires family participation. Our goal is to increase family participation with education on the procedures and through the encouragement and support during the process. Our hope is that with their increased involvement, they will be supportive of the placement and encourage their child to succeed by actively participating in the program. The ultimate goal is that there will be an increase in the number of successful program graduations and family reunification.</p>					
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals. We will continue to utilize UC Berkeley website data to measure placement outcomes. The recent addition of a DSS representative has been beneficial to the Probation department in completing reports, answering questions and providing support. Additional specialized training for our placement officers, supervisor, and manager will assist the Probation Department in implementing the Family-to-Family Team Decision Making (TDM) model that centers on the family and the family's needs. We have utilized the Probation Officer Placement Core, which has provided a wealth of information; ongoing specialized training will provide additional tools for our staff to utilize in the area of family engagement.</p>					
<p>Identify roles of the other partners in achieving the improvement goals. Stanislaus County Probation continues to work collaboratively with other county departments and community agencies. We have strong partnerships with Community Service Agency, Child and Family Services, Behavioral Health and Recovery Services, and Stanislaus County Superior Court. We work jointly with these agencies to provide quality care and services to our children in out of home care and frequently make joint visits. These partnerships have allowed us to address many of the significant issues that face our placement children. One of the major issues is the number of our children with mental health diagnoses. During this process we learned that 91% of our placement children received mental health services in 2006. We also learned that 43% are prescribed psychotropic medication. We have excellent programs in Stanislaus</p>					

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

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

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

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

We have continued to address these issues since the implementation of the SIP. Responding to feedback from placement children and families during the PQCR process, we identified several key areas that could be resolved fairly quickly and addressed those areas. Training was a key area and one we immediately started to address. It was recommended that our placement supervisor, who was new in his assignment, complete the Probation Placement Core course. We followed this recommendation and he has completed the course. It was also mentioned that our placement officers' workloads were too high. Initially, the Probation Department added an officer to the placement unit as the designated placement liaison.

This placement officer is responsible for locating new programs and foster homes to meet the unique needs of our placement youth and to locate appropriate placement for new children entering out of home care for the first time. This position has allowed us to expand the programs and foster homes we utilize, increasing the number of programs available to our children and improving the stability of our youth.

A third full-time placement position was added to the placement unit in July 2008 in response to the growing number of out-of-home placement orders and to the Department of Juvenile Justice's realignment plan. The officer assigned to the new position is supervising those placement minors deemed as the highest risk to re-offend and/or fail in a group home setting. The impact thus far has been a reduction in the other placement caseloads, allowing those officers more opportunities to provide optimal services to placement minors, their families, and their respective placement facilities. Additionally, those minors assigned to the new position, and their parents, are receiving increased levels of intensive supervision and intervention.

The strategies we are targeting in this SIP are centered on placement stability and how we can increase the stability of our youth once they enter out of home placement. We feel these targeted goals will increase placement stability. The first strategy involved working with our collaborative partners and placement families to develop a placement packet for families of children going into out of home placement. The packet includes educational, medical, mental health, and placement information regarding treatment issues for that child and other information as identified by the planning group. The intent of the packet is to educate the family on the placement process, assist them in understanding the goals of the placement order, and increase the family participation in the process encouraging their child to complete the program so they can reunify in a timely manner. The team set a goal that 90% of all families of children entering out of home placement would be provided with the packet in order to give the family the opportunity to meet the placement officer and develop a relationship with them prior to the child entering out of home placement. This goal was achieved during the first year of the System Improvement Plan.

Enhancement of the specialized training provided to placement officers was also identified as a strategy. We identified this goal early in the PQCR process and started immediately by having the placement supervisor complete Probation Officer Placement Core. This was very informative and assisted in the unit with understanding the regulations surrounding placement children. We continued to hear during our community meetings that additional training would be beneficial. It is required that probation officers receive continuing education through Standards and Training in Corrections in the amount of 40 hours each year. This is excellent training but is not traditionally specific to placement children. One such identified training is the Family-to-Family Team Decision Making (TDM) process. Placement Unit officers have started to observe and participate in Community Service Agency TDMs; however, formalized training has not been achieved to date. It is now anticipated that TDM training dates will be identified in September 2008, the training of two or more placement officers will be completed by December 2008, and the Probation Department's TDM process will begin in January 2009.

The second improvement goal identified during the System Improvement Plan is to address unmet medication needs of children receiving medication as they transition from one placement to another. In the SIP it was noted that gaps in medication occur when there are changes to minors' medical and insurance providers and when abscond and change placements. The strategy identified to address this gap involved the Probation Department working with other key players to discuss and start dialog to develop a plan to address it. The date to convene the key

players has been revised to September 2008 and the date to develop a plan to address the gaps in service, if any, has been revised to November 2008.

V. SUMMARY ASSESSMENT

CHILD AND FAMILY SERVICES

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

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

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

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

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

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

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

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

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

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

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

There are a number of factors that impact our reunification rates. First is our County's emphasis on providing voluntary family maintenance services. Our agency makes every effort to provide services to families through a voluntary program, such as Family Maintenance and our collaborative multi-disciplinary team, Families in Partnership. Because our removal rates are low and in-home services are frequent, the families in which children are removed may be those that are the most resistant to services. Since

the majority of children are removed due to neglect, a significant common denominator may be alcohol and drug abuse. The families who do not avail themselves of voluntary services may be the most resistant to treatment. The issues of these families may be so complex and intense that resolving these problems takes time.

Housing issues also play a significant role in the timeliness of reunification. Due to previously escalating housing costs, high rates of home foreclosure, high unemployment, inadequate low income housing, and other factors of poverty, families experience delays in securing affordable and safe housing to which their children may return. During the past couple of years, our access to Section 8 vouchers through the Family Unification program has become almost non-existent. New vouchers are only rarely available and cannot be relied upon to resolve housing needs of all families.

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

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

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

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

The well-being of children while in foster care is of significant importance in Stanislaus County. Placing children with their siblings is a significant priority. It is our belief that the sibling bond is one of the strongest bonds children develop. We place great importance on keeping children together. Approximately 51% of children are placed with all of their siblings, and 73% are placed with all or at least some of their siblings. Not only is it legally required to make every effort to keep siblings together, it is also a strong value of our social workers and other professional staff as well.

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

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

Our group home placement rates have been consistently low for a number of years, with approximately 4% of our children placed in that level of care at any one time. Children in group homes or at risk of group home placement are part of our 3015 program. A social worker, with a reduced caseload, and a Children's System of Care clinician work together with children to keep them out of group homes or step them down to a lower level of care as soon as reasonably possible.

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

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

Placement stability was added to our System Improvement Plan (SIP) in 2005 at CDSS request. The issue of multiple placement changes is one that Stanislaus County has been addressing through the implementation of the Family to Family Initiative in our county. On the Federal measure, approximately 81% of children who had been in care for twelve months or less had two or fewer placements. This improved this past year and now meets the National Standard.

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

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

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

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

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

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

One significant theme that permeated all community partner forums and staff focus groups was the problem of mental health issues in our community. Adult and adolescent

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

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

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

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

CWSOIP, Pilot 11, PSSF, CAPIT, CBCAP and County General Fund monies from prior years foster care savings were used during this past year to support Child and Families Services' System Improvement Plan strategies. As these funds decline so that state resources can be allocated across all 58 counties, we will experience significant reductions in our funding that supports many of these best practice efforts, such as Differential Response and AmeriCorps. While we will make every effort to maintain the effective practice changes, it is unclear how performance will be impacted at this point.

(See Attached Funding matrix for Child and Family Services)

PROBATION

The Probation Department generally removes youth from their homes because of a lack of effective parenting that contributes to the youth's continued criminality and the risk they pose to the community. Less often, youth are removed because they are at-risk of abuse, although these circumstances do occur. In the last fiscal year approximately 20% of the youth in out of home care were prior dependants of the Court. The Probation Department

does a good job of exhausting all community resources prior to removing children from their home. Emphasis is placed on preventative services. When placement is necessary, the department seeks to identify relatives that are willing and able to provide a home for the minor. The department will continue to work with families to facilitate this option when possible. The Probation Department maintains frequent contact with minors who are in out of home care, making face to face visits at least monthly if not more frequently.

The department completes a validated risks/needs assessment ("Back on Track") on each minor. The results of the assessment and the information obtained from the minor and their family are used to develop the case plan. In addition, every minor and the parent review the case plan when available. The department could improve by more actively engaging the family not only in the development of the case plan, but in jointly working to participate in services outlined in the case plan. The majority of out-of-home placement minors intend to reunify with their family, so family engagement is instrumental in successfully returning the minor to their home.

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

CWSOIP Funding

The Probation Department elected not to utilize allocations for Child Welfare Services Outcome Improvement Project funding during the 07/08 fiscal year. One reason for not using the funds is that until recently there was little communication to how the funds could be expended. Additionally, a concern was expressed to the department's fiscal team that the increased workload efforts to expend the small amount of funding were not advantageous. Following additional information from the Department of Social Services and the current DSS representative, the Probation Department intends of using the 08/09 funds toward, though not limited to, transportation expenses for parents to visit their children in placement homes.

Attachment

Child and Family Services SIP Strategy	Pilot 11 / CWSOIP Funds FY 07/08 (Amounts approx.)	Additional Funding Streams FY 07/08 (Amounts approx.)
Differential Response (Family Resource Centers, Health Services Agency, Hutton House)	\$688,509	\$193,170 PSSF \$800 CCF \$350,000 General Fund \$1,065,549 Prop 10/First 5
AmeriCorps (Differential Response & Parent Mentors for open CWS cases) (Program Coordinator & 8 members)	\$153,099	\$64,000 Prevent Child Abuse CA
Team Decision Making (TDM) mtgs at removal, placement change and exit TDM facilitators & Supervisor (2.5 FTE)	\$492,632	
Data Analyst/Researcher (Outcomes, Business Objects, CWS/CMS, ETO, etc)		\$152,635 CWS/CMS
Child and Family Services Training (includes Differential Response partners)	\$56,403	
TOTAL	\$1,390,643	\$1,826,154