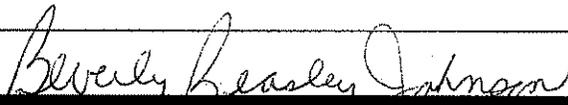
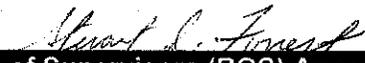
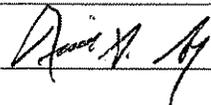


California's Child and Family Services Review System Improvement Plan	
County:	San Mateo
Responsible County Child Welfare Agency:	Human Services Agency Children and Family Services
Period of Plan:	02/06/10 – 02/05/13
Period of Outcomes Data:	Q4 2008 (January 2008 - December 2008)
Date Submitted:	November 12, 2009
County System Improvement Plan Contact Person	
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Submitted by Each Agency for the Children Under Its Care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Beverly Beasley Johnson
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Stuart Forrest
Signature:	
Board of Supervisors (BOS) Approval	
BOS Approval Date:	2/23/10
Name:	Richard S. Gordon, President, Board of Supervisors
Signature:	

A. The SIP Narrative

- 1. The Process** San Mateo County (SMC) utilized an inclusive process to get representation from as many collaborative partners as possible to develop a comprehensive System Improvement Plan (SIP). The SIP Workgroup (Workgroup) consisted of Children and Family Services (CFS) program manager and analysts, and a director and supervisor from the Probation Department. The Workgroup identified and invited representatives who are subject matter experts in their respective fields for the SIP Oversight Committee (Oversight Committee), based on the SIP Process Guide provided by the State. Reasonable efforts were expended to ensure that all required participants and important stakeholders were represented. The Oversight Committee is composed of CFS program managers, supervisors, line staff, a birth parent, former foster youth, representatives from the Health Department, Alcohol and Other Drug, Behavioral Health and Recovery Services, First 5, Fatherhood Collaborative, Education, Citizens Review Panel, Prevention and Early Intervention, and community representatives.

The decision was made to focus on four of the 17 California Child and Family Services Review (C-CFSR) measures in the next three years based on the review of the County Self Assessment (CSA), historical data using the UC Berkeley CWS/CMS Dynamic Report System, and composite weights for each outcome. The CSA, completed as a collaborative effort between the Human Services Agency (HSA) and Juvenile Probation, included information gleaned from the strategic plan focus groups conducted throughout the county with community-based organizations; Peer Quality Case Review (PQCR) focus groups, analysis and recommendations; and one-on-one interviews with the Juvenile Court judge, birth parents, law enforcement, and agency partners. The CSA also included a comprehensive review of the C-CFSR measures and identified systematic and service-related barriers to meeting the federal standards.

The Workgroup gathered the barriers and recommendations from the PQCR and CSA for each outcome. A literature review was conducted to identify best practices and evidence-based strategies within the focus areas. This information was shared with the Oversight Committee and served as the springboard for the Oversight committee members in developing strategies. The Oversight Committee reviewed these barriers and strategies, brainstormed other strategies that could be implemented, shared how their respective agencies could contribute in implementing some of the strategies, identified available services as well as service gaps, and helped CFS and Probation prioritize strategies to achieve specific and realistic measurable improvements in performance outcomes in the next three years, while considering the current budget climate.

The suggested priorities and strategies were presented to CFS management who then narrowed the strategies to 15 SIP strategies for improvement in the priority areas of Safety, Permanency, and Well Being.

**The
Outcomes**

Outcomes needing improvement were selected based on SMC's performance against the federal standards with consideration given to their corresponding composite weights.

Under the priority area of Safety, SMC chose to focus on the no recurrence of maltreatment rate. Even though performance is improving, SMC will continue monitoring this outcome as the current budget crisis among government entities and non-profit agencies can severely impact the availability of prevention and intervention services in the community.

Under Permanence, SMC will continue to focus on re-entry, which was the PQCR focus area. Lessons learned from the PQCR and subsequent recommendations were used in developing the SIP strategies to further improve the rate of children re-entering the system. Another outcome identified as needing improvement was exits to permanency. The SIP includes specific strategies to address the barriers identified in the CSA around reunification, adoption and guardianship. Placement stability will be a focus area as well. SMC chose to focus on children who have been in care at least 8 days to twelve months. This placement range was selected according to relevant literature, which suggests the period of the greatest placement disruption occurs in the first six months a child spends in out-of-home care. The same strategies that will be implemented for this population should benefit the children who have been in care longer.

Under Well-Being, SMC chose to focus on the rate of timely health and dental exams to ensure that a child's health and dental needs are met.

SMC's performance in the above-mentioned outcomes is outlined below.

Safety (S1.1) No recurrence of maltreatment
Federal Standard: $\geq 94.6\%$

The no recurrence rate of maltreatment has been trending up since July 2006, although Q4 2008's 93.5% was short of meeting the 94.6% standard. Based on Q4 2008 data, CFS had the highest no recurrence rate for Asian/Pacific Islander (96.8%), followed by Caucasian children (96.6%), Hispanic children (90.4), and African American children (88%).

Permanence (C1.4) Re-entry following reunification (exit cohort)
Federal Standard: $\leq 9.9\%$
Composite Weight: 46%

Although the rate at which children re-enter care after being reunified has seen improvement beginning in Q2 2007, the re-entry rate is starting to trend back up. SMC's 12.8% re-entry rate in Q4 2008 is higher than the statewide rate of 11.6%. Based on Q4 2008 data, African American and Hispanic children had higher re-entry

rates (16% and 15.4% respectively) than Caucasian and Asian/PI children (6.3% and 5.6% respectively).

(C3.1) Exits to Permanency

Federal Standard: $\geq 29.1\%$

Composite Weight: 33%

Meeting the exits to permanency measure continues to be a challenge. In Q4 2008, 18.8% of children in SMC exited to permanency, below the 29.1% standard. About 4% exited to reunification, roughly 7% exited to adoption, and 8% to guardianship compared to 5%, 11%, 5%, respectively, for the entire state. In Q4 2008, CFS did not meet the standard for all ethnicities. Hispanic children had the highest exits to permanency rate with 26.5%, followed by African American children with 18.7%, Caucasian children with 11.4% while no Asian/PI child exited to permanency. It is important to note that the data set for Asian/PI children is small (n=6) compared to other ethnicities in the reporting period. Historically, Asian/PI children have a high permanency rate, especially in adoptions.

(4.1) Placement Stability

Federal Standard: $\geq 86\%$

Composite Weight: 33%

In Q4 2008, over 22% of children who have been in care at least 8 days to 12 months have already experienced three or more placements against the 14% standard and the state's 18% rate. In Q4 2008, Hispanic children had the highest placement stability rate with 84.8%, followed by Caucasian children (80%), Asian/PI (71.4) and African American children (58.8%).

Studies have shown that older youth tend to have more placement instability than younger children. Based on July 1, 2008 point-in-time data, the 11-17 age group made up 56.3% of children who are in care compared to the State's 45%. Since 2000, the older age group consistently made up over 50% of the children in care.

Well Being **Rate of Timely Health Exams**
Rate of Timely Dental Exams

Since Q1 2006, the rate of timely health exams has been hovering between 84-88%. The rate of timely dental exam has been declining. Since having a timely rate of 75% in Q2 2006, the rate has been steadily decreasing with Q4 2008's rate at 57.6%.

3.
Improvement
Targets

The most recent available data (Q1 2009) was used in determining new target goals for each selected outcome. Targets were set so that changes over the three year period of the SIP will result in performance that conforms to Federal standards or shows significant improvement towards meeting the Federal standards.

Safety CFS needs to increase the no recurrence of maltreatment rate to 94.6% by the end of the three year period in order to conform to the Federal standard.

Permanence **Re-entry**

CFS can make significant progress toward meeting the Federal standard by decreasing the rate of children who re-enter the system to 11.3% by the end of the three year period.

Exits to Permanency

Increasing the rate of children who have been in care 24 months or longer prior to exiting to a permanent home to 25.8% by the end of the three year period will result in significant progress toward meeting the Federal standard.

Placement Stability

The target goal to meet the placement stability standard is to increase the rate of children experiencing two or fewer placements to 83.2% by the end of the three year period.

Well-Being **Rate of Timely Health / Dental Exams**

Although there is no target for timely health and dental exams, the goal is to increase the rate of timely health exams to 90% and the rate of timely dental exams to 75%.

Literature Review

To identify best practices, a literature review was conducted around the areas of re-entry, recurrence of maltreatment, placement stability, reunification, adoption and kin care. (See Attachment A, Literature Review)

Recurrence of maltreatment

Parenting and availability of community-based services have been linked to recurrence of maltreatment. Among the suggested strategies to mitigate maltreatment recurrence are:

- Improve parenting skills and capacities.
- Provide training to parents as preventive measure to strengthen and preserve at-risk families or as a response to prevent the recurrence of child maltreatment either in intact families or families with children in out-of-home care.
- Home visiting programs – most promising intervention modality for young children.
- Nurse home visiting – preventing child maltreatment recurrence.
- Differentiation between existing child maltreatment histories and those in early prevention programs, as they may require different services.
- Home visitation and Project Safecare, which demonstrated improvement in specific child welfare outcomes.
- Identification or relevance of program objectives for the child welfare population and how these objectives are specified.

Re-entry Changes in practices and policies to address re-entry include:

- Improving assessment of family needs to create accurate service plans, as well as improving assessment and decision making at the point to reunify families.
- Family maintenance services that focus on addressing problems that led to the child's involvement in Child Welfare in the first place and are focused on effecting long-term changes in family functioning that will prevent subsequent involvement.
- Providing continuing services after closing the case. Aftercare services can help support families after reunification. Providing concrete assistance such as housing, transportation or financial assistance may help prevent re-entry. Services in the community should match the needs and demographic characteristics of the community.
- Adopting practices with strongest evidence of effectiveness in the areas of substance abuse, mental health and domestic violence services.
- Adopting evidence-based approaches to working with youth and families such as school-based wrap-around services.

Many of the families involved in Child Welfare have substance and alcohol issues. Several key barriers between Child Welfare and Alcohol and Other Drugs (AOD) include differing beliefs and values, competing priorities, gaps in treatment, information system limitations, staff knowledge and skills, lack of communication and differing mandates. To address some of these barriers, the following are recommended strategies:

- Cross training and joint case planning with clear protocols on sharing confidential information that could improve successful reunification.
- Assess the extent to which providers engage in best practices associated with model programs, improved assessment of barriers to treatment.
- Increased gender-specific treatment programs and programs that allow children to live with their mothers.

Exits to Permanency In SMC, the 11-17 year old children/youth make up over 50% of the cases in SMC. Based on a review of best practices on permanency for older children, the following strategies have been identified:

- Concurrent planning for older youth in the system.
- Preparing youth for permanency such as connecting foster youth with youth who have achieved permanency.
- Providing individual and group therapeutic and educational interventions to help youth understand their lives and plan for their futures.
- Identifying potential family connections already known to the youth. Conducting thorough searches for relatives using case record information, making renewed contact with birth parents or other family members to reconsider their current status as an option for relationship or permanency, and

identifying adults who have meaningful relationships with the youth.

- Involving caregivers in case planning such as the use of family decision making.
- Reassuring youth of their power in the process of developing safety plans and providing individualized education.
- Encouraging treatment/residential facilities to participate in planning for the child's future by recommending that each child have at least one visiting resource family, to assist the youth in forming relationships outside the facility, recruit, train and pay young people who have been adopted as adolescents to serve as peer mentors or case consultants in adolescent cases.
- Financial resources and meaningful supportive and treatment services must be available to youth and their families once a permanent placement has been identified. This includes adoption, guardianship, and kinship subsidies, concrete assistance (housing, furnishings, etc), treatment resources and other supports.
- Employing at least one adolescent permanency specialist who has training on how to communicate with youth about adoption and permanence.
- Consideration of cultural competence, adolescents' sense of identity and preference regarding racial/ethnic make up of potential family and/or ability to keep the child connected to his heritage should be considered.
- Incorporating monitoring and measuring of permanency interventions into each agency's case review and quality assurance programs, and developing programs when not already in place.

In the area of adoption, several strategies identified include:

- Getting to know the children so one can discuss the strengths, interests, personalities and challenges of the children with the prospective families.
- Fully researching the child's life by searching for relative, caretaker, teacher, or family friends who may be available as a foster or adoptive resource.
- Supporting families on an individualized basis and developing relationships with specialized agencies to help address adoptive families' unique needs.
- Providing resource families with a great deal of ongoing support, time, patience respect and enthusiasm from their workers.

One key strategy that leads to permanency is early identification of relatives and non-relative extended family members as a permanent option, or at the very least, a permanent connection for the child. Others include:

- Involvement of absent parents.
- Kin should have accurate information in terms of legal custody, legal guardianship and adoption options as early on in the process as possible.
- More universal screening policies, training, supports and services, qualification requirements and benefits to both kin and non-kin, with special consideration to the unique circumstances of kinship providers.
- Establishing minimum standards to ensure quality care is provided but not as

- stringent as standards for non-kin (e.g., size of home).
- Consideration of factors that result in kin being automatically disqualified due to past felony. Factors should include severity, when it happened, rehabilitation, etc.
- Pre-placement meeting that includes children, kin, birth parents to discuss child's needs and each party's expectations.
- Identification of service needs including daycare, support for special needs of child, support groups and counseling for caregiver and child, training, tutoring, medical insurance, and clothing.
- Development of specialized, less stringent approval process for kin adoption.
- Providing higher level of financial and social support services to children and their kinship families.

Placement Stability A literature review on placement stability yielded several strategies to minimize placement disruptions. Among them are:

- Assessment of child and ability of potential caregiver to meet a child's needs can lead to better matching and improved placement stability. TDM can be used in accurately assessing child's placement needs as well as making decisions about where to place the child.
- Recruitment and outreach to increase the number of available foster parents, specifically child-specific recruitment efforts and connecting with faith-based communities. Continued communication with foster parents to determine their needs and following through on the identified needs.
- Increased family finding efforts to identify more kin providers.
- Continued support and evidence-based training for foster and kin providers such as the Incredible Years, Parent Child Interaction Therapy, Triple P Positive Parenting. Understanding complex issues that abused or neglected children face such as attachment, grief and loss, etc. can help foster and kin providers handle issues to preserve the placement. Intensive support and behavioral interventions such as wrap around and home visitation programs will help maintain youth in the least restrictive placement.
- Use of evaluation tools, screening tools, surveys.

5. Current Activities

SMC has implemented steps to ensure successful reunification and improve re-entry rates. In August, 2008, SMC implemented the evidence-based parenting curriculum, Strengthening Families Program (SFP). SFP is a nationally and internationally recognized parenting and family strengthening program for high-risk families. It has been found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.

Another strategy was the use of a risk assessment tool. SMC has been using the Comprehensive Assessment Tool (CAT) since 2005. In September, 2009, CFS

switched to the Structured Decision Making (SDM) tool. The tool is designed to better screen out referrals, identify safety related issues and develop a safety plan that will address the issues that brought the family to Children and Family Services' attention.

Team Decision Making (TDM), another known strategy to improve re-entry, has been in place since 2005. TDM is mandatory for every change of placement and SMC began conducting TDMs prior to removal and case closure, although it has not been done consistently.

Another existing strategy is the Wraparound Program to better prepare families for reunification. The Wraparound Program is a family-centered, strength-based, needs-driven planning process for creating individualized services and support for children and their families as an alternative to group home placements.

In January, 2008, HSA began conducting an Internal Peer Case Record Review. This qualitative and quantitative review looks at the quality of services, appropriateness and completeness of case plans, timely visit compliance, completeness of required forms, etc., with the goal of improving our service delivery system.

Differential Response was implemented in 2005 and underwent significant changes beginning in FY 2008-09. An evidence-based home visiting program was required from contract providers, and the length of case management changed from three months to six months, allowing case managers to work closely with families for a longer period of time. Additionally, the target population shifted from all Path One and Two families to providing intensive case management to targeted Path Two (when assessment of the case is such that there is low to moderate risk of harm to children 0-5 years of age and/or an allegation of abuse or neglect has been substantiated and CFS will not open a case for services). Information and referral services are provided to Path One families, where the assessment of the case is such that there is low risk of harm to the child, and the child appears to be safe.

In the area of placement stability, some of the identified strategies that have been implemented include providing training and support for foster parents (e.g., 21-hour training, respite, transportation reimbursement, support group, mentor, and appreciation events). SMC may further improve the supports available to caregivers by incorporating evidence-based curricula as part of the training. Other strategies currently in place include support for kin providers currently provided through a contract; early intervention through Differential Response; cross training with other agencies such as Behavioral Health and Recovery Services (BHRS), Juvenile Probation and AOD; bilingual and culturally appropriate services; Wraparound; and TDM.

SMC continues to aggressively recruit more foster parents and fost-adopt parents. The Foster Parent Recruitment and Retention Strategic Plan 2008 – 2014 continues to guide CFS's strategies in recruiting caregivers for older children, sibling groups, and children of color.

In FY 2008-09, CFS implemented the Placement Stability Program for Receiving Home/Tower House placed children. The program aims to ensure placement stability by having the placing social worker visit the child in the new placement within two weeks of placement to assess stability. This allows the social worker to assess if the placement is a good fit for the child and to identify any unmet needs.

6. New Activities

CFS will be closely monitoring the implementation of SDM, to evaluate its effectiveness. CFS will review SDM usage, ensure that safety plans and case plans are completed and that staff follow through with these plans.

SMC is part of the California Disproportionality Workgroup, made up of 11 counties, to address the disproportionate representation of and disparate outcomes for children of color. CFS created a Disproportionality Workgroup composed of social workers from each unit, supervisors, managers, community partners and foster youth. The Disproportionality Workgroup meets once a month to develop strategies, highlight milestones and plan training. As part of the California Disproportionality Workgroup, San Mateo County is developing Plan, Do, Study, Act (PDSA) strategies. PDSA's allow counties to implement an idea with a relatively short planning process, test it out, analyze the results, and if it is successful, expand the program on a larger scale. There are currently six PDSA's in the planning stages. They are: relationship building with youth; parent orientation that includes an explanation of the court process; family finding; recruitment of mentors, child advocates, cultural brokers, foster and foster/adopt parents; community outreach; and creation of a Disproportionality Review Committee.

7. Logic Model

The RFP for FY 10/11 – FY12/13 will be developed concurrently with the combined SIP and OCAP Three Year Plan. It is expected that the RFP will be released in early 2010 and that new contracts will be in place by July 1, 2010. As in the past funding cycles, the RFP will require a logic model to help community-based organizations plan, implement and evaluate their programs. The logic model will help providers effectively communicate what they want to accomplish with the programs for which they are seeking funding. See Attachment B for the logic models of two providers that received CBCAP funding in FYs 2008-2010.

8. CSA/PQCR and CWS/Probation planning process – Integration to the CAPIT/CBCA/P/SSSF Plan

The combined SIP and CAPIT/CBCAP/PSSSF needs assessment was used extensively in the development of the SIP.

The CAPIT/CBCAP/PSSSF Liaison was involved in the PQCR, CSA and SIP development processes. The CSA and SIP identified service needs that will be the focus areas of the Request for Proposal for child abuse prevention and intervention to be funded using CAPIT/CBCAP/PSSSF funds, while ensuring that each funding source's requirements are met.

B. Part I – CWS/Probation

Narrative

The outcomes, strategies and milestones included in the FY10/11-FY12/13 SIP are the result of a collaborative process led by CFS and Juvenile Probation. The two lead agencies partnered to develop a plan that addresses the barriers and issues raised in the PQCR and CSA processes, outlines improvement goals based on performance against Federal and State standards, and includes recommendations from these processes as SIP strategies and milestones which will ensure that our goals are met.

The SIP is also aligned with California's Program Improvement Plan (PIP). Human Services Agency, CFS and Juvenile Probation share in CDSS' vision to ensure that "every child ... lives in a safe, stable, permanent home, nurtured by healthy families and strong communities", and San Mateo County's SIP is designed to help CFS make this vision a reality.

Like CDSS, CFS is committed to continuous quality improvement and values collaboration as a way of identifying the needs of children and families in our community, and as a means of providing services to meet those needs. The SIP emphasizes outcomes and accountability, and CFS regularly reviews and analyzes data to monitor performance and make informed policy decisions.

CFS uses evidence-based practices to achieve improvement goals and encourages the use of evidence-based practices by its community partners. Existing strategies such as concurrent planning and the use of team decision making are already in place. In addition, this SIP calls for exploring other evidence-based practices and models for possible implementation.

C. CWS/Probation SIP Matrix

(See Attachment C, CWS/Probation SIP Matrix)

D. CWSOIP Narrative

CWSOIP Utilization

San Mateo County was one of 11 pilot counties in California that implemented Child Welfare Redesign and thus was an early implementer of Differential Response (DR). DR is an evidence-based prevention/early intervention model that triages abuse and neglect referrals, prioritizing them by severity and assigning them to the appropriate response path.

DR was first implemented in San Mateo County as a pilot in March, 2005, in the two zip code areas in the County where the most referrals were generated. In March 2006, the model was expanded to encompass the two cities, Redwood City and Daly City, where the two pilot zip code areas were located. In July 2006, DR was implemented for families County-wide. With County-wide implementation, there were no restrictions as to geographic area, age of children or family issues. A web-based data collection and tracking system that was accessible by CFS DR staff and community partner case managers was developed, and a process for multidisciplinary team meetings was implemented to transfer confidential information. During the first year of full implementation, DR services were offered to over 4,000 families.

By FY08/09, it was apparent that, although the need for DR was considerable, it was not possible to continue offering services County-wide. Caseloads for community partner case managers were becoming unmanageable and the web-based tracking system became unwieldy. Agency and partner staff re-evaluated the existing model and came up with a more realistic program by narrowing the target population to those families with children aged 0-5 where allegations had been substantiated. Partner's use of the web-based system was discontinued in favor of other systems already in use by the partner agencies. Since that time, DR services continue to be offered successfully to the target population. During FY 09/10, CWSOIP and CWSOIP augmentation funding was used solely to support the DR program. There are no plans at present to change how the funding is used in FY10/11.

The table below indicates how funding was allocated. In addition to implementation of the program, \$150,000 has been set aside for DR evaluation. The number of substantiated allegations, open CFS cases and children in care has shown a steady decrease since DR was implemented. In order to evaluate the role DR has played, one of CFS' DR partner agencies, Youth and Family Enrichment Services (YFES), will be doing an in-depth evaluation of the impact of the DR program.

CWSOIP & CWS CWSOIP Augmentation Budgets						
FY 2009-10 - 10-22-09						
Funding Sources		792,990		750,821	1,543,811	
Line Item Activity		74364	74366	Total	74671	
	Adopted FY 2009-10	CWSOIP			CWS-CWSOIP Aug	SUB-TOTAL
Daly City Collaborative DR Northern	524,035			524,035		524,035
DR Central	315,857			315,857		315,857
YFES DR South	595,820			595,820		595,820
YFES DR Evaluation	150,000			150,000		150,000
TOTAL Expenditures	1,585,712	-	-	1,585,712	-	1,585,712

**CAPIT/CBCAP/PSSF
Contact and Signature Sheet**

Period of Plan:	02/06/10 – 02/05/13
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Board of Supervisors (BOS) Approval	
BOS Approval Date:	2/23/10
Name:	Richard S. Gordon, President, Board of Supervisors
Signature:	<i>Richard S. Gordon</i>

E. Part II - CAPIT/CBCAP/PSSF Plan

Background

In order to align the due date of the Office of Child Abuse Prevention (OCAP) Three Year Plan with the County's System Improvement Plan (SIP), which is due February 6, 2010, Children and Family Services (CFS) requested a two year extension of the Three Year Plan. The extension was submitted and approved by the County Board of Supervisors and accepted by OCAP.

San Mateo County combined the County Self Assessment with the CAPIT/CBCAP/PSSF (Child Abuse Prevention, Intervention and Treatment/Community Based Child Abuse Prevention/Promoting Safe and Stable Families) needs assessment, which was due to the California Department of Social Services (CDSS) and OCAP by December 15, 2009. The needs assessment used the extensive feedback received during an Agency-wide strategic planning process, feedback received from staff, partners and community during the Peer Quality Case Review process, and from additional meetings and individual interviews which were conducted as part of the needs assessment process. The combined needs assessment is being used to develop an integrated SIP and OCAP Three Year Plan.

A. County SIP Team Composition

A SIP/OCAP Three Year Plan Oversight Committee, made up of a broad range of professionals and consumers, was convened to provide guidance, support and oversight to the System Improvement Plan/OCAP Three Year Plan Workgroup, which was tasked with completing an integrated SIP/OCAP Three Year Plan for FY10/11 – FY12/13. Efforts were made to include as many stakeholders as possible in the process and to capture their feedback for incorporation into the plan.

SIP OVERSIGHT COMMITTEE

Name	Title	Agency/Department/ Role	Participation Required
Becky Arredondo	CAPC Liaison	CFS Prevention/Early Intervention	Yes
Ben Loewy	Educ. Psychologist	Education	No
Carol Martinez-Brown	Social Worker	Children & Family Services	Yes
Dorothy Torres	Supervisor	Team Decision Making	Yes
Ellen Bucci	Manager	Children & Family Services	Yes
Emilia Jones	Social Worker	Children & Family Services	Yes
Eve Agiewich	Director	Fatherhood Collaborative	No
Gary Beasley	Interim Director	Children & Family Services	Yes
Ginny Stewart	Member	Citizens Review Panel	No
Glenda Miller	Director	Juvenile Probation	Yes
Jerry Lindner	Manager	Children & Family Services	Yes
Karen Pisani	Community Program Specialist	First Five of San Mateo County	No
Linda Simonsen	Clinical Services Manager	Behavioral Health and Recovery	Yes
Lizzie Cisneros	Supervisor	Children & Family Services	Yes
Mark Lane	Board Member	Child Care Coordinating Council	No
Michelle Blakely		First Five of San Mateo County	No
Nicole Daly	Psychiatric Social Worker	Children & Family Services	Yes
Pat Michelin	Community Information Program	Community Partner	No
Patricia Erwin	Community Program Specialist	San Mateo County Health Dept.	Yes
Pravin Patel	Manager	Children & Family Services	Yes
Roslyn Hurst	Social Worker	Children & Family Services	Yes
Ruth Laya	Manager	Juvenile Probation	Yes
Shanice Pleasant		Foster Youth	Yes
Steve Kaplan	Director	Alcohol and Other Drugs	No
Toni Demarco	Supervising Mental Health Clinician	Behavioral Health and Recovery	Yes
Venecia Margarita	Social Worker	Children & Family Services	Yes
Vera Williams	Nursing Supervisor	Health	Yes

William Dai	CWS/CMS Analyst	Children & Family Services	Yes
Judge Marta Diaz	Court Bench Officer	Juvenile Court	Yes
		Resource family	Yes
Cindy and Frank Farnero		Birth parents	No

SIP WORKGROUP

Name	Title	Agency/Department
Elaine Azzopardi	Manager	Children & Family Services
Barbara Joos	Management Analyst III	Children & Family Services
Marissa Saludes	Human Services Analyst II	Children & Family Services
Glenda Miller	Director	Juvenile Probation
Ruth Laya	Manager	Juvenile Probation
Becky Arredondo	Manager	Prevention/Early

B. Structure and Role of Local Child Abuse Prevention Council (CAPC)

San Mateo County's Child Abuse Prevention Council (CAPC) is the Children's Collaborative Action Team (CCAT), an independent collaborative designated by the County Board of Supervisors which functions as an advisory, advocacy and education board. CCAT is comprised of public sector and non-profit representatives as well as parent consumers/former consumers. CCAT participates in the oversight of the Promoting Safe and Stable Families (PSSF) funding, the Community-Based Child Abuse Prevention (CBCAP) funding and the Child Abuse Prevention, Intervention, and Treatment (CAPIT) funding. CCAT is additionally funded by birth certificate and Kids Plate fees and miscellaneous grants and donations. Human Services Agency (HSA) serves as the CAPC's fiscal agent.

CCAT Mission CCAT provides leadership to prevent child abuse by advocating and coordinating resources and raising community awareness through education and training.

CCAT Goal CCAT's goal is to facilitate an accessible and integrated community based family centered system of care for children, youth and families in San Mateo County.

The CCAT Liaison, Coordinator and members understand the importance of advocacy, community awareness and coordination of preventative education/outreach services. CCAT serves as a clearing house for prevention resources for the entire community; provides a forum for interagency cooperation and coordination in preventing, detecting and treating child abuse; raises awareness through social marketing campaigns about the prevention of child abuse and neglect; and serves as a unified voice to influence public policy decisions for prevention funding, policies and innovative programs focused on reducing the incidence of child abuse and neglect. CCAT is a leading County collaborative for services which improve the health and well being of children. The CAPC Liaison sits on the CCAT Steering Committee and plays an integral role in the development of the County Self Assessment and the SIP.

CCAT meetings are chaired by a Coordinator, who is also involved in the planning and implementation of CCAT events and in the distribution of information and educational materials to the membership. CCAT meets on the third Monday of each month from 2:45 – 4:00 pm. Meetings alternate between business meetings and presentations/trainings on a wide variety of related topics. All CCAT meetings are open to the public and Brown Act requirements are strictly followed. Each year CCAT selects areas of focus that are specifically tied to unmet needs identified by the SIP and CSA.

Funding sources were distributed during the 09/10 Fiscal Year as follows:

FUNDING SOURCE	DOLLAR AMOUNT FY 09/10
CAPIT	\$185,306
CBCAP	\$67,047
PSSF	\$348,279
AB2994	\$92,694
Kids Plate	\$27,712
HSA Contribution	\$30,000

In FY09/10, HSA contributed \$30,000 which was used to provide funding for the CCAT WarmLine contract. The WarmLine is a 1-800 counseling service designed for parents who need answers to questions, information on parenting practices and/or crisis intervention. Given the need for spending reductions, it is unknown at this time whether HSA will be able to continue to help support CCAT during the FY10/11 – FY12/13 funding cycle at the same level.

CCAT administrative costs for FY 2009-10 were budgeted as follows:

EXPENSE	FUNDING SOURCE	AMOUNT
Parent stipends	CAPIT	\$1,000
Training stipends	CAPIT	\$1,000
Evening presentation	AB2994	\$1,000
CCAT Coordinator Contract	CAPIT	\$15,000
ACAT Stipend	CAPIT	\$1,500
CCAT Training fund for evening presentations	CAPIT	\$1,000
Speakers and Materials	CAPIT/CBCAP/ AB2994	\$1,114
ACAT Chairs stipend	CAPIT/CBCAP/ AB2994	\$7,000

**C. and D.
PSSF
Collaborative
and CCTF
Commission**

The CCAT Steering Committee acts as the PSSF Collaborative and as the County Children's Trust Fund (CCTF) Commission. In its role as PSSF Advisory Collaborative, the steering committee reviews progress toward PSSF performance outcomes and provides oversight of funding. The CCAT Steering Committee will invite representatives from the County Adoptions Unit and Family Reunification Units to provide updates on adoptions and reunification outcomes for their PSSF funded programs.

CCAT STEERING COMMITTEE

- Mary Hansell, 2009-2010 Chair (San Mateo County Health System)
- Becky Arrendondo (Human Services Agency)
- Chris Hunter (Office of Supervisor Mark Church)
- Debbie Gaspar (Parent/Community Member)
- Kerry Lobel (Puente de la Costa Sur)
- Ben Lowew (San Mateo County Office of Education)
- Patricia Miljanich (Child Advocates)
- Mary Newman (County Department of Mental Health)
- Bernadette Plotnikoff (Community Member)
- Deborah Torres (Human Services Agency)
- Renee Zimmerman (CCAT Coordinator and Family Connections)

CCAT MEMBERSHIP

Eve Agiewich, Fatherhood Collaborative
Rebecca Amado-Sprigg, Shelter Network
Belinda Arriaga, Puente Family Resource Center
Kristine Averilla, Prenatal to Three Initiative
Donna Berger, Shaken Baby Outreach Coordinator
Pamela Bilz, San Mateo County Library
Natasha Bourbannais, Human Service Agency, Family Resource Centers
Maria Cardenas, Community Overcoming Relationship Abuse (CORA)
Paul Chang, Daly City Community Center
David Cherniss, Juvenile Delinquency Mediation Program
Victoria Colligan, Edgewood Center for Children and Families
Lauren Creevy, Independent
Jennifer Der, Daly City Parks and Recreation
Laura Doss, Parent/Community Member
N. Duenas, CORA
David Duran, Family and Children Services
Rebecca Duran, Friends for Youth
Trish Erwin, Family Health Services
Regina Espinoza, Our Second Home
Natalia Estassi, Edgewood Center for Children and Families
Eddie Estrada, Youth and Family Enrichment Services (YFES)
Roxana Fine, Jefferson Unified School District Adult Ed.
Mary Lyn Fitton, The Art of Yoga Project
Sarah Geroge, YFES
Nancy Goodban, Nancy Goodban Consulting
Mary Hansell, SMC Health Department
LaVois Hooks, Daly City Partnership
Chris Hunter, Office of Supervisor mark Church

Barb Joos, HSA
Dana Josephs, CORA
Julie Kinloch, YFES
Marianna Klebanov, Family and Children Services
Ester Kozaczuk, Peninsula Conflict Resolution Center (PCRC)
Gabriel Kram, Mind Body Awareness Project
Kimberly Lasky, Mental Health Association of SMC
Tracy Lavoie, Edgewood Center for Children and Families
Josephine Limbo, HSA
Ben Loewy, SMC Office of Education
Joanne MacDonald, Public Health – Children Services
Jennifer Martinez, Child Care Coordinating Council
Liz Mayta, Fun Innovative Tactics for Healthy Kids
Patricia Michelin, Community Information Program of the Peninsula Library
Patricia Miljanich, Child Advocates of SMC
Sara Mitchell, YFES
Michelle Oppen, SMC Health Department
Pravin Patel, HSA
Karen Pisani, First Five
Bernadette Plotnikoff, Community member/Citizens Review Panel
Sandra Portasio, Redwood City School District
Jamila Pounds, Edgewood Center for Children and Families
John Ragosta, Advocates for Children
Mary Reyna, IHSD
Larry Silver, Probation Department
Jane Smithson, Mandated Reporter Trainer
Ellen Spiegel, HSA
Lorna Strachan, HSA
Linda Symons, Juvenile Probation

Deborah Torres, HSA
Peggy Tucker, IHSD
Melissa Wong, SMC AIDS Program
Sherin Ziadeh, Our Second Home
Rence Zimmerman, Family Connections

E. Parent Consumers

Parents are involved whenever possible in major planning efforts and to participate on subcommittees and may receive stipends or child care in order to attend meetings. CCAT actively seeks out parents to provide input and to assist with planning efforts. For example, parents have been interviewed as part of the site visit monitoring process and a birth parent was a member of the SIP/OCAP Three Year Plan Oversight Committee.

Parents are also invited to attend presentations/trainings conducted at CCAT monthly general membership meetings. Some of the training topics have been Mandated Reporter Training, the Citizens Review Panel, the McKinney-Vento Homeless Education Act, KidsData.org, Disproportionality in the Child Welfare System, and services available through the Peninsula Conflict Resolution Center.

F. and G. Designated Public Agency and Role of Liaison

CCAT has been designated by the Board of Supervisors to administer CAPIT/CBCAP/PSSF programs. The CAPC Liaison is responsible for oversight of the Request for Proposal (RFP) process, scheduling and chairing the Applicant Conference, and recruitment of the Proposal Review Panel; for program coordination, contract monitoring, data collection, and fiscal compliance once contractors have been selected; preparation of the OCAP annual report; and outcomes evaluation. The Liaison attends CCAT fiscal budget meetings, authorizes payment to contract providers and develops and negotiates contracts with selected providers. This role is not limited to contract management. The Liaison takes an active role on the CCAT Steering Committee and works with the CAPC Coordinator to disseminate prevention information within the County.

H. Fiscal Narrative

San Mateo County expenditures are captured using the Integrated Financial Accounting System (IFAS). The CAPIT, CBCAP, and PSSF program allocations and the Children's Trust Fund reside with the CFS budget unit where appropriate expenditures of these programs are captured and monitored by a CFS Management Analyst. A quarterly County Expense Claim (CEC) is submitted to the State which includes the CAPIT allocation expenditures and the PSSF allocation expenditures. The CBCAP expenditures are within the CEC and are classified as extraneous costs as they are not claimed expenditures. CAPIT/CBCAP/PSSF funds are not used to supplant other State and local public funds and services.

Counties are directed to use PSSF funding for:

- Family Preservation – minimum allocation of 20% of funding for these services
- Family Support – minimum allocation of 20% of funding for these services
- Time-Limited Family Reunification – minimum allocation of 20% of funding for these services
- Adoption Promotion and Support – minimum allocation of 20% of funding for these services.

Time limited family reunification and adoption promotion and support services are not offered by any other entities in the County outside the Human Services Agency. Therefore, the minimum allocation amount for these services is used for Agency services that meet these definitions.

Family preservation and family support services will be provided by community contractors. Current contracts include prevention and early intervention services for at risk children such as family counseling, promotion of meaningful parent leadership, increasing the strength and stability of families by enhancing parental capacity, child care, adolescent support groups, crisis intervention, and information and referral. (See Attachment D, Current Contracts)

The CCAT Steering Committee and CCAT Coordinator are aware of the need to leverage additional funding whenever possible. Most recently, the CCAT Coordinator secured grant funding from the Lucille Packard Foundation to assist in SIP-related CCAT efforts.

I. Request for Proposal

The RFP for FY 10/11 – FY12/13 will be developed concurrently with the SIP and OCAP Three Year Plan. It is expected that the RFP will be released in early 2010 and that new contracts will be in place by July 1, 2010.

The FY10/11 – FY12/13 RFP will include a description of the individual requirements for each of the funding streams. Applicants will be directed to include in their proposals an explanation of which funding stream requirements their proposed programs will meet. The RFP Review Panel will receive instruction regarding the CAPIT, CBCAP and PSSF requirements so that their selection of programs will ensure that the requirements are met.

Assurances

CFS is able to provide the following assurances:

- A competitive process has been and will continue to be used to select and fund programs

- A Request for Proposal will be developed using information gathered through the PQCR and CSA processes identifying services gaps in the area of prevention/early intervention, and criteria and guidelines for the use of CAPIT, CBCAP and PSSF funding will be adhered to. The RFP Review Panel will be carefully selected to ensure that members have expertise in the areas of child abuse prevention and early intervention and that no conflict of interest exists. The panel will be fully informed of the separate funding requirements.

In the previous funding cycle, CCAT identified focus areas for the RFP, each aligning with one or more of the SIP outcome areas. Grantees were encouraged to collaborate with other community partners to deliver services, and logic models were used to describe the cause and effect relationship between program activities and positive outcomes.

It is anticipated that PSSF funding earmarked for Adoption Services (AS) and Family Maintenance (FM) and Family Reunification (FR) services will continue to be used to partially fund HSA's adoptions and FM/FR units, given that these services have not been offered by community service providers at any time in the past.

San Mateo County's Becky Arredondo, the newly assigned CAPC Liaison, will take the lead in developing the FY10/11 – 12/13 RFP.

- Priority will be given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.
 - Programs will be scrutinized regarding past performance and ability to effectively provide needed prevention/early intervention services. The Review Panel will receive information about applicant organizations that have provided contracted services in the past as to how well they were able to meet their contract obligations.
- Funding will support services that demonstrate broad-based community support, are not duplicated in the community, are based on the needs of children at risk and are supported by a local public agency.
- Programs funded will be culturally and linguistically appropriate to the populations served.
 - The Request for Proposal will require applicants to identify the cultural and linguistic needs within their communities/target population and to provide evidence that their staff's ethnicity and

language skills reflect the community/target population. The RFP will also strongly encourage applicants to include similar diversity in the make up of their Board membership.

- Training and technical assistance will be provided as needed to contractors selected.
 - HSA has routinely offered one-on-one technical assistance to contractors in the areas of reporting requirements, development of logic models, identification of goals, and specific methods for measuring service outcomes. The ability to measure customer satisfaction rates has also been an on-going requirement built into the evaluation process. Trainings and informational sessions are also presented by private, nonprofit agencies at regularly scheduled CCAT meetings attended by contractors who are required to attend CCAT meetings. For example, a presentation was done about KidsData.org, a Lucile Packard Foundation website which provides useful data, reading material and community resources related to children to inform members, including contractors, on how to access and use data.
- Services to minority populations shall be reflected in funded programs.
 - Services to minority populations will be given priority. In San Mateo County the East Palo Alto community, which includes several minority populations, has traditionally been underserved. Efforts will be made to identify programs that will be located and will provide services in the East Palo Alto community. Efforts will also be made to secure services for the minority community located along the San Mateo County coast.
- Programs will clearly be related to the needs of children, especially those 14 years of age and under.
 - Language will be included in the RFP to indicate that funding must be used for services that will improve the lives of children and those children 14 years of age and under should make up or be included in the target population.
- The County will ensure that anyone who is awarded funds shall not have been suspended or debarred from participation in an affected program.
 - All applicants selected by the RFP Review Panel will be screened prior to final selection.

- Non-profit subcontract agencies will have the capacity to transmit data electronically.
- Funded agencies will provide a 10% cash or in-kind match.
 - The RFP will include language that requires a 10% cash or in-kind match in order to receive funding.
- For CAPIT funding, priority for services will be given to children at high risk, including children who are being served by CFS for abuse and neglect, and other children who are referred for services by legal, medical or social service agencies.

The CAPIT/CBCAP/PSSF RFP narrative will include requirements based on these assurances and a complete list of assurances will be an attachment to the RFP.

**J. CBCAP
Outcomes**

In the past, CFS has provided training on developing engagement, short-term, intermediate and long-term outcomes and creating logic models. Logic models help providers identify inputs, outputs, resources, and measurement for each outcome. In addition, CFS has provided one-to-one technical assistance in developing the logic model. As with previous RFPs, there will be a logic model requirement and CFS will consider providing the same level of technical assistance on outcomes and logic models when the RFP is released. Once the providers are selected, HSA will review the outcomes to ensure they truly reflect the impact of the programs. Providers will be required to submit quarterly reports that will show providers' progress in meeting those outcomes. Ongoing technical assistance, as needed, will be provided to grantees to ensure that they meet the desired outcomes. The County's designated CCAT Liaison will monitor the CAPIT/CBCAP/PSSF contracts. This includes conducting site visits, interviewing participants, collecting outcome data, evaluating whether outcomes are being met, reviewing progress reports and conducting annual reviews.

**K. Peer
Review**

The RFP for FYs 2010-2013 will include a formal peer review requirement as required by CBCAP. The formal peer review process will follow the process outlined in the CBCAP Peer Review Manual.

In addition, CCAT will continue to require grantees to do at least one presentation at a regularly scheduled CCAT meeting on the programs that are CAPIT/CBCAP/PSSF funded. This serves as another forum for contractors' peers to ask questions, make suggestions, and provide feedback regarding the programs. It is a way to educate and inform members of services that may be available to their clients, and to give members new ideas to implement within their own programs.

**L. Service
Array**

Services provided through the use of CAPIT/CBCAP/PSSF funding are part of a network of prevention and early intervention services and resources available throughout the county through collaboration between community providers and County agencies. These services ensure the health and well-being of children and families and are designed to reduce the likelihood of family involvement in the child welfare system.

CFS' Differential Response program serves families when children are at risk of child abuse or neglect. During the FY05/06 – FY09/10 funding cycle, CCAT has supported the goals of the HSA System Improvement Plan, which include implementation of Differential Response, through its funding priorities and programming. The previous RFP specifically stated that community-based organizations needed to partner with other organizations and the County as appropriate to provide multiple levels of service for children and families to prevent and intervene in potential child abuse situations. PSSF funding has been used to focus on protection and permanence services through linkages between schools, community-based organizations and the County to provide services for the whole family. Team-based case planning and wrap-around services, utilizing the expertise of CFS and its partners, provide a more complete service plan for families. PSSF funding has also been provided to support the County Fost/Adopt Program including recruitment of foster care/adoptive parents for the unmet need of supportive and permanent placement for adolescents, sibling groups and children with special needs.

San Mateo County encourages the use of evidence based models with proven outcomes in order to make the best possible use of funding. Given decreases in Agency allocations and funding available to community partners, it has become increasingly important to maximize resources by using programs that have been shown to have a positive impact on outcomes for children and families.

**M. CAPIT/
CBCAP/PSSF
Services and
Expenditure
Summary**

The FY10/11 – FY12/13 Request for Proposals will be released in early 2010. Therefore, Expenditure Summary worksheets have been completed for Year One based on the existing contracts which will expire 6/30/10. (See Attachment E, Three Year CAPIT/CBCAP/PSSF Services and Expenditure Summary, Worksheets 1 – 4) A revised set of worksheets will be submitted in September, 2010, after the FY10/11 – FY12/13 contractors have been selected.

Literature Review

- ***Child Welfare Outcomes in California: Improving performance on Foster Care Re-entry and Placement Stability.***
 - Published: March 2009
 - Source: San Jose University School of Social Work

- ***Best Practices in Termination and Adoption Cases Child Welfare Outcomes in California: Improving performance on Foster Care Re-entry and Placement Stability.***
 - Published: April 2003
 - Source: A Report from the Best Practices in Adoptions Workshops, A Project of the Georgia Model Courts Project
 - Weblink: <http://www.georgiacourts.org/agencies/cpp/pdf/Best%20Practices%20in%20Adoption%20and%20Termination.Word001.pdf>

- ***Best Practices on Permanency for Older Youth***
 - Source: California Permanency for Youth Project - Workgroup Report from 2003 National Youth Permanence Convening
 - Weblink: <http://www.cpy.org/Files/Best%20Practices%20on%20Permanency%20for%20Older%20Youth.doc>

- ***Renewing Our Commitment to Permanency for Children: Permanency Practice Strategic Action Planning Forums Best***
 - Published: Summer 2001
 - Source: Permanency Planning Today, National Resource Center for Foster Care and Permanency Planning

- ***A Literature Review of Placement Stability in Child Welfare Services: Issues, Concerns, Outcomes, and Future Directions***
 - Published: August 2008
 - Source: The University of California, Davis, Extension The Center for Human Services (Prepared for the Northern Directors Consortium)
 - Weblink: http://humanservices.ucdavis.edu/academy/pdf/lit_review_placement.pdf

- ***Participatory Planning in Child Welfare Services Literature Review: Selected Models, Components and Research Findings***
 - Published: July 2008
 - Source: The University of California, Davis, Extension The Center for Human Services
 - Weblink: http://humanservices.ucdavis.edu/academy/pdf/part_plan.pdf

- ***Responding to the Needs of Mothers and Children Affected by Methamphetamine Abuse in Central California***
 - Published: May 2008
 - Source: Central California Area Social Services Consortium (CCASSC)

- Weblink: http://www.csufresno.edu/swert/projects_programs/ccassc/resources/Resources/meth%20policy%20for%20the%20web%2005.22.pdf
- ***Impact of Differential Response on County System Improvement Plans***
 - Published: February 2008
 - Source: Southern Area Consortium of Human Services (SACHS)
 - Weblink: http://theacademy.sdsu.edu/programs/SACHS/literature/Differential_Response_Literature_Review_FINAL.pdf
- ***Eleven County Pilot Project Evaluation Report (Differential Response)***
 - Published: February 2008
 - Source: County Welfare Directors Association of California (CWDA)
 - Weblink: <http://cwda.org/downloads/publications/cws/11CountyPilot2008.pdf>
- ***Emancipating Foster Youth***
 - Published: August 2007
 - Source: Southern Area Consortium of Human Services (SACHS)
 - Weblink: [http://theacademy.sdsu.edu/programs/SACHS/literature/SACHS-Emancipating%20FY%20\(8-07\)-PDF.pdf](http://theacademy.sdsu.edu/programs/SACHS/literature/SACHS-Emancipating%20FY%20(8-07)-PDF.pdf)
- ***Kin vs. Non-Kin Care***
 - Published: August 2006
 - Source: Southern Area Consortium of Human Services (SACHS)
 - Weblink: <http://theacademy.sdsu.edu/programs/SACHS/literature/Kin%20vs%20Non-Kin%20Care%20-%20Literature%20Review.pdf>
- ***Recruitment and Retention of Alternative Caregivers***
 - Published: May 2006
 - Source: Southern Area Consortium of Human Services (SACHS)
 - Weblink: <http://theacademy.sdsu.edu/programs/SACHS/literature/Recruiting%20and%20Retention%20of%20Alternative%20Caregivers%20-%20Literature%20Review.pdf>
- ***Disproportionality in Child Welfare Services***
 - Published: February 2006
 - Source: Southern Area Consortium of Human Services (SACHS)
 - Weblink: <http://theacademy.sdsu.edu/programs/SACHS/literature/Disproportionality%20in%20Child%20Welfare%20Services%20-%20Literature%20Review.pdf> CalWORKs
- ***Substance Abuse Interventions for Parents Involved in the Child Welfare System: Evidence and Implications***
 - Published: 2006
 - Source: Bay Area Social Services Consortium (BASSC)
 - Weblink: http://cssr.berkeley.edu/bassc/public/EvidenceForPractice4_Substance%20Abuse_FullReport.pdf

• ***Assessing Parent Education Programs for Families Involved with Child Welfare Services: Evidence and Implications***

- Published: March 2006
- Source: Bay Area Social Services Consortium (BASSC)
- Weblink: http://cssr.berkeley.edu/bassc/public/EvidenceForPractice5_Parenting_FullReport.pdf

• ***Assessing Child and Youth Well-Being: Implications for Child Welfare Practice***

- Published: September 2006
- Source: Bay Area Social Services Consortium (BASSC)
- Weblink: http://cssr.berkeley.edu/research_units/bassc/documents/BASSCChildWell-BeingFULLREPORT09.26.06.pdf

• ***Understanding and Measuring Child Welfare Outcomes***

- Published: July 2005
- Source: Bay Area Social Services Consortium (BASSC)
- Weblink: http://cssr.berkeley.edu/bassc/public/EvidenceForPractice1_Outcomes_FullReport.pdf

• ***Understanding and Addressing Racial/Ethnic Disproportionality in the Front End of the Child Welfare System***

- Published: July 2005
- Source: Bay Area Social Services Consortium (BASSC)
- Weblink: http://cssr.berkeley.edu/bassc/public/EvidenceForPractice3_Disproportionality_FullReport.pdf

• ***A Strength-Based Approach to Working with Youth and Families: A Review of Research***

- Published: 2005
- Source: The University of California, Davis, Extension The Center for Human Services
- Weblink: http://humanservices.ucdavis.edu/academy/pdf/strength_based.pdf

ATTACHMENT B

Provider: REDWOOD CITY SCHOOL DISTRICT

Program: Redwood City Family Centers

Program Focus: Family Support

Program & Outcomes Model

PROGRAM FOCUS	INPUTS		OUTPUTS		OUTCOMES - IMPACT			DATA COLLECTION				
	What we invest	Activities (What we do)	Engagement (Who we reach)	Short Term (Learning)	Intermediate (Action)	Long Term (Conditions)	Sources (Who will have this information?)	Methods (How will we gather the information?)	Sample (Who will we question?)	Instruments (What tools shall we use?)	Who's Responsible (Who will collect the data?)	
Family Support	Staff families; City, County School District collaborative n; funding; school facilities; community-based partners	Provide 10-week Parenting Education Program at each Family Center during the school year. Provide drop-in supports to families that include information and referral, assistance filling out forms, linkages to Family Center and other service providers, problem-solving access issues.	50 parents will participate in Parenting Education Program annually 400 families will be provided with drop-in supports annually 100 families will be provided with basic needs assistance in the form of gift certificates 300 children will be enrolled or re-enrolled into health insurance programs annually	Parents will report an increase in positive and effective parenting skills as a result of the program Families will know how to access services when they are needed		Children & families' physical and emotional needs are met Parents support their children's academic achievement and pro-social development Children are successful in school	Program participants Program staff School staff District records/database	Surveys Client logs Client files District records/database	Parents served Youth served Teachers of youth served Service Providers	Parenting Education Class survey FAST or other Family Functioning Assessment Family Assistance Service Plan Teacher-Child Rating Scale School-wide Parent Survey	Service Providers Community School Coordinator Director of School-Community Partnership	
		Provide health insurance (Medi-Cal, Healthy Families, Healthy Kids) enrollment and reenrollment assistance. Provide case management services to families	Families will know how to access health services 200 families will be provided with case managed services	Families served will achieve 75% of their goals,	75% of families served will							

INPUTS		OUTPUTS		OUTCOMES - IMPACT		DATA COLLECTION				
	(case management includes assessment, development of a family service plan, resource and referral, parent education and counseling for mental health case management).	annually		developed at the beginning of service	increase family functioning and child rearing competency					
	Provide individual or group counseling to children and youth attending the four schools.	300 children and youth will be provided with counseling services annually			75% of children and youth served will demonstrate an increase in social skills and classroom behavior					

Provider: Provider: City of Daly City – OUR SECOND HOME

Program: CCAAT

Program Focus: Parent/Caregiver Education

Program & Outcomes Model

PROGRAM FOCUS	INPUTS		OUTPUTS		OUTCOMES - IMPACT			DATA COLLECTION				
	(What we invest)	Activities (What we do)	Engagement (Who we reach)	Short Term (Learning)	Intermediate (Action)	Long Term (Conditions)	Sources (Who will have this information?)	Methods (How will we gather the information?)	Sample (Who will we question?)	Instruments (What tools shall we use?)	Who's Responsible (Who will collect the data?)	
Family Support Referrals	<ul style="list-style-type: none"> ° Trained, Bilingual Program Staff ° Recruitment efforts by community members collaborating agencies ° Local families ° Our Second Home community reputation ° Weekly visits from a County Benefits Analyst 	Provide 60 or more local families with referrals to local services and agencies.	60+ parents and caregivers receive referrals	Increases in families' awareness that OSH can provide connections and referrals to other agencies and services.	Increases in number of families requesting community resources for support.	Increases in families' ability to identify other community resources for support.	Database, clients	Database records of referrals made.	Local families	Database, Program Records, Client Surveys and/or Focus Group protocols	Program Staff, Program Evaluator	
Parent/Caregiver Education	<ul style="list-style-type: none"> ° Trained Program Staff ° Childcare for Families during workshops ° Workshop materials and food ° Recruitment efforts by community members and collaborating agencies 	Provide 10 parenting workshops a year, to an unduplicated total of 50 or more parents and caregivers.	50+ parents and caregivers attend workshops	Increases in parent/caregiver knowledge of available services and support at Our Second Home and in the larger community.	50% of families participating in workshops return for additional support services at Our Second Home.	Increases in family access to support services and parent/caregiver education.	Database, clients	Sign-in sheets for workshops, post-workshop attendance records of returning families.	Parent and caregivers	Focus Group protocols	Program staff, Program Evaluator	

		DATA COLLECTION			
		OUTCOMES - IMPACT		DATA COLLECTION	
INPUTS	OUTPUTS	OUTCOMES - IMPACT	OUTCOMES - IMPACT	DATA COLLECTION	DATA COLLECTION
<ul style="list-style-type: none"> °Parents and caregivers invested in program and learning °Existing outreach activities, including monthly calendars sent to community agencies, and e-mail newsletter °Parents invested in program °Trained Program Staff °Childcare for Families ° Meeting Materials and Food °Recruitment efforts by community members and collaborating agencies °Existing outreach activities, including monthly calendars sent to community agencies, and e-mail newsletter °Parents and caregivers invested in 	<ul style="list-style-type: none"> Provide 2 6-week series of the "Incredible Years" program to an unduplicated total of 20 or more parents and caregivers. 	<ul style="list-style-type: none"> Increases in parent knowledge of effective limit-setting and positive communication strategies. Increases in parent involvement with teachers and classrooms. Increases in positive family communication. 	<ul style="list-style-type: none"> Increases in Parent knowledge of effective limit-setting and positive communication strategies. Increases in parental self-confidence. Increases in parent use of effective limit-setting and non violent discipline. 	<ul style="list-style-type: none"> Database, clients Sign-in for attendance, end-of-class evaluations, and/or focus groups of participants Parent and caregivers Focus group protocols and/or Incredible Years evaluation tools. 	<ul style="list-style-type: none"> Program staff, Program Evaluator
<ul style="list-style-type: none"> Parent/ Caregiver Education 					

	INPUTS	OUTPUTS	OUTCOMES - IMPACT	DATA COLLECTION
	program and learning			

AREA ONE: SAFETY

Outcome/Systemic Factor: Children are, first and foremost, protected from abuse and neglect.

County's Current Performance: (S1.1) The no recurrence rate of maltreatment has been trending up since July 2006, although Q4 2008's 93.5% was short of meeting the 94.6% standard. Based on Q4 2008 data, CFS had the highest no recurrence rate for Asian/Pacific Islander (96.8%), followed by Caucasian children (96.6%), Hispanic children (90.4), and African American children (88%).

Improvement Goal 1.0 Increase the no recurrence of maltreatment rate to 94.6% by the end of the three year period.

		CAPIT				Strategy Rationale	Assigned to
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Strategy 1. 1 Conduct data clean up to ensure accurate information.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Because data is used to track performance against State and Federal outcome measures and to make policy and protocol decisions, it is critical that entries are accurate, complete and timely in order to ensure the integrity of the CWS/CMS system.	Jerry Lindner
Milestone	1.1.1 Review and monitor DR data to ensure greater accuracy in referral path designations.	<input checked="" type="checkbox"/>					
Strategy 1. 2 Provide ongoing Differential Response services Countywide through collaboration and contracts with community based organizations, targeting service delivery to all families with children aged 0-5. Use data analysis to continuously evaluate performance and improve upon outcomes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Implementing three paths of differential service response for families who become known through the Children & Family Services hotline has allowed at-risk families to access preventive and support services. These services are designed to prevent escalation of potential child safety risk to a level warranting Children & Family Services intervention. Data collected and analyzed can be used to measure client and performance outcomes related to Differential Response.	Jerry Lindner
Milestone	1.2.1 Develop and distribute a FY11/12 – FY12/14 Request for Proposal for community based programs which will provide Differential Response services to the target population throughout the geographic areas of the County. Select Differential Response contractors.	<input type="checkbox"/>					

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	<p>1.2.2 Conduct an in-depth analysis of Differential Response to determine the ongoing effectiveness of the program.</p>		6/30/10	Barb Joos
<p>Strategy 1.3 Fully implement the use of the Structured Decision Making tool to replace the Comprehensive Assessment Tool. Improve the ability of social workers to appropriately screen referrals, identify safety related issues, develop safety plans, and develop case plans that will help families resolve issues that might otherwise lead to recurrence of maltreatment.</p>	<p>1.3.1 Train all staff members on how to use Structured Decision Making effectively and provide refresher and/or additional training for staff, as needed.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	6/30/10	<p>Structured Decision Making is an organized approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening, response priority determination, immediate threat of harm identification, and estimation of the risk of future abuse and neglect. Child and family needs and strengths which are identified through the use of the Structured Decision Making tool are considered in developing and monitoring case plans.</p> <p>Helen McClain</p>
<p>Milestone</p>	<p>1.3.2 Train contracted visitation monitors are trained on the SDM language around visitation.</p> <p>1.3.3 Ensure that case plans, based on the Structured Decision Making assessment, are being implemented.</p> <p>1.3.4 Continue to provide for ongoing training, software improvements and further development of business policies and protocols for a validated risk/needs assessment and case planning tool used to adequately determine youth needs and facilitate appropriate, least restrictive placements.</p>	<p>Timeframe</p>	<p>Assigned to:</p>	<p>Helen McClain</p> <p>Jerry Lindner</p>
	<p>Strategy 1.4 Improve information and outreach to partners and communities, building stronger relationships with partners and increasing access to supportive services that</p>	<p><input type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP</p>	1/31/11	<p>Glenda Miller/Anessa Farber</p>
	<p>and communities, building stronger relationships with partners and increasing access to supportive services that</p>	<p>Strategy Rationale Family issues such as substance abuse, domestic violence, prior history of maltreatment, psychological problems, low</p>		

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will help reduce referrals to Child Welfare.		<input type="checkbox"/> (1.4.2) <input type="checkbox"/> PSSF <input type="checkbox"/> N/A		income and lack of social support impact the likelihood of recurrence of maltreatment. Building a strong network of services within communities can help families resolve these issues before maltreatment recurs.
Milestone	1.4.1 Conduct community outreach to law enforcement entities, schools and hospitals to provide education on child abuse and to increase relationships and communication. (PDSA)	Timeline	1/31/2011	Assigned to Becky Arredondo
	1.4.2 Provide community navigators in high need areas to help families, particularly isolated families, access services and explain eligibility requirements and application processes.		1/31/2012	
Milestone	Strategy 1.5 improve parenting skills and capacities to reduce future risk of maltreatment and recurrence of maltreatment.	Timeline	<input checked="" type="checkbox"/> CAPIT (1.5.1) <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Strategy Rationale Improving parental effectiveness by providing parents with a clear parenting philosophy and positive parenting skills and strategies has been shown to reduce parental stress and anxiety, reduce child behavior problems, reduce or eliminate corporal punishment, improve parent-child relationships and strengthen families.
	1.5.1 Ensure availability of evidence-based, culturally appropriate parenting and home visiting programs.		1/31/11	
Describe any additional systemic factors needing to be addressed that support the improvement plan goals. Discrepancies exist between social worker recommendations and Court directives as to when a family is ready for a child to be reunified (see SIP Priority Area Two Permanence and Stability: <i>Improve communication and understanding between Court and social work staff</i>). While overly lengthy stays in care are detrimental, premature reunification can impact whether incidents of maltreatment recur. Social workers must know the details of their cases and have the ability to present all of the information needed by the Court so that informed decisions can be made.				
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Social worker training:				

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- Structured Decision Making (SDM) Training for contracted visitation monitors:
 - SDM language as it relates to visitation Training for parents:
 - Evidence-based and Culturally Appropriate Parenting Classes
- Also needed is education for community entities (law enforcement, schools, hospitals) about child abuse.

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

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

AREA TWO: PERMANENCE AND STABILITY

Outcome/Systemic Factor: Children have permanence and stability in their living situations without increasing entry into foster care.

County's Current Performance:

Re-entry (C1.4)

Although the rate at which children re-enter care after being reunified has seen improvement beginning in Q2 2007, the re-entry rate is beginning to trend back up. SMC's 12.8% re-entry rate in Q4 2008 is higher than the statewide rate of 11.6%. Based on Q4 2008 data, African American and Hispanic children had higher re-entry rates (16% and 15.4% respectively) than Caucasian and Asian/PI children (6.3% and 5.6% respectively).

Long Term Care (C3.1)

Meeting the Exits to permanency continue to be a challenge. In Q4 2008, 18.8% of children exited to permanency, below the 29.1% standard. About 4% exited to reunification, roughly 7% exited to adoption, and 8% to guardianship compared to 5%, 11%, 5%, respectively, for the entire state. In Q4 2008, CFS did not meet the standard for all ethnicities. Hispanic children had the highest exits to permanency rate with 26.5%, followed by African American children with 18.7%, Caucasian children with 11.4% and no Asian/PI child exited to permanency. It is important to note that the data set for Asian/PI children is small (n=6) compared to other ethnicities in the reporting period. Historically, Asian/PI children have a high permanency rate, especially in adoptions.

Placement Stability (C4.1)

SMC's placement stability rate is trending down. In Q4 2008, over 22% of children who have been in care at least 8 days to 12 months have already experienced three or more placements against the 14% standard and the state's 18%. In Q4 2008, Hispanic children had the highest placement stability rate with 84.8%, followed by Caucasian children (80%), Asian/PI (71.4) and African American children (58.8%). The 6-10 age group had the lowest placement stability rate with 36% experiencing more than three placements, followed by 0-5 with 25%, 16-17 with 24% and 11-15 with 11%.

Studies have shown that older youth tend to have more placement instability than younger children. Based on July 1, 2008 point-in-time data, the 11-17 age group made up 56.3% of children who are in care compared to the State's 45%. Since 2000, the older age group consistently made up over 50% of the children in care.

Improvement Goal 1.0 Decrease the rate of children who re-enter the child welfare system to 11.3% by the end of the three year period.

Strategy 1. 1 Conduct data clean up to ensure accurate information.

<input type="checkbox"/>	CAPIT
<input type="checkbox"/>	CBCAP
<input type="checkbox"/>	PSSF
<input checked="" type="checkbox"/>	N/A

Strategy Rationale Because data is used to track performance against State and Federal outcome measures and to make policy and procedural decisions, it is critical that entries are accurate, complete and timely in order to ensure the integrity of the CWS/CMS system.

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Milestone	Description	Timeframe	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	CAPIT	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A	Assigned to	<table border="1"> <tr> <td>Pravin Patel</td> </tr> <tr> <td>Barb Joos</td> </tr> </table>	Pravin Patel	Barb Joos
<input type="checkbox"/>	CAPIT														
<input type="checkbox"/>	CBCAP														
<input type="checkbox"/>	PSSF														
<input checked="" type="checkbox"/>	N/A														
Pravin Patel															
Barb Joos															
<p>Strategy 1.2 Expand the use of TDMs as a strategy to improve reunification and re-entry rates.</p>			<p>1/31/12</p>	<p>Assigned to</p>	<p>Strategy Rationale Research indicates that TDM can be used to enhance child welfare service delivery and improve outcomes for children and families. TDMs result in action plans that can be developed, implemented, evaluated and ultimately guide children and families towards positive outcomes including successful reunification and decreased rates of re-entry.</p> <p>All CFS Managers</p>										
<p>Milestone</p>	<p>1.2.1 Expand the use of TDMs to include consistent use at case closures, where referrals to Prevention/Early Intervention and community-based providers are made.</p> <p>1.2.2 Increase participation of family care workers and community workers at TDMs so they can be available for consultation after reunification to help with the transition, as long as the parent requests/agrees.</p> <p>1.2.3 Improve communication between psychiatric social workers and social workers, and include psychiatric social workers and other school personnel who have contact with a child at TDMs.</p>	<p>Timeframe</p>	<p>1/31/12</p> <p>6/30/11</p> <p>6/30/11</p>	<p>Assigned to</p>	<p>Dorothy Torres/Marcela Rodriguez</p> <p>Dorothy Torres/Linda Holman</p>										
<p>Milestone</p>	<p>1.2.4 Offer/facilitate TDM training to Juvenile Probation and appropriate BHRs staff to enable the use of TDM as a forum for connecting families with community organizations that can provide needed services.</p> <p>1.2.5 Evaluate the TDM program.</p>		<p>12/31/11</p> <p>12/31/11</p>		<p>Glenda Mileir/Ruth Laya/ Dorothy Torres</p> <p>Dorothy Torres, Jennifer Shaw, Barb</p>										

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				Joos
Strategy 1.3 Strengthen partnership with Behavioral Health and Recovery Services (BHRS) and Alcohol and Other Drugs (AOD) on joint cases.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale Building a strong interagency network of accessible services can help families resolve substance abuse and mental health issues which interfere with parents' ability to provide safe and healthy homes for their children.	
Milestone	<p>1.3.1 Provide cross training with Behavioral Health and Recovery Services (BHRS) and Alcohol and Other Drug Services (AOD).</p> <p>1.3.2 Ensure case conferencing and regular meeting/consultation occur between social workers and mental health providers.</p> <p>1.3.3 Require quarterly data reports on the Memorandum of Understanding between CFS and Health Services. Review reports and analyze data to plan and implement improvements.</p> <p>1.3.4 Develop a counseling/therapy resource list to specifically address the need for low cost mental health services for families who have children over the age of 5 years.</p> <p>Strategy 1.4 Develop strengths-based and proactive interventions for families.</p>	<p>6/30/12</p> <p>2/28/11</p> <p>9/30/11</p> <p>12/31/10</p>	Assigned to	<p>Helen McClain</p> <p>All CFS Managers</p> <p>Pravin Patel/Barb Joos</p> <p>Elaine Azzopardi/Lisa Randall</p>
Milestone	<p>1.4.1 Develop case plans that are outcomes-based vs. services-based.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF (1.4.4) <input type="checkbox"/> (1.4.7) <input type="checkbox"/> N/A	Strategy Rationale Strengths-based practice emphasizes people's self determination and strengths. Strengths based practice is client led with a focus on future outcomes and strengths that people bring to a problem or crisis, thereby empowering others to effect change in their lives.	<p>2/28/11</p> <p>All CFS Managers</p>

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	<p>1.4.2 Refine and utilize the conference protocols to ensure consistency in decision-making at the supervisor level and continuously review service delivery system to ensure the provision of equitable and fair practice.</p>	<p>2/28/11</p>	<p>All CFS Managers</p>
	<p>1.4.3 Schedule joint meetings between foster parents and birth parents to help with the transition when a child is being reunified with his/her family. Foster parents can share parenting strategies that were successful for them while the child was in their home.</p>	<p>6/30/11</p>	<p>Pravin Patel/Carlos Smith</p>
	<p>1.4.4 Recruit foster parents to provide respite care for birth parents following reunification.</p>	<p>6/30/11</p>	<p>Pravin Patel/Carlos Smith</p>
	<p>1.4.5 Recruit parents and mentors who have been successful in the system to support birth parents.</p>	<p>2/28/13</p>	<p>All CFS Managers</p>
	<p>1.4.6 Ensure services provided by contractors and community-based services match the mitigating issues facing families.</p>	<p>2/28/11</p>	<p>All CFS Managers/Lisa Randall</p>
	<p>1.4.7 Ensure that after care case management services are provided in-home or in the family's community to promote successful reunification and preserve family stability.</p>	<p>12/31/11</p>	<p>Becky Arredondo</p>
	<p>1.4.9 Continue to provide stabilizing behavioral health services to allow for appropriate, less restrictive out-of-county and out of state placements, to include mental</p>	<p>2/28/11</p>	<p>Glenda Miller/Ruth Laya</p>

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	<p>health treatment services and psychotropic drugs.</p> <p>1.4.10 Provide aftercare and re-entry resources (e.g., vocational classes, finance tutoring, academic tutoring pro-social mentoring, family partnering) to improve successful youth integration into family care and communities.</p> <p>1.4.11 Continue to provide family reunification services with children in placement including transportation, food and lodging for visits to the placement by the family or transportation for visits home by the minor.</p>	<p>6/30/11</p> <p>1/4/11</p>	<p>Glenda Miller/Ruth Laya</p> <p>Glenda Miller/Ruth Laya</p>	
	<p>Strategy 1.5 Improve communication and understanding between Court and social work staff.</p>	<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input type="checkbox"/> PSSF</p> <p><input checked="" type="checkbox"/> N/A</p>	<p>Strategy Rationale Feedback from the PQCR and the CSA indicate that concerns exist regarding the relationship between the Court, County Counsel and social work staff. Joint discussions, training and information sharing can improve communication between parties and increase understanding of the other's perspectives and expectations.</p>	<p>Helen McClain</p>
	<p>1.5.1 Continue to provide joint training for social workers and County Counsel has been provided. Training topics include discovery, relationships among parties in court proceedings, defining who the decision maker is at each level of a case, cultural competency to understand cultural nuances, when child abuse warrants removal, what situations require education on child abuse law and/or positive parenting techniques, and how to present salient information needed by the Court so that informed decisions can be made.</p>	<p>6/30/12</p>	<p>Assigned to</p>	<p>Helen McClain</p>
	<p>1.5.2 Share AB636 outcomes data with the Court and discuss factors that may affect performance.</p>	<p>6/30/11</p>		<p>Barb Joos</p>
<p>Milestone</p>	<p>Timeframe</p>			

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X	CAPIT (2.3.3)			Strategy Rationale	Volunteers are needed in multiple roles to support the Agency and its partners in providing the best possible services to children and families. Supportive families are needed for those children who are unable to return home.
	CBCAP	PSSF	N/A		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/31/10	Disproportionality Workgroup
				2/28/12	Pravin Patel/Carlos Smith
				12/31/10	Disproportionality Workgroup
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/31/10	Disproportionality Workgroup
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				12/31/10	Disproportionality Workgroup
				2/28/11	Glenda Miller/Ruth Laya

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<p>Strategy 2.5 Ensure that absent parents, relatives and NREFMS are identified early in the process.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	<p>Strategy Rationale Data shows that better outcomes are achieved when children are placed with kin and extended family members. Early identification and placement with kin ensures greater stability for children and prevents the trauma which can result from multiple placement changes.</p>
<p>Milestone</p>	<p>2.5.1 Improve paternity determination.</p>	<p>2/28/12</p>
<p>Assigned to</p>	<p>All CFS Managers</p>	

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Improvement Goal 3.0 Increase rate of children who experience two or fewer placements to 83.2% by the end of the three year period.							
Strategy 3.1 Conduct data clean up to ensure accurate information.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A		Strategy Rationale Because data is used to track performance against State and Federal outcome measures and to make policy and procedural decisions, it is critical that entries are accurate, complete and timely in order to ensure the integrity of the CWS/CMS system.		CFS Regional Managers	
Milestone	3.1.1 Reinforce policy that Office Assistants will complete all placement data entry.	Timeframe		Assigned to		2/28/11	
	3.1.2 Ensure that staff consistently follows the policy on allowing 14 days before ending a placement.					2/28/11	
Strategy 3.2 Evaluate various assessment models to ensure successful placement matches.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A		Strategy Rationale Evidence-based assessment tools can help to ensure successful placements for children, reducing the disruption of multiple placement changes and improving outcomes for children.		All CFS Managers	
Milestone	3.2.1 Evaluate other counties' 23-hour intensive assessment models, including North Carolina's Comprehensive Plan of Care.	Timeframe		Assigned to		2/28/13	
	3.2.2 Explore the use of the ASQ/SE (Ages and Stages Questionnaire/Social Emotional) tool.					2/28/13	
Strategy 3.3 Enhance resources needed by birth, kin, foster and adoptive parents, social workers and youth.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF (3.3.2) <input checked="" type="checkbox"/> (3.3.8) <input type="checkbox"/> N/A		Strategy Rationale Supportive services are key to ensuring successful reunification, reducing re-entry into the child welfare system, and keeping children in supportive placements until they can be returned home or be placed in another permanent living arrangement.		Pravin Patel/Natasha Bourbonnais	
						Pravin Patel	

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Milestone	Timeframe	Assigned to	Helen McClain/Becky Arredondo
3.3.1 Evaluate the level of support and specialized training being provided to foster parents and kin care givers, including trauma, grief and loss counseling for non-birth caregivers.	12/31/11		Helen McClain/Becky Arredondo
3.3.2 Implement one-on-one home visiting, in addition to group activities, to support kin care.	12/31/12		Becky Arredondo
3.3.3 Train Agency and partner staff in order to increase their understanding of issues faced by kinship families and to strengthen and build their skills in working with kinship families.	12/31/11		Becky Arredondo
3.3.4 Collaborate with Edgewood in providing kin caregivers with increased access to training, supports and resources available to foster parents.	2/28/11		Becky Arredondo
3.3.5 Clarify the referral process to AOD and evaluate its effectiveness.	2/28/11		Elaine Azzopardi/Freda Cobb
3.3.6 Provide AOD training to social workers.	6/30/11		Helen McClain
3.3.7 Refine the process used to assess cases for Kin-Gap.	6/30/11		Becky Arredondo
3.3.8 Adoptive parents and foster parents have been recruited as volunteers to mentor parents and have received specialized training.	2/28/11		Pravin Patel/Carlos Smith
3.3.9 Post information on-line to help families find mentors, parent partners, cultural navigators and after school programs.	2/28/13		All CFS Managers
3.3.10 Relationship building activities and focus groups are being conducted to empower and inform youth. (PDSA)	12/31/10		Disproportionality Workgroup

Strategy 3. 4 Increase level of expertise in assessment and placement to ensure placement stability.		CAPIT				Strategy Rationale Comprehensive assessment of the needs of families and children helps to identify the best initial placement for the child and to minimize instability in the child's life.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Milestone	3.4.1 Evaluate the Receiving Home's Placement Stability Program.	12/31/10				Pravin Patel/Barb Joos
	3.4.2 Ensure that contracts require the use of evidence-based home visiting models for kin program.	12/31/11				Becky Arredondo
Milestone	Strategy 3.5 Consider the long term impact of disproportionality on youth in the child welfare system.	CAPIT				Strategy Rationale Data indicates that children of color in the child welfare system experience inequitable and disparate outcomes. A broad range of activities can be implemented to reduce disproportionality and improve outcomes for these children.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Milestone	3.5.1 Expand the availability of brochures and handouts in different languages.	12/31/11				Elaine Azzopardi/Amabel Baxley
	3.5.2 Continue to provide diversity and disproportionality training to all staff.	2/28/13				Helen McClain
Milestone	3.5.3 Train foster and adoptive families on intercultural/interracial placements.	2/28/12				Helen McClain
	3.5.4 Explore the possibility of utilizing Alameda County's referral form as cases are passed to investigations. This form provides details of an allegation prior to providing information which might contribute to assumptions being made (e.g., family name, ethnicity, language, geographic location). (PDSA)	12/31/10				Disproportionality Workgroup
Milestone	3.5.5 Create Disproportionality Review Boards to	12/31/10				Disproportionality Workgroup

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	<p>review the cases of African American males in care to ensure that areas that are significant in supporting African American male children and their families have been addressed. (PDSA)</p>		
	<p>3.5.6 Include a disproportionality component in Mandated Reporter training.</p>	<p>12/31/10</p>	<p>Helen McClain</p>
<p>Describe any additional systemic factors needing to be addressed that support the improvement plan goals. Given funding reductions in both the public and non-profit sectors, there will be fewer Agency and community staff available to provide services throughout the County, creating the possibility of disparity in the quality and amount of services available from one community to another. Collaboration between governmental agencies and between agencies and their community partners is more critical than ever before.</p>			
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals. Recommended training for social workers includes:</p> <ul style="list-style-type: none"> • How to correctly enter information about TDMs in both CWS/CMS and Efforts to Outcomes • Ongoing training on the services and programs offered by community-based organizations • How to engage foster parents in training • Understanding issues faced by kinship families and to strengthen and build skills in working with kin families • Ages and Stages Questionnaire/Social Emotion tool • Alcohol and Other Drug training • Connecting visitation with parenting classes as a concurrent learning situation that reinforces parenting class curricula • Strengthening Families Program (social workers, family care workers, community workers) • Cultural elements incorporated into training on rapport building • Training for TDM facilitators on when and how to facilitate discusses of culture/ethnicity at TDMs • Ongoing training and education for social workers on disproportionality and disparate outcomes for children of color <p>Recommended joint trainings for social work staff and County Counsel include:</p> <ul style="list-style-type: none"> • Discovery • Relationships among parties in court proceedings • Defining who the decision maker is at each level of a case • Cultural competency to understand cultural nuances • When child abuse warrants removal • How to present information effectively in court <p>Recommended training/education for the Court includes:</p> <ul style="list-style-type: none"> • Information on services offered by different substance abuse programs within the County • AB636 data and factors that may increase or decrease performance 			

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Recommendations for training for families and other caregivers include:

- Training on permanency options, definition and interpretation of legal guardianship, financial implications when transitioning from guardianship to adoption, and the difference between legal vs. physical permanency
 - Training for non-birth caregivers on trauma, grief and loss, etc.
 - Adequate information when intercultural/interracial placements are made
- Outreach and education are recommended for:
- Personnel at schools attended by child welfare children
 - Faith based community members on basic information about child welfare services and the TDM process

Recommended research/education:

- Family group conferencing and evidence based programs such as Circle Around Families, Reclaiming Futures, Fostering Individualized Assistance Program, Families and Schools Together, and Building Bridges of Support
- Evidence-based kin programs such as Project Serape, CREST Model, ethnic-specific agencies, and intensive home-based visiting programs
- Emergency shelter program models

Comprehensive Plan of Care for complete family assessments rather than assessing for safety and risk only

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

- Increased presence of AOD counselors at TDMs
- Mental Health and AOD experts to review complex cases with social work staff
- County Counsel to conduct trainings and or/participate in joint trainings
- Psychiatric social workers and other school personnel to participate on TDMs
- Providers to present current information at social worker meetings on the services and programs they offer
- Edgewood Family Center to collaborate with CFS in providing greater access to training supports and resources for kinship families
- AOD to provide training to social work staff
- Adoptive parents and older adopted youth to assist in resource parent training
- Cooperation of school staff in assisting with family finding efforts
- Faith based community to partner with CFS to recruit mentors, community navigators, CASAs, foster and foster/adopt families
- Group home staff to assist in family finding efforts

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

Current licensing requirements exclude some family members from acting as care givers due to space issues. More flexibility in space requirements would be beneficial in supporting the goal of increased exits to permanency.

ATTACHMENT C

SIP AREA THREE: WELL BEING

Outcome/Systemic Factor: Children receive adequate services to meet their physical, emotional and mental health needs.

County's Current Performance: Since Q1 2006, the rate of timely health exams has been hovering between 84-88%. The rate of timely dental exams has been declining. Since having a timely rate of 75% in Q2 2006, the rate has been steadily decreasing with Q4 2008 at 57.6%.

Improvement Goal 1.0 Increase rate of timely health exams to 90% and increase rate of timely dental exams to 75% by the end of the three year period.

Strategy 1.1 Reorganize utilization of Public Health Nurses and clerical staff to improve efficiency and timeliness of services.	<input type="checkbox"/>	CAPIT	Strategy Rationale Targeted, effective, efficient health services will better serve our children.
	<input type="checkbox"/>	CBCAP	
	<input type="checkbox"/>	PSSF	
	<input type="checkbox"/>	N/A	

Milestone	1.1.1 A referral tracking system is being instituted to ensure that health and dental information is entered accurately and timely.	Timeframe	Assigned to
	1.1.2 The use of Office Specialists is being increased to assist Social Workers in inputting medical information into CWS/CMS.		

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.
Recent reductions in nursing staff require clarification of roles and responsibilities to ensure that health services are provided timely and that timely entry of health and dental exam information is made in CWS/CMS.

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

Identify roles of the other partners in achieving the improvement goals.
The County Health Department and CFS will collaborate in order to ensure that Public Health Nurses are able to provide appropriate services to children in the child welfare system.

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

Contract Descriptions

Cabrillo Unified School District	Cabrillo provides therapy and a referral system to children and families who are struggling or are in crisis and are not able to access any other services in order to improve their functioning in the family, community and school. Cabrillo provides assessment, referral, individual, group and family counseling to children and families who do not qualify for other counseling services.
Child Care Coordinating Council (CCCC's)	CCCC's provides community-based family preservation and family support services by providing child watch services allowing birth, foster and adoptive parents to attend parenting classes, support groups and trainings to increase their ability to care for children who have been abused or neglected.
Community Overcoming Relationship Abuse (CORA)	CORA provides Teen Outreach Workshops in San Mateo High schools. Workshops include information on the cornerstones of healthy and respectful relationships, teens' rights and responsibilities in dating, warning signs of potentially abusive relationships and resources, should teens find themselves, their friends or family members in an abusive relationship. CORA operates a moderated chat room and hotline to give teens a forum to discuss dating and domestic violence issues.
Daly City Peninsula Partnership Collaborative (DCPPC)	DCPPC supports family preservation and offers family support by providing workshops for parents using the evidence-based Incredible Years parent education model. DCPPC also provides referrals to community services.
Family Connections	Family Connections provides a cooperative model pre-school program to low income families with children 0-5 years of age in East Palo Alto, Menlo Park, Redwood City and unincorporated Redwood City. In addition to the pre-school program, Family Connections provides a comprehensive parent education program designed to provide parent education and leadership development skills.
Friends for Youth	Friends for Youth provides child abuse prevention and intervention services through a mentoring program for at-risk youth. Friends for Youth matches youth with carefully screened adult volunteers for one-to-one mentoring relationships. Activities are designed to assist youth in their personal development and experiences. The Friends for Youth mentoring program adheres to recommended best practices in mentoring.
Peninsula Conflict	PCRC provides support for the Parents Involvement Program at five schools located in San Mateo County. PCRC builds positive relationships with parents, assists with skill

Resolution center (PCRC) building and parent education, promotes participation in decision-making processes and works with schools to provide an environment that is welcoming for parents and families.

Puente de la Costa Sur Puente provides support for the Parents Involvement Program at five schools located in San Mateo County. Puente provides culturally sensitive child abuse prevention and intervention services to the unincorporated areas of Pescadero, La Honda, San Gregorio and Loma Mar. Services include parent education, coordination of presentations in English and Spanish to raise awareness of the risk factors and indicators of child abuse, legal reporting requirements, referral procedures, one-on-one or family counseling, support groups for adolescents and crisis intervention for students, teachers and principals.

Redwood City School District This contractor provides an array of services to effectively support the needs of families and promote the safety and well being of children. Services are provided at four school based Family Resource Centers (FRC) and include a ten week parenting education program during the school year, drop in support to families that includes information and referral, assistance in completing forms, linkages to FRC and other service providers, comprehensive case management services, and individual or group counseling for children and youth.

Art of Yoga Project (AOYP) AOYP provides child abuse prevention and intervention services through mindfulness-based rehabilitation classes to incarcerated female youth. These classes are designed to help youth reduce stress, regulate emotional states, take responsibility for their actions and identify legitimate needs underlying negative behaviors. The program aids in building self-awareness, self-respect and the self-control necessary for them to make healthy lifestyle choices and ensure successful re-entry into their communities.

Mind Body Awareness Project The Mind Body Awareness Project provides child abuse prevention and intervention services through mindfulness-based rehabilitation classes to incarcerated male youth. Classes help reduce stress, regulate emotional states, take responsibility for their actions and identify legitimate needs underlying negative behaviors. The program aids in building self-awareness, self-respect and the self-control necessary for them to make healthy lifestyle choices and ensure successful re-entry into their communities.

**COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP) EVIDENCE-BASED
AND EVIDENCE INFORMED¹ PROGRAMS AND PRACTICES CHECKLIST**

Name of Program/Practice being evaluated: Our Second Home Family Resource Center

Reviewed by: Sherin Ziadeh Date: October 12, 2009

Level I - EMERGING PROGRAMS AND PRACTICES

- | YES | NO | <i>PROGRAMMATIC CHARACTERISTICS</i> |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes. |
| <input type="checkbox"/> | <input type="checkbox"/> | The program may have a book, manual, other available writings, training materials, OR may be working on documents that specifies the components of the practice protocol and describes how to administer it. |
| <input type="checkbox"/> | <input type="checkbox"/> | The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services. |
| YES | NO | <i>RESEARCH & EVALUATION CHARACTERISTICS</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | Programs and practices have been evaluated using less rigorous evaluation designs that have with no comparison group, including "pre-post" designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an "untreated" group OR an evaluation is in process with the results not yet available. |
| <input type="checkbox"/> | <input type="checkbox"/> | The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. |

Level II - PROMISING PROGRAMS AND PRACTICES

YES NO *PROGRAMMATIC CHARACTERISTICS*

- The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through presence of a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, and training materials that specifies the components of the practice protocol and describes how to administer it. The program is able to provide formal or informal support and guidance regarding program model.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving services child abuse prevention or family support services.

YES NO *RESEARCH & EVALUATION CHARACTERISTICS*

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- At least one study utilizing some form of control or comparison group (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice, in reducing risk and increasing protective factors associated with the prevention of abuse or neglect.. The evaluation utilized a quasi-experimental study design, involving the comparison of two or more groups that differ based on their receipt of the program or practice. A formal, independent report has been produced which documents the program's positive outcomes.
- The local program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. Programs continually examine long-term outcomes and participate in research that would help solidify the outcome findings.
- The local program can demonstrate adherence to model fidelity in program or practice implementation.

Level III - SUPPORTED PROGRAMS AND PRACTICES*

YES NO *PROGRAMMATIC CHARACTERISTICS*

- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training, or other available writings that specifies the components of the practice protocol and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

YES NO *RESEARCH & EVALUATION CHARACTERISTICS*

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The research supporting the efficacy of the program or practice in producing positive outcomes associated with reducing risk and increasing protective factors associated with the prevention of abuse or neglect meets at least one or more of the following criterion:
- At least two rigorous randomized controlled trials (RCTs) in highly controlled settings (e.g., university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature. **OR**
 - At least two between-group design studies using either a matched comparison or regression discontinuity have found the practice to be equivalent to another practice that would qualify as supported or well supported; or superior to an appropriate comparison practice.

YES NO *RESEARCH & EVALUATION CHARACTERISTICS*

- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.

Level III - SUPPORTED PROGRAMS AND PRACTICES* continued

- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice. [If not applicable, you may skip this question.]
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

**Note: For purposes of OMB PART reporting, programs and practices at Levels III Supported Program and Practices and Level IV Well Supported Programs and Practices will be given the same weight*

Level IV - WELL SUPPORTED PROGRAMS AND PRACTICES*

YES NO PROGRAMMATIC CHARACTERISTICS

- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training or other available writings that specify components of the service and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

YES NO RESEARCH & EVALUATION CHARACTERISTICS

- Multiple Site Replication in Usual Practice Settings: At least two rigorous randomized controlled trials (RCT's) or comparable methodology **in different usual care or practice settings** have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.

Level IV - WELL SUPPORTED PROGRAMS AND PRACTICES* continued

- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.

YES NO *RESEARCH & EVALUATION CHARACTERISTICS*

- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

**Note: For purposes of OMB PART reporting, programs and practices at Levels III Supported Program and Practices and Level IV Well Supported Programs and Practices will be given the same weight.*

PROGRAMS AND PRACTICES LACKING SUPPORT OR POSITIVE EVIDENCE

Programs or practices that do not meet the threshold for Level I Emerging and Evidence informed will be counted in this category for purposes of reporting for the CBCAP Efficiency measure.

PROGRAMMATIC CHARACTERISTICS

The program is not able to articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes.
The program does not have a book, manual, other available writings, training materials that describe the components of the program.

RESEARCH & EVALUATION CHARACTERISTICS

Two or more randomized, controlled trials (RCTs) have found the practice has not resulted in improved outcomes, when compared to usual care.

OR

PROGRAMS AND PRACTICES LACKING SUPPORT OR POSITIVE EVIDENCE
continued

If multiple outcome studies have been conducted, the overall weight of evidence does NOT support the efficacy of the practice.

OR

No evaluation has been conducted. The program may or may not have plans to implement an evaluation.

¹ These categories were adapted from material developed by the California Clearinghouse on Evidence-Based Practice in Child Welfare and the Washington Council for the Prevention of Child Abuse and Neglect.

COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP) EVIDENCE-BASED
AND EVIDENCE INFORMED¹ PROGRAMS AND PRACTICES CHECKLIST

Name of Program/Practice being evaluated: Redwood City School District

Reviewed by: Sandra Portasio, Director of School- Community Partnerships

Date: 10/20/09

Level I - EMERGING PROGRAMS AND PRACTICES

YES NO

PROGRAMMATIC CHARACTERISTICS

- The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, training materials, OR may be working on documents that specifies the components of the practice protocol and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

YES NO

RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- Programs and practices have been evaluated using less rigorous evaluation designs that have with no comparison group, including "pre-post" designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an "untreated" group OR an evaluation is in process with the results not yet available.
- The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.

Level II - PROMISING PROGRAMS AND PRACTICES

YES NO

PROGRAMMATIC CHARACTERISTICS

- The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through presence of a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, and training materials that specifies the components of the practice protocol and describes how to administer it. The program is able to provide formal or informal support and guidance regarding program model.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving services child abuse prevention or family support services.

YES NO

RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- At least one study utilizing some form of control or comparison group (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice, in reducing risk and increasing protective factors associated with the prevention of abuse or neglect. The evaluation utilized a quasi-experimental study design, involving the comparison of two or more groups that differ based on their receipt of the program or practice. A formal, independent report has been produced which documents the program's positive outcomes.
- The local program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. Programs continually examine long-term outcomes and participate in research that would help solidify the outcome findings.
- The local program can demonstrate adherence to model fidelity in program or practice implementation.

Level III - SUPPORTED PROGRAMS AND PRACTICES*

YES NO *PROGRAMMATIC CHARACTERISTICS*

- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training, or other available writings that specifies the components of the practice protocol and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

YES NO *RESEARCH & EVALUATION CHARACTERISTICS*

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The research supporting the efficacy of the program or practice in producing positive outcomes associated with reducing risk and increasing protective factors associated with the prevention of abuse or neglect meets at least one or more of the following criterion:
 - At least two rigorous randomized controlled trials (RCTs) in highly controlled settings (e.g., university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature. **OR**
 - At least two between-group design studies using either a matched comparison or regression discontinuity have found the practice to be equivalent to another practice that would qualify as supported or well supported; or superior to an appropriate comparison practice.

YES NO *RESEARCH & EVALUATION CHARACTERISTICS*

- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.

Level III - SUPPORTED PROGRAMS AND PRACTICES* continued

- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice. [If not applicable, you may skip this question.]
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

**Note: For purposes of OMB PART reporting, programs and practices at Levels III Supported Program and Practices and Level IV Well Supported Programs and Practices will be given the same weight*

Level IV - WELL SUPPORTED PROGRAMS AND PRACTICES*

YES NO PROGRAMMATIC CHARACTERISTICS

- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training or other available writings that specify components of the service and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

YES NO RESEARCH & EVALUATION CHARACTERISTICS

- Multiple Site Replication in Usual Practice Settings: At least two rigorous randomized controlled trials (RCT's) or comparable methodology in **different usual care or practice settings** have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.

Level IV - WELL SUPPORTED PROGRAMS AND PRACTICES* continued

- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.

YES NO **RESEARCH & EVALUATION CHARACTERISTICS**

- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

**Note: For purposes of OMB PART reporting, programs and practices at Levels III Supported Program and Practices and Level IV Well Supported Programs and Practices will be given the same weight.*

PROGRAMS AND PRACTICES LACKING SUPPORT OR POSITIVE EVIDENCE

Programs or practices that do not meet the threshold for Level I Emerging and Evidence informed will be counted in this category for purposes of reporting for the CBCAP Efficiency measure.

PROGRAMMATIC CHARACTERISTICS

The program is not able to articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes.
The program does not have a book, manual, other available writings, training materials that describe the components of the program.

RESEARCH & EVALUATION CHARACTERISTICS

Two or more randomized, controlled trials (RCTs) have found the practice has not resulted in improved outcomes, when compared to usual care.

OR

PROGRAMS AND PRACTICES LACKING SUPPORT OR POSITIVE EVIDENCE
continued

If multiple outcome studies have been conducted, the overall weight of evidence does NOT support the efficacy of the practice.

OR

No evaluation has been conducted. The program may or may not have plans to implement an evaluation.

¹ These categories were adapted from material developed by the California Clearinghouse on Evidence-Based Practice in Child Welfare and the Washington Council for the Prevention of Child Abuse and Neglect.

PEER QUALITY CASE REVIEW EXECUTIVE SUMMARY

Peer Quality Case Review (PQCR) is one of three activities mandated by the California-Children and Family Services Review (C-CFSR, 2004) that helps counties assess the effectiveness of child welfare practices across child safety, permanency and stability as well as family connections and well-being. In 2009, San Mateo County Children and Family Services (CFS) and Probation's Juvenile Division partnered to study the rate of re-entry into the foster care system within 12 months of reunification. Children and Family Services and Juvenile Probation focused on re-entry into foster care as their focus area for their initial PQCR in 2006. Although statistics have improved, the Human Services Agency continues to strive toward improvement in this area to meet the national standard. Findings may be used to inform improvement recommendations for child welfare practice, service capacity and training.

Sample Selection

In order to obtain qualitative information about factors important to re-entry into the foster care system within 12 months of reunification, a sample of re-entry and non re-entry cases were selected for review. While CFS focused on re-entry, Juvenile Probation focused on aftercare and its relationship to re-entry into their service delivery system. Information was gathered on factors that may affect re-entry into foster care/out of home care, such as social work/probation practice, policies, procedures, barriers and challenges.

CHILDREN AND FAMILY SERVICES

Findings

Family Characteristics

- Multiple Challenges: Re-entry cases experienced slightly more barriers and challenges (e.g. substance abuse, mental health, domestic violence, criminal history etc.) than the non re-entry cases.
- More Difficult Challenges: Re-entry cases experienced more complex and difficult challenges (e.g. higher levels of chronic mental illness and parental cognitive challenges).
- Consistent Parental Engagement: In the non re-entry cases parents were engaged and remained motivated towards making positive changes.

Social Work Practice

- Family Reunification Practice: Social workers use family focused approaches to engage families and keep them motivated toward positive change. Social workers support positive visitation strategies and use Team Decision Making meetings to support parent involvement.
- Thorough and Effective Assessments: There is a need for a more effective risk and safety assessment tool to support identifying the individual underlying issues present in a family to drive in-depth case plan strategies. There is a need for more in-depth initial assessment done early in the case.
- Coaching and Mentoring: Social workers need more intensive coaching and mentoring to support families with difficult and complex challenges.

Broader System Issues

- Court and Legal Support: There is a need for social workers to be represented by County Counsel in Court.
- Teaming Strategies: There is a need for more case teaming and cross-training between all care providers, helping professionals and stakeholders on a case.
- Mental Health Services: There is a need for more individualized mental health services for families whose children are over 5 years of age.

Children and Family Services Prioritized Recommendations

- Generate more in-depth assessments done by the Agency and partners: alcohol and drug, mental health, and developmental assessments.
- Begin to implement case plans to focus on developing behaviorally specific objectives for families and outline individualized services to meet children and family's needs.

ATTACHMENT G

- Institute cross-training and skill building between mental health and social workers.
- Convene case conferences which are inclusive of all parties working with the family.
- Consider a risk and safety tool that is helpful to social worker decision-making.
- Develop more collaborative relationships with the court and attorneys, which include County Counsel representation at court hearings.
- Assess for parental ambivalence early on and provide strategies and practices for moving families toward positive change.
- Train social workers and interagency partners on working effectively with parental ambivalence.
- Implement effective mentoring and coaching strategies which can include a Parent Mentoring Program and/or Parent Orientation Program.
- Offer skill building Team Decision Making (TDM) training to educate all TDM participants regarding the utilization and value of TDM.

PROBATION DEPARTMENT, JUVENILE DIVISION

Findings and Recommendations

Probation Officer Practice

- Family Engagement: Probation officers consistently engage with parents and children and value parental involvement and change as essential practice in supporting the child.
- Aftercare Planning: There is strong aftercare planning between Probation and Mental Health prior to a child returning home. More bilingual mental health staff is needed for successful implementation.
- Returning Home: A child and family need in-home mental health support and structured, quick interventions from probation officers when a child first returns home as it is less structured than their environment while in placement.

Broader System Issues

- Wrap-around Services: There is a need for mental health wrap-around services to be available when child first returns home and to the community from out of home placement.
- Psychotropic Medication: There are no psychotropic medication evaluations available for children who are not in juvenile hall.
- Gang Activity: Gang activity is present in many probation youth cases. It is a strong barrier to successful reunification and can hinder the child's progress upon returning home. There is a lack of gang intervention services for youth and their families in this area.
- Schools: School representation on the Aftercare Planning Committee is seen as essential; currently there is no school representative for the committee. The school system can be a barrier when it does not support a child returning to their school of origin.

Juvenile Probation Prioritized Recommendations

- Employ a bilingual skilled aftercare clinician (with skills in working with traumatized and probation youth), a bilingual probation officer and full time Mental Health Counselor.
- Develop more availability of wrap-around services.
- Parents and staff would like more support for children with severe mental health/behavior problems.

Lessons Learned

- Interviewers were very interested in reviewing the PQCR study findings. San Mateo County will e-mail the final report to all interviewers and their respective directors. Additionally, San Mateo County will convene a wrap-up meeting and will invite all interviewers, CFS staff, Juvenile Probation staff, the Bay Area Training Academy, and the CDSS to present the study's findings and begin discussion on next steps.

CSA Summary Assessment

1. System Strengths and Areas Needing Improvements

System Strengths

Multiple system strengths were identified during the Strategic Planning and County Self Assessment processes and are addressed throughout both documents. The following summary includes some of the major themes that were prevalent in the feedback received.

Overarching Strengths

Feedback from the Court identified two overarching strengths that assist CFS in providing the best possible services to children and families. First, it was noted that the Agency currently has the support of County governance (County Manager's Office, Board of Supervisors) which is critical in acquiring funding and creating opportunities for collaborative programs. It was also noted that over the past five years, CFS staff have become more professional, more culturally diverse and more keenly aware of issues facing child welfare and the community.

TDM

One specific strength frequently highlighted by stakeholders is CFS' use of TDMs. The use of TDMs is strongly supported by management and has been incorporated into social workers' daily practice. TDMs are conducted at initial placement, or when a placement is at risk so that concerns can be addressed and the placement can be stabilized.

Research indicates that team based case planning is a best practice in child welfare. TDMs are an effective way to engage families, develop appropriate case plans, make informed decisions, and identify the best possible placement for children in care. Other advantages of TDMs that were noted by stakeholders include identifying obstacles to reunification, providing parents with helpful information, and being useful in non-compliance cases where a case plan can be revised to help the parents become compliant.

Training

CFS training was also identified as a strength. Trainings on placement, disproportionality, cultural issues and assessment were pointed to as examples of training topics that have been useful to social workers in honing existing skills and in providing new knowledge and skills to help improve their performance.

Placement Stability and Permanence

CFS places the utmost importance on stabilizing children's living arrangements while in care and on achieving permanence for children, either by successfully reunifying them with their families or by identifying an alternative permanent situation for every child. Stakeholders noted that concurrent planning is consistently practiced. Every Family Reunification case is referred to the Adoptions Unit, where a concurrent plan is developed in the event that reunification is not feasible. The Adoptions Supervisor meets monthly with Family Reunification and Permanent Placement Unit Supervisors to do case conferencing.

Another successful CFS permanence strategy identified is the use of a Placement Review Board (PRB). At PRB meetings, cases are reviewed within 30 days of a child being placed in shelter. Additionally, the TDM Supervisor attends PRB meetings to ensure that TDMs are being conducted as needed on cases brought to PRB.

Also highlighted as a best practice is the CFS placement stability procedure, wherein Placement Workers make contact within two weeks with any child who moves from the Receiving Home to a placement. This helps to address issues and concerns at the earliest stages so that the stability of the placement is not jeopardized.

Partnerships

HSA values its relationships and partnerships with community based organizations and other agencies and departments, and strives to maintain collaborations that promote best practice service provision, while helping to maximize resources and avoid duplication of services.

CFS' partnership with Edgewood Center for Children and Families is an example of a longstanding and successful collaboration between the Department and a community provider.

Clients who receive Edgewood services report positive experiences and express appreciation for the services provided through this collaboration. Stakeholders noted that the triage process between Edgewood, BHRS and CFS works well and helps children and caretakers receive much needed counseling and mental health services.

Areas for Improvement

Overarching Themes

One recurrent theme is related to the difficulty of navigating complex County systems. Some stakeholders felt that the systems are too bureaucratic, to the extent that it is sometimes difficult to access even the most basic services, such as housing assistance for Juvenile Probation youth when it is time for a child to return home. Others felt that County agencies should communicate more clearly with each other in order to make clients' transitions from one agency to another flow more smoothly. Feedback from Juvenile Probation parents indicates that they initially have difficulty in understanding the Court process.

In regard to CFS, one stakeholder stated that CFS suffers from management inefficiencies with "too many layers" and a lack of consistency. While acknowledging that it is necessary to review and perform quality improvement and control, it was noted that these activities that do not directly contribute to client welfare are robbing the agency of vital resources, especially during the current economic downturn.

Also noted was the fact that the current CFS Director has accepted the position on an interim basis only, and that the Department needs the stability of a permanent Director who is prepared to develop a clear direction for staff and to assert his/her leadership.

Service Needs

A great deal of feedback was provided regarding service needs. Stakeholders highlighted the need for specific services in the areas of mental health, substance abuse treatment, and services for undocumented individuals.

In the area of mental health, the need for additional post-adopt counseling services, including the need for therapists who specialize in adoption issues, was identified. Grief and loss counseling is only provided on a short-term basis and long waiting lists exist for counseling services including crisis counseling and transition counseling.

For Juvenile Probation, needed services were also identified in the area of mental health including the lack of capacity in the wrap-around program. There is a need for a full-time BHRS Mental Health Counselor, as well as a way for youth to receive psychotropic medication evaluations out of custody. Also identified is the need for aftercare facilities in areas where gangs are predominant and safety is an issue.

The need for substance abuse treatment programs for young males was identified, as well as a need for residential substance abuse programs for girls, especially teen moms. Also noted was the need for greater accessibility to treatment programs in terms of eligibility criteria.

More than one stakeholder commented on the difficulty in helping undocumented individuals and families resolve issues that may prevent reunification because they do not qualify for some services. Other challenges for the undocumented may include lack of driver's licenses or an inability to access services because of the need to work multiple jobs. A concern was voiced regarding Juvenile Probation children and families with undocumented status who fear that enrolling the child for services may result in the child's deportation.

Placement Stability and Permanence

Although stakeholders identified strengths regarding placement stability and permanence, some areas for improvement were also noted. Although the Placement Stability procedure for children leaving the Receiving Home was highlighted as a strength, some confusion exists regarding worker assignment, and there is a lack of clarity about the purpose of the procedure.

2. Strategies for the Future

HSA/CFS

One of the reasons why people come to the attention of CFS is the dearth of prevention and early intervention services in impoverished communities. Based on the feedback from the focus groups and interviews, several areas and opportunities were identified to improve access to and quality of the safety net services that are provided in San Mateo County.

SMC is rich in culture and diversity, which creates challenges in meeting the varied and unique cultural needs of the community. This includes printing brochures and hand-outs in different languages, hiring culturally-sensitive and bilingual staff, and supporting culturally-appropriate services that are accessible, such as parenting classes and counseling.

In the area of services, HSA can look at partnering with government and non-government agencies to provide needed services identified by the community such as transportation, housing, food, health insurance, substance abuse treatment programs, anger management, DV counseling, mental health services including family counseling in schools, youth programs (i.e., mentorship programs, after-school programs, job placements, etc), affordable child care, parent education, job assistance and training for adults, and programs for teen mothers.

The current economic state calls for more partnerships among all the County agencies and community agencies. Services need to be integrated and streamlined to maximize diminishing resources and must serve as many families as possible. With more integration, the seamless transition from one agency to another becomes more critical. HSA can also work with other agencies in securing other funding sources by developing joint grant applications and providing technical assistance to community-based organizations in securing grants.

To address the issue of bureaucracy and difficulty in accessing services, HSA can explore the idea of community navigators who can help families access services and explain eligibility requirements and application processes. The navigators can be especially helpful for isolated families who need support services the most and undocumented families who are afraid to seek services.

CFS

CFS can address the following overarching themes that can impact multiple AB636 measures and ensure safety, stability and permanence:

Services

Ensure that services provided by contractors and community-based services match the mitigating issues facing our families. Services should be readily available and individualized to meet the unique needs of each family.

Consider expanding individual therapy services for parents and children when children are over the age of five. Also, ensure that providers have stable, experienced and knowledgeable therapists for families facing more complex issues (e.g., dual or triple diagnosis).

Provide after care services in-home or in the family's community to promote successful reunification and preserve family stability.

Explore how Centralized Support Services can be maximized so that more support for families can be provided, such as increased transportation. Increased transportation may not necessarily mean driving the families in county cars. It could mean training the parents and adolescents on how to take public transportation and providing them with bus passes and taxi vouchers. This would further support the families as they transition to self-sufficiency.

Practice

Case work will be enhanced by employing strengths-based and proactive interventions for our families. Families are under numerous stresses and need support and encouragement the most when they are faltering in complying with their case plan. Strengths-based practice also involves not judging and labeling families who have previous child welfare history. Foster children also need regular check-ins and positive reinforcements rather than receiving social worker attention only when things are not going well.

Develop outcomes-based, not services-based case plans. For example, instead of requiring

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completion of a 14-week SFP parenting class, measure changes in behavior and practice to ensure that parents are applying what they learned in the classes. Also, consistently involve families in case planning so they have ownership of the plan which could result in better cooperation and improved compliance.

CWS/CMS

Data collection and reporting are gaining traction in the Agency. Policy makers have increasingly become more reliant on data to make informed decisions. Data reports are trickling down to staff. This highlights the need for accurate, timely and complete CWS/CMS data entry. To ensure data accuracy, CFS should continue to provide ongoing CWS/CMS training and maximize the training available through the State, offering specialized training and refresher courses for supervisors, increasing supervisor accountability in ensuring that staff enter accurate data, conducting data clean-up, including data entry instructions with policies when appropriate, and consistently utilizing Office Specialists who are tasked with helping social workers with specific data input.

Increased Partnership and Education

Conduct outreach to mandated reporters about appropriate child abuse referral and the issue of disproportionality since disparity is evident at the referral stage of CFS intervention. This training should be given to teachers, law enforcement, medical providers, and mental health providers, to name a few. CFS will have to develop relationships and build trust with these entities to help them get a better understanding of CFS's role and their role as mandated reporters. Review and implement policy on providing follow-up to mandated reporters so mandated reporters will continue filing child abuse reports.

Continue discussion forums to further improve the relationship with the Court. Continuous dialogue between the Court and CFS management and the Court and CFS line staff will provide all parties a forum to discuss and address issues and further enhance collaboration between CFS and the Court.

Continue to cultivate and nurture the relationship with foster parents. Foster parents should be treated as valuable partners who have knowledge of the children they are caring for.

Team with BHRS and Alcohol and Other Drugs to provide more individualized services, ensure access to more WrapAround slots. Conduct case conferencing or regular meeting/consultation between social workers and mental health providers.

Process

The Child Welfare system's complexity can be daunting to families. Although keeping one social worker or a tandem of social workers from beginning to end may be ideal, it may not be feasible. CFS explains CFS and Court processes to parents as part of the parenting class. Continuing to explain the process and clarifying the roles of multiple social workers and partner providers can help families better navigate the system. CFS can also improve handoff of cases from Investigations Unit to Continuing Units; consider joint face-to-face and joint case planning between Investigations and Continuing staff

CFS can work with BHRS and other mental health partners to see how we might address the need for consistent therapy providers. Not switching therapist once the family has established rapport with the provider can help sustain the family's progress.

CFS can evaluate the feasibility and impact of having county counsel representation at each hearing, so that social workers have a representative who can jointly present cases, continuances can be avoided, and there will be consistency in applying removal and reunification criteria. Also, court officers can take a more active role in representing the Agency's stand and in presenting cases, which can free up social workers' time.

CFS can employ consistency in decision-making from the supervisor level by refining and utilizing our case conference protocol, and continued review of our service delivery system to ensure the provision of an equitable and fair practice.

Training

The Department will continue to provide training to effectively address the increasingly complex issues that our families face and create opportunities for cross training with the Court, BHRS, and AOD. There is also a need to have combined TDM trainings for social workers and community partners as equal participants.

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Evaluation

Program evaluation will help CFS continue programs and initiatives with the strongest evidence of effectiveness. With dwindling resources, evaluating the efficacy of programs will serve as a tool in resource allocation. CFS needs to evaluate existing strategies such as DR, TDM, Family to Family, Family Finding Project, and Receiving Home Placement Stability.

When developing new programs, CFS should include an evaluation component in order to assess the program's effectiveness and the agency's performance in meeting the goals. Self evaluation can help CFS determine program effectiveness and departmental performance and allow critical analysis of practice to build upon strengths and focus on barriers to meeting agency goals. CFS should also continue to review and evaluate literature and other evidence-informed practices.

RESOLUTION NO. 070649

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * *

RESOLUTION AUTHORIZING THE PRESIDENT OF THE BOARD TO (1) EXECUTE THE SYSTEM IMPROVEMENT PLAN (SIP); (2) DESIGNATE CHILDREN'S COLLABORATIVE ACTION TEAM (CCAT) AS THE COUNTY'S CHILDREN'S TRUST FUND COMMISSION AND CHILD ABUSE PREVENTION COORDINATING COUNCIL; AND, (3) DESIGNATE THE CCAT STEERING COMMITTEE AS THE PROMOTING SAFE AND STABLE FAMILIES (PSSF) COLLABORATIVE FOR FY 2010-11 THROUGH 2012-13

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, the implementation of California State Assembly Bill 636 in January 2004, brought forth a new Child Welfare Services Outcome and Accountability System for California, known as the California Child and Family Services Review (C-CFSR), which is overseen by the California Department of Social Services (CDSS) and Office of Child Abuse Prevention (OCAP); and

WHEREAS, the System Improvement Plan, an operational Agreement between the County and State on how the County will work toward improving outcomes for children, youth and families, as well as an analysis of child welfare data as it relates to performance outcomes, completed in collaboration with Juvenile Probation is a mandatory component of the C-CFSR that requires each County's Board of Supervisors' approval prior to submission to OCAP; and

WHEREAS, the County has the responsibility to designate a community entity

as the County's Children's Trust Fund Commission, Child Abuse Prevention Coordinating Council, and CCAT Steering Committee as the PSSF Collaborative; and

WHEREAS, this Board determines it is in the best interest of the County to approve the SIP so as to remain in compliance with the CDSS comprehensive outcome and accountability process, as articulated in the C-CFSR; and

WHEREAS, this Board determines it is in the best interest of the County to designate CCAT as the County's Children's Trust Fund Commission, Child Abuse Prevention Coordinating Council and the CCAT Steering Committee as the County's PSSF Collaborative.

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the President of this Board of Supervisors is hereby authorized to (1) execute the System Improvement Plan (SIP) on behalf of the County of San Mateo, and the clerk of this Board shall attest the President's signature thereto; (2) designate Children's Collaborative Action Team (CCAT) as the County's Children's Trust Fund Commission and Child Abuse Prevention Coordinating Council; and, (3) designate the CCAT Steering Committee as the Promoting Safe and Stable Families (PSSF) Collaborative for FY 2010-11 through FY 2012-13.

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Appendix D: BOS Notice of Intent

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE OF INTENT CAPIT/CBCAP/PSSF PROGRAM CONTRACTS FOR San Mateo COUNTY

PERIOD OF PLAN (MM/DD/YY): 2/6/10 THROUGH (MM/DD/YY) 2/5/13

The undersigned confirms that the county intends to contract, or not contract with public or private nonprofit agencies, to provide services in accordance with Welfare and Institutions Code (W&I Code Section 18962(a)(2)).

In addition, the undersigned assures that funds associated with Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) will be used as outlined in statute.

The County Board of Supervisors designates HUMAN SERVICES AGENCY as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates HUMAN SERVICES AGENCY as the public agency to administer PSSF.

Please check the appropriate box.

- The County intends to contract with public or private nonprofit agencies to provide services.
- The County does not intend to contract with public or private nonprofit agencies to provide services and will subcontract with _____ County to provide administrative oversight of the projects.

In order to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan:

California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 8-11-82
Sacramento, California 95814

Richard S. Gordon
County Board of Supervisors Authorized Signature
Richard S. Gordon, President, Board of Supervisors

RICHARD S. GORDON
Print Name

2/23/10
Date

PRESIDENT, BOARD OF SUPERVISORS
Title