

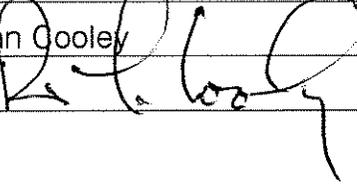
## California's Child and Family Services Review System Improvement Plan

<b>County:</b>	Merced
<b>Responsible County Child Welfare Agency:</b>	Human Services Agency
<b>Period of Plan:</b>	March 1, 2008 – February 28, 2011
<b>Period of Outcomes Data:</b>	1/1/07 – 12/31/07
<b>Date Submitted:</b>	March 15, 2009

### County Contact Person for County System Improvement Plan

<b>Name:</b>	Janice Rector
<b>Title:</b>	Program Administrator
<b>Address:</b>	2115 W Wardrobe Ave, Merced, CA 95340
<b>Phone/Email</b>	209-710-6252

### Submitted by each agency for the children under its care

<b>Submitted by:</b>	<b>County Child Welfare Agency Director (Lead Agency)</b>
<b>Name:</b>	Ana Pagan
<b>Signature:</b>	
<b>Submitted by:</b>	<b>County Chief Probation Officer</b>
<b>Name:</b>	Brian Cooley
<b>Signature:</b>	

RECEIVED OCT 14 2009

# Narrative

## 1. LOCAL PLANNING BODIES

The Merced County Self-Assessment (CSA) and System Improvement Plan (SIP) draw on extensive community collaboration. The key method of involving the community has been through the Children's Summit and the resulting Children's Action Plan. In addition, client surveys undertaken by HSA provide information on the client's perspective.

### *Merced County Children's Summit*

HSA, together with the Public Health Department, the Mental Health Department, the Probation Department, the County Office of Education, First 5 and the Family Resource Council (FRC), has sponsored five annual Merced County's Children's Summits since 2004. Each Summit includes a Networking Fair for local community groups, which provides an opportunity for them to share information and meet each other informally. In general, the Summits offer a Friday session for professionals and a Saturday session geared towards child care providers and families.

The first Children's Summit took place over a two-day period April 30 and May 1, 2004 and brought over 675 stakeholders together to assist with the self-assessment for CWS redesign. There were three separate sessions – one for professionals, one for teens, and one for child care providers. Small group discussions were facilitated by local experts at each session. The facilitated groups were each assigned a topic, and reviewed current data and background information, then participated in a brainstorming session to identify solutions. The results were synthesized to develop the Children's Action Plan.

The 2005 Children's Summit provided an educational forum to share best practices in selected areas based on action steps that are underway, in order to help build capacity among service providers as well as provide public education and information. Experts were brought in from throughout the nation to train on child abuse prevention, gang violence prevention, youth development issues and much more.

In 2006, the Children's Summit reviewed progress on each of the action steps and objectives, and presented a Children's Report Card to the Community with baseline data on the indicators in the Children's Action Plan.

In 2007, the Children's Summit focused on ages 0-5, including health, mental health, early brain development, preschool, including child care, special needs, teen parenting, and fatherhood. Speakers and workshops covered each of these areas.

The 2008 Children's Summit took place April 11 and 12. It will focus on "Nothing Matters More: Nurturing and Healthy Caring for Children." A major focus will be on building and strengthening collaborations between local government, businesses, and community organizations to improve the health and well-being of children and families. Speakers will cover topics such as evidence-based practices in mental health, parenting after recovery, and positive discipline for children ages 0-18.

Planning is underway for the 2009 Children's Summit. This will be the 6<sup>th</sup> annual Children's Summit.

### *Merced County Children's Action Plan*

The findings from the first Children's Summit were synthesized and distilled into a three-year Children's Action Plan which was rolled out in September 2004. The purpose of the Children's Action Plan was to provide a road map for short and medium term actions that will yield measurable improvements in children's health and well-being. The Children's Action Plan identified measurable objectives and concrete, realistic action steps to meet identified community goals.

The Children's Action Plan has been implemented by a broad-based collaborative of community agencies, including public agencies, education, community-based organizations, faith-based organizations, business, the media, and community volunteers. HSA is the lead agency in the Children's Action Coalition's Mobilization Team, which has overseen implementation of the plan and put on the subsequent Children's Summits. Along with HSA, the Mobilization Team includes First 5 Merced County, the Mental Health Department, the Public Health Department, the Probation Department, the County Office of Education, and the Family Resource Center. The Mobilization Team meets bimonthly or quarterly.

A total of 74 action steps were monitored and tracked as part of the Children's Action Plan. Of the 74 action steps in the plan, 54 (61%) were completed by September 2007. Another 22 (30%) were in progress and 3 (4%) in the planning stages. Only 4 action steps had not been initiated.

One example of a successful completed action step is the development of a Family Violence Protocol signed by all 8 law enforcement jurisdictions, the presiding judge of Superior Court, the District Attorney, Probation, HSA, A Woman's Place (domestic violence), the Agricultural Commissioner (Animal Control), the local California Highway Patrol, and local State Parole. HSA took the lead in facilitating development of the Protocol, which outlines communication and coordination in responding to and cross-reporting child abuse and neglect, domestic violence, elder abuse and neglect, and animal abuse.

## 2. FINDINGS THAT SUPPORT QUALITATIVE CHANGE

There are several initiatives that have helped provide qualitative data.

### *Concurrent Planning Initiative*

In June 2006, HSA launched its Concurrent Planning Initiative, hosting a gathering of nearly 50 stakeholders over two days to examine current child welfare practice in Merced County. The goal of the session was to build on the strengths of Merced County to improve permanency for children. The event was attended by HSA managers, supervisors and front line staff as well as community-based service partners from mental health, substance abuse, public health, education and advocacy groups committed to child and family well-being. Concurrent Planning was introduced as a key approach for working toward family reunification, while at the same time establishing an alternative or back-up permanency plan to be implemented if children cannot safely return to their biological parents.

The group reviewed outcome data for children served by the child welfare system in Merced County with a focus on how children can achieve permanency more quickly. In small groups, stakeholders engaged in an activity to build the "ideal child welfare system" from the point of view of what a child needs. They assessed how well Merced's current system matched the ideal. Specific suggestions included:

- Examine and select from national best practice standards for family centered team meeting models for implementation in Merced;
- Develop policies and train community on selected meeting models; and
- Engage families in case plan development and implementation using selected family-centered team meeting models

In addition, Merced County implemented SB 163 Wraparound services in July 2007. This approach, known locally as DoWith - "Do Whatever It Takes (With the Family)" has a focus on keeping children in the home through providing intensive supports to the family as an alternative to high level group home care. It is designed for youth in a group home level 10 or above, or at risk of imminent placement in a group home level 10 or above. Probation is a full partner in DoWith. Parent partners were full participants in the development of the DoWith program and are key to its success. Since its implementation the number of slots available for children at risk of or in the above mentioned placements has doubled. The DoWith program is successful in providing services to children and families.

### *Client Surveys*

An important means for gathering qualitative data has been through client satisfaction surveys of families who have received home visiting services. 100% of families are surveyed after the case is closed to look at their satisfaction with services they have received. The Program Administrator who oversees home visiting services compiles the data and reviews it to identify areas for program improvement. Because of its success in gathering client perspectives, HSA is considering expanding the survey to all CWS families.

During the past 4 years, 39 families have been surveyed. The findings include overall satisfaction with the services received by the home visitors. One of the participants made comments about the services received:

*"Your program and everybody has inspired my kids and I... Thank you so much for your help, time and all the energy you've spent with me and my family. I am stronger, resourceful, more self sufficient..."*

### *SafeMeasures*

In addition, all supervisors and social workers use SafeMeasures to review caseload compliance. SafeMeasures, developed by the Children's Research Center, provides comprehensive reports on the appropriate utilization of Structured Decision Making (SDM) tools at key decision points including taking the initial hotline report, prioritizing for investigation, and assessing safety and risk as the investigation continues, as well as assessments of family strengths and needs, reunification assessments, and risk reassessments for open cases.

SafeMeasures also provides compliance reports on C-CFSR performance indicators based on CWS/CMS data. It also allows review of timeliness of visits, investigations, and other factors. SafeMeasures allows workers to review their own caseloads. Supervisors can review the caseloads of all workers on the unit. Program Administrators can review all caseloads.

### **3. PEER QUALITY CASE REVIEW**

The Peer Quality Case Review (PQCR), completed in March 2007 and submitted to the California Department of Social Services in May 2007, provided the opportunity for an extensive and in-depth case review. With the help of child welfare and probation staff from Fresno County and Madera County, Merced County reviewed a sample of cases in depth and identified and discussed practice and program issues. The PQCR area of focus for both CWS and Probation was family engagement in case planning. This area of focus was chosen because it impacts the success of concurrent planning and timely reunification. CWS and Juvenile Probation worked together in the planning, facilitating and report writing of the PQCR.

The CWS cases selected for the PQCR were from the County's Family Reunification (FR) caseload. Six cases were reviewed, half of which were cases in which children would be returned to their birth parents within a few months, and half of which were cases in which CWS was planning to recommend to the Court within a few months that parental rights be terminated. The Juvenile Probation cases selected for the PQCR were from the County's Juvenile Probation foster care caseload. Two cases were selected for review: one where the youth reunited successfully and one where the youth did not reunite.

The PQCR identified the following practice strengths for CWS:

- The social worker calls and makes an appointment to meet with the family within two weeks of receiving the case.
- Supervisors are supportive and have an open door policy.
- Supervisor ride-alongs are a good practice to evaluate and support staff.
- Supervisors help social workers with court reports, and review court reports within two hours of receiving them from the social worker.
- Dependency Drug Court is effective
- The training unit provides individualized assessment of workers.
- Tandem case management is helpful, allowing workers to provide back-up for each other, and so provide more accessibility to clients.
- The mentor in Family Reunification works with staff (as does the supervisor), including going out in the field with them.

The PQCR identified the following practice strengths for Probation:

- The Parent Accountability Board (PAB) uses volunteers from the community to sit on the PAB and sees the parents bi-monthly. PAB helps parents to stay on track with their case plans.
- There is a post placement caseload of approximately 11 youth, which provides more supervision and structure, and can allow probation to end earlier.
- Placement Council provides an opportunity to present and staff the case, and the committee then makes the decision regarding placement. The Placement Council is also used for the DoWith Wraparound Program to divert youth from high level groups homes.

Key recommendations from the PQCR were:

***Child Welfare Services:***

- Engage families earlier in the initial process and throughout the process, involving the family along with extended family members and community partners in the initial staffing. *Work is underway in this effort. One of the major changes to practice has been the institution of a relative tracking sheet so that we are able to quickly and easily see who has requested placement of relative children and where they are in the process.*
- Explore the feasibility of bifurcating the Jurisdiction and Disposition hearings in order to provide the social worker additional time to engage the family in the case plan. *More cases are being bifurcated at this time.*
- Increase the number of visits between parents and children, providing at least one visit per week, and two visits per week for infants. *Agency policy has changed and all children under 3 are visiting with their parents once a week. Because of time and staffing constraints we have not been able to institute this change for all foster children.*
- Warm hand-off of cases between units was recommended when the case is transferred from one unit to another, especially from Court to Family Reunification. *A new policy and procedure has been developed to ensure the warm hand off of all cases.*

***Juvenile Probation:***

- Engage extended family members at the beginning by providing the parents a form to fill out regarding extended family members
- Identify a preplacement officer to coordinate FM services and work with family prior to placement, perhaps allowing the placement order to be vacated.

#### 4. SIP TEMPLATES FOR IMPROVEMENT

Five templates are included in the next section of the County's System Improvement Plan.

- **Template 1. Participation: Referrals and Substantiated Allegations**  
(Outcomes *Referrals, Substantiated Referrals, Rate of First Entries to Foster Care, Point In Time in Foster Care*: SIP Goals 1 and 2)
- **Template 2. Safety: Recurrence of Maltreatment and Social Worker Visits**  
(Outcomes *S1.1 Recurrence of Maltreatment, 2 C Timely Social Worker Visits with Child*. SIP Goal 3)
- **Template 3. Permanency and Stability: Foster Care** (Outcomes *C1.4 Re-Entry to Foster Care, C2.1 and C2.2 Time to Adoption*: SIP Goals 4 and 5)
- **Template 4. Family Relationships and Community Connections**  
(Outcome *4B Placement/Least Restrictive Setting*: SIP Goal 6)
- **Template 5. Probation** (SIP Goal 7)

## CWS Outcome: Safety

### Participation Rates:

- Unduplicated count of child clients < age 18 in referrals per 1,000 children < age 18 in population.
- Unduplicated count of child clients < age 18 in referrals that had substantiated allegations, per 1,000 children < age 18 in population.
- Unduplicated count of children < age 18 entering a child welfare supervised placement episode of at least five days duration, per 1,000 children < age 18 in population
- Number of children < age 19 in child welfare supervised foster care on July 1, per 1,000 children < age 19 in population.

### Recurrence:

- S1.1 Of all children who were victims of a substantiated or indicated maltreatment allegation during the first 6 months of a year, what percent were not victims of another substantiated or indicated maltreatment allegation within the next 6-month period?

### Timely social worker visits:

- 2C. Of all children who required a monthly social worker visit how many received a monthly visit?

### County's Current Performance:

**Participation Rates:** The number and rate of child maltreatment referrals increased between the 2006 period and the most recent 2007 period. It remains significantly above the statewide rate of 49.2 per 1,000 in 2007 the rate for Merced County was at 65.9 for 2007. The rate of substantiated referrals decreased during this reporting period, but it is still higher than the statewide rate of 10.7 at 14.0 per 1,000 children in 2007. The rate of first entries to foster care decreased since the last reporting period and the most recent time period, but still remains higher than the statewide rate.

**Recurrence:** The non-recurrence rate remained unchanged from the baseline period, and does not meet the federal standard.

**Timely social worker visits:** Although the percentage of timely visits increased from 88.8% in April 2003 to 93.6% in December 2006, it has again fallen to approximately 88% and is a great area of concern.

### Improvement Goal 1.0:

Reduce parental substance abuse.

#### Strategy 1.1

Develop a treatment facility (residential and outpatient) for substance abusing parents that includes medical evaluation, mental health and psychosocial assessment, and intensive treatment that addresses all identified issues.

#### Strategy Rationale

Substance abuse underlies the majority of child abuse and neglect cases. However, there are not sufficient treatment options currently available within the county. Additional treatment using evidence-informed treatment models will help reduce parental substance abuse and the resulting family violence.

Milestone	Timeframe		Assigned to		
	1.1.1	Identify funding needs		April – December 2008	Agency Director and Deputy Director
	1.1.2	Identify site		January – December 2009	Agency Director and Deputy Director
1.1.3	Develop plan for funding and development of facility	January – December 2010	Agency Director and Deputy Director		

**Notes:**

The main constraint in developing a treatment facility for substance abusing parents is the lack of funding, which is an even greater issue at a time of shrinking budgets.

**Describe systemic changes needed to further support the improvement goal.**

Improved capacity to address the needs of substance abusing parents is a systems and capacity improvement identified and supported by all parties. Development of a treatment facility was called for in the Children's Action Plan as well as the previous SIP, but little progress was made due to the lack of funding available.

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

Technical assistance may be required to assess funding and resources available.

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

Mental Health and Public Health are key partners. The HSA director is working in conjunction with the directors for mental Health and Public Health to identify all the needs associated with more comprehensive treatment facilities and for substance abusing parents.

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

None

**Improvement Goal 2.0:**

Increase compliance with requirements for timely social worker visits.

**Strategy 2.1**

Provide supervisory review, policies, and staff training to ensure that visits are completed and documented timely.

**Strategy Rationale**  
Completion of required social worker visits is an issue particularly in Permanency Planning. It is important to ensure that these children receive regular visits in order to monitor their safety and support their permanency and stability.

Milestone	Timeframe		Assigned to		
	2.1.1	Program Administrator work with supervisor to review all cases, and address issues individually with each worker. SafeMeasures can be utilized to identify areas of concern.		April – June 2008	Program Administrators
	2.1.2	Develop policy on contacts and contact exceptions and train all workers.		March – July 2008	Program Administrators
2.1.3	Program Administrators ensure continuity of supervision and review progress.	September 2008	Program Administrators		

<p><b>Notes:</b> Agency staff are fully aware of the requirements for regular and timely contacts, but because of understaffing, sometimes this is not a high enough priority when caseloads are high.</p> <p><b>Describe systemic changes needed to further support the improvement goal.</b> This does not represent a systems change.</p> <p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Internal training for permanency placement staff will be required to support implementation of the policy on required contacts. Work with staff on increased use of SafeMeasures as a way of identifying case where monthly in person contact is not being achieved.</p> <p><b>Identify roles of the other partners in achieving the improvement goals.</b> This is an internal CWS strategy.</p> <p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> None</p>
--

## CWS Outcome: Permanency

Re-entry to foster care:

- C1.4. Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of discharge?

Time to adoption:

- C2.1. Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from home?
- C2.2. Of all children discharged from foster care to a finalized adoption during the year, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption?

### County's Current Performance:

*Re-entry to foster care:* The percentage of Merced County children who reentered foster care within 12 months of reunification decreased to 5.6% and is below the federal guidelines.

*Time to adoption:* The percentage of children adopted within 24 months decreased between the baseline period and the most recent study period, although is still above the federal standard. The length of time to adoption increased in Merced County between the baseline period and the most recent review. It is now slightly greater than the federal standard.

### Improvement Goal 3.0

Increase the success of reunification and other permanency options.

#### Strategy 3.1

Work closely with community partners including differential response, to identify supports and services that may be available to families after reunification.

#### Strategy Rationale

After reunification, families continue to need supports and resources. Because Merced is a low income county, there is greater need even while there are fewer public and nonprofit resources available, and coordination of existing resources is even more important.

<p><b>Milestone</b></p>	<p>3.1.1 Offer all families reunifying a family group decision meeting. Convene community partners and identify family needs and resources available to support families. <i>This has been discontinued due to lack of funding</i></p>	<p><b>Timeframe</b></p> <p>April – July 2008</p>	<p><b>Assigned to</b></p> <p>CWS Program Administrators</p>
-------------------------	--	--	---

<p><b>3.1.2</b> Develop a resource and referral list of services for families who have reunified, and share with social workers and families.</p>	<p>August 2008 – March 2009</p>	<p>CWS Program Administrators</p>	
<p><b>3.1.3</b> Reconvene partners and review effectiveness.</p>	<p>December 2009</p>	<p>CWS Program Administrators</p>	
<p><b>Strategy 3. 2</b> Review and improve Adoptions Unit policies and processes.</p>	<p><b>Strategy Rationale</b> With concurrent planning, the role of the Adoptions worker has changed, and the approach to permanency has been accelerated. A review of Adoptions Unit processes will help to bring policies and practices into alignment.</p>	<p>CWS Program Administrators</p>	
<p><b>3.2.1.</b> Review Adoptions Unit work processes, including the relationship with concurrent planning</p>		<p>March – July 2008</p>	<p>CWS Program Administrators</p>
<p><b>3.2.2</b> Develop policies and procedures outlining Adoptions responsibilities and timeframes</p>		<p>July 2008 – December 2009</p>	<p>CWS Program Administrators</p>
<p><b>3.2.3</b> Train staff and implement policies and procedures</p>		<p>December 2008 – December 2009</p>	<p>CWS Program Administrators</p>
<p><b>Notes:</b> This is related to implementation of the concurrent planning initiative.</p>			
<p><b>Describe systemic changes needed to further support the improvement goal.</b> The systemic change is that the Adoptions workers are now required to work more closely with other units, due to the expectations of concurrent planning.</p>			
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Internal training will be required for any new policies and procedures that are developed.</p>			
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> This is an internal CWS strategy.</p>			
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> None</p>			

## CWS Outcome: Family Relationships and Community Connections

### Placement in Least Restrictive Setting

- 4B. For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12 month study period, what percent were in kin, foster, FFA, group, and other placements (initial placement)?
- 4B. What percent of children in child welfare supervised foster care were in kin, foster, FFA, group, and other placements at a selected point in time?

### County's Current Performance:

*Placement in Least Restrictive Setting.* In spite of efforts to locate relative placements, foster children in Merced County are less likely to be placed with kin at the initial placement compared to the baseline period. However, because kinship care is often of longer duration, the proportion in kinship care at a point in time has increased. The percentage initially placed in a group home or shelter has decreased, reflecting agency efforts to identify less restrictive placements. However, because of the lack of foster families in Merced County, foster children are much more likely to be placed in foster family agencies.

### Improvement Goal 4.0

Fully implement concurrent planning

### Strategy 4.1

Implement the Concurrent Planning Initiative.

### Strategy Rationale

Concurrent planning focuses on the parallel tracks of reunification and, should reunification fail, an alternative permanent family. Extended family and other important family supports are identified, both as supports for the family and as potential concurrent placements.

Milestone	Timeframe	Assigned to
4.1.1 Finalize concurrent planning policy. Develop form to track all NREFM inquiries. Form will follow child from referral to case and be accessible through CWS/CMS and will be attached to court reports.	April – June 2008	CWS Program Administrators
4.1.2 Train staff on the concurrent planning policy.	July – December 2008	CWS Program Administrators
4.1.3 Fully roll out concurrent planning agencywide.	January – July 2009	CWS Program Administrators

### Notes:

The Agency is in the process of implementing concurrent planning, and has received technical assistance and training from Rose Wentz.

**Describe systemic changes needed to further support the improvement goal.**

Concurrent planning represents a systems change in helping workers focus simultaneously on reunification and the identification of an alternative permanent placement.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.**  
 Staff training will be required, including internal training as well as training from experts in concurrent planning.

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

Other partners include families and relative or non-relative extended family members, who are integral to successful concurrent planning.

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

None

**Improvement Goal 5.0**

Facilitate relative and non-relative extended family member (NREFM) placements rather than placements with Foster Family Agencies (FFAs).

**Strategy 5.1**

Reduce the number of placements in Foster Family Agencies (FFAs).

**Strategy Rationale**

Social workers find it is easier to place a foster child through an FFA compared to phoning individual potential foster homes. But FFAs are more expensive and the county has less oversight as compared to county-licensed foster homes.

Milestone	Timeframe	Assigned to
5.1.1 Develop policies on kinship and FFA placements.	April – July 2008	CWS Program Administrators
5.1.2 Train staff in new policies	Emphasis is placed on County or relative homes. Tracking sheet developed for all relative inquires	CWS Program Administrators
5.1.3 Review individual cases and work with staff to support placement in the least restrictive setting.	July – December 2008 January – December 2009 On going	CWS Program Administrators

**Notes:**

The previous SIP identified the need to reduce FFA placements, but more work needs to be done.

**Describe systemic changes needed to further support the improvement goal.**

Social workers are accustomed to placing in FFAs, which is simpler than identifying a relative, NREFM, or county-licensed foster home; the systems change will be to help workers see the value to the child of a non-FFA placement.

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

Internal staff training will be required.

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

This is an internal CWS strategy, in partnership with Probation.

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

None

## CWS Systemic Factor: Case Planning

### County's Current Performance:

The PQCR identified the need to engage families earlier in the initial process and throughout the process, involving the family along with extended family members and community partners in the initial staffing. In addition, the PQCR led to the recommendation to increase the number of visits between parents and children, providing at least one visit per week. Also, the PQCR called for ensuring a warm hand-off of cases between units when the case is transferred from one unit to another, especially from Court to Family Reunification.

### Improvement Goal 6.0

Increase family engagement in case planning.

#### Strategy 6.1

Involve family, extended family members, and community partners in initial case staffing.

#### Strategy Rationale

Early family engagement can help to identify potential relative or extended family homes where the child can be safely placed, and result in faster permanency and a better outcome for the child.

<p><b>Milestone</b></p> <p>6.1.1 Develop policies and procedures outlining involvement of family, extended family members, and community partners in initial case staffing.</p>	<p><b>Timeframe</b></p> <p>July 2008 – December 2008 Unable to implement</p>	<p><b>Assigned to</b></p> <p>CWS Program Administrators</p>
<p>6.1.2 Train staff in new policies and procedures. Implement new policies procedures.</p>	<p>January 2009– March 2009 Policy in place to train staff.</p>	<p>CWS Program Administrators</p>
<p>6.1.3 Review individual cases and work with staff to support implementation of involvement of family, extended family members, and community partners in initial case staffing.</p>	<p>March 2009- July 2009</p>	<p>CWS Program Administrators</p>
<p><b>Strategy 6.2</b> Increase visitation to at least one visit per week</p>		
<p><b>Milestone</b></p> <p>6.2.1. Establish Family Visitation Center so visits can be in a more relaxed environment and not at HSA.</p>	<p><b>Timeframe</b></p> <p>January 2008 Completed</p>	<p><b>Assigned to</b></p> <p>CWS Program Administrators</p>
<p>6.2.2 Increase visits for parents and children three and under to at least once per week.</p>	<p>April 2008 – September 2008 Weekly visits for children under 3 are occurring</p>	<p>CWS Program Administrators</p>

<p><b>6.2.3</b> Work with families so visits can occur in the home not at a center and move from supervised to unsupervised visitation.</p>	<p>April 2008 – January 2009</p>	<p>CWS Program Administrators</p>	
<p><b>Strategy 6.3</b> Develop system to ensure warm handoff of cases from Court to Family Reunification.</p>	<p><b>Strategy Rationale</b> Better communication between workers, and a joint meeting with the parents, at the time of case transfer will help provide continuity and help the parents to understand and accept the role of the new worker.</p>		
<p><b>6.3.1</b> Develop written Policy and Procedure outlining hand off of cases</p>		<p>April 2008 – July 2008</p>	<p>CWS Program Administrators</p>
<p><b>6.3.2</b> Establish standard requiring social workers to have direct contact with social worker passing on the case within five days of the transfer.</p>		<p>January 2008 – May 2008</p>	<p>CWS Program Administrators</p>
<p><b>6.3.3</b> Review of warm handoff of cases with staff during PMCs</p>		<p>January 2008 – May 2008</p>	<p>CWS Supervisors</p>
<p><b>Notes:</b> These strategies will be coordinated with the Concurrent Planning Initiative.</p>			
<p><b>Describe systemic changes needed to further support the improvement goal.</b> Increasing family engagement is a systems change, which includes changing the agency culture to focus on family strengths. This is consistent with the Agency's mission and values, and is being implemented through Wraparound (DoW/ITH), Concurrent Planning, LLP Redesign, and other agency initiatives.</p>			
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Internal training will be required, to familiarize workers with any new policies or procedures that are developed.</p>			
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> The Court is a key partner, and CWS works closely with the Court.</p>			
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> None</p>			

## Probation Systemic Factor: Case Planning

### County's Current Performance:

The PQCR recommended that extended family members be engaged at the beginning by providing the parents a form to fill out regarding extended family members. In addition, it was recommended that a preplacement officer be identified to coordinate FM services and work with family prior to placement, perhaps allowing the placement order to be vacated.

### Improvement Goal 7.0

Increase family engagement in case planning.

<b>Strategy 7.1</b> Identify extended family members prior to placement.		<b>Strategy Rationale</b> Identifying viable extended family members may preclude the need for out of home placement and/or may provide a familial connection for youth who are placed.	
<b>Milestone</b>	<b>Timeframe</b>	<b>Assigned to</b>	
7.1.1 Develop form and process to identify extended family members prior to placement	April – July 2008 Completed	Probation	
7.1.2 Pilot test form and process	August – October 2008 Completed	Probation	
7.1.3 Fully implement form and process	November 2008 Completed	Probation	
<b>Strategy 7.2</b> Identify a preplacement officer to work with the family prior to placement.		<b>Strategy Rationale</b> Better coordination of family maintenance services and closer work with the family prior to placement and may preclude the need for placement.	
<b>Milestone</b>	<b>Timeframe</b>	<b>Assigned to</b>	
7.2.1. Identify specific responsibilities of the preplacement officer.	April – May 2008 Unable to accomplish due to staffing restraints	Probation	
7.2.2 Identify re-allocation of existing staff to support preplacement	June – July 2008 Unable to accomplish due to staffing restraints	Probation	
7.2.3 Implement preplacement officer.	September 2008 Unable to accomplish due to staffing restraints	Probation	

### Notes:

Resources need to be identified to support the reallocation of a preplacement officer.

Describe systemic changes needed to further support the improvement goal.

Fuller family engagement is a systemic change consistent with the Probation Department's mission and values.

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

Probation staff will need to be trained on the use of the new form and the new system. This training will be completed internally.

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

Probation will work closely with the Court in implementing these changes.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None**