

**California
Child and Family Services Review
2009 System Improvement Plan
Update**



San Luis Obispo County
November 19, 2009

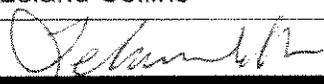
California's Child and Family Services Review System Improvement Plan

County:	San Luis Obispo
Responsible County Child Welfare Agency	San Luis Obispo County Department of Social Services
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I. SIP Narrative

A. Planning

The San Luis Obispo (SLO) County Department of Social Services (DSS) and Probation Department conducted a joint Peer Quality Case Review (PQCR) in October-November 2007. The theme of the PQCR was "How can we improve our rates of re-entry into foster care?" During the series of interviews with Deputy Probation Officers and Social Workers, focus groups with supervisors, public health nurses and foster parents, as well as a final group discussion, the departments were able to gather valuable information regarding the need to improve and strengthen Child Welfare Services (CWS) and Juvenile Probation processes, especially around the topic of re-entry into foster care.

Immediately following the PQCR, in January 2008, DSS and Probation began their joint County Self-Assessment (CSA) process. A CSA Advisory Group was formed, comprised of representatives from DSS, Probation, Mental Health, Drug and Alcohol Services, the Independent Living Program (ILP) and the Children Services Network (CSN). The CSA Advisory Group was tasked with overseeing both the planning of the public comment process and the writing of the CSA report.

The CSA Advisory Group decided to seek public commentary through a series of community forums to ensure a wide range of views. These forums were held in each of SLO County's three regions: North County, South County and the Central Region. Over 200 invitations were sent out to community partners, foster youth and parents, and a total of 82 people participated in the forums. The CSA Advisory Group decided that the focus of these community forums would be on the three areas that DSS and Probation needed to work on the most:

- Timely response to child abuse and neglect referrals
- Re-entry of children into foster care
- Establishing permanent connections for youth before they age out of foster care

The CSA Advisory Group developed a series of nine questions designed to garner feedback on these issues:

- #1 What has your experience been regarding the responsiveness and timeliness of the agency's action related to your report?
- #2 Are there areas that you see as a way for the Juvenile Probation Department and/or Child Welfare Services to be more timely?
- #3 How has the timeliness or responsiveness of the agency affected your relationship with the agency?
- #3a How has the timeliness or responsiveness of the agency affected the family you called about?
- #4 What do you believe are important elements or issues facing our families, after they leave Child Welfare Services and/or the Juvenile Probation Department?
- #4a What are the services they might need?

#5 From your perspective how can the Juvenile Probation Department and/or Child Welfare Services contribute to increase the success rate of families who are involved in reunification services, thereby avoiding re-entry into care?

#6 Do you think there are missing services that contribute to children going back into foster care?

#6a If so, what are they?

Achieving successful launching means:

Preparing the youth with skills for managing adult life

Creating a meaningful permanent connection to provide support in the first decade of adult life.

#7 What can Child Welfare Services and/or Juvenile Probation Department do to support these two important components of successful launching?

#8 What can the community do to support these two important components of successful launching?

#9 Understanding that the County's Self Improvement Plan process addresses children who are already involved with Juvenile Probation Department/Child Welfare Services, do you have any additional thoughts in how we can improve our processes?

Peggy Cordero, a trainer from the Central California Training Academy (CCTA), acted as facilitator for all three forums. During the forums, participants were provided with an overview of the CSA process, as well as an explanation of areas that DSS and Probation identified as strengths and areas needing improvement. Participants were then asked the nine questions and given two hours in which to brainstorm responses in small groups. In closing, each group reported their feedback back to the larger group.

Additionally, the same nine questions were posted in English and in Spanish as a survey on the DSS website, and the community were encouraged to go on-line to provide feedback. 16 people responded to the on-line survey. The responses gathered at the forums and from the on-line surveys were incorporated into the County Self-Improvement Plan (SIP).

The SIP was developed out of information gathered from the PQCR, the CSA, data provided by State and Federal government resources, and input from community partners and DSS and Probation staff. Recognizing that a variety of perspectives is required if change is to occur in the community's response to vulnerable children and families, input was gathered from both public and private parties.

During the PQCR and CSA, DSS and Probation clearly heard from the community that there was a need for more frequent communication from the departments. In May 2009, DSS held its first community forum to provide partner agencies with an update on SLO County's child welfare outcomes and performance, as well as strategies for improvement. It also provided community partners with an opportunity to ask the Assistant Director and CWS Program Managers questions regarding practice and performance. Discussion ensued around the following questions:

- What is the new age for ILP services?
- What are Team Decision-making Meetings (TDMs)?
- What is the average caseload for a Social Worker?

- Is emancipation included in permanency figures?
- As part of the reunification process, how are parents referred to parent education?
- When a case enters the system, how is info communicated if there was a prior family law case? Is there follow up with families who have been referred who leave the county?
- Is homeschooling tracked?
- Is there an age when children can be left in charge of other children?
- Does DSS share background info on children with their care providers?
- How do we ensure a foster family continues with services a family was already receiving?

Additionally, DSS has posted the CSA and the SIP on the DSS website, thereby making the report available to both community partners and the public in its entirety.

DSS and Probation would like to thank the individuals listed below for their valuable contributions to the CSA, the Community Forums, as well as the SIP and the SIP Update. The process would not have been possible without their expertise and input.

- Matt Aydelott, Cuesta College, ILP
- Peggy Cordero, CCTA
- Joyce Fields, DSS, Program Manager, Information Reporting Team (IRT)
- Reva Gonzales, CSN
- Kelly Hartman, Cuesta College, ILP
- Dennis Johnson, Probation Department, Supervising Deputy Probation Officer
- Jannine Lambert, DSS, Staff Development
- Kat Lauterback, DSS, CWS Program Manager
- Katie McCain, Cuesta College, ILP
- Christopher Monza, DSS, CWS Program Manager
- Jill Powers, DSS, Staff Development
- Robert Reyes, Probation Department, Superintendent of Juvenile Services
- Elise Roberts, DSS, Regional Manager
- Jim Salio, Probation Department, Assistant Chief
- Carol Wagner, DSS, Staff Development
- Liz Woods, CCTA
- Kim Wooten, DSS, CWS Program Manager

B. Data Collection and Findings

SLO County decided to focus on a limited number of outcomes for the SIP, in order to focus on targeted goals and to utilize limited resources in a more efficient manner. Management from both DSS and Probation considered all of the feedback gathered during the PQCR and the CSA. Recurring themes included:

- The need for increased services
- The need for improved communication
- The need for increased training, especially mandated reporter training
- Lack of resources (for example, staff, support and equipment)

- Sustainability of services, follow-up, and after-care plans
- The need for additional Wraparound services
- Lack of Mental Health services
- Increase in drug and alcohol abuse, especially methamphetamine use
- Housing and high cost of living
- The need for more parenting support groups
- Lack of transitional services, after-care plans, and support groups

DSS and Probation continue to perform well on most of the California Child and Family Services Review outcomes; however, a few outcomes have been identified as needing improvement. The CSA Advisory Group considered the information gathered from the PQCR and CSA and identified three outcomes in which the county will focus on improving; timely response, re-entry, and youth emancipating from foster care. As this is SLO County's second tri-annual review, the CSA Advisory Group hopes by focusing on fewer outcomes the SIP will be more realistic, with goals that can be accomplished in a shorter period of time. Although current budget constraints may limit the availability and expansion of services, the SIP incorporates these concerns by pledging to continuously look at current practice and ensuring that families receive the most appropriate services. Once the County has met the goals for these selected outcomes, data will be analyzed to determine which outcomes to focus on next.

Additionally, the State requires that all Safety Outcomes for which the County did not meet state standards be included in the SIP. SLO County also reviewed and integrated information from the most recent Grand Jury reports, as well as the Family-to-Family and Linkages work plans. Therefore, the targeted outcomes for SLO County's 2008-2011 SIP include:

- Timely Response (Immediate Response Compliance and 10-Day Response Compliance) (2B)
- Timely Social Worker Visits with Child (2C)
- No Recurrence of Maltreatment (S1.1)
- Reunification within 12 months (C1.1)
- Reentry Following Reunification (C1.4)
- Exits to Permanency (C3.1)
- Placement Stability (C4)

Based on data from the UC Berkeley Quarter 4 2008 Outcomes Data Report, SLO County has met the federal goal for Exits to Permanency (C3.1). However, the County is still working to improve on the other measures. Additionally, DSS experienced a negative trend for No Maltreatment in Foster Care (S2.1) and the Adoptions Composite (C2). As a result, they will be added to the SIP matrix.

SLO County is diligent about tracking and analyzing data. DSS' IRT uses Business Objects, a program to run queries and create reports, to assist in tracking progress on outcomes and measures. Additionally, Safe Measures is used to track compliance and identify training needs. These programs, along with data received from UC Berkeley, provide the supervisors and managers with the information needed to continuously assess progress on outcomes and measures. Probation will soon be implementing a new case management system, Monitor, and it is anticipated they will also be able to

develop tracking systems. Monitor currently remains in the implementation stage. It is anticipated the system will "go live" on a limited basis in October/November 2009. Probation has educated those staff identified as trainers for the system, and training of all staff is pending at this time.

C. Summary Assessment from the County Self Assessment

1. System Strengths and Areas Needing Improvement

Children are, first and foremost, protected from abuse and neglect

DSS and Probation continue to strive to:

- Increase the safety and stability of children within their own families
- Keep children in their homes whenever possible, or in the homes of family or friends
- Keep children in their own community
- Use a collaborative team approach to assist the family
- Limit the amount of placement moves, and
- Reunify children as quickly as possible, often with in-home follow-up services

SLO County is very committed to continuous improvement. Since 1998, a series of strategies have been implemented intending to ensure children are protected from abuse and neglect:

- Structured Decision Making (SDM)
- Atascadero School Placement Empowerment Network (ASPEN)
- Differential Response (DR) and Linkages
- Team Decision-making Meetings (TDMs)
- Wraparound Services

In February 2000 DSS implemented SDM, a standardized safety assessment used to assess safety and risk to children. DSS works closely with Children's Research Center (CRC) to monitor and analyze the completion of SDM assessments, as well as ongoing training needs of staff. DSS continuously works to instill the necessity of standardized assessments in social work practice and to overcome the belief that assessments are just another form. The MonthlyMeasures template was developed to enable supervisors and managers to see the data of individual workers, units, and the entire agency in context. MonthlyMeasures has proven so successful it has been incorporated in CRC's SafeMeasures report as a proposed menu item and is now available for use nationwide. DSS is furthering the use of SDM by piloting a new project, SDM for Substitute Care Providers (SCPs), to assist Social Workers in assessing both the needs of SCPs and the safety of children in out-of-home care.

As part of the Family-to-Family project, DSS has developed ASPEN to establish a proactive plan for youth in need of foster placement within their home school community. The mission of ASPEN is to develop and maintain a plentiful network of preapproved families within the school home community the youth

attends, preferably with people familiar to the youth, to be available if and when the need for foster placement should arise. Therefore, ASPEN reinforces our efforts to place children in the homes of family or friends, and in their own community.

In 2001 SLO County began implementing DR in an effort to respond to referrals with a greater variety of responses and services. For referrals that do not warrant an investigation, a Community Response referral is made to outside agencies that offer appropriate services to support the family. Most often, families are referred to Community Action Partnership of San Luis Obispo County (CAP-SLO), who provides services to keep children safe and healthy, including in-home parenting, assistance with food and clothing, and resources for shelter. A Community Response is assigned for referrals that meet the statutory definitions of abuse and/or neglect and focuses on engagement in services through a team approach. Social Workers have responded with a variety of community partners, including Law Enforcement, Public Health Nurses, Drug and Alcohol, Mental Health and, as part of Linkages, with Participant Services. This collaborative approach enables DSS to better engage and serve families.

TDMs were introduced in 2001, and have increased involvement of family and community partners in the decision-making process of placement and permanency. As a result, SLO County is making progress in efforts to meet the objectives of permanency, including maintenance of children in the home, timely return to parents, and preservation of family relationships. In our most recent PQCR, the TDM process was identified as an area needing improvement. Partner agencies stated that they are not consistently engaged in the TDM process. Additional challenges include increasing the occurrence of exit TDMs and reducing confusion about the purpose of TDMs. There has been a renewed emphasis on educating both staff and the community on the importance of TDMs and their participation in the process. The desk guide has been updated to define and clarify the four types of TDMs and the tracking now includes the numbers for each type of TDM. The creation and use of the Child Locator Database has enabled supervisors to monitor TDMs to ensure timely compliance, with the anticipated outcome of children placed in less restrictive placements at earlier opportunities through team involvement. TDMs remain a strong focus for reducing placement moves, placing siblings together and keeping children in their same communities.

Wraparound Services are designed to keep families together, and serve as an alternative to institutional care. Services are provided in the family's home, and follow a series of steps to help children and their families achieve their specific goals. Wraparound services will vary depending on the needs of the family, and are always driven by the best practice principles: strength-based, needs-driven, family-centered, solution focused and community based. DSS and Probation partner with the Family Care Network, Inc (FCNI) to provide in-home Wraparound services to families.

Although SLO County has seen both success and improvement in safety measures, DSS did experience a slight decrease in the measure No Maltreatment in Foster Care. As of December 2008, the percentage of children maltreated in foster care was 1.88%, or 10 out of 533 children, compared to 1 out of 554 children as of November 2007. Because DSS is very committed to keeping all children safe, this outcome will be added to the SIP matrix. DSS is currently working with the local Foster Parent Association to educate foster parents on this issue, as well as taking steps to clarify the process for investigating allegation of maltreatment in foster care. Implementation of SDM assessments for SCPs will also assist in ensuring children remain safe while in out-of-home care.

Children are maintained safely in their homes whenever possible and appropriate

The CSA Advisory Group identified timely response as one of the three outcomes to be addressed in the SIP. Timely response was discussed in the community forums, on-line questionnaire, and the Emergency Response/Intake Social Worker survey. The three recurring items that were mentioned by all of the responses received were:

- The need for improved communication
- The need for increased training, especially mandated reporter training
- Lack of resources (for example, staff, support and equipment)

DSS has greatly improved rates for timely response. As of December 2007, the rate of timely response for immediate referrals was 96.2% and 62.4% for 10-day referrals. As of December 2008, the rate of timely response for immediate referrals had improved to 98.6%. For 10-day referrals the rate improved to 83.4%, an improvement of 21%.

Many of the milestones identified in the SIP have already been reached. Procedural guides have been updated to provide Social Workers with clearer instructions on internal processes, the Emergency Response (ER) and Intake Units meet monthly to discuss and resolve concerns, and regular trainings have been provided to ER Social Workers, including refresher and advanced trainings for SDM, purposeful home visitation and Gomez v. Saenz. Management, Social Worker Supervisors and Staff Development work closely with the ER Social Workers to refine processes, clarify expectations and provide support, the rates for timely response have steadily improved.

Additionally, the recent refresher and advanced trainings on the SDM Safety and Risk Assessments provided ER Social Workers with a deeper understanding of the application and purpose of the assessments. Completion of the assessments has also risen over the past year, ensuring greater standardization in practice and better service delivery to families.

DSS has also worked closely with community partners in the past year to provide mandated reporter training and community outreach regarding the topic of prevention and intervention. DSS, together with the San Luis Obispo County Child Abuse Prevention Council (SLO-CAP) and CAP-SLO, has provided

refresher trainings for over 800 mandated reporters in SLO County. The training stresses the importance of mandated reporters in ensuring children's safety.

Children have permanency and stability in their living situations without increasing re-entry to foster care

As of December 2008, of all the children reunified during the year, 13.6% reentered foster care in less than 12 months. This is a decrease of 7.5% from December 2007. An emphasis on decreasing re-entry rates continues to be a focus and is being addressed through a number of services including PRIDE training, Family-to-Family strategies, and greater Social Worker engagement.

DSS continues to work on improving reunification outcomes. The recent implementation of the ASPEN project is one example. The goal of ASPEN is to increase child/youth well-being, thereby increasing the likelihood of reunification and decreasing both the time to reunification and re-entry into foster care.

During the CSA process, re-entry was discussed in the Community Forums, on-line questionnaire, and the Emergency Response/Intake Social Worker survey. The following recurring items were mentioned in regards to issues facing families after they leave CWS and/or Probation:

- Sustainability of services, follow-up, and after-care plans
- The need for additional Wraparound services
- Lack of Mental Health services
- Increase in Drug and Alcohol abuse, especially methamphetamine use
- Housing and high cost of living
- The need for more parenting support groups

Parent Connection of SLO County is a parent education and support program that strives to encourage, strengthen and nurture families. Parent Connection offers a variety of services designed to make parenting less stressful and more rewarding, while promoting positive parenting techniques and building a family's protective factors. Parent Connection is made possible with funds provided by the Mental Health Services Act/Prevention & Early Intervention grant, in partnership with SLO Child Abuse Prevention Council. Their recently launched website, www.sloparents.org, offers information on parenting classes and family resources to residents of SLO County. This is the first time a comprehensive list of parenting resources is available in one place for families we serve. Parent Connection is a valuable resource for families involved with and exiting from CWS and Probation, offering them continued services and support.

The family relationships and connections of the children served by Child Welfare Services will be preserved, as appropriate

SLO County continues to have a higher than average rate of initial placements in relative homes. As of December 2008, out of 320 children placed by DSS and Probation in out of home care:

- 173 of the children were placed with a relative
- 38 of the children were placed in a Foster Family Agencies
- 39 of the children were placed in a Foster Family Home

- 16 of the children were placed in a Group Home
- 54 of the children were placed in unspecified homes

SLO County strives to place all of the children who are removed from their homes with relatives or non-related extended family members (NREFMs) – close family friends and/or someone already connected to the child, such as the child's best friend's family. As of December 2008, 54.1% of children in foster care in SLO County were placed with family and friends. The ASPEN project and a recent emphasis on resource family recruitment has also led to an increase in new homes, most of which are willing to work toward reunification with the birth family and be available as a permanent placement for the children if reunification is not successful. The ASPEN project in particular strives to develop a network of homes for children in their home community, thereby leading to more placements with NREFMs.

In addition, DSS recently applied to be part of the AB 340 Resource Family Approval (RFA) Pilot. One goal of AB 340 is to improve the likelihood that foster children are *initially* placed with a family who will provide them with a safe and loving home. This project ensures that the children in the child welfare system are placed with a family matching their needs, and a home that will work toward permanency. Additionally, SCPs will benefit from an improved system that also addresses their needs. The RFA Pilot would allow SLO County to improve upon provisions for care of children in foster care, as well as improve relationships with the families who provide that care.

Youth emancipating from foster care are prepared to transition to adulthood

DSS contracts with Cuesta College for ILP and additional Permanency Planning Social Workers. SLO County continues to try new innovative methods to assist the youth in their transition to adulthood. Assisting youth to emancipate from foster care was addressed in the community forums and on-line questionnaire. The following recurring items were mentioned in the community forums and on-line questionnaire, in regards to issues facing youth as they prepare to manage adult life:

- Lack of transitional services, after-care plans, and support groups
- The need for additional training in life skills
- Lack of Mental Health Services
- Helping youth identify their strengths and passions and develop them
- Increase in Drug and Alcohol abuse, especially methamphetamine use
- Housing and high cost of living
- Lack of collaboration, communication and coordination of services amongst agencies
- Vocational classes have been cut from high school

ILP offers life skill classes that are both college and high school unit bearing. The curriculum covers topics such as self identity, goal setting, budgeting and financial planning, and identifying community resources. ILP uses assessments to uncover youth's interests and hobbies and have collaborated with community members to afford these opportunities to engage the youth in their interests and

hobbies. ILP collaborates monthly with community agencies at Team Treatment Meetings to ensure everyone is aware of current issues, needs, concerns of youth and to identify action items. Life Team Meetings are held semi-annually for youth 16 and older to assist in their transition to adulthood and to connect the youth with resources and role models.

The SIP identifies Placement Stability and Exits to Permanency as two areas for improvement. DSS and ILP recognize the importance of long-term and meaningful adult connections in the lives of the youth we serve. It is our belief that every foster youth deserves a permanent and lifelong attachment to a caring and trusted adult. DSS has begun to implement many new programs to help achieve foster youth permanency, which include advocating for fewer placement changes and more guardianships and adoptions. Additionally, our SIP includes a renewed emphasis on concurrent planning. One of our milestones is to "work toward the concurrent planning goal of the first placement being the final placement." Therefore, the RFA Pilot Program's emphasis on permanency and fewer placement changes will further assist SLO County in achieving our SIP goals.

2. PQCR

The 2007 San Luis Obispo County Peer Quality Case Review (PQCR) process involved collaboration between the Probation Department and the Department of Social Services and focused on the theme of re-entry into foster care. In addition to the interviewing of Social Worker Workers and Deputy Probation Officers, focus groups were held involving supervisors, community partners and stakeholders. This expanded PQCR process provided richer information from a wider variety of partners and participants. The results indicate that the participants, no matter their origin, were engaged successfully in the PQCR process. Social Workers, Deputy Probation Officers and Supervisors are all passionate about the need to improve and strengthen Child Welfare Services and Juvenile Probation processes, especially around the topic of re-entry into Foster Care.

San Luis Obispo County Child Welfare Services reunifies at a rate higher than the State average, though below the current Federal standard. The predominant contributing factors that lead to a child's removal from the home are mental illness, substance abuse and family violence. Although parents may be fully engaged in reuniting with their children, research in these areas indicates that relapses are the norm, rather than the exception. Given the restricted mental health and substance abuse resources in San Luis Obispo County, many children re-enter care due to on-going family challenges.

The PQCR identified the need for additional funding and support for after-care programs as essential. The creation of family resource centers, recovery programs, and parent leadership programs is needed to develop each community's capacity to provide effective primary prevention and after-care services. Social Workers and Deputy Probation Officers identified the need for more individualized services, particularly in the areas of substance abuse and mental health services. Populations identified as in need of more services include monolingual Spanish-speaking fathers or other male partners in families.

Teaming efforts, such as Wrap-Around Services and Team Decision Meetings, or other case planning and review processes, are effective in helping families reunify successfully. A need to streamline service provision and access was a common theme identified. Multiple Social Workers and Deputy Probation Officers identified Wrap-Around as a promising practice, but also expressed a need for an increase in Wrap-Around slots.

San Luis Obispo County's PQCR revealed valuable ideas regarding the Departments' processes, case practice and services provided to families. This information, together with the feedback received through the County Self-Assessment, will provide direction as San Luis Obispo County Department of Social Services and Probation Department develop their next System Improvement Plan.

II. SIP Plan Components

Outcome/Systemic Factor:

2B Timely Response (Immediate Response Compliance and 10-Day Response Compliance)

These process measures are designed to determine the percent of cases in which face to face contact with a child occurs, or is attempted, within the regulatory time frames in those situations in which a determination is made that the abuse or neglect allegations indicate significant danger to the child.

County's Current Performance:

As of December 2008, SLO County's rate of timely response for immediate referrals was 98.6% (68 out of 69 referrals), above the state average of 96.9%. The rate of timely response for 10-day referrals rose 21% to 83.4% (291 out of 349 referrals), compared to the state average of 92.7%.

DSS greatly improved performance on this outcome. Increased support for ER Social Workers has been a focused goal of Staff Development and management over the past year. Support includes:

- New and updated desk guides to explain and clarify ER procedures
- Tools, in the form of new Netbooks and remote CWS/CMS access, brochures to provide to families, resource books, McDonald's meal cards to facilitate paying for meals for children placed in Protective Custody, and streamlined placement packets
- Trainings, including advanced SDM training, forensic interviewing, First Responder Training and various community services, including Martha's Place and Women's Shelter

Many of the milestones have been accomplished as outlined in this SIP Update. However, DSS continues to work on others and will expand its efforts when it begins to re-focus on Linkages in 2010. With the revitalization of Linkages, DSS expects to increase collaboration between CWS and Participant Services, thereby putting in place further support and resources for ER Social Workers, thereby resulting in further improvement on this outcome.

Probation does not receive or investigate abuse/neglect referrals.

Improvement Goal 1.0

ER Social Workers will steadily improve on the timeliness of response for immediate and 10-day referrals.

Strategy 1. 1

Advocate among internal departments to make changes to ensure ER Social Workers have the ability to respond timely and effectively to reports of suspected child abuse and neglect.

Strategy Rationale

Developing strong support systems for ER Social Workers will result in improved response times.

Milestone	1.1.1	Timeframe	Assigned to
	Staff Development will collaborate with the Fiscal Unit to develop and revise guides for Social Workers regarding access to cars, buildings, cell phones, car seats, meal cards and reimbursements necessary to perform ER tasks.	Completed	Staff Development, Fiscal

	1.1.2 Revise and update Community Resource List with current links and upload to DSS Net.		Completed		Staff Development, Community Partners
	1.1.3 Ensure support, in the form of laminated quick guides, TDM coordination, and availability of Community Service Aides, is readily available.		Completed		Staff Development, Community Partners
Strategy 1. 2 Restructure ER units to sustain a cohesive team of Intake and ER Social Workers.		Strategy Rationale Building communication and teamwork will result in improved response times.			
Milestone	1.2.1 ER Workgroup to meet monthly with all ER and Intake Social Workers and Supervisors, managers and Staff Development.	Timeframe	Completed	Assigned to	Staff Development, Regional Managers, Social Workers and Supervisors
	1.2.2 Expand ER Workgroup meetings to include trainings relevant to ER practice.		Completed		Staff Development, CCTA, Social Worker Supervisors
	1.2.3 Staff Development will work with ER Social Workers and Intake Social Workers to provide an increase in resources and support.		Completed		Staff Development, Social Worker Supervisors
Strategy 1. 3 Ensure ER and Intake Social Workers and Supervisors are familiar with and utilizing SDM tools.		Strategy Rationale Ensuring Social Workers and Social Worker Supervisors understand the department's philosophy the benefits of SDM will lead to increased usage of the tools.			
Milestone	1.3.1 Provide SDM overview and refresher trainings.	Timeframe	Completed	Assigned to	CCTA, CRC, Staff Development
	1.3.2 Utilize MonthlyMeasures tool to monitor the completion of SDM tools. *See page 18 for attached sample of a MonthlyMeasures log.		Completed		Assistant Director, Regional Managers, Staff Development, Social Worker Supervisors
	1.3.3 Provide SDM training and support for Social Worker Supervisors to sustain the quantitative and qualitative value of SDM.		Completed		CCTA, CRC, Staff Development
Improvement Goal 2.0 DSS will expand Linkages practices to our community partners in order to streamline and expand services.					

Strategy 2.1 Provide tools and training to sustain the practice of Linkages internally with staff and externally with community partners.		Strategy Rationale A progressive approach towards prevention will decrease the number of referrals for child abuse and neglect. With fewer referrals, Social Workers will be better able to respond timely.			
Milestone	2.1.1 Evaluate and revise Linkages protocols, desk guides, flow charts and training materials to match current practice.	Timeframe	10/09-2/10	Assigned to	Staff Development
	2.1.2 Provide refresher trainings on Linkages and Family/Community Engagement for CWS and Participant Services staff and community partners.		2/10-7/10		Staff Development, CCTA, Stuart Foundation
	2.1.3 Ensure the philosophy of Linkages is integrated into the department's internal and external protocols and MOU's.		8/10-11/10		Assistant Director, Regional Managers, Staff Development
Strategy 2. 2 Outreach to build relationships with community partners to improve prevention services.		Strategy Rationale Developing relationships with community partners will help to expand the network of available resources and engage the community in the well being of children and families.			
Milestone	2.2.1 Continue to outreach by collaborating with SLO-CAP to provide Mandated Reporter trainings in SLO County.	Timeframe	Completed	Assigned to	Staff Development
	2.2.2 Expand DSS outreach efforts to include prevention services.		Completed		Staff Development
	2.2.3 Prevention/intervention presentations to be added to the Participant Services' Welfare-to-Work orientations.		10/09-6/10		Staff Development and Employment Resource Specialist IVs
Strategy 2.3 Increase efforts to collaborate with SLO County community partners.		Strategy Rationale Increased collaboration will result in less duplication of services and will enhance the provision of existing services.			

Milestone	2.3.1 CWS will show improvement in the number of Path 2 Community Response referrals responded to jointly by CWS and a community partner.	Timeframe	9/09-11/10	Assigned to	Staff Development, Community Partners
	2.3.2 CWS will develop a formalized protocol with Law Enforcement on referrals and joint responses.		9/09-11/10		Staff Development
	2.3.3 CWS will invite community providers to interact with ER and Intake Social Workers to improve collaboration efforts.		Completed and ongoing		Staff Development
	2.3.4 Convene staff and community stakeholders quarterly to review the Child Family and Services Review outcomes. (F2F)		6/09-11/10		Staff Development

Describe systemic changes needed to further support the improvement goal.

None identified.

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

Structured Decision Making (SDM), Engagement, Linkages, team building with community partners.

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

Ensure that protocols and Memorandums of Understanding with community partners support CWS efforts to increase timely response rates for immediate and 10-day referrals.

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

Incorporating SDM tools into CWS/CMS would increase the accuracy and completion rates of the SDM tools. Increase funding for prevention to decrease the initial/reoccurrence of child abuse and neglect.

Funding Sources

Funding to support these strategies will come from the Child Welfare Services Allocation, the Child Welfare Services Outcome Improvement Project (CWSOIP) Grant AB636, the Child Abuse Prevention, Intervention, and Treatment (CAPIT) Allocation, the Stuart Foundation Grant for Family-to-Family Initiative AB 429, and the Promoting Safe and Stable Families (PSSF) Allocation.

Outcome/Systemic Factor:

2C Timely Social Worker Visits with Child

This process measure determines if Social Workers are seeing children with an approved case plan on a monthly basis, when required. When monthly visits are not required, for such reasons as "Out of State," it is not included in this measure.

County's Current Performance:

As of December 2007, DSS's rate for timely Social Worker visits was 83.1% (505 out of 608), compared to the state average of 89.7%. By December 2008, it had risen to 90.4% (483 out of 534), compared to the state average of 92.4%.

DSS has not yet met the internal improvement goal of 93%, but did exceed the state goal of 90%.

For this outcome, DSS has completed many of its strategies. MonthlyMeasures is used by Social Worker Supervisors and Managers to track completion of visits and case plans. Training needs are identified and addressed as needed. In December of 2008 DSS hired and trained 5 new Social Workers. All 5 Social Workers are still employed by DSS and manage full caseloads.

Improvement Goal 2.0 may no longer be feasible, as the state may change the regulations to eliminate the use of visit exceptions. DSS is currently researching this issue.

The Probation Department has consistently met the mandated requirements to visit children placed in foster care.

Improvement Goal 1.0

Steadily improve percentage to the state goal of 90% by December 2009 and maintain at 90-100%.

Strategy 1. 1

Identify if the problem is agency-wide, or unit-specific or worker-attributed by using MonthlyMeasures.

Strategy Rationale

Providing individualized/customized training and resources will ensure Social Workers are receiving the support necessary to fully understand and carry out their job duties.

Milestone	1.1.1	Timeframe	Assigned to
	On a monthly basis Social Workers, Supervisors, Regional Managers and the Assistant Director will meet at a minimum for three integrated conferences, paying particular attention to timely Social Worker visits and the associated case plan expired measure.		
	1.1.2		
	Program Managers and Program Review Specialists will be dispatched as and when needed to train and support agency, unit or worker(s) with one assignment per week, at a minimum.	Completed and ongoing	Program Managers, Program Review Specialists, CCTA Field-Based Trainer

Strategy 1. 2

Ensure adequate staffing of Social Workers by filling five or more Social Worker vacancies.

Strategy Rationale

The Department of Social Services operates at a 25% vacancy rate for case carrying Social Workers. Decreasing the vacancy rate will reduce

		caseload sizes and improve results for timely Social Worker visits.			
Milestone	1.2.1 Of 100+ applications received, 34 applicants will move on to the written test/interview process.	Timeframe	Completed	Assigned to	Human Resources
	1.2.2 Hire, train and retain newly hired Social Workers.		Completed		Human Resources, Staff Development, Social Worker Supervisors, CCTA Field-Based Trainer
	1.2.3 Give new Social Workers assignments and caseloads.		Completed		Social Worker Supervisors
Strategy 1. 3 Ensure case plans are in effect and approved in timely fashion.		Strategy Rationale Expired case plans count against this measure even if monthly contacts are being made.			
Milestone	1.3.1 Use MonthlyMeasures to monitor expired case plans. *See page 18 for attached sample of a MonthlyMeasures log.	Timeframe	Completed and ongoing	Assigned to	Social Workers and Supervisors, Regional Managers
	1.3.2 Ensure case plans are current. If expired, update the expired case plan within same month.		Completed and ongoing		FM/FR Social Workers and Supervisors
Improvement Goal 2.0 Explore the expanded use of visit exceptions from monthly to quarterly.					
Strategy 2.1 Develop and train on CMS Visit Exception Desk Guide and implement strategy.		Strategy Rationale Fewer required visits (if and when safe and compliant to Division 31 Regulations) would increase the ability to meet this outcome.			
Milestone	2.1.1 Explore visit exception policies for other counties.	Timeframe	11/09-11/10	Assigned to	Staff Development
	2.1.2 Create new desk guide on visit exceptions.		11/09-11/10		Staff Development
	2.1.3 Train on and monitor the visit exception policy		11/09-11/10		Social Worker Supervisors
Describe systemic changes needed to further support the improvement goal. Unknown at this time.					

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

Integrated use and application of Monthly Measures among all levels of staff and among all programs (already under way). Analysis and application of visit exceptions from program to line.

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

None noted.

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

None identified.

Funding Sources

Funding to support these strategies will come from the Child Welfare Services Allocation, the Child Welfare Services Outcome Improvement Project (CWSOIP) Grant AB636, and Probation Title IV-E funding.

In 2008 SLO County Child Welfare Services supervisors and managers improved CWS supervisor tools. The result was "Monthly Measures."

Below is the Monthly Measures template used by Family Maintenance/Family Reunification supervisors:

CWS Monthly Measures Sample Log

SW:	Date of Review:
Program: Family Maintenance/Family Reunification (FM/FR)	Review Month: August 2009
SWS:	SM Extract Date:

FM Cases: Component Time Open	How Agency Did		How Unit Did		How You Did	
	Total	% Decrease	Total	% Decrease	Total	% Decrease
12-18 Months or More	29	15%	14	24%	3	38%
FM Cases: Case Plan Status	How Agency Did		How Unit Did		How You Did	
	Total	% Increase	Total	% Increase	Total	% Increase
Plan in Place	148	83%	55	93%	8	100%
FM Cases: Face-to-Face Contacts	How Agency Did		How Unit Did		How You Did	
	Total	% Increase	Total	% Increase	Total	% Increase
Contact Recorded	141	95%	51	100%	7	100%
FR Cases: Component Time Open	How Agency Did		How Unit Did		How You Did	
	Total	% Decrease	Total	% Decrease	Total	% Decrease
12-18 Months or More	31	19%	8	29%	3	100%
FR Cases: Case Plan Status	How Agency Did		How Unit Did		How You Did	
	Total	% Increase	Total	% Increase	Total	% Increase
Plan in Place	147	94%	28	100%	3	100%

Source: SafeMeasures:
 1. From "Main Menu" screen go to ..
 2. "Menus" box (to left of screen).
 3. Select "Cases by Service Component".
 4. Go to "Family Maintenance" box.
 5. Select "Component Time Open".
 6. Filter to your unit then worker.
 7. Add all results that are 12-18 mos. or more.

Source: SafeMeasures:
 1. Select the "Main Menu" tab in upper left corner of page.
 2. Go to "Family Maintenance" box.
 3. Select "Case Plan Status".
 4. Select "Compliance" view option.
 5. Filter to your unit then worker.
 6. Select category "Plan in Place" for results.

Source: SafeMeasures:
 1. Select the "Main Menu" tab in upper left corner of page.
 2. Go to "Family Maintenance" box.
 3. Select "Face-to-Face Contacts".
 4. Select "Compliance" view option.
 5. Filter to your unit then worker.
 6. Select category "Contact Recorded" for results.

Source: SafeMeasures:
 1. Select the "Main Menu" tab in upper left corner of page.
 2. Go to "Family Reunification" box.
 3. Select "Component Time Open".
 4. Filter to your unit then worker.
 5. Add all results that are 12-18 mos. or more.

Source: SafeMeasures:
 1. Select the "Main Menu" tab in upper left corner of page.
 2. Go to "Family Reunification" box.
 3. Select "Case Plan Status".
 4. Select "Compliance" view option.
 5. Filter to your unit then worker.
 6. Select category "Plan in Place" for results.

FR Cases: Face-to-Face Contacts	How Agency Did		How Unit Did		How You Did	
	Total	% Increase	Total	% Increase	Total	% Increase
Contact Recorded	151	96%	26	100%	3	100%
Open Cases: Relative/NREFM Home Assessments	How Agency Did		How Unit Did		How You Did	
	Total	%	Total	%	Total	%
Standards Met	137	84%	29	100%	9	100%
No Current Assessment	27	16%	0	0%	0	0%
PP Cases: Component Time Open	How Agency Did		How Unit Did		How You Did	
	Total	% Decrease	Total	% Decrease	Total	% Decrease
12-18 Months or More	124	63%	14	58%	1	13%
PP Cases: Case Plan Status	How Agency Did		How Unit Did		How You Did	
	Total	% Increase	Total	% Increase	Total	% Increase
Plan in Place	177	95%	24	100%	8	100%
PP Cases: Face-to-Face Contacts	How Agency Did		How Unit Did		How You Did	
	Total	% Increase	Total	% Increase	Total	% Increase
Contact Recorded	157	94%	21	96%	6	100%
SDM for Open Cases FM/FR	How Agency Did		How Unit Did		How You Did	
	Total	% Increase	Total	% Increase	Total	% Increase
FSNA Timely to Plan	127	67%	43	84%	10	91%
Risk Timely to Plan	141	74%	44	86%	10	91%

Source: SafeMeasures:
1. Select the "Main Menu" tab in upper left corner of page.
2. Go to "Family Reunification" box.
3. Select "Face-to-Face Contacts".
4. Select "Compliance" view option.
5. Filter to your unit then worker.
6. Select category "Contact Recorded" for results.

Source: SafeMeasures:
1. Select the "Main Menu" tab in upper left corner of page.
2. Go to "Menus" box to left of screen and select "Main Menu".
3. Scroll down to "Open Cases - All Service Components" box.
4. Select the last category, "Relative/NREFM Home Assessments".
5. Filter to your unit then worker.
6. Select the categories listed here for results.

Source: SafeMeasures:
1. Select the "Main Menu" tab in upper left corner of page.
2. Go to "Menus" box (to left of screen).
3. Select "Cases by Service Component".
4. Go to "Permanent Placement" box.
5. Select "Component Time Open".
6. Filter to your unit then worker.
7. Add all results that are 12-18 mos. or more.

Source: Safe Measures:
1. Select "Main Menu" tab in upper left corner of page.
2. Go to "Permanent Placement" box.
3. Select "Case Plan Status".
4. Select "Compliance" view option.
5. Filter to unit then worker.
6. Select category "Plan in Place" for results.

Source: Safe Measures:
1. Select "Main Menu" tab in upper left corner of page.
2. Go to "Permanent Placement" box.
3. Select "Fact-to-Face Contacts C-3".
4. Select "Compliance" view option.
5. Filter to your unit then worker.
6. Select category "Contact Recorded" for results.

Source: SafeMeasures:
1. Select "Main Menu" tab in upper left corner of page.
2. Go to "Menus" box (to left of screen).
3. Select "SDM Measures".
4. Scroll down to "SDM for Open Cases" box.
5. Select "FSNA Timeliness Prior to Case Plan".
6. Select "Compliance" view option.
7. Filter to your unit then worker.
8. Select category "FSNA Timely to Plan" for results.

1. Select "Main Menu" tab to upper left of page.
2. Go to "SDM for Open Cases" box.
3. Select "Risk Reassessment Timeliness Prior to Case Plan".
4. Select "Compliance" view option.
5. Filter to your unit then worker.
6. Select category "Risk Timely to Plan" for results.

Outcome/Systemic Factor:

S1.1 No Recurrence of Maltreatment

This safety measure reflects the percentage of children who were victims of a substantiated or indicated child maltreatment allegation within a specified 6 month period for whom there was no additional substantiated maltreatment allegation during the subsequent 6 months.

Only allegations with a disposition are included (per federal guidelines). Follow-up substantiated allegations must be at least 2 days after the first one to be counted. Allegation codes: 5001, "At risk, sibling abused" and 5624, "Substantial risk" are excluded. Incoming ICPC children are also excluded.

Allegations within secondary (or associated) referrals have been removed from the analysis using the following hierarchy:

- If the primary referral contains a substantiated allegation for a child it is selected and allegations in secondary referrals are ignored.
- If the primary referral does not contain a substantiated allegation (or only contains at risk allegations) for a child, and the secondary referral contains a substantiated (but not at risk) allegation for the same child, then the allegation in the secondary referral is selected and the allegation in the primary referral is ignored.

County's Current Performance:

As of December 2007, DSS' rate of no recurrence of maltreatment had risen to 86.8% (217 out of 250), below the federal goal of 94.5%. DSS has struggled with how to determine and assign duplicate referrals. Once again, duplicate reports are to be treated as one referral handled by the worker already working with the family, and the current statistics have decreased back below the state and federal standard.

By December 2008 DSS has improved to 90.5% (237 out of 262). Although we are still below the federal goal of 94.6%, DSS continues to improve on this outcome.

In reviewing this outcome for the SIP Update, DSS Staff Development created a report using Safe Measures, CMS and SDM to identify the date of initial referrals, allegations, response priorities and disposition of allegations. In addition, we reviewed whether the appropriate SDM assessments were completed, as well as the referral closure reason. The reports were then compared to identify timeframes between referrals and duplicate referrals. We are now prepared to identify trends in regards to duplicate or subsequent referrals to determine the validity of subsequent referrals, as well as trends in the types of abuse and Social Worker practice.

We have changed our initial focus from recurrence of maltreatment within 6 months of reunification to match the measure, which states recurrence of maltreatment within 6 months of the initial allegation. The majority of the milestones remain the same, with the substitution of initial allegation for reunification and referral for case.

Substance abuse continues to be a prevalent issue in SLO County and a major cause of referrals, both initial and subsequent. Although a parent may seek and successfully complete treatment, there always exists the possibility of relapse, and a subsequent referral to the Department of Social Services. Also, although substance abuse treatment options are available in the county, there is a need for a greater variety of treatment models and services, especially for monolingual individuals and fathers.

Children who remain in the home constitute the vast majority of children in Probation's population. Those children receiving child welfare services through Probation are already removed from the home; therefore, Probation does not monitor child welfare services in the home. Additionally, Probation does not receive or substantiate referrals on abuse. The safety of children allowed to remain in their homes falls under the breadth of observations made by Probation and they do a child abuse check on every minor placed. Probation Officers are trained to respond to situations where children may be at risk for abuse and they

will ensure the provision of a variety of services where needed to assist a child remaining in a home.

Note: While Probation is not responsible for this measure, they have agreed to collaborate with DSS on many of the strategies identified for this measure. Probation has experience with relapse plans, and will share their experience and knowledge with DSS as DSS works to develop their own after-care plan.

Improvement Goal 1.0

Determine the actual number of children who experienced a recurrence of maltreatment within 6 months of the initial allegation.

Strategy 1.1

Utilize SafeMeasures to generate a report of the names and number of children who experienced a recurrence of maltreatment within 6 months of the initial allegation.

Strategy Rationale

Rather than relying on percentages, SLO County will look at the actual numbers to determine how widespread the recurrence of maltreatment is.

Milestone	1.1.1 Staff Development will obtain first data report from SafeMeasures identifying the children who experienced a recurrence of maltreatment.	Timeframe	Completed	Assigned to	Staff Development
	1.1.2 (for information purposes only) In 2009, Probation to implement Monitor, their new case management system.		N/A		N/A
	1.1.3 Probation and DSS will collaborate to identify and track any children with recurrence of maltreatment.		6/09-3/10		Probation, Staff Development

Improvement Goal 2.0

Of the number of children who experienced a recurrence of maltreatment within 6 months of the initial allegation, review the referrals to determine if appropriate tools and strategies (such as TDMs, SDM assessments and Linkages) were used, analyze the results and identify any training needs, and provide necessary training and support.

Strategy 2.1

CWS and Probation will collaborate to create inventories of current tools and strategies used to ensure the family is connected with community resources to reduce the recurrence of maltreatment in the home.

Strategy Rationale

Determine what resources are available and used in CWS safety plans in order to identify the most effective strategies for working with families. By working together, CWS and Probation will be able to gain a better understanding of county resources, as well as what strategies are the most effective.

Milestone	2.1.1 Staff Development and Probation will research and create a comprehensive inventory of tools and strategies used in Emergency Response practice to ensure the child's safety needs are met.	Timeframe	1/09-12/10	Assigned to	Staff Development, Probation

	2.1.2 Conduct case review by applying inventory to cases of children who experienced a recurrence of maltreatment within 6 months of initial allegation in order to identify tools and strategies used.		Completed		Staff Development, Probation
	2.1.3 Create report or matrix summarizing what tools and strategies were or were not used on reviewed Emergency Response investigations.		Completed		Staff Development, Probation
Strategy 2. 2 Analyze the results of the investigation review and strategize to develop or access any additional needed tools and resources.		Strategy Rationale Determine what resources are available and in use in order to maximize available resources.			
Milestone	2.2.1 Consider creating a scale or means to weight the different types of abuse.		N/A		
	2.2.2 Identify gaps in services and work to expand collaboration with community partners for resources and support.		9/09-6/10		Staff Development, Probation
	2.2.3 Establish working relationships with faith-based organizations in targeted communities, initially increasing the number of regional contacts from zero to three or more. (F2F)		N/A		
	2.2.4 Develop more comprehensive safety plans to provide support systems after CWS closes the investigation on the initial referral.	Timeframe	Assigned to	12/09-11/10	Staff Development, Social Workers, Social Worker Supervisors, Probation
	2.2.5 Develop the role of the Employment Resource Specialist IV so that they are responsible for ensuring collaboration between Participant Services and Child Welfare staff. (Linkages)			3/09-6/10	Staff Development, CCTA, Employment Resource Specialist IVs
	2.2.6 Increase the use of community resources to provide families with more support and reduce the likelihood of recurrence of maltreatment.			6/09-6/10	Social Workers, Employment Resource Specialists, Employment Resource Specialist IVs
	2.2.7 Review and refine Intake Unit's procedures and practice.			6/09-3/10	Regional Managers, Staff Development, Intake Unit

Strategy 2.3 Based on results of the investigation reviews, identify training needs and offer appropriate trainings and tools needed to support staff.		Strategy Rationale By identifying where the training need is, Staff Development and Social Worker Supervisors can better train and support staff in order to ensure job duties are correctly performed.			
Milestone	2.3.1 Identify if the training need is at an individual caseload level, unit level or regional level.	Timeframe	6/09-11/09	Assigned to	Staff Development, Probation
	2.3.2 Develop and/or provide necessary trainings and tools needed by staff, such as SDM advanced training.		Completed and ongoing – Advanced Safety Assessment and Safety Planning training 8/09 and Advanced Hotline Tools 12/09		Staff Development, Probation
	2.3.3 Provide supervisors with MonthlyMeasures, SDM and SafeMeasures reports, as well as training necessary to support staff, such as SDM supervisor training.		8/09-6/10		Staff Development, Probation
Improvement Goal 3.0 Ensure continuous quality improvement.					
Strategy 3.1 Determine if trends are the result of department practice or if external factors are contributing to recurrence of maltreatment.		Strategy Rationale By identifying where the training need is, Staff Development and Social Worker Supervisors can better train and support staff in order to ensure job duties are correctly performed.			
Milestone	3.1.1 Design report to determine the recurrence of maltreatment.	Timeframe	Completed	Assigned to	Staff Development
	3.1.2 Staff Development to share findings from report and MonthlyMeasures with Regional Managers and supervisors.		6/09-11/09		Staff Development
	3.1.3 Provide support, training and resources to assist staff in reducing recurrence of maltreatment.		7/09-6/10		Staff Development, CCTA

Describe systemic changes needed to further support the improvement goal.

None identified.

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

Probation and DSS to engage in reciprocal on the job shadowing.

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

Parent partners, mentors, mandated reporters, school advocates, Cuesta College, potential Path 2 responders.

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

State and Federal outcomes could be in opposition to each other. The faster reunification of families may have a negative impact in the rate of recurrence of maltreatment.

Funding Sources

Funding to support these strategies will come from the Child Welfare Services Allocation, the Child Welfare Services Outcome Improvement Project (CWSOIP) Grant AB636, the Child Abuse Prevention, Intervention, and Treatment (CAPIT) Allocation, the Stuart Foundation Grant for Family-to-Family Initiative AB 429, the Promoting Safe and Stable Families (PSSF) Allocation, Probation Title IV-E funding, the CalWORKs Mental Health and Substance Abuse Allocation and the ILP Allocation.

Outcome/Systemic Factor:

C1.1 Reunification within 12 months

This measure computes the percentage of children discharged to reunification within 12 months of removal.

The 12-month cutoff to reunification is based on the latest date of removal from the home with children in care for less than 8 days excluded. Children with a current placement of "trial home visit" are included in the count of children reunified in less than 12 months if that visit lasted at least 30 days, its start date fell within 11 months of the latest removal date, and it was the final placement before the child was discharged from foster care to reunification.

County's Current Performance:

The federal goal of 75.2% of children reunifying with parents within 12 months was not achieved. 75 children reunified with parents within 12 months (60.5%). Of the 49 children who reunified after 12 months of FR services during the period of 1/1/08 through 12/31/08, it appears that there are data discrepancies in 6 cases (12%). In one case it appears to be a data input error (a child exited from placement due to a "guardianship [being] established" but "reunification with parent" was inputted in error). In 5 cases, it appears that while these children reunified with a parent, it was not through reunification services but family restoration. These five children were in a permanency placement status for many months and even years. Inclusion of these children in this measure appears to be a system error and distorts the data (a range from 50.8 to 77.3 months to reunify, which is clearly not legally possible). If these 6 cases were excluded from the data, SLO County needed 14 more children to reunify within 12 months to meet the federal goal.

In cases where children did not reunify within 12 months, it appears that many reunified soon after 12 months (12 within 13 months, 10 more within 14 months). It appears two common issues exist in cases where children reunified after 12 months:

- 1) Social Workers are not documenting trial visits with parents (which may have helped ensure higher rates of reunification within 12 months), and
- 2) Social Workers are not using the Risk Reassessment tool prior to the 6 and 12 month reunification hearings.

Continued emphasis will be placed on Strategy 1.2, the use of and documentation of 30-day trial visits.

In addition, a new strategy 1.4 will be introduced: Ensure SDM Reunification Reassessments are completed prior to 6 and 12 month hearings, with two milestones: 1.4.1 Revise Concurrent Planning Form to ensure SDM Reunification Reassessment is complete/attached, and 1.4.2 Initiate monitoring of use of SDM Reunification Reassessment at placement move and exit from placement TDMs.

For Probation, of the children reunified between January 1, 2007 and December 31, 2008, 71.4% (8 out of 11) had been removed from their parents within 12 months of reunification.

Improvement Goal 1.0

Emphasize Family Maintenance at an earlier time in a Child Welfare Services case.

Strategy 1. 1

Improve preparation with the family prior to reunification.

Strategy Rationale

Improved pre-reunification efforts better prepares families for reunification and reduce the amount of time children spend in foster care.

Milestone	1.1.1 Ensure SDM Reunification Reassessment is done prior to the 6-month recommendation to court in order to better determine readiness for reunification.	Timeframe	Completed by being incorporated into concurrent planning form/staffing	Assigned to	Staff Development, Social Workers, Social Worker Supervisors, Regional Managers
	1.1.2 Utilize TDMs at time of reunification to establish aftercare plans for every child returning home.		Ongoing with 86% completion.		Social Workers and Social Worker Supervisors
Strategy 1. 2 Lengthen trial visits with parents to last 30 or more days.		Strategy Rationale Longer trial visits provide families with a longer adjustment period and Social Workers with a greater amount of time for observation and provision of supportive services.			
Milestone	1.2.1 Train staff on the importance of trial visits lasting 30 or more days and incorporate into concurrent planning forms and staffings.	Timeframe	1/09-11/10	Assigned to	CCTA, Staff Development and Social Worker Supervisors
	1.2.2 Develop and implement tracking of length of trial visits.		1/10-12/10		Regional Managers, Staff Development, Social Workers and Social Worker Supervisors
Strategy 1. 3 Expand the number of foster homes that work with families in mentoring for reunification.		Strategy Rationale Foster families who work together with birth parents provide additional support for families and better prepare them for reunification.			
Milestone	1.3.1 Educate the community on Family-to-Family principles and the necessity of keeping children in their own schools and the benefits of working with birth families toward reunification.	Timeframe	Completed – included in CASA trainings and staff trainings	Assigned to	Staff Development, Social Workers and Social Worker Supervisors
	1.3.2 Collaborate with existing family/parent mentor programs. (CWS works with Family Care Network family mentors, the Foster Parent Association and POPS)		Completed and ongoing		Staff Development, Family Care Network, Foster Parent Association, Parents Anonymous, SLO-CAP and Positive Opportunities for Parenting Success
Strategy 1. 4 Ensure SDM Reunification Reassessments are completed prior to 6 and 12 month hearings.		Strategy Rationale Reunification Assessments are a strategic tool in reunifying children in a timely manner.			

Milestone	1.4.1 Revise Concurrent Planning Form to ensure SDM Reunification Reassessment is completed/attached.	Timeframe	11/09-12/09	Assigned to	Staff Development
	1.4.2 Initiate monitoring of use of SDM Reunification Reassessment at placement move and exit from placement TDMs.		11/09-12/09		Staff Development

Describe systemic changes needed to further support the improvement goal.

None identified.

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

Advanced SDM training on the Family Strengths and Needs Assessment and Reunification Reassessment.

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

Team Decision Meetings partners, Family Care Network, Foster Parent Association, Parents Anonymous, SLO County Child Abuse Prevention Council and Positive Opportunities for Parenting Success (POPS).

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

None identified.

Funding Sources

Funding to support these strategies will come from the Child Welfare Services Allocation, the Child Welfare Services Outcome Improvement Project (CWSOIP) Grant AB636 and the Stuart Foundation Grant for Family-to-Family Initiative AB 429.

Outcome/Systemic Factor:

C1.4 Reentry Following Reunification

This measure computes the percentage of children reentering foster care within 12 months of a reunification discharge.

Discharge to reunification is defined as a discharge to parents or primary caretaker(s) and includes the following CWS/CMS subcategories:

- Reunified with Parent/Guardian (Court)
- Reunified with Parent/Guardian (Non-Court)
- Child Released Home

County's Current Performance:

Of the children reunified by DSS from January 1, 2006 to December 31, 2006, 17.9%, or 17 out of 95 children, reentered foster care in less than 12 months from the date of reunification. This exceeds the federal goal of 9.9%. Additionally, the DSS Reunification Composite score is 113.8, below the federal goal of 122.6. Of the children reunified by DSS from January 1, 2007 to December 31, 2007, 13.6%, or 16 out of 118 children, reentered foster care in less than 12 months from the date of reunification. This exceeds the federal goal of 9.9%. Additionally, the DSS Reunification Composite score is 108.4, below the federal goal of 122.6.

Probation had 15 children reunify during the period January 1, 2007 to December 31, 2007. Of these 15 children, 0 reentered foster care in less than 12 months from the date of reunification.

SLO County has not achieved the National Goal of 9.9% or fewer children reentering foster care within 12 months of a reunification discharge.

Data from the quarter ended 06/08 indicates that the county has come very close to achieving this goal; 11 children reentered foster care, but had this number been 2 less the goal would have been realized. Of the 11 reentering foster care there were sibling groups of 2 and 4 children. Combined, these two sibling groups represent over half of the children reentering foster care in this given quarter.

SLO County uses three strategic tools to help determine the agency's reunification recommendation to the court. These three tools are generally used in the following order, and progressively used if each indicates "return child home": 1) SDM Reunification Reassessment, 2) Trial Visit with Parent, 3) Exit From Placement TDM.

In the 11 cases, the tools most often used were Trial Visit with Parent (73%), Risk Reassessment (36%) and TDM (36%)

In about one third of the cases (4) it appears that the three tools were documented as used in a timely and progressive fashion that at the time of discharge indicated that the child(ren) should be returned home. Given that these three tools were used as designed, and the social worker followed the resulting decisions, there is a belief that the children were reunified at the right time from a systems perspective.

In about one third of the cases (3) it appears that none of the three tools were documented as used.

In about one third of the cases (4) it appears that only one of the tools (the extended visit) was used. This is the case of the four children in a sibling group.

In conclusion, all 11 of the children reentered foster care within 12 months of reunification. It appears that one third of them were reunified after the tools suggested they should be reunified. In the absence of documentation of the tools, a conclusion could be reached that two thirds of the children may have been reunified prematurely. In those cases, it can be speculated that proper progressive use of the tools would have enabled the social worker to make the best informed decision and perhaps a different recommendation to the court (continue family reunification services or end family reunification services

and pursue permanent plan). Without the documentation of these tools it is unknown to what extent SLO county may have had a different outcome on this measure.

It is apparent when working on an outcome with small numbers of children (11) and relatively high numbers of siblings (6) that the success or failure in this outcome is compounded by what does or does not happen for the sibling group.

Continued emphasis will be placed on educating managers, supervisors and social workers of the need to use and document the timely and progressive use of all three of these tools to make the most informed recommendation regarding reunification.

Improvement Goal 1.0

Determine the actual number of children who reentered foster care within 12 months of a reunification discharge and analyze factors that may lead to reentry.

Strategy 1. 1

Utilize Safe Measures to generate a report of the names and number of children who experienced a recurrence of maltreatment within 6 months of reunification.

Strategy Rationale

Rather than relying on percentages, SLO County would like to look at the actual numbers to determine how widespread the recurrence of maltreatment is, and to then isolate potential practice issues.

Milestone	1.1.1 Obtain first data report from Safe Measures.	Timeframe	Completed	Assigned to	Staff Development
	1.1.2 Probation to implement Monitor, their new case management system. Monitor will assist the Probation Department in promoting increased efficiency, enhanced communication and agency effectiveness necessary to manage the criminal offender population.		6/09-11/10		Probation, ITD, Loryx (case management vendor)
	1.1.3 Probation will track and monitor children who reenter foster care within 12 months of a reunification discharge.		8/09-11/10		Probation
	1.1.4 The data gathered by Monitor will be measured and evaluated by Cal Poly, San Luis Obispo State University's School of Psychology and Child Development to determine the effectiveness of the department's case management practices and treatment intervention programs in reducing recidivism.		11/09-11/10		Probation and Cal Poly, San Luis Obispo State University
	1.1.5 Probation and DSS will review and analyze data to determine factors that may lead to reentry.		11/09-11/10		Staff Development, Probation

Improvement Goal 2.0

DSS and Probation will be proactive in the prevention of reentry following reunification by ensuring

families have after-care plans before reunification occurs.					
Strategy 2.1		Strategy Rationale			
Using SafeMeasures, identify reasons for reentry. Then, develop training for staff on how to provide relapse plans for Probation and after-care plans for CWS to support reunification.		An after-care plan is an informal plan to assist families in linking with community partners, such as Mental Health and Drug and Alcohol, before they reach the stage of CWS intervention. Additional support and prevention plans for families will increase reunification success.			
Milestone	2.1.1	Timeframe	Assigned to		
	Identify top ten reasons for reentry following reunification.			10/09-11/10	Staff Development, Probation, IRT
	2.1.2			3/10-11/10	Staff Development, Probation
	Identify triggers. CWS will work with community partners to develop training and tools, such as after-care plans.			11/10	Staff Development
2.1.3	Report back to the state in the SIP Update for 2010 on the top ten reasons for reentry following reunification and the triggers.	6/10-11/10	Staff Development, Probation		
2.1.4	Audit of CWS cases will show an increase of after-care plans and resources available.				
Strategy 2. 2		Strategy Rationale			
Identify and focus on the top two reasons for reentry.		Increase training support resources for top ten reasons for reentry.			
Milestone	2.2.1	Timeframe	Assigned to		
	Identify triggers and develop an after-care/relapse plan to prevent reentry.			3/10-11/10	Staff Development, Probation
	2.2.2			6/10-11/10	Staff Development, Probation
CWS will evaluate Probation's relapse plan model and develop a CWS after-care plan.	9/10-11/11	Staff Development, Probation			
2.2.3	Provide trainings and follow-up to ensure after-care plans are created at exit TDMs.				
Improvement Goal 3.0					
Build on TDMs – exit strategy					
Strategy 3.1		Strategy Rationale			
Include foster parents in exit TDMs and create a family relapse plan.		Engaging families and building a plan for support and success will lead to lower rates of re-entry.			

Milestone	3.1.1 Appropriate community partners will be invited to TDMs to provide after-care services.	Timeframe	6/09-11/10	Assigned to	Regional Managers, Social Workers and Supervisors, Supervising Administrative Clerk and Community Service Aides
	3.1.2 50% of children being reunited will have exit TDMs.		6/09-11/10		Regional Managers, Social Workers and Supervisors, Supervising Administrative Clerk and Community Service Aides
	3.1.3 75% of children being reunited will have exit TDMs.		9/09-11/10		Regional Managers, Social Workers and Supervisors, Supervising Administrative Clerk and Community Service Aides
Strategy 3.2 Continue monitoring and re-evaluating current processes for continuous improvement.		Strategy Rationale Ensure that the strategies and resources are successful in reducing the rates of re-entry.			
Milestone	3.2.1 Administer TDM satisfaction surveys at all TDMs. Address dissatisfaction.	Timeframe	Completed	Assigned to	Regional Managers, Social Workers and Supervisors, Staff Development, Social Workers and Supervisors, Supervising Administrative Clerk and Community Service Aides
	3.2.2 Complete SDM reunification and risk reassessments on all cases prior to closure.		6/09-11/10		Regional Managers, Social Workers and Supervisors,
	3.2.3 Safe Measures and internal reports will be utilized to monitor the use of Team Decision Meetings as an exit strategy.		6/09-11/10		Regional Managers, Staff Development
	3.2.4 CWS will continue to work with community partners to increase prevention/intervention resources.		6/09-11/10		IRT, Regional Managers, Social Worker Supervisors and Staff Development

Strategy 3.3 Connect family with resources at reunification.		Strategy Rationale Engaging families and building a plan for support and success will lead to lower rates of re-entry.			
Milestone	3.3.1 Ensure families and community partners are familiar with TDM before meeting.	Timeframe	6/09-11/10	Assigned to	Social Workers and Supervisors, Social Workers and Supervisors, Supervising Administrative Clerk and Community Service Aides
	3.3.2 Ensure appropriate feedback and follow-up is provided to support reunification.		6/09-11/10		Social Workers and Supervisors, Social Workers and Supervisors, Supervising Administrative Clerk and Community Service Aides
	3.3.3 Provide resources for families during reunification to prevent reentry.		6/09-11/10		Social Workers and Supervisors, Social Workers and Supervisors, Supervising Administrative Clerk and Community Service Aides
Describe systemic changes needed to further support the improvement goal. Supervisors will review case for after-care and relapse plans to ensure that Social Workers are utilizing community resources.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Training on relapse and after-care plans.					
Identify roles of the other partners in achieving the improvement goals. Family-to-Family technical assistance, Mental Health and Probation					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. Court Stakeholders advocating for safety, as well as relapse and after-care plans, at reunification.					
Funding Sources - CWS Funding to support these strategies will come from the Child Welfare Services Allocation, the Child Welfare Services Outcome Improvement Project (CWSOIP) Grant AB636, the Stuart Foundation Grant for Family-to-Family Initiative AB 429, Probation Title IV-E funding, the CalWORKs Mental Health and Substance Abuse Allocation and the Independent Living Program Allocation.					

Funding Sources – Probation

Child Welfare Services Outcome Improvement Project (CWSOIP) - used to reimburse parents for the cost of visiting their child in placement and to offset the cost for a Probation representative's involvement in the PQCR process and attending the regional Central Coast Placement committee meetings in Bakersfield.

Outcome/Systemic Factor:

C3.1 Exits to Permanency (24 Months in Care)

This measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who had been in foster care for 24 months or longer. The denominator consists of all children in foster care for 24 continuous months or longer on the first day of the year; the numerator includes those children with a placement episode termination date that occurred by the last day of the year and before the child's 18th birthday, and a placement episode termination reason coded as reunification with parents or primary caretakers, discharge to guardianship, or discharge to adoption.

County's Current Performance:

As of December 2007, DSS foster children exited to permanency after 24 months of care at a rate of 21%, or 21 out of 100 children. This was lower than the Federal average of 29.1%. Foster youth placed with relatives or non-related extended family members had the highest number of reunifications and adoptions. As of December 2008, DSS foster children exited to permanency after 24 months of care at a rate of 33%, or 38 out of 115 children. Of the 33%, 5.2% reunified, 24.3% were adopted and 3.5% exited to guardianship.

DSS and ILP recognize the importance of long term and meaningful adult connections in the lives of the youth they serve. It is the Department's belief that every foster youth deserves a permanent and lifelong attachment to a caring and trusted adult. DSS has begun to implement many new programs to help achieve foster youth permanency, which include advocating for fewer placement changes and more guardianships and adoptions.

In support of permanency, DSS created and rolled out the ASPEN program community wide and continues with presentations to develop faith-based recruitment efforts for licensed foster homes.

The Foster Parent Inquiry Database has been created to provide Social Workers will one source of information regarding recruitment, placement, adoptions and licensing. Staff Development has begun training and mentoring all Licensing, Adoptions, Placement staff in the use of the Foster Parent Inquiry Database to ensure that each staff member is comfortable and capable of utilizing the database to enter and extract information and obtain necessary reports. Adoptions staff will begin to utilize the Foster Parent Inquiry Database to search for potential adoptive placements prior to the matching meeting.

The Probation Department did not have foster children exit to permanency after 24 months of care.

Improvement Goal 1.0

Determine if current performance on exits to permanency (24 months in care) is affected by incorrect or incomplete data entry or tracking.

Strategy 1.1

Identify and resolve any data entry issues.

Strategy Rationale

Since SLO County is meeting the Federal composite goal for permanency, the low percentage for this particular measure could be a result of incomplete data entry.

Milestone	1.1.1 Identify data entry trends.	Timeframe	Completed	Assigned to	Staff Development, IRT
	1.1.2 Train and support Social Workers on correct codes and data entry.		Completed		Staff Development, Social Worker Supervisors

	1.1.3 Ensure appropriate codes are accurately entered into CWS/CMS.		Completed		Staff Development, Social Worker Supervisors, Regional Managers
Improvement Goal 2.0					
Reevaluate SLO County's current concurrent planning policy and procedures.					
Strategy 2.1 Compare goals of concurrent planning to the current practice in SLO County and identify any needed changes.			Strategy Rationale Strengthen concurrent planning practices in order to improve exits to permanency.		
Milestone	2.1.1 Identify current Social Worker practice in regards to concurrent planning.	Timeframe	Completed	Assigned to	Staff Development
	Refine concurrent planning procedure and practice.		Completed		Adoptions and Dependency Investigation Units, Staff Development
	2.1.2 Train staff on new concurrent planning policy and procedure.		Completed		Staff Development, Social Worker Supervisors
	2.1.3 Educate foster parents and community on the importance and goals of concurrent planning.		Ongoing – in the process of creating handouts and materials for PRIDE training and foster parents		PRIDE, Social Workers, Staff Development
Strategy 2.2 Expand and strengthen the role of ILP to increase awareness and the practice of permanency within the department and in the community.			Strategy Rationale DSS and ILP recognize the importance of long term and meaningful adult connections in the lives of the youth they serve. This renewed emphasis on permanency will, in turn, affect the outcome on this measure.		
Milestone	2.2.1 ILP staff to outreach to DSS staff and community.	Timeframe	Completed	Assigned to	ILP, Staff Development
	2.2.2 ILP to create Permanency Resource Handbook.		Completed		ILP, Staff Development

<p>2.2.3</p> <p>ILP to increase connection to DSS by regularly participating in workgroups and CWS unit meetings.</p>	<p>Completed</p>	<p>ILP, Staff Development</p>
<p>2.2.4</p> <p>Create Heart Gallery website. (Partially completed – the content is created, but awaiting translation and management approval)</p>	<p>1/09-2/10</p>	<p>ILP, Staff Development</p>
<p>2.2.5</p> <p>Implement monthly Matching Meetings between Adoptions/Licensing Social Workers and staff from local adoptions agencies.</p>	<p>Completed and ongoing</p>	<p>ILP, Staff Development, Adoptions and Licensing Social Workers and Supervisors, Family Connections, Aspira and Kinship Center</p>
<p>2.2.6</p> <p>Create a training plan and expand database to ensure timely completion of Life Team Meetings and Transitional Independent Living Programs (TILP).</p>	<p>11/09-12/10</p>	<p>ILP, Staff Development</p>

Describe systemic changes needed to further support the improvement goal.

None identified.

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

Concurrent planning (noted above).

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

ILP, Family Connections, Aspira, Kinship Center.

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

None identified.

Funding Sources

Funding to support these strategies will come from the Child Welfare Services Allocation, the Child Welfare Services Outcome Improvement Project (CWSOIP) Grant AB636, the Adoptions Allocation, the Independent Living Program (ILP) Allocation, the Kinship Supportive Services Program (KSSP) Allocation and the Stuart Foundation Grant for Family-to-Family Initiative AB 429.

Outcome/Systemic Factor:

C4 Placement Stability

C4.1 8 Days to 12 Months in Care

This measure computes the percentage of children with two or fewer placements in foster care for 8 days or more, but less than 12 months. Time in care is based on the latest date of removal from the home. The denominator is the total number of children who have been in care for at least 8 days but less than 12 months; the numerator is the count of these children with two or fewer placements.

C4.2 No more than two placements within 12 months

This measure computes the percentage of children with two or fewer placements in foster care for at least 12 months, but less than 24 months. Time in care is based on the latest date of removal from the home. The denominator is the total number of children who have been in care for at least 12 months and less than 24 months; the numerator is the count of these children with two or fewer placements.

C4.3 No more than two placements within 24 months

This measure computes the percentage of children with two or fewer placements who have been in foster care for 24 months or more. Time in care is based on the latest date of removal from the home. The denominator is the total number of children who have been in care for 24 months or more; the numerator is the count of these children with two or fewer placements.

County's Current Performance:

For the period January 1, 2008 to December 31, 2008:

Of the Department of Social Services' 198 children served in foster care during the year who were in foster care for at least 8 days but less than 12 months, 82.3 % (163 children) had two or fewer placement settings.

Of Probations' 38 children served in foster care during the year who were in foster care for at least 8 days but less than 12 months, 84.2% (32 children) had two or fewer placement settings.

Of the Department of Social Services' 126 children served in foster care during a year who were in foster care for at least 12 months but less than 24 months, 64.3% (81 children) had two or fewer placement settings.

Of the 18 Probation children served in foster care during a year who were in foster care for at least 12 months but less than 24 months, 55.6% (10 children) had two or fewer placement settings.

Of the Department of Social Services' 182 children served in foster care during the year that were in foster care for at least 24 months, 30.8% (56 children) had two or fewer placement settings.

Of the 14 Probation children served in foster care during the year who were in foster care for at least 24 months, 35.7% (5 children) had two or fewer placement settings.

SLO County has a policy in place requiring a TDM be held before a child will be moved from the home or a placement. Structured Decision Making is also utilized to determine safety factors when moves are considered. Both of these policies, combined with Family-to-Family goals, have been instrumental keeping SLO County's placement moves low.

The Atascadero School Placement Empowerment Network (ASPEN) was established as a proactive plan for youth in need of foster placement within their home school community. The mission of ASPEN is to develop and maintain a plentiful network of preapproved families/homes within the school home community that the youth attends.

We implemented ASPEN in 2 schools in Atascadero. ASPEN recruited 8 Resource Families within the school community. As a result of the collaborative efforts with the school district, ASPEN is now well known and is brought up at TDMs which resulted in Resource Families being identified from schools

outside the project. Community Partners such as The Link volunteered to be the venue for local PRIDE trainings for the ASPEN Resource Families. An increase of 46% of Resource Parents attending PRIDE resulted in Cuesta College increasing the number of PRIDE classes offered and regionalization of the classes. As a result, we have increased our Foster Family Homes (FFH) by 26% from the year before, averaging 5 applications per month.

During the development of the ASPEN project we were able to strengthen the relationship between the Department and the Atascadero Unified School District through addressing issues, concerns and working to streamline our response, investigation and placement process resulting in understanding of and greater trust in the process.

Improvement Goal 1.0

Decrease the number of placement moves for children in foster care, as well as the number of placement disruptions.

Strategy 1. 1

Identify alternatives to shelter care, for both initial removals and when placement disruptions occur.

Strategy Rationale

Decreasing the use of shelter care would improve the results for placement stability.

Milestone	1.1.1 Outreach to the community to provide education on the importance of relative care.	Timeframe	Completed	Assigned to	Staff Development, Social Workers, Social Worker Supervisors
	1.1.2 Work toward the concurrent planning goal of the first placement being final placement.		Completed		Staff Development, Social Workers, Social Worker Supervisors
	1.1.3 Develop back-up plans at TDMs for children who runaway from their placement, in order to decrease the number of children who are placed into shelter care or the Juvenile Services Center when they are picked up.		1/09-12/10		Social Workers, Social Worker Supervisors
	1.1.4 Increase the number of TDMs held within 48 hours.		Completed		Staff Development, Social Workers, Social Worker Supervisors

Strategy 1. 2

Identify and implement strategies to prevent placement disruptions.

Strategy Rationale

Increased support and strategies for dealing with placement disruptions will lead to fewer placement moves, and thereby increase placement stability.

Milestone	1.2.1 Implement use of the SDM Substitute Care Provider assessment.	Timeframe	Completed	Assigned to	Assistant Director, Regional Managers, Staff Development, Social Worker Supervisors, Social Workers
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1.2.2 Develop strategies and back-up plans at TDMs to deal with placement disruptions.	1/09-12/10	Staff Development, Social Workers, Social Worker Supervisors
1.2.3 Increase support for foster families and intervention prior to placement disruption.	1/09-12/10	Social Workers, Social Worker Supervisors, Regional Managers
1.2.4 Increase awareness of availability of respite care for foster parents and ensure respite care is being utilized.	1/09-12/10	Staff Development, Social Workers, Social Worker Supervisors
Describe systemic changes needed to further support the improvement goal. None identified.		
Describe educational/training needs (including technical assistance) to achieve the improvement goals. None identified.		
Identify roles of the other partners in achieving the improvement goals. None identified.		
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None identified.		
Funding Sources Funding to support these strategies will come from the Child Welfare Services Allocation, the Child Welfare Services Outcome Improvement Project (CWSOIP) Grant AB636, Stuart Foundation Grant for Family-to-Family Initiative AB 429, Specialized Training for Adoptive Parents (STAP) and Probation Title IV-E funding.		

Outcome/Systemic Factor:

S2.1 No Maltreatment in Foster Care

This safety measure reflects the percentage of children who were not victims of a substantiated maltreatment report by a foster parent or facility staff while in out-of-home care. The denominator is the total number of children served in foster care during the specified year; the numerator is the count of these children in care who were not victims of a substantiated maltreatment report by a foster parent or facility staff.

County's Current Performance:

For the period January 1, 2008 to December 31, 2008, 98.12%, or 523 of 533 children in foster care, were NOT maltreated while in foster care.

Although 10 children represent a small percentage, DSS is committed to ensuring all children are safe in out-of-home care. Therefore, this measure has been added to the SIP Update and will continue to be a concern for DSS. DSS currently engages with Substitute Care Providers (SCP) in a number of ways. DSS seeks to involve family and community through responsiveness to the needs of SCPs. SCPs are continuously surveyed for needed trainings and Social Workers are consulted in regards to how they feel the foster parents need support. In response, DSS created the Foster Parent academy, two support groups and an annual self-care retreat. The academy is designed to train SCPs in effectively communicating with DSS, their Social Worker, and the foster youth's extended family. It occurs one day each month and includes free childcare, training and food. Monthly support groups are held in the home of a licensed therapist. The annual self-care retreat is a two-day camp for fifty SCPs and the children in their care. The goal is to alleviate daily stresses for adults while providing a safe and fun environment for youth. Trainings help SCPs learn to focus on the needs of the youth, while still caring for their marriages and family relationships. Additionally, DSS strives to connect with and support SCPs through a semi-annual town hall meeting with the Assistant Director and participation in the Foster Parent Association's monthly meetings. DSS believes that all of these activities contribute to SLO County's high retention rate and the professional relationships that have developed with SCPs.

DSS is also addressing training in regards to SCPs. Potential foster parents are required to participate in the PRIDE training program during the licensing process. Relative/NREFM families are strongly encouraged to complete the PRIDE training as well. Training attendance by the Relative/NREFM families has historically been much lower than potential foster parents because it is not a requirement for placement. Relative/NREFM families have expressed the opinion that the current training program is not be beneficial for them because of the established relationship that already exists with the children. To address the issue of relevancy, the Department is developing a training curriculum that will focus on pertinent issues for Relative/NREFM families, such as dealing with generational conflict, strengthening family relationship and development of parenting skills.

Additionally, the milestones below are further examples of how DSS plans to engage SCPs and strive to ensure children are safe in out-of-home care.

Improvement Goal 1.0

Support safe and secure County Foster Homes.

Strategy 1. 2

Identify and implement strategies to prevent maltreatment in foster care.

Strategy Rationale

Increased support and education for SCPs will lead to fewer incidents of maltreatment.

Milestone	1.2.4 Provide proactive tools, information and education through the Foster and Kinship Care Education (FKCE) Program.	Timeframe	1/10-12/10	Assigned to	Staff Development
	Revitalization of the enforcement of Civil Penalties.		10/09-1/10		Staff Development, Social Workers and Social Worker Supervisors
	Revise and re-establish Mentor Program and Mentor Support Group Meetings.		1/10-12/10		Staff Development, Social Workers and Social Worker Supervisors
	Work with Social Workers on utilizing information from SDM for SCP to provide necessary resources and support.		10/09-10/10		Staff Development, CCTA, Social Worker Supervisors

Describe systemic changes needed to further support the improvement goal.

None identified.

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

None identified.

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

None identified.

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

None identified.

Funding Sources

Funding to support these strategies will come from the Child Welfare Services Allocation, the Child Welfare Services Outcome Improvement Project (CWSOIP) Grant AB636, and the Stuart Foundation Grant for Family-to-Family Initiative AB 429.

Outcome/Systemic Factor:

C2 Adoption Composite

C2.1 Adoption within 24 months (exit cohort)

This measure computes the percentage of children adopted within 24 months of removal. The denominator is the total number of children who exited foster care to adoption during the specified year; the numerator is the count of these exiting children who were adopted in less than 24 months. This measure contributes to the second permanency composite.

C2.2 Median Time To Adoption (Exit Cohort)

This measure computes the median length of stay (in months) for children discharged to adoption. Length of stay is calculated as the date of discharge from foster care minus the latest date of removal from the home. Only placement episodes ending in adoption are included. This measure contributes to the second permanency composite.

C2.3 Adoption Within 12 Months (17 Months In Care)

This measure computes the percentage of children in foster care for 17 continuous months or longer on the first day of the year, who were then adopted within 12 months. The denominator consists of all children in foster care for 17 continuous months or longer on the first day of the year; the numerator includes those children in the denominator who were discharged to adoption by the last day of the year (i.e., a placement episode termination reason of adoption). This measure contributes to the second permanency composite.

C2.4 Legally Free Within 6 Months (17 Months In Care)

This measure computes the percentage of children who were in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period, who then became legally free for adoption within the next 6 months. The denominator consists of all children in foster care for 17 continuous months or longer who, on the first day of the period, were not yet legally free; the numerator includes those children who were then declared legally free within the next 6 months (including the first and last days of the 6 month interval). This measure contributes to the second permanency composite.

County's Current Performance:

From January 1, 2008 to December 1, 2008, DSS experienced a negative trend in the Adoption Composite with an overall score of 105.3, compared to the federal goal of 106.4. DSS did not meet the federal goal for any of the measures, with the exception of Adoption within 12 Months (C2.5).

The percentage of children adopted within 24 months (exit cohort) was 38.2%, or 21 out of 55 children.

The median time to adoption was 29.7 months.

23.8% of children in care for 17 continuous months or longer (34 out of 143 children) were adopted within 12 months.

4.1% of children in care for 17 continuous months or longer (3 out of 73) were legally free for adoption within 6 months.

Improvement Goal 1.0

Determine if current performance is affected by incorrect or incomplete data entry.

Strategy 1. 1

Research reasons behind the negative trend.

Strategy Rationale

Determining the reasons behind the negative trend will allow DSS to develop necessary

		trainings and resources to support staff in order to ensure job duties are correctly performed.			
Milestone	1.1.1 Identify data entry trends.	Timeframe	1/10-3/10	Assigned to	Staff Development
	1.1.2 Identify any competing or conflicting practices.		3/10-6/10		Staff Development
Improvement Goal 2.0					
Ensure Adoptions Unit is receiving the support and training needed to correctly perform job duties.					
Strategy 2. 1 Provide the Adoptions Unit with support and training.			Strategy Rationale Increased support and training will lead to increased job performance, thereby improving performance on the adoptions composite.		
Milestone	2.1.1 Attend monthly meetings of the Adoptions Unit.	Timeframe	12/09-12/10	Assigned to	Staff Development
	2.1.2 Create and/or revise needed procedural guides.		12/09-6/10		Staff Development
	2.1.3 Identify training needs and provide training.		12/09-9/10		Staff Development
	2.1.1 Create any needed tracking logs to assist in tracking performance on related measures.		12/09-12/10		Staff Development
Describe systemic changes needed to further support the improvement goal. None identified.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. None identified.					
Identify roles of the other partners in achieving the improvement goals. None identified.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None identified.					
Funding Sources Funding to support these strategies will come from the Child Welfare Services Allocation and the Adoptions Allocation.					

