Cover Sheet

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

County:	Los Angeles
Responsible County Child Welfare Agency:	Los Angeles County Department of Children and Family Services
Period of Plan:	SIP Update Quarter 4 2011 – Quarter 1 2012
Period of Outcomes Data:	Quarter 1, 2012
Date Submitted:	October 2012
	County Contact Person for County System Improvement Plan
Name:	Teri Gillams
Title:	Children Services Administrator III
Address:	425 Shatto Place RM 602 Los Angeles, CA 90020
Phone/Email	Gillams@dcfs.lacouty.gov 213-351-5604
Name:	Lisa Campbell-Motton
Title:	Probation Director
Address:	11701 South Alameda St., 2nd Floor, Lynwood, CA 90262
Phone/Email	323-357-5545 lisa.campbell@probation.lacounty.gov
Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Philip L. Browning, Director
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Jerry E. Powers, Chief Probation Officer
Signature:	

RECEIVED OCT 30 2012

Los Angeles County Department of Children and Family Services
Los Angeles County Probation Department

Los Angeles County System Improvement Plan Update

Quarter 4 2011 – Quarter 1 2012

Table of Contents

System Improvement Plan Update Report
Quarter 4, 2011 and Quarter 1, 2012

The Los Angeles County System Improvement Plan Update 1

Methodology 2

Department of Children and Family Services 10

Probation Department 32

System Improvement Plan Matrix

Department of Children and Family Services 36

Probation Department 85

Child Welfare Services Outcomes Improvement Project (CWSOIP) Funds 109

Attachments

Attachment I: System Improvement Plan Membership

Attachment II: Current Services and Program Activities

References

Los Angeles County

System Improvement Plan Update

October 1, 2011 – March 31, 2012

The System Improvement Plan

The System Improvement Plan (SIP) is one of five components that make up the California Outcomes and Accountability System (COAS). The other four components include: Outcome and Accountability County Data Reports; Peer Quality Case Reviews (PQCR); County Self-Assessment (CSA); and State Technical Assistance and Monitoring. The SIP incorporates data received from the PQCR and the CSA in an operational agreement between the County and State. Strategies towards the improvement of child welfare services are identified in the agreement. Los Angeles County Department of Children and Family Services (DCFS) and Probation Department (Probation) collaborate in the development of the County's SIP. While public child welfare services delivery is the sole focus of DCFS in Los Angeles County, Probation and DCFS are active partners sharing many of the same Federal, State and County mandates and outcomes for foster youth.

The current Los Angeles County 2011-2014 System Improvement Plan was approved by Los Angeles County Board of Supervisors on September 13, 2011. The SIP is reviewed annually and this document represents a SIP Update report which covers two quarters of review from October 1, 2011 through March 31, 2012. Los Angles County is scheduled for a three-year SIP Progress Report October 15, 2013, at that time Los Angeles County will extend their current three year SIP to a five year SIP to align with the revised five year California Children and Family Service Review cycle issued via All County Informational Notice 1-16-12.

Methodology

Qualitative Data

The PQCR[1] and CSA[2] are the initial steps in building a System Improvement Plan. In addition, the County holds a SIP Stakeholder Event which includes DCFS and Probation staff, public and private agency partners, community representatives and child welfare service consumers who are asked to provide input into the development of the SIP.

The PQCR, through a week long interviewing process, provides qualitative data about a chosen topic area. Los Angeles County's general area of focus for its third PQCR was permanency for Transition Aged Youth[3]. The PQCR participants

[1] Los Angeles County held the most recent PQCR in the first week of June 2010
[2] Los Angeles County's most current CSA was Board approved on June 28, 2011

provided feedback to the County regarding services, resources, child welfare system strengths and challenges. Participants identified the strength of practices such as team decision making meetings and specialized youth permanency units. Staff commitment, as well as family finding practice, was seen as beneficial to Transition Aged Youth. Identified challenges included workers and agency partners' inability to share information between systems, combined with limitations in data systems sharing information. PQCR participants shared that staff and clients lack up-dated information regarding current services and resources available through different systems; and that fiscal constraints have put limitations on some resource availability.

The CSA, like the PQCR, includes qualitative data gathering through a number of focus group opportunities, advisory teams, and for DCFS, Bureau convenings. Participant input highlighted the abundance of opportunities in place for DCFS and Probation to team with service providers and clients. In addition participants expressed the value in collaboration between County departments, the community, service providers, and clients in order to increase communication and leverage resources. CSA qualitative data feedback overall included the following suggestions as opportunities to enhance child welfare services:

- Engage all parties in effective strategies of partnerships and collaboration;
- Improve collaboration with external partners by establishing clearly defined responsibilities;
- Enhance and build resource availability and knowledge of resources;
- Provide cultural and linguistic competency training for DCFS, Probation and Service Providers;
- Develop consistent best practice model approaches; and
- Service providers developing mental health service models for DCFS, Probation and Service Providers that guide service delivery.

The SIP Update report builds on the qualitative data which informed the full System Improvement Plan of September 2011. Additional qualitative data is gathered as system improvement strategies and milestones are implemented. As this SIP Update report covers only the first two quarters of effort related to the improvement plan, no meaningful qualitative data is yet available. In addition, it should be noted that the Los Angeles County's SIP Annual Stakeholder event is

[3] Federal Measure C3.3 "Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percentage had been in foster care for three years or longer."

scheduled for June 27, 2012 therefore qualitative data received from the SIP Annual Stakeholder meeting will not be included in this SIP Update document.

Quantitative Data

In addition to qualitative data, the SIP report includes information gathered through quantitative data reviewed in the County Self Assessment. Quantitative data examined in the CSA comes primarily from State Child Welfare Services/Case Management System (CWS/CMS). CWS/CMS Outcome Measures are organized under areas of County Participation Rates, Safety Outcomes, Permanency Outcomes, and Well-being Outcomes. Although Probation has access to CWS/CMS, data input is limited so there is not adequate information to formulate meaningful outcomes. In order to achieve meaningful outcome data, Probation will need to fully utilize the system from case initiation through case closure.

Child welfare measures found in the CWS/CMS Dynamic Reporting System web-site include, but are not limited to, categories of Safety, Reunification Composite, Adoption Composite, Long Term Care Composite, Placement Stability Composite, Siblings, and Service Delivery. The data source for information included in this report, for the 18 measures that have National standards and in the *Choosing System Improvement Goals* section below, is the official California Department of Social Services (CDSS) Quarterly Report for quarter 2 (Q2), of years 2007, 2008, 2009, 2010 and 2011 (http://www.childsworld.ca.gov/PG1358.htm). Overall trend performance measure data for this SIP Update report will primarily consider data from Quarter 2 2010, the last quarter of review in the CSA, in comparison with performance data from Quarter 2 2011. It is noteworthy that Los Angeles County has chosen to compare quarter 2 data for year to year trend measures. By choosing the same quarter of each year, the department is able to factor for time of year fluctuation in various performance measures, thus giving a more "apple to apples" comparison of performance. For those specific performance measures that are being followed as a part of the System Improvement Plan, Measures C1.4, C3.3 and C4.2, the County will use sequential quarterly data, beginning with Quarter 1 of 2011, to monitor performance activity.

During the most recent quarter of review for this update report, Quarter 2 2011, the County performed above the National Standard, on three of the performance measures:

- C 2.5 Adoption within 12 months (legally free) (3.7% decrease in performance since Q2 2010);
- C 4.1 Placement Stability (8 Days To 12 Months in Care) (.9% increase in performance since Q2 2010); and
- C 4.2. Placement Stability (12 to 24 Months in Care) (3.3% increase in performance since Q2 2010).

Choosing System Improvement Goals[4]

During the County Self Assessment review 2007-2010, Los Angeles County exhibited performance below National Standards for outcome measures documented below. Consideration was given to each measure by DCFS' Executive Team and System Improvement Plan members, as the county considered areas for improvement of child welfare services for children and their families[5]. While performance national standards are held as a goal for child welfare agencies the county also considers performance trends and practices plans in establishing improvement goals. The county chose to focus system improvement plan goals on Reunification (re-entry component), placement stability and permanency measures. It is expected that strategies that successfully address a few outcome measures, will also have a positive impact on other performance measure.

[4] Data source for outcome measure information comes from California Department of Social Services official Quarterly reports for Quarter 2, 2007, 2008, 2009, 2010 and 2011. (http://www.childsworld.ca.gov/res/CtyReport/Jan11/Jan11LosAngeles.pdf).

[5] DCFS Executive Team decisions were made at weekly executive team meetings. SIP stakeholders participate in, quarterly, yearly events and provide input to on-going system improvement strategies.

Table 1

S1.1 No Recurrence of Maltreatment
Of all children who were victims of a substantiated maltreatment allegation during the first 6 months of the year, what percent were not victims of another substantiated allegation within the next 6 month period.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	93.4	93.5	93.5	93.4	93.4	94.6

S2.1 No Maltreatment in Foster Care
Of all children served in foster care during the year, what percent were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	99.82	99.59	99.58	99.46	99.52	99.68

Currently S1.1 and S1.2 performance outcomes are below the National Standard. As safety monitoring is embedded in each of the SIP goals and strategies chosen, S1.1 and S1.2 outcomes may be positively impacted. From Q2 2010 to Q2 2011, the County has not seen a change in performance for measure S1.1. There has been a slight improvement noted for measure S2.1.

Table 2

C1.1 Reunification Within 12 Months (Exit Cohort)
Of all children discharged from foster care to reunification during the year who have been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	60.8	62.1	63.9	66.9	65.1	75.2

C 1.2 Median Time to Reunification (Exit Cohort)
Of all children discharged from foster care to reunification during the year who have been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	8.2	8.3	8.1	7.6	8.5	5.4

C1.3 Reunification Within 12 Months (Entry Cohort)
Percentage of all children entering foster care for the first time in a 6 month period who remained in foster care for 8 days or longer who discharged from foster care to reunification in less than 12 months from the date of latest removal from home.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	37.8	43.8	48.5	47.4	43.0	48.4

Los Angeles County demonstrated reduced performance in all three of the above measures when comparing Q2 2010 with Q2 2011. Measures C1.1 has shown a 2.7% rate change, Measure C1.2 has shown 11.8% rate change and Measure C1.3 is showing a 9% rate change from Q2 2010 to Q2 2011.

C1.4 Re-entry Following Reunification (Exit Cohort)
Percentage of all children discharged from foster care to reunification during the year, who re-entered foster care in less than 12 months from the date of discharge.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	10.2	10.6	10.8	12.4	12.0	9.9

C1.4 Re-entry Following Reunification is a focus measure of the 2011-2014 SIP. There has been a 3.2% improvement in performance in this measure since Q2 of 2010 (Comparing Q2 2010 to Q2 2011).

Table 3

C2.1 Adoption Within 24 Months (Exit Cohort)
Percentage of all children discharged from foster care to a finalized adoption during the year, who were discharged in less than 24 months from the date of the latest removal from home.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	24.6	23.2	22.8	23.8	25.8	36.6

C2.2 Median Time to Adoption (Exit Cohort)
The median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption of all children discharged from foster care to a finalized adoption during the year.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	33.6	33.0	32.7	32.9	32.6	27.3

C2.3 Adoption Within 12 Months (17 months in care)
Of all children discharged from foster care to a finalized adoption during the year, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	13.7	16.5	18.2	20.9	14.9	22.7

C2.4 Legally Free Within 6 Months (17 Months in Care)
Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free within the next 6 months.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	4.9	7.2	7.2	6.8	7.2	10.9

Since Q2 2010, the County has demonstrated improved performance in three of the five C2 Measures; C2.1 (8.4% increase), C2.2 (.9% increase), C2.4 (5.9% increase). Measure C2.3 has had a 28.7% decrease in performance. The County will continue to track this measure. Although Q2 2011 County performance (67.4) for Measure C2.5 is well above the National Standard (53.7), there has been a 3.7 % decrease in performance since Q2 2010. (All performance comparing Q2 2010 to Q2 2011)

Table 4

C3.1 Exits to Permanency (24 Months in Care) **Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18.**						
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**National Standard or Goal**
Los Angeles	17.7	23.1	24.4	25.9	20.7	29.1
C3.2 Exits to Permanency (Legally Free at Exit) **Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18.**						
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**National Standard or Goal**
Los Angeles	96.7	96.2	97.1	96.7	95.7	98.0
C3.3 In-care 3 Years or Longer (Emancipated/Age 18) **Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years of longer?**						
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**National Standard or Goal**
Los Angeles	64.2	64.1	61.1	60.2	58.0	37.5
Measure C3.1 is showing a 20.1% decrease in performance since Q2 2010. Measure C3.2 has a decrease in performance as well (1.0%), while Measure C3.3, a focus areas of the SIP shows a 3.6% rate improvement in performance since Q2 2010. (All performance comparing Q2 2010 to Q2 2011)						

Table 5

Measure C4.1 Placement Stability (8 Days to 12 Months in Care) **Of all children served in foster care during the year who were in foster care at least 8 days but less than 12 months, what percent had two or fewer placement settings.**						
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**National Standard or Goal**
Los Angeles	87.1	86.2	85.7	85.6	86.4	86.0
Measure C4.3 Placement Stability (At Least 24 Months in Care) **Of all children served in foster care during the year who were in foster care for at least 24 months, what percent had two or fewer placement settings?**						
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**National Standard or Goal**
Los Angeles	39.9	39.8	39.8	38.7	37.7	41.8
During the 2007-2010 CSA, the trends in outcome measures C4.1 and C4.3 drew the department to focus on placement stability in order to support more positive direction in these outcome areas. Since Q2 2010, Measure C4.1 the County shows .9% increase in performance, just surpassing the national standard (86.0%). In Q2 2011, Measure C4.3 continues to show a decline in performance (2.6 % decrease). This measure may be a future area of focus for the 2011-2014 SIP. Placement stability outcome measure C4.2 Placement Stability (12-24 Months in Care) is currently included in the System Improvement Plan as an area of focused attention in order to prevent further decline. County Q2 2011 performance rate of 68.8% for Measure C4.2 exceeds the national standard (65.4%) and is a 3.3% increase in performance since Q2 2010. (All performance comparing Q2 2010 to Q2 2011)						

Department of Children and Family Services

In line with the 2011-2014 System Improvement Plan, during this period of review (October 2011 through March 2012) Los Angeles County DCFS has focused system improvement efforts on the following child welfare outcome measures:

- Measure C1.4: Re-entry Following Reunification;
- Measure C4.2: Placement Stability (12-24 Months in Care); and
- Measure C3.3: In Care 3 Years or Longer (Emancipated/Age 18).

In addition, the County has focused efforts on Outcomes/Systemic Factors: Enhanced Organizational Performance.

Measure C1.4: Re-entry Following Reunification:
Percentage of all children discharged from foster care to reunification during the year, who re-entered foster care in less than 12 months from the date of discharge.

Since the last COAS cycle, Los Angeles County has significantly increased the percentage of children who are reunified with their parents or caregivers. One challenge with increased reunification is the potential for increased re-entry into foster care. Using CDSS' quarterly reports[6], performance comparisons for re-entry between Q2 2007 (10.2%) and Q2 2010 (12.4%) indicate that 21.6% more children re-entered the system within 12 months following reunification. The ten year trend for this measure indicates that the rate of re-entry has increased by 206.7% since 2000 (Needell et al, Dynamic Report). There seems to be a correlation between increased re-entry rates and the County's increase in reunification rates. Since 2000, the rate of reunification of children in the child welfare system within 12 months (exit cohort) has increased by 196.4% and the rate of reunification of children within 12 months (entry cohort) has increased by 93.4% (Needell et al, Dynamic Report).

[6] Data source for outcome measure information comes from California Department of Social Services' official Quarterly reports for Quarter 2, 2007 and 2010. (http://www.childsworld.ca.gov/res/CtyReport/Jan11/Jan11LosAngeles.pdf).

Table 6

C1.4 Re-entry Following Reunification (Exit Cohort) **Percentage of all children discharged from foster care to reunification during the year, who re-entered foster care in less than 12 months from the date of discharge.**						
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**National Standard or Goal**
Los Angeles	10.2	10.6	10.8	12.4	12.0	9.9
As the table suggests and as previously reported in the System improvement Plan, using CDSS' quarterly reports[7], performance comparisons for re-entry between Q2 2007 (10.2%) and Q2 2011 (12.0%) indicate that 17.6% more children re-entered the system within 12 months following reunification. The ten year trend for this measure (CY 2000 – CY 2010) indicates that the rate of re-entry has increased by 206.7% since 2000.						

Using Composite Planner

By January of 2014, DCFS' re-entry rate will move from 12.4% to achieve the National Standard of 9.9%.

The goal established for the Re-entry outcome measure, takes into consideration Q2 2010 performance (12.4%). Using a baseline number of 6,901 children that reunify in a given year approximately 851 children (12.4%) will re-enter foster care within 12 months of reunifying. Los Angeles County has chosen as a goal to move re-entry outcomes to the National Standard of 9.9%. Meaning, if the County reunifies the same number of children in a given year (6,901) instead of 851 children re-entering, 680 children will re-enter. This is a reduction by 171 children and moves re-entry outcomes measure for that quarter to 9.9%. A reduction of 171 children per quarter, spread over 19 DCFS offices, is approximately 9 children per office.

PQCR, CSA, SIP Stakeholder Meeting

Feedback from the PQCR, CSA, and SIP Stakeholder meeting (Related to the 2011 CSA and SIP reports) identified that programs are in place to support reunification (i.e.; Family Preservation, Team Decision Making,

[7] Data source for outcome measure information comes from California Department of Social Services' official Quarterly reports for Quarter 2, 2007 and 2011. (http://www.childsworld.ca.gov/res/CtyReport/Nov11/Nov11LosAngeles.pdf).

Community Programs, and Wraparound expansion). Participants suggested utilizing programs and practices already in place and building on them to improve the re-entry outcome measure. Other suggestions included a need for improved communication and teamwork between agencies, as well as a need for more complete understanding of cultural differences, family stressors, the challenges of timelines for parents and the unique struggles for those families involved with substance use and/or abuse. Suggested next steps included; increased visitation in order to build stronger relationships between parent and child, building parent capacity to protect the child, having increased family and community supports in place, prior to reunification.

Literature Review

Literature reviews show a correlation between re-entry and certain types of case allegations, specifically substance abuse and general neglect. (Barth 2007; Kimberlin 2008; Los Angeles County-Outcomes and Accountability Section 2009; Mateo County 2006; Osterling 2009; Terling 1999) In addition, re-entry is more likely to occur when the family is not ready for reunification, if there is a lack of sustainable support or if the child has behavioral or psychiatric issues that require special parenting skills. Literature suggests that re-entry is more likely for families with higher numbers of children and when unanticipated family changes occur. (Barth 2007; Kimberlin 2008; Osterling 2009; Terling 1999).

System Improvement Plan 2008-2011 to System Improvement Plan 2011-2014

In an effort to reduce Re-entry rates, during the 2008-2011 System Improvement Plan time period, Los Angeles County included SIP strategies such as a Wraparound Service survey, increased access to Upfront Assessments and intensive home services. In addition, an analysis and in-depth review of re-entry cases and successful reunification cases was completed, with key findings suggesting that accurate assessment of family needs and services, dual diagnosis (substance abuse and mental health), family size and special needs of children, impact the likelihood of re-retry. The Wraparound program survey provided a good response and from the survey it was determined that additional slots were needed for Upfront assessments. Intensive Home-based mental health services are currently in place in the form of Intensive Treatment Foster Care (ITFC) and Multi-Dimensional Treatment Foster Care (MTFC) services and have supported stabilization of children with specialized care needs allowing for moves in time to least restrictive environments. Re-entry rates continue to increase even as support strategies have been implemented. Overall, the outcome measure was not been impacted as anticipated and

therefore the county has chosen to further expand and enhance Wraparound services to meet the reunification needs of children and families; re-direct funding from drug testing to screening, assessments and treatment; utilize readiness measures for families with substance abuse risk factors; build on the reunification Team Decision Making processes and evaluate the efficacy of Upfront Assessments.

Current Activities Supporting Successful Reunification[8]

- Dependency Drug Court
- Family Preservation
- Parent In Partnership
- Project SAFE
- Team Decision Making Meeting
- Time Limited Family Reunification Services
- Upfront Assessment

New Activities

DCFS is focusing efforts on enhancing programs and practices already in place. One new activity included in the 2011-2014 improvement plan for re-entry is the proposed shift of substance testing funds to assessment and treatment.

[8] See Current Activities and Programs attachment for further details.

A review of Los Angeles County Re-entry Following Reunification data for the most recent four quarters shows that there has been no change in performance for this measure.

Table 7

C1.4 Re-entry Following Reunification (Exit Cohort)
Percentage of all children discharged from foster care to reunification during the year, who re-entered foster care in less than 12 months from the date of discharge.

	1st Qtr 2011	2nd Qtr 2011	3rd Qtr 2011	4th Qtr 2011	National Standard or Goal
Los Angeles	11.9	12.0	11.9	11.9	9.9

Using CDSS' quarterly reports[9], performance comparisons for re-entry between Q1 2011 (11.9%) and Q4 2011 (11.9%) indicate that over a 12 month period of time the County has maintained a 11.9% performance level and there has been no change in the rate of children who re-entered the system within 12 months following reunification. Los Angeles County has initiated incremental strategies over the next three years to impact performance and practice for this measure. Strategies include but are not limited to focus engagement with families dealing with substance abuse issues, enhanced use of Team Decision Making at the time of reunification and effective Upfront Assessment to address family underlying needs. Efforts have been put in place with a goal of performance change over a three to five year period of review in line with SIP timeframes. Of note, current SIP strategies are in the early stages of implementation.

[9] Data source for outcome measure information comes from California Department of Social Services' official Quarterly reports for Quarter 1, 2011 through Quarter 4, 2011. (http://www.childsworld.ca.gov/res/CtyReport/Sept11/Apr12LosAngeles.pdf).

Measure C4.2: Placement Stability (12-24 Months in Care)

In developing the 2011-2014 SIP Los Angeles County considered outcomes for placement stability measures, which are designed to measure the number of placements a child experiences while in foster care. Data reports indicated that the County made improvements in two of the three measures designed to gauge performance. On measure C4.1 Placement Stability (8 days to 12 months in care), Los Angeles County's performance declined by 1.7% between Q2 2007 (87.1%) and Q2 2010 (85.6%)[10]. The ten-year performance trend for this measure indicated a performance improvement of 1.6%. This represents a performance of 0.2% below the National standard.

For measure C4.2 Placement Stability (12 to 24 months in Care), Los Angeles County had a 7.2% decline in performance since 2007 (Quarter 2, 2007 [71.8%] - Quarter 2, 2010 [66.6%]) (CDSS Quarterly Data) and the ten year performance trend showed 0.4% improvement in performance. For the same measure, Los Angeles County was approximately 20% above the state-wide performance. The performance prompted the county to focus system improvement efforts on this measure, to be proactive in stabilizing children in placement and preempt any further decline. This measure (C4.2) is one of the county's 2-11-2014 SIP focus measures. Efforts to stabilize placement at the 12-24 month timeframe may impact performance in measure C4.3 which monitors placement stability of children in out-of-home care 24 months or more.

Measure C4.3[11], designed to monitor placement stability for children in care for 24 or more months, indicated that Los Angeles County had experienced a 1.0% reduction in performance on this measure since Q2 2007. The County has met and exceeded the National standard by 8.0%, while performing 1.8% above the state-wide performance. Long term trends for this measure indicate that since FY 2000-01, County performance declined by 31.7%. This might translate into the presumption that children who have deeper service needs tend to stay longer in the system and tend to have more placements due to their service needs.

---

[10] Data source for outcome measure information comes from California Department of Social Services official Quarterly reports for Quarter 2, 2007 and 2010 (http://www.childsworld.ca.gov/res/CtyReport/Jan11/Jan11LosAngeles.pdf

[11] Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California.* Retrieved [April, 4, 2011], from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare Dynamic Report Quarter 2 data, 2007, 2008, 2009, 2010.

Data figures reviewed from DCFS' Family-to-Family report (local DCFS data source[12]), during the development of the 2011-2014 SIP for fiscal year 2009 -10, for placement stability vs. time-in-care, indicated that 86% of children experienced less than two placements within 12 months and 14% of children experienced more than two placements. Looking at longer timeframes for this stability measure indicated that for children in care 12-24 months, 67% experienced two or fewer placements, while 33% experienced more than two placements. The percentages jump for children in placement for more than 24 months; 39% for two or less placements and 61% for more than two placements. The above figures suggest that the longer children stay in the system, the more likely they are to experience less stability in placement.

Table 8

Measure C4.2 Placement Stability (12 to 24 Months in Care)
Of all children served in foster care during the year who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	72.2	70.7	69.0	66.6	68.8	65.4

For measure C4.2 Placement Stability (12 to 24 months in Care), Los Angeles County has had a 4.7% decline in performance since 2007 and the ten year (CY2000 – CY2010) performance trend shows 0.4% improvement in performance. Although the County is performing above the National Standard (65.4%) in this measure, the improvement focus is on this measure based on the overall decline in County performance since Q2 2007.

Using Composite Planner

By January of 2014, DCFS will increase stability of placement (children in care 12-24 months) from 66.6% to 72.0%

The goal established for the placement stability outcome measure, takes into consideration current performance. Using the current quarter baseline number of 5,957 children in placement 12-24 months, approximately 4,032 (66.6%) have been in 2 or fewer placements. Los Angeles County has chosen as a goal for this measure to improve placement stability outcomes to 72.0% which is close to the County's previous quarter 2 of 2007 performance level. Meaning, if the same number of children are in placement 12-24 months in a quarter (5,957) then 4,290 of them would have 2 or fewer placements. This is an increase in stability for an additional 158 children. Increased stability of 158 children per quarter, spread over 19 DCFS offices, is between 8 and 9 children per office.

[12] Family to Family Data is a local data source.

PQCR, CSA, SIP Stakeholder Meeting

Feedback from the PQCR, CSA, and SIP Stakeholder meeting (Related to the 2011 CSA and SIP reports) identified that Kinship placements are able to offer more stability for youth and the ability to support relative placements through service provision will help maintain children in the home of a relative foster parent. Participants identified that older youth struggle with placement instability. Wraparound services have been instrumental in securing more stable placement. Improved family engagement and in-home services may help maintain a child when there is a request for removal. Participants suggested that focus be placed on trying to maintain placements and suggested that additional support be provided to a youth when a placement change occurs. Feedback included that placement instability has a noteworthy impact on youth in their education performance, especially if the youth experiences multiple school transfers. Next steps included suggested: development of a youth centered workgroup in order to get feedback regarding placement instability, establish consistency in placement protocols so that foster parents and relative caregivers are prepared for their role, work to ensure that youth assessments follow the child no matter what department completed the document. SIP strategies will include focus on relative placement and a study of placement stability. Also, included will be strategies that engage parents with caregivers and additional collaboratives and evaluation of those services or programs that are aligned with mental health needs of youth.

Literature Review

Literature reviews identified age, as well as behavioral and emotional problems as the most prevalent risk factors related to placement instability. (Crum 2009; Koh 2009) Teens in foster care are more prone to placement instability than younger children. (Osterling 2009; Webster 2000) Furthermore, those who age out of foster care are likely to experience some of the highest rates of placement instability. Emotional and behavioral issues are a common reason for foster parents to request the removal of a child from their care. Children with multiple placements may experience an increased sense of rejection and impermanence as well as a decrease in their ability to form emotional ties with their caregivers. Effective programs and interventions that help foster parents and caregivers deal with child behavioral problems have help with placement stabilization. Placement type is a

strong predictor of placement stability. Children placed with kin have been found to experience fewer moves, have less behavioral problems, are more likely to remain in their neighborhood and school and with siblings. (Koh 2009; Scott 2009; Webster 2000) The growth of kinship placements is believed to lead to more positive outcomes for children because of less disruption in the life of the child.

Literature also suggests that there is a correlation between the characteristics of the caregiver and social worker, and worker retention on placement stability. Osterling (2009) Caregivers who are trained and well prepared for their role as foster parents are able to provide a more stable home. In addition, a caregiver with a strong social support system can better maintain the child in placement. Crum (2009) The educational level of the social worker is noted as impacting placement outcomes. Children whose cases were managed by social workers with a master's degree, spent fewer months in foster care, thus reducing the likelihood of placement changes. Also, a child with fewer worker changes faired better in placement stability.

Current Activities-Supporting Placement Stability

- D-rate Program
- Ice breaker Program
- Kinship Care Services
- Relative Placement
- Wraparound Services

New Activity

In achieving system improvement goals, DCFS is focusing efforts on enhancing programs and practices already in place. A new activity included in the 2011 - 2014 improvement plan for placement stability is the proposed Expedited Response Pilot. This pilot is a collaborative effort between DCFS, the Department of Mental Health and the Psychiatric Mobile Response team staff, which focuses work on youth with mental health needs.

A review of Los Angeles County Placement Stability (12-24 Months in Care) data for the most recent four quarters shows a 2.5% rate increase from the beginning of 2011 to the end of 2011. Since the County is not engaged in a formal random design sampling and since the System Improvement Plan is in the early stages of implementation, it would be inaccurate to suggest SIP success in impacting outcomes for children and families.

Table 9

Measure C4.2 Placement Stability (12 to 24 Months in Care)
Of all children served in foster care during the year who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings.

	1st Qtr 2011	2nd Qtr 2011	3rd Qtr 2011	4th Qtr 2011	National Standard or Goal
Los Angeles	67.7	68.8	69.0	69.4	65.4

During CY2011, from Quarter 1 to Quarter 4 the County has shown a 2.5% increase in rate of children with two or fewer placement settings. This is a move in a desirable direction.

Self-Sufficiency

Measure C3.3: In Care 3 Years or Longer (Emancipated/Age 18)

The September 13, 2011 SIP noted Los Angeles County performance on this measure as showing nearly 60% of all emancipating youth or age 18 youth as being in care for three years or longer. Los Angeles County set a target to reduce the percentage by 10%. This would be reflected in an outcome measure of approximately 54% of emancipating youth/age 18 having been in care 3 years or longer. Quarter 2, 2011 data shows a rate of 58% of youth emancipating or turning age 18 as being in care for three years or longer. This is a 3.6 % decrease and an indication of improved performance in this measure.

Table 10

C3.3 In-care 3 years or Longer (Emancipated/Age 18)
Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years of longer?

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	National Standard or Goal
Los Angeles	64.2	64.1	61.1	60.2	58.0	37.5

Through a combination of efforts, documented below under current activities, the County has lowered the rate of children in care three years or longer by 9.6% for the time period Q2 2007 to Q2 2011. However, Los Angeles County remains 55% below the National Standard performance of 37.5%. Long-term trends for this measure indicate that from CY 2000 – CY 2010, Los Angeles County's performance has declined by 2.3%.

Using Composite Planner

By January 2014, DCFS will reduce the percentage of youth in care three years or longer by 10% (emancipating/age 18)

The goal established for the "In care three years or longer" outcome measure, takes into consideration current performance. Current performance shows nearly 60% of all emancipating youth or age 18 youth as being in care for three years or longer. Los Angeles County's target is to reduce the percentage by 10%. This would be reflected in an outcome measure of approximately 54% of emancipating youth/age 18 having been in care 3 years or longer. In other words, if given a baseline number of 1,359 emancipating youth/or age 18 young adults leaving

care, current performance would have 815 (60%) in care 3 years or longer. The county goal of a 10% improvement in performance would manifest itself in 81 less youth in care three years or longer.

PQCR, CSA, SIP Stakeholder Meeting

Feedback from the PQCR, CSA, and SIP Stakeholder meetings (Related to the 2011 CSA and SIP reports) identified that there is a need to build alternative placement resources. Participants suggested that focus be placed on engaging the family up front in order to reunify if possible, engage the father as a possible viable placement, continue with on-going family finding, and consistently apply concurrent planning to cases. Positive programs and practices that were identified by stakeholders included team decision making meetings, youth permanency units and the Permanency Partners Program (P3).

Literature Review

Timely permanency for children in out-of-home care is a primary goal for DCFS. In particular, the permanency outcome measure (C3.3) related to emancipating youth and age 18 young adults exiting the child welfare system, who have been in care for three years or longer, focuses attention on the need for permanency. Research has shown that youth who emancipate from foster care face disproportionately higher rates of unemployment, lower educational attainment, incarceration, dependence on public assistance, substance abuse, and non-marital childbirth. (Dettlaff 2010; Places to Watch 2006: Stott, 2009) Foster youth while in care, often times move from placement to placement, coping with school changes and facing challenges of maintaining relationships with others. Supportive, trusting, long-term relationships with a caring adult are noted in literature to support improved outcomes for transition age youth. Establishing methods to secure housing, employment and medical care are also noted as leading to greater likelihood of attaining or sustaining self-sufficiency for youth. African American youth are disproportionately represented in child welfare (Addressing Racial Disproportionality in Child Welfare, 2011; Dettlaff 2010; Marts, et al., 2008; Places to Watch, 2006).

System Improvement Plan 2008-2011 to System Improvement Plan 2011-2014

The 2008-2011 System Improvement Plan for Los Angeles County, included efforts to address permanency: measure C3.3: In Care 3 Years or Longer (emancipated/age 18). The strategies included expanding family finding and engagement activities through the Team Decision Making process. Outcomes for measure C3.3 show that the County has decreased the percentage of emancipated youth/age 18 in care for three years or longer from 64.2% to

60.2%. However, the County still remains above the National Standard (37.5%) for this measure. In the current SIP, the County has included strategies to improve data tracking, conduct mental health screenings and assessments; complete comprehensive needs assessments enter into the federal California Partners for Permanency (CAPP) grant that highlights efforts to address permanency needs for our African American youth in care.

Current Activities-Supporting Youth Self-Sufficiency and Permanency

- Concurrent Planning
- Coordinated Service Action Team (CSAT)
- Education Liaison
- Family Finding
- Multi-disciplinary Assessment Team (MAT)
- Mental Health Screening and Assessment
- Team Decision Making (TDM)
- Transitional Housing (Has direct impact on the well-being of this population; may not directly impact the outcome measure.)
- Wraparound Programs
- Youth Permanency Units

New Activity

In achieving system improvement goals, DCFS is focus efforts on enhancing programs and practices already in place. The one new activity included in the 2011-2014 improvement plan for self-sufficiency/permanency is the work included in the California Partners for Permanency Grant (CAPP)

A review of Los Angeles County In Care 3 Years Or Longer data for the most recent four quarters, shows the County has improved performance, lowering the rate by 4.9%. Causality determination is a challenge for the County, since an actual random study design is not in place for the measure. Rather, the measurement of success is a comparison of child and family outcomes before and throughout the SIP period. The County is encouraged by the data, which shows a desirable trend towards reducing the percentage of children represented in this measure.

Table 11

C3.3 In Care 3 Years Or Longer (Emancipated/Age 18) **Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years of longer?**					
	1st Qtr 2011	**2nd Qtr 2011**	**3rd Qtr 2011**	**4th Qtr 2011**	**National Standard or Goal**
Los Angeles	58.8	58.0	57.2	55.9	37.5
Using CDSS' quarterly reports[13], performance comparisons for re-entry between Q1 2011 (58.8%) and Q4 2011 (55.9%) The County has made improvements by lowering the rate of children in care three years or longer by 4.9%.					

Outcome/Systemic Factor: Enhanced Organizational Performance

Goal: Stakeholder feedback will identify improvement in teaming, communication, and managing for results.

Strategy: Managing for Results – Data-driven Decision Making

Child welfare agencies have been collecting data for years, but it has not been until more recently that child welfare agencies are discovering the power of data for promoting practice improvement. Data-driven decision making goes beyond required data reporting into using data to develop and implement strategies that will impact performance outcomes and support department strategic priorities.

[13] Data source for outcome measure information comes from California Department of Social Services' official Quarterly reports for Quarter 1, 2011 through Quarter 4, 2011. (http://www.childsworld.ca.gov/res/CtyReport/Sept11/Apr12LosAngeles.pdf).

As such, DCFS has instituted a business process (October 2011) that will foster and strengthen the Department's ability to manage towards a set of consistent and prioritized data; create opportunities at the office, bureau, and department levels to discuss challenges, and share best practice opportunities. Full development and the institution of this process will take place over the next three to five years (CY2011 - CY2016).

In support of the business process mentioned above, DCFS has developed a data dashboard[14] to highlight specified key indicators pertaining to safety, permanence, and well-being. This dashboard has been in use since October 2011 and will be enhanced on an on-going basis throughout the full System Improvement Plan period of review (Q2 2011 - Q2 2016). The data dashboard is a "container" of data and a tool for management and staff use in on-going learning. Performance indictors, aligned with safety, permanency and well-being, are displayed in the form of point in time scorecards and in trend tables and graphs. The data dashboard allows the user to drill into data at the Department level through to exploration of a single case. All DCFS staff has direct access to the data dashboard. A fully customized data dashboard, which includes indicators for child welfare services and support programs, is planned for end of year 2013.

The DCFS data-driven decision making process (DCFS Stat) is a combination of data, the stories behind the data and a meeting which allows for formal discussion and action plans. DCFS Stat considers the integration of a model that incorporates both quantitative and qualitative data. By doing so, DCFS staff is better equipped to understand, discuss, and act upon data trends and analysis. The data-driven decision making process will assist the department in achieving system improvement goals. The department began a soft launch of DCFS Stat in October 2011. Continued enhancement and implementation of child welfare services and support, in the data-driven decision process, is on target for December 2013.

[14] DCFS Data dashboard captures data from the State Child Welfare Services/Case Management System (CWS/CMS)

As of April 2012, the DCFS Data Dashboard contains the following performance measures under safety, permanency and well-being:

Table 12

Safety	Permanency	Well-being
No Recurrence of Maltreatment	Foster Care Entry (Removal)	Timely Medical
No Maltreatment in Foster Care	Foster Care Entry (Removal) Without a Team Decision Making (TDM) meeting	Timely Dental
No Maltreatment in Home	Exit to Permanency (Entry Cohort)	Sibling Placement
Timely Response Referral (Immediate Response)	Exit to Permanency Children in Foster Care 2^{+} Years.	Placement With Relatives
Timely Response Referral (5 Day)	Average Days in Care	
Timely Contact: Referrals	Exit to Permanency (Exit Cohort)	
Timely Contact: Cases	Exit to Reunification Within 12 Months (Exit Cohort)	
Timely Disposition: Referrals Over 30 Days	Exit to Legal Guardianship Within 24 Months	
	Re-entry into Foster Care	

Dashboard development has been on-going with staggered implementation of measures. Safety Measures were available in October 2011[15]; Permanency Measures were introduced in February 2012; Well-being Measures late March 2012. Due to a six month period of use for Safety Measures the department has been able to track safety performance changes from data period of September 2011 through March 2012. Permanency and Well-being Measures are still in developmental stages and have not yet completed a six-month timeframe for tracking. As noted below since the implementation the DCFS Stat process, the Department has experienced improved rate of performance in all the safety measures.

Table 13

Safety	October 2011 Dashboard % (September 2011 data reporting period)	April 2012 Dashboard % (March 2012 data reporting period)	Rate Change
No Recurrence of Maltreatment	91.85	93.99	Improved 2.3%
No Maltreatment in Foster Care	99.87	99.95	Improved .08%
No Maltreatment in Home	99.45	99.54	Improved .09%
Timely Response Referral (Immediate Response)	97.89	98.25	Improved .36%
Timely Response Referral (5 Day)	92.03	95.49	Improved 3.7%
Timely Contact: Referrals	59.90	62.25	Improved 3.9%
Timely Contact: Cases	88.62	94.29	Improved 6.4%
Timely Disposition: Referrals Over 30 Days	32.56	30.98	Improved -4.8%

The DCFS Data Dashboard is being developed through a process that includes input from a variety of sources. Dashboard users make recommendations, a Data Partnership Workgroup meets on a monthly basis to ask questions,

[15] Dashboard data frozen as of 10.10.2011 reflects September 2011 data reporting period

consider option and make recommendations. A workgroup from the department's Office of Strategy Management and Business Information Systems reviews recommendations for presentation and approval by the Executive Operations group.

Emergency Response Referrals over 60 Days-Backlog

Beginning mid-year 2008, Los Angeles County Department of Children and Family Services began to experience increased public attention to child welfare Emergency Response (ER) policies and procedures. In response, DCFS began a review process of Emergency Response, considered options and areas for change, and implemented efforts to enhance the ER referral investigation process. In early 2009, DCFS experienced an increase in child abuse referrals, the highest number in a three year span of time and by June of 2009, it was apparent that the department needed to address a rise in ER referral investigations that were remaining open longer than 60 days. A workgroup was established and an analysis was completed to identify contributing factors in the ER referral backlog. A plan was developed to consolidate and later sustain the progress made in safely reducing the backlog numbers.

Efforts to address the ER over 60 days backlog included, but were not limited to, the following[16]:

- Management review and oversight of key points that have the potential to affect caseload growth and ER referral backlog (i.e.; Child Protection Hotline (CPH) referral and acceptance rates, Emergency response Command Post (ERCP) carry-over response to DCFS office ER units and Continuing Services to ER referrals);
- Developed policy to streamline ER workload and clarify and strengthen the core of ER practice from a qualitative standpoint at key decision points;
- Implemented strategies to permanently redeployed and temporarily re-assigned current staff and hire temporary staff and allocate these resources to DCFS offices based on percentage of ER over 60 backlog. The process began in the fall of 2009 and continues to date with 29 temporary staff still in place;
- On-going implementation of an enhanced training unit model that redesigned training unit composition, field day activities, academy curriculum and integrated early performance measures for new hires;

[16] Full listing of safety enhancement are included in DCFS Policy for ER Disposition of referral

- Integrated supervision training to articulate and affirm what quality, confident, competent consultation supervision and decisions-making looks like when done to a standard in ER at key decision points;

- Completion of ER workload survey to determine parameters for caseload size that are conducive to child safety, sound case practice and workload equity;

- Utilization of data tracking to guide decision-making with regarding to ER practice and resource needs.

Full listing of ER safety enhancements are detailed in a DCFS ER referral disposition policy tracking log. This log tracks policy changes to our core ER policy which is the core policy reflective of our ER safety enhancements. Early on DCFS developed 52 safety enhancements to guide ER Referral Disposition. The 52 remain in practice. Three of the 52 procedures have been clarified or strengthened, namely collateral contact policy, Family and Children's Index (FCI policy), and Investigation Narrative + SCSW Checklist. The collateral contact policy removed the prescriptive number of 3 contacts and clarified that the number is determined by the nature of the referral allegations, the family situation, and the family's involvement with community agencies – in other words the number could often be more than 3 collaterals, but could be fewer if there were low risk indicators and/or a lack of available sources. The Investigation Narrative format was restructured to reduce duplicative documentation from the CWS/CMS contacts in order to focus the communication tool on important investigative facts and rationale leading to the allegation conclusion and referral disposition. The SCSW Checklist was a highlighted tool to ensure quality and safety in the referral disposition and evaluation process. The SCSW Checklist was further enhanced to include hyperlinks to existing policy points found across a spectrum of ER policies. Lastly, FCI policy was clarified to reduce duplicative investigative efforts and provide an avenue to reach an assigned DCFS FCI manager if collateral contacts/replies from other county departments or agencies were not received timely.

On August 3, 2010, the California Department of Social Services (CDSS) granted Los Angeles County DCFS request for a waiver of the 30-day calendar timeframe to a period of 60 calendar days to close investigations and demonstrate system change efforts to engage parents and children with case plan development. The extension was based on DCFS providing CDSS with specific details about the investigation and case plan enhancement. DCFS is currently operating according to waiver timeframes. The department has observed a reduction in the ER over 60-day backlog and is utilizing current strategies to continue in the reduction trend, while keeping an eye on ER referral investigation closure within 30 days.

A performance measure of Timely Disposition: ER Referrals Over 30 Days is included in the DCFS Dashboard. This measure has been discussed on a monthly basis in the DCFS Stat process. Since October 2011, the department has shown a 4.8% decrease in the rate of ER Referrals Over 30 Days. This is a performance improvement. DCFS used its

internal DCFS Dashboard and CWS/CMS Cognos data track the 4.8% decrease. The dashboard shows a 13-month trend and allows for drill-thru capabilities for this measure. However, in order to allow for coordination of data and methodologies, for the purpose of the SIP, DCFS will begin tracking this measure via SafeMeasures reports and report-out accordingly in future updates.

The methodology for the dashboard ER Over 30 Days measure is as follows: the numerator counts all referrals open at the end of the month, which are over 30 days old. Days are counted from the first completed contact date with any one child with an allegation in the referral. If no completed contact date is entered, then the days are counted from the referral date. SafeMeasures has two separate reports to track timelines for referrals; DCFS COGNOS reports use a combination of both due to Division 31 policy concerning when the 30/60-day clock begins, i.e. the date of the initial completed contact or date of detention whichever comes first. SafeMeasures has a report which begins the clock based on the referral date and one report based on the first completed contact date. However, this report excludes any referral without a completed contact. DCFS COGNOS referral reports do not exclude referrals without a completed contact date, but use the referral date until a completed contact is entered.

It is too early to say for sure how the implementations of the safety enhancements have impacted recidivism, reoccurrence, re-entry, and even serious incidents and death because these studies have not come out yet. However, one indicator from the UC Berkeley CWS Dynamic Report System (Federal Safety Measure 1) shows that the since the beginning of our ER 30-day waiver, the County of Los Angeles has seen a decrease in reoccurrence of maltreatment, i.e. from a 93.4% rate NOT maltreated again to 94.0% at the last report. (Data from January 2011 to June 2011.)[17]

In addition, to DCFS Stat process, the department continues to monitor ER referrals of 60 days daily. Data reports related to ER referrals over 60 days are available to DCFS office managers and the executive team. As of March 31, 2012 the total number of ER Referrals Over 60 Days for the department was 868[18] based on contact date, or 8.7% of all open referrals are currently over 60 days old. Although not a direct SIP strategy, DCFS continues to monitor performance in this area and apply lessons learned from the ER Over 60 backlog to other performance areas. DCFS is working directly with California Department of Social Services on a separate performance report related to Timely Disposition: ER Referrals Over 30 Days.

[17] [17]Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California.* Retrieved [April, 4, 2011], from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

[18] Data Source CWS/CMS DCFS COGNOS reports March 31, 2012

Disparity and Disproportionality

Disparity: Unfair or unequal treatment of one racial or ethnic group as compared to another racial or ethnic group.

Disproportionality: A particular racial or ethnic group is represented at a rate or percentage higher than their representation in the general population.

Los Angeles County as a whole is focusing efforts on eliminating disparity and disproportionality for African-American children in care. The current System Improvement Plan (SIP) for county child welfare services for both DCFS and Probation creates an opportunity for both departments to pledge commitment within the SIP to utilize quantitative data and qualitative data in efforts to address systemic evidence of disparity and disproportionality. Data evidence such as numbers and percentages for selected disparity indices displayed in Tables 14 through 17 shows both disparity and disproportionality in the child welfare system.

African American children are disproportionately represented in caseloads, referrals, substantiated referrals, removals from home and children in out-of-home placement in Los Angeles County's child welfare system. (Tables 14-17[19]) DCFS Family-to-Family data from July 2011 – December 2011 and July 2010 – December 2010, shows African American children represented 8.7% (243,117) of the overall child population in Los Angeles County during comparison years. However, they represent 26.1% (in 2011) and 27.5% (in 2010) of children receiving child welfare services. (Table 16) Nineteen percent of child abuse/neglect referrals generated in 2011 involved African American children and they represent 29.5% of children in out-of-home placement during the same time period.

A comparison of the displayed indices for the 2010 reporting period to the 2011 reporting period shows that Los Angeles County has seen the most significant reduction in rate of African American children represented for the area of *Substantiated Referrals*. From 2010 – 2011 there has been a 7.8% rate decrease for this measure (20.5% July - December 2010 to 18.9% July - December 2011). *Removals from Home* shows a 4.5% rate decrease (24.7% July - December 2010 to 23.6% July - December 2011), while African American children represented on DCFS Caseloads have a 5.1% rate decrease from the represented 2010-2011 reporting periods (27.5% July - December 2010 to 26.1% July - December 2011). It is a challenge to pinpoint any one effort aligned with representation rate changes. Further discussion of Los Angeles County efforts around disparity and disproportionality are found in a narrative following Tables 14-17.

[19] DCFS Family to Family data source July 2011 through Dec. 2011.and July 2010 through December 2010. Internal DCFS data system; Data information provided upon request.

Table 14

Los Angeles County DCFS Disparity Indices Report Periods
July 2011 through December 2011 and July 2010 through December 2010

DCFS	Los Angeles County Child Population 2011		Los Angeles County Child Population 2010		Referrals 2011		Referrals 2010	
Hispanic	1,714,650	61.2%	1,714,650	61.2%	41,366	59.2%	42,501	59.6%
[redacted]	546,421	19.5%	546,421	19.5%	8,877	12.7%	9,076	12.7%
African Amer.	243,117	8.7%	243,117	8.7%	13,260	19.0%	13,968	19.6%
Amer. Indian	5,573	0.2%	5,573	0.2%	142	0.2%	152	0.2%
Asian	291,944	10.4%	291,944	10.4%	1,857	2.7%	1,852	2.6%
Other					4,397	6.3%	3,760	5.3%
Total	2,801,705	100%	2,801,705	100%	69,899	100%	71, 309	100%

Table 15

DCFS	Substantiated Referrals 2011		Substantiated Referrals 2010		Removals from Home 2011		Removals from Home 2010	
Hispanic	9,589	62.9%	9,422	61.9%	2,839	59.1%	3,313	58.7%
[redacted]	1,864	12.2%	1,914	12.6%	636	13.2%	761	13.5%
African Amer.	2,885	18.9%	3,127	20.5%	1,135	23.6%	1,393	24.7%
Amer. Indian	31	0.2%	62	0.4%	12	0.2%	24	0.2%
Asian	529	3.5%	505	3.3%	143	3.0%	130	2.3%
Other	339	2.2%	201	1.3%	39	0.8%	23	0.4%
Total	15,237	100%	15,231	100%	4,804	100%	5,644	100%

Table 16

Los Angeles County DCFS Disparity Indices Report Periods
July 2011 through December 2011 and July 2010 through December 2010

DCFS	DCFS Caseload 2011		DCFS Caseload 2010		Children in out-of home placement Foster Care Caseload 2011		Children in out-of home placement Foster Care Caseload 2010	
Hispanic	27,715	58.4%	26,368	57.4%	8,313	54.7%	8,314	53.2%
[illegible]	5,678	12.0%	5,439	11.8%	1,930	12.7%	1,969	12.6%
African Amer.	12,387	26.1%	12,616	27.5%	4,492	29.5%	4,897	31.3%
Amer. Indian	235	0.5%	193	0.4%	115	0.8%	96	0.6%
Asian	1,226	2.6%	1,200	2.6%	290	1.9%	324	2.1%
Other	193	0.4%	125	0.3%	64	0.4%	36	0.2%
Total	47,434	100%	45,941	100%	15,204	100%	15,636	100%

Table 17

DCFS	Exits from Foster Care[20] 2011		Exits from Foster Care[21] 2010	
Hispanic	2,736	55.0%	2,947	54.0%
[illegible]	680	13.7%	759	14.0%
African Amer.	1,381	27.7%	1,565	29.0%
Amer. Indian	35	0.7%	23	0.4%
Asian	135	2.7%	154	2.8%
Other	12	0.2%	8	0.1%
Total	4,979	100%	5,456	100%

[20] Includes all types of exits from foster care.
[21] Includes all types of exits from foster care.

In 2005, DCFS started work to reduce disparity and disproportionality as part of the Family-to-Family Initiative, California Disproportionality Project and the Los Angeles Prevention Initiative Demonstration Project. While efforts have been concentrated within select offices, in three Services Bureaus, DCFS is now working to incorporate successfully demonstrated policies and practices throughout the department. Los Angeles DCFS has established an Eliminating Racial Disparities and Disproportionality (ERDD) Steering Committee, charged with providing leadership to this effort.

DCFS is working to address the issue of disproportionality through programs such as faith-based initiatives and Eliminating Racial Disparity and Disproportionality (ERDD) strategies. The Pomona DCFS office, has demonstrated marked improvements in addressing disproportionality through the implementation of ERDD strategies. Key elements and efforts to address ERDD include engaging DCFS office staff and executive level staff through trainings and workgroups, continued focus on data, and research on effective programs and practices. An example of an effective practice developed is a Pomona Action Group that provides advocacy for families during TDM meetings and conducts monthly case conferences for African American Families. Due to the success of ERDD in the Pomona office, DCFS executives and senior managers are coordinating expansion across the Department. ERDD is embedded in the values included in the county Shared Practice Model.

DCFS is one of four counties selected to participate in the federally funded California Partners for Permanency (CAPP) grant. Through work with the grant, DCFS has developed a practice model to ensure permanency for African American youth who are impacted by disparity and disproportionality. The practice model is an integrated child and family practice model that builds on existing permanency practices. It includes definitions and explanations about how staff partner with families, service providers and with other stakeholders in the delivery of services to achieve positive outcomes for youth and their families. It is utilized by social workers and community partners in their day-to-day work.

Three DCFS offices are participating in the CAPP grant. The first offices will begin using the Child and Family Practice Model in May of 2012. While targeting reunification, adoption, and guardianship, it is anticipated that the grant work will flow "upstream" to removals, substantiations and case openings.

Probation began tracking general Probation/delinquency data based on race/ethnicity and has reported this data to the Corrections Standards Authority (CSA) as a part of a Disproportionate Minority Contact (DMC) Grant. The general data is in alignment with national data indicating that African American youth are disproportionately represented in juvenile justice system along different contact points. It is anticipated that data related to Probation foster youth will be tracked and

reported in the annual SIP Progress Report of 2013. Probation is currently working on utilizing data from the UC Berkley Website through partnership with UC Davis for training and technical support from CDSS.

Probation Department

System Improvement Plan 2008-2011 to System Improvement Plan 2011-2014

For the SIP 2008-2011, Probation focused on strengthening the case assessment and case planning process, enhancing services and resources for youth and their families and training. Since the last SIP cycle, Probation has provided quarterly trainings to Placement Officers through the Department's experts as well as utilizing the UC Davis Extension-Resource Center for Family Focused Practice, which has enhanced knowledge and increased reunification. Additionally, a Cross-Systems Assessment was developed and implemented in Juvenile Hall to decrease placement in out-of-home care and increase placement back in the home with Evidence-Based programs. Probation was able to expand Evidence-Based programs such as Functional Family Therapy and Multi-Systemic Therapy and was able to add the Evidence-Based program, Functional Family Probation, which has directly increased the timelines to reunification. Lastly, Probation began the process of obtaining foster homes for Probation youth and partnered with DCFS' Recruitment and Adoption section to finalize the first delinquency media-based recruitment in the state.

Through the use of the information from the PQCR case reviews and focus groups, the analysis of gathered feedback and information from the CSA and the feedback, insight and recommendations from the SIP Stakeholder Meeting, the following systemic factors have been chosen as the focus for the SIP:

Outcome/Systemic Factor 1: Timeliness to Reunification/Agency Collaborations
Goal: Improve Collaborative Efforts Across Systems
Strategy: Cross-Systems Training and Exploration of New and Existing Resources

Probation PQCR, CSA, and SIP Stakeholder Feedback

One of the key concerns revealed in the PQCR findings was that, although improved, there is still not effective and consistent collaboration and sharing of information taking place on every case that crosses from DCFS to Probation. The result is that many youth are slipping through the cracks and information is being lost; thereby, disrupting the case planning process causing huge delays in permanency and terminating and denying resources and funding necessary for

the success of the youth and the family. Based on this feedback by Stakeholders, Probation selected the outcome systemic factor of timeliness to reunification and the goal of improving collaborative efforts across systems.

Current Activities

- Probation/DCFS Permanency Collaboration Committee—this group meets monthly to discuss all cases referred to Probation's Permanency Unit. A key goal of this committee is to ensure that due diligence to find and engage birth parents has been completed on each case. Many times parents are reunified with their children after periods of separation.

- Multi-Disciplinary Team (MDT) Pilot Program with Group Home Provider—these meetings bring professionals together from all disciplines at critical points in each child's case such as educators, mental health providers, Group Home staff, Transition Coordinators, Placement Officers, medical staff, relatives and parents. The purpose of the meetings is reunify the child with his parents, if possible, or with a permanent home as quickly as possible with the necessary services in place to ensure success; thereby promoting reunification.

New Activities

- Cross-system training with and for agencies which would begin with forming a steering committee to include representatives from various county departmental agencies and external stakeholder agencies. The purpose of the committee would be to initially assess the needs and develop curriculum.

- New resources for Probation foster children such as recruitment of foster homes and foster/adoptive families

- Expanding and enhancing existing resources for Probation foster children such as Evidenced-Based Programs (EBP) and DCFS media and routine recruitment activities and events.

- Identifying areas of disproportionality and disparity of treatment and resources for Probation foster children

Outcome/Systemic Factor 2: Increasing Placement Stability
Goal: Improving upfront and ongoing Assessment and Case Planning
Strategy: Revision of case plan and court report documents to increase compliance with mandates, develop upfront cross-systems assessment process, expand EBPs and increase Placement Officer safety.

Probation PQCR, CSA, and SIP Stakeholder Feedback

Although Probation does not have current data to reveal the trend for placement instability of foster children, internal data reveals that many Probation foster children have more than 2 placements during their stay and have a high runaway rate. For example, in January 2011, there were 217 foster care referrals ordered by delinquency court into out-of-home care. Of those, 154 were first time entries (placements) and 63 were re-entries (replacements). In January 2011, there were 75 youth that had documented runaway incidents; 5 of those youth had repeat incidents in the same month.

Throughout the PQCR, stakeholders as well as outside county partners revealed the need for better front end assessment to ensure appropriate initial placement. Effectively matching the child's needs with the setting they are placed in will result in increased placement stability. SIP Stakeholder feedback suggested that services need services and resources must be made available to all youth, regardless of what system they are in. Stakeholders also suggested that concurrent planning training and implementation of the practice needs to happen between DCFS and Probation.

Current Activities

- Compliance and Court Report Training related to State and Federal mandates enhanced through ongoing annual compliance training by Placement Permanency & Quality Assurance (PPQA)
- Expansion of Evidenced Based Programs (EBP)
- Purchase of Placement Officer Safety Vests including safety training and training on the use of Oleoresin Capsicum (Pepper Spray)

New Activities

- Develop Upfront Cross-Systems Assessment process for youth with new placement orders in order to increase placement stability

- Development of 3-phase Multi-Disciplinary Team (MDT) process along with better utilization of Placement Authorization Utilization Review (PAUR) Unit
- Expansion of Placement Assessment Center (PAC) process through the Request For Statement Qualification (RFSQ)
- Continued Expansion of EBP
- Revision of Case Plan and Court Reports with AOC assistance to revise court reports and case plans for quality, consistency and accuracy

Outcome/Systemic Factor 3: Reducing Timelines to Permanency through Adoption, Legal Guardianship and Life Long Connections

Goal: Increased permanency efforts and self-sufficiency for children without connections
Strategy: Development of resources for Transition Aged Youth (TAY), obtaining foster homes for Probation foster children, recruiting adoptive families for freed children and improving the relative/NREFM approval and funding process.

Probation PQCR, CSA, and SIP Stakeholder Feedback

The PQCR report summarizes the feedback provided by youth through a survey. Some of the consistent responses from both DCFS and Probation TAY were related to belonging and permanent connections as follows: a stable home for me to live in after I graduate from college", "family", "good moral support", "an amazing caring family", "love and companionship", "A loving family (true unconditional bond and connection)", "more time with Grandmother" and "more loving from caregivers". The SIP Stakeholder feedback suggested that Probation foster children need foster homes where they will not be viewed or treated as criminals. They also pointed out the need to address disproportionality and disparity related to permanency issues. In March 2011, there were 140 cases that had been referred to the Permanency Unit. Of those referrals, 49% were African American and 39% were Hispanic. It is clear that strategies must be implemented to reach into the communities of these youth to find families and connections in order to decrease reliance on out-of-home care and reduce timelines to permanency.

Current Activities

- Probation/DCFS Permanency Collaboration Committee, which is an interagency monthly meeting reviewing all Probation permanency cases. These agencies include County Counsel, DCFS and Probation.
- DCFS/Probation Permanency and Recruitment Unit Collaboration, specifically involving the Due Diligence Recruitment grant awarded to DCFS. This grant provides 2 million dollars over a five year period for active recruitment for African American youth, Latino youth, Deaf youth, Probation youth and the Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) youth.
- Ongoing compliance training with Placement Supervisors in monthly meetings to review compliance statistics related to Division 31 regulations along with corrective action

New Activities

- Development of workgroup including Transition Age Youth to improve timeliness to permanency
- Gaining full access to LIVE-SCAN for Probation Foster Home Consultants to receive immediate results to caregiver criminal history, which expedites approval and funding process
- Obtain foster homes for Probation foster children

Outcome/Systemic Factor 4: Data Collection Utilization
Goal: Utilize Data Driven Decision Making Process
Strategy: Analyze all data elements to be collected and tracked and create a dynamic process to share and utilize data to improve outcomes and positively effect disproportionality and disparity.

Probation PQCR, CSA, and SIP Stakeholder Feedback

Due to the fact the entire C-CFSR process is based on revealing child welfare trends and improving outcomes, it is necessary to have data on Probation foster youth in order to produce meaningful results and create strategies to move the trends in a positive direction. Therefore, it is imperative that Probation explore all options to improve in this area while

waiting for CWS/CMS to become fully useful for this very purpose. SIP Stakeholder feedback asserted that data is to be used to indicate what went wrong and direct the Department to improve reunification and aftercare decisions. Furthermore, there was continued emphasis in the PQCR, CSA and SIP Stakeholder process for increased sharing and utilization of data to effect change.

Current Activities

- Probation inputting limited data into CWS/CMS
- Public Health Nurses inputting limited data into CWS/CMS
- Data successfully inputted on Transition Age Youth (TAY)

New Activities

- Development of workgroup to analyze all data elements to be collected and tracked to improve outcomes for children and families
- Develop a plan for interpretation, utilization and sharing of data
- Convene a cross-section of internal and external stakeholders representative of all child welfare agencies and partners to discuss sharing and utilization of data

State Program Improvement Plan (PIP) and County System Improvement Plan (SIP)

The California Department of Social Services (CDSS) is the agency authorized to establish regulations, policies and procedures that guide Los Angeles County in its work in child welfare. The State's child welfare system is focused on ensuring safety, permanence and well-being for children and families. The CDSS, in its commitment to improving outcomes for children and families, engages in a Program Improvement Plan (PIP). The PIP uses strategies and initiatives to address safety, permanence and well-being outcomes. Current PIP strategies include:

- Expanded use of participatory case planning strategies;
- Sustain and enhance permanency efforts across the life of the case;
- Enhance and expand caregiver recruitment, retention, training and support efforts;
- Expand options and create flexibility for services and supports to meet the needs of children and families;
- Sustain and expand staff/supervisor training; and
- Strengthen implementation of the statewide safety assessment system.

Los Angeles County, in partnership with CDSS, has developed the County SIP in alignment with PIP strategies to improve safety, permanence and well-being. Throughout the County SIP, activities within strategies include the use of Team Decision Making meetings. This is in line with the PIP strategy of expansion of case planning through active engagement of families as a part of a team. Further, SIP strategies related to placement stability include family engagement, especially engagement of the father, which is also included in the PIP. Placement Authorization Review Teams will work to evaluate best practice efforts of Functional Family Therapy, Functional Family Probation, Family Preservation services, and Multi-System Therapy all a part of improved family engagement.

Los Angeles County has chosen the self-sufficiency/permanency outcome measure as one area of focus in the SIP. Los Angeles County completed its most recent PQCR on Transition Aged Youth (TAY) and is focusing effort on permanency through the California Partners for Permanency (CAPP) Grant, TAY workgroups, permanency training for staff,

collaboration between agencies, and enhanced data tracking. As in the PIP, family finding is a key component of County SIP strategies related to improving permanency for youth.

PIP strategies related to expanding caregiver recruitment, retention and training are also included in Los Angeles County SIP. Enhancing support for Kinship caregivers is a focus area, as well as recruitment of resource families, especially for African American youth. Probation strategies of reducing timelines to permanency include obtaining Foster Family Agency homes for Probation youth and recruiting for adoptive families, as well as improving relative and non-relative extended family member placement approval process.

The County SIP includes a variety of strategies related to services. The evaluation of efficacy of Upfront Assessments (UFA), expansion of Wraparound services and current resources, while exploring new resources are all in line with PIP strategies of expanding options and creating flexibility of services. Substance abuse assessment, education and service provision, as well as mental health assessment and service provision are included in the County SIP. This mimics PIP highlights areas in service strategy. As the County completes service contract re-design, opportunity may arise for enhanced coordination of services to better meet child and family needs.

PIP strategies related to sustaining and expanding staff and supervisor training can be found throughout the SIP. The introduction of a Department Core Practice Model and Data-driven Decision Making process for DCFS includes a strong component of on-going mentoring through supervision and creating an environment of continuous learning. Probation has multiple strategies which include staff training and frequent strategies which include cross-training between County departments.

Los Angeles County has an on-going effort to address timeliness to Emergency Response referral investigation in line with PIP strategies related to safety. DCFS has developed a practice model document, specifically for Emergency Response case work. A variety of training opportunities for staff in the form of specialized academy training around emergency response and specialized supervisor training are in place. On-going strategies surrounding randomized review of compliance and use of Structured Decision Making tools have been implemented in emergency response. This supports PIP strategies of strengthening implementation of statewide safety assessment and utilization of safety, risks, strengths, and needs assessment.

Los Angeles County

System Improvement Plan Update

Quarter 4 2011 and Quarter 1 2012

Matrix

DCFS
Outcome/Systemic Factor:
Measure C1.4 Re-entry Following Reunification (Exit Cohort)

County's Current Performance:
Performance trends from Q2 2007 to Q2 2010 indicate that 15.9% more children re-entered the system within 12 months following reunification. The ten year trend for this measure indicates that the rate of re-entry has increased by 206.7% since Q2 2000 in Los Angeles County.

Improvement Goal 1.0 By January of 2014, DCFS' re-entry rate will decrease from 12.4% to achieve the National Standard of 9.9%.

Strategy 1. 1
Updated Strategy
Through Title IV-E Waiver funds, DCFS, in collaboration with the Department of Public Health Substance Abuse Prevention and Control is seeking to refine the screening and assessment process for better identification of the needs of clients with substance use disorders and provide timely access to treatment.

Previous Strategy: Los Angeles County DCFS Drug and Alcohol Testing Program (Testing Program) funds will be re-directed to substance abuse screening, assessments and, where needed, treatment.

☐	CAPIT
☐	CBCAP
☐	PSSF
☒	N/A

Strategy Rationale
This approach addresses the correlation between substance abuse allegations and re-entry and focuses efforts on treatment as well as reunification readiness and prevention. By redirecting Testing Program funds to substance abuse screening, assessments and where needed treatment, child welfare in collaboration with others, looks to support sustainable substance abuse recovery. DCFS staff and external partners (Juvenile Dependency Court and County Counsel) will receive specialized training and assistance from substance abuse experts in making decisions regarding substance abuse/use, including the need for treatment and testing, thereby improving collaboration for families that are involved with multiple agencies.

Milestone	Timeframe	Assigned to
1.1.1 Develop timeline of activities	March 2011 to ~~November 2011~~ Updated to June 2012	Bureau of the Medical Director
1.1.2 Begin training and pilot implementation in two DCFS SPA offices	November 2011 to March 2012	Bureau of the Medical Director DCFS Training Section
1.1.3 Continue with staggered implementation across all DCFS Service Planning Areas (SPAs)	Full implementation by January 1, 2013 with continued monitoring and evaluation through July 1, 2014	Bureau of the Medical Director DCFS Training Section
1.1.4 Complete quarterly SIP update discussion or participation in SIP membership meeting.	August 2011-August 2014	Bureau of the Medical Director DCFS Training Section Office of Strategy Management

Outcome/Systemic Factor:

Measure C1.4 Re-entry Following Reunification (Exit Cohort)

Update Quarter 1 2012	Milestone 1.1.1: Develop timeline of activities Milestone Timeframe: March 2011 to June 2012 1) The protocol and forms for Project SAFE have been finalized. 2) Both offices that have been targeted for the implementation of the pilot were trained on January 31, 2012 (Metro North) and February 14, 2012 (El Monte). 3) Prior, and subsequent, to training the identified offices, meetings were held with the SPA office management teams to determine the needs of the offices in order to commence implementation. 4) The evaluation plan includes the measurement of identified program and performance outcomes at the end of the pilot as well as operational check-ins with both SPA Offices to address successes and challenges of the program throughout the implementation. 5) Project SAFE will be piloted from April 2, 2012 through June 30, 2012 with an evaluation component immediately following in order to determine next steps. The evaluation will last approximately two months. Since the pilot related to Project Safe will continue through June 30, 2012, the department has adjusted the timeframe for this milestone to continue through June 2012 in order to allow for the development of timelines possible further activities based on the outcome of the pilot.
Update: Quarter 4 2011	Milestone 1.1.1: Develop timeline of activities Commitment Timeframe: March 2011 to November 2011 **On Target:** The collaborative partners continue to develop and plan for the implementation o f a Project SAFE pilot. As part of the development of the Project SAFE pilot, the use of testing in the assessment phase has been re-evaluated. As a result, it was determined that each assessment completed will include a drug test. Additionally, the following has been accomplished to date: 1) Draft protocols and forms have been developed. 2) An evaluation plan, including data collection activities, has been developed in anticipation of evaluating the overall efficacy of the Project SAFE pilot program. The evaluation is scheduled to begin in late April 2012 (toward the end of the implementation of the pilot) and will continue through June 2012. 3) A cross-systems training plan has been developed based on the training Inventory and Needs Assessments of currently available resources at DCFS and its partners, L.A. County Department of Public Health Substance Abuse Prevention and Control and the Community Assessment Services Centers.

Strategy 1.1

Update Quarter 1 2012	Milestone 1.1.2: Begin training and pilot implementation in two DCFS SPA offices Commitment Timeframe: November 2011 – March 2012 Two DCFS Offices, Metro North and El Monte, will implement the pilot program beginning April 2, 2012. The pilot will run through June 30, 2012. Both offices have been trained on the protocol and forms. The Metro North office was trained on January 31, 2012 and the El Monte office was trained on February 14, 2012. DCFS' collaborative partner, the Department of Public Health Substance Abuse Prevention and Control, assisted with the training. Training participants included Emergency Response (ER) Assistant Regional Administrators, ER Supervising Children Social Workers (SCSW) and ER Children Social Workers (CSW) as well as representatives from the Community Assessment Services Centers (CASC) and DCFS' Parents in Partnership (PIP) program. CASC and PIP will be teaming with DCFS in service delivery of Project SAFE. Additionally, the National Center on Substance Abuse and Child Welfare, which is involved in Project Safe through the provision of technical assistance, helped facilitate the training. A refresher or "make-up training was provided on March 28, 2012. Evaluations were completed by participants at the end of each training session. Participants shared thoughts on the project, forms and protocols. Participants shared that Project Safe is a new way to look at substance abuse and a new way to practice as we move from testing to treatment. In response to participant feedback, adjustments to both forms and protocols were made as applicable.
Update: Quarter 4 2011	Milestone 1.1.2: Begin training and pilot implementation in two DCFS SPA offices Milestone Timeframe: November 2011 – March 2012 **On Target:** A training plan has been developed in order to educate the users of Project SAFE on its protocols, policies and forms. Additionally, a cross-systems training to include general information about child welfare practices as well as an overview of substance use disorders will be provided. The goal of the training is not only to ensure that the users are educated on how to use Project SAFE, but to provide an understanding of each of the partners' respective systems. Training is anticipated to begin in early 2012 with the pilot to commence in February 2012 in two DCFS SPA offices. The pilot is scheduled from February 2012 through April 2012. A Request for discussion and decision by leadership regarding the pilot offices to receive specialized training as noted above is pending with the DCFS Executive Team with a decision targeted by January 1, 2012.

DCFS
Outcome/Systemic Factor:
Measure C1.4 Re-entry Following Reunification (Exit Cohort)

County's Current Performance:
Performance trends from Q2 2007 to Q2 2010 indicate that 15.9% more children re-entered the system within 12 months following reunification. The ten year trend for this measure indicates that the rate of re-entry has increased by 206.7% since Q2 2000 in Los Angeles County.

Improvement Goal 1.0 By January of 2014, DCFS' re-entry rate will decrease from 12.4% to the National standard of 9.9%.

Strategy 1.2
Increase utilization of reunification Team Decision Making (TDM) process.

☒	**CAPIT**
☐	**CBCAP**
☒	**PSSF**
☐	**N/A**

Strategy Rationale
Through increased utilization of reunification TDMs, it is anticipated that the family and other family supports involved will be better able to support and build upon the child and family strengths and needs. Reunification TDMs, that follow the model of the practice, will allow for parent and supports involved in the case, to discuss the level of the parent' protective capacity and readiness for reunification, while, offering the opportunity for teaming in the coordination of family and community supports and after care services. Reunifications that are built on strong parent readiness with sustainable supports will be more successful and thus decrease re-entry. The tracking of Time Limited Family Reunification service will specifically focus on servicing those family involved with substance use and/or abuse issues; coordinating timelines for treatment and reunification services. Additional support of cases involving substance with clarity of timelines is in line with the correlation between re-entry and cases with substance allegations.

Milestone	Timeframe	Assigned to
1.2.1 Measure rate of Reunification TDM use for all cases at the time of reunification.	November 2011-December 2013	Resource Management Division
1.2.2 Establish methodology for review of reunification TDM impact on re-entry.	January 2012- ~~December 2012~~ updated to March 2013	Business Information Systems (BIS)
1.2.3 Time limited FR Services will complete an evaluation of tracking systems related to reunification efforts	January 2012- December 2012	Community Based Support Division (CBSD)
1.2.4 Complete quarterly SIP update discussion or participation in SIP membership meeting.	August 2011-August 2014	Resources Management Division, BIS, CBSD, Office of Strategy Management(OSM)

Strategy 1.2

Update Quarter 1 2012	Milestone 1.2.1: Measure rate of Reunification TDM use for all cases at the time of reunification Milestone Timeframe: November 2011-December 2013 **In-Progress:** A current baseline measure for reunification TDMs shows that for fiscal year (FY) 2011 to FY 2012 DCFS held a total of 2,045 reunification TDMs across 19 DCFS Offices. Each office varied in their use of TDMs, leading to possible further exploration of other baseline indicators. The 2,045 number reflects all reunification TDMs but does not capture all reunifications. Next steps suggest a plan to coordinate a meeting in Quarter 3 of 2012 with the DCFS Research section, to explore options related to other baseline measures and opportunities to capture a variety of data.
Update: Quarter 4 2011	Milestone 1.2.1: Measure rate of Reunification TDM use for all cases at the time of reunification. Milestone Timeframe: November 2011-December 2013 **On Target:** This milestone is still in the early stage of development and is not being measured at this time. An update will be discussed at the next SIP quarterly update meeting by Business Information System.

Increase utilization of reunification Team Decision Making (TDM) process.

Update Quarter 1 2012	Milestone 1.2.2: Establish a methodology for review of reunification TDM impact on re-entry. Milestone Timeframe: June 2012-March 2013 **In-Progress:** During this report period methodology steps have not occurred. A review of data and a brief impromptu study by Department managers related to re-entry has lead to consideration of next steps. Department managers were motivated by their informal re-entry study to increase reunification TDMs. The teaming aspect of TDMs at the time of reunification suggested that families are better supported by accurate assessment and alignment of services. Next steps related to methodology will include coordination of a meeting in Quarter 3 2012, with the DCFS Research Section to discuss methodology and other possible baseline indicators. It is recommended that the timeframe for this measure move to establishing a methodology no later than the end of Quarter 1, 2013, that is March 2013.

Update: Quarter 4 2011	Milestone 1.2.2: Establish a methodology for review of reunification TDM impact on re-entry. Milestone Timeframe: January 2012-December 2012 **In-progress:** The Milestone is in early stages of development and cannot be measured at this time. it is expected that the milestone may be addressed at the next quarterly update meeting in February 2012.

Strategy 1.2
Increase utilization of reunification Team Decision Making (TDM) process.

Update Quarter 1 2012	Milestone 1.2.3: Time limited Family Reunification Services will complete an evaluation of tracking systems related to reunification efforts. Milestone Timeframe: January 2012- December 2012 A representative from the Department of Public Health and from DCFS' Community Based Support Division (CBSD) met with the Team Decision Making (TDM) facilitators, August 2011, to discuss the importance of inviting the substance abuse providers who are providing services to the families to the TDMs. The facilitators were provided with contact numbers to the CASCs to facilitate linking the families to substance abuse assessments and treatment services during the TDMs or as soon as possible. The evaluation component of observing TDMs is still in the early stage of development and is not being measured at this time. An update will be discussed at the next SIP quarterly update meeting.
Update: Quarter 4 2011	Milestone 1.2.3: Time limited FR Services will complete an evaluation of tracking systems related to reunification efforts. Milestone Timeframe: January 2012- December 2012 **On Target:** Time Limited Family Reunification (TLFR) will plan and develop a feasibility study to determine the most efficient way to determine how Team Decision Making (TDM) and TLFR interact to meet the Improvement Goal 1.0 and Strategy 1.2. Observe TDM meetings; meet with TDM coordinators, Public Health – Substance Abuse Prevention and Control Program (SAPC) staff, Community Assessment Services Center (CASC) staff and Children Social Workers (CSWs) to ensure the TLFR assessments are provided to clients before or soon after TDM meetings. The goal for the next six months is to assess the current process and to identify any causal relationship between reunification outcomes for families that have attended TDMs and participated in TLFR services, in comparison to those that have not.

DCFS
Outcome/Systemic Factor:
Measure C1.4 Re-entry Following Reunification (Exit Cohort)

County's Current Performance:
Performance trends from Q2 2007 to Q2 2010 indicate that 15.9% more children re-entered the system within 12 months following reunification. The ten year trend for this measure indicates that the rate of re-entry has increased by 206.7% since Q2 2000 in Los Angeles County.

Improvement Goal 1.0
By January of 2014, DCFS' re-entry rate will decrease from 12.4% to the National standard of 9.9%.

Strategy 1.3
Initiate evaluation of the efficacy of Upfront Assessments, conducted by Family Preservation Program providers, on re-entry rates.

☐	**CAPIT**
☐	**CBCAP**
☒	**PSSF**
☐	**N/A**

Strategy Rationale
The results of the evaluation will create an opportunity for illumination of strengths of the Upfront Assessment model. DCFS will be able to discern those families that benefit most from the UFA services. By aligning the most appropriate families with services, Family Preservation Agency staff will be able to make more informed case decisions, which in turn will lead to appropriate and supported reunifications. As reunifications are more successful, children will remain safely in their homes and this will positively impact re-entry rates.

Milestone	Timeframe	Assigned to
1.3.1. Convene a workgroup to identify variables and indicators to be explored.	July 2011 -December 2011	Community Based Support Division
1.3.2 Draft preliminary report	January 2012-May 2012	Community Based Support Division
1.3.3 Draft final report and consider next steps	June 2012-August 2012	Community Based Support Division
1.3.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Community Based Support Division, OSM

Strategy 1.3

Initiate evaluation of the efficacy of Upfront Assessments, conducted by Family Preservation Program providers, on re-entry rates.

Update Quarter 1 2012	Milestone 1.3.1: Convene a workgroup to identify variables and indicators to be explored. Milestone Timeframe: July 2011 to December 2011 **Completed:** The Department is on target for this strategy. The workgroup convened to identify variables has concluded. Since Upfront Assessments (UFA) are one of four components of Los Angeles County's Family Preservation service delivery process, DCFS is reflecting on how UFA, have been utilized to better serve families by obtaining immediate and thorough assessments of their needs. An UFA may support the opening of a case and prompt referral to Family Preservation services. UFA is being considered as a part of a whole service delivery process. A review of the full service delivery process includes possible development of a manner in which to track the progression of services and department consistency with service delivery from UFA to after-care. Exploration of the impact on recidivism (re-referral or re-entry) was one area of recommendation as a possible outcome measure.
Update: Quarter 4 2011	Milestone 1.3.1: Convene a workgroup to identify variables and indicators to be explored. Commitment Timeframe: July 2011 to December 2011 **On Target:** The Family Preservation Program is undergoing an evaluation process. A preliminary evaluation report is expected to be completed by the end of December 2011. The evaluation will take into consideration the Upfront Assessment Model.

Update Quarter 1 2012	Milestone 1.3.2: Draft preliminary report Milestone Timeframe: January 2012-May 2012 **In-Progress:** An evaluation of the program has been initiated and a preliminary outline report of some of the contract deliverables, including Upfront Assessment, has been issued. DCFS is working with researchers affiliated with local universities on this milestone. As part of the development of the evaluation report, researchers met with internal Department stakeholders as well as contract providers. The researchers are currently reviewing data gathered from Data Mart (CWS/CMS) for accuracy and making refinements as needed. It is anticipated that the final report will be available for internal review by May 2012.

Update: Quarter 4 2011	Milestone 1.3.2: Draft preliminary report Milestone Timeframe: January 2012-May 2012 **On Target:** The Family Preservation Program is undergoing an evaluation process. An evaluation report is expected to be completed by the end of December 2011. The evaluation will take into consideration the Upfront Assessment Model.

DCFS
Outcome/Systemic Factor:
Measure C1.4 Re-entry Following Reunification (Exit Cohort)

County's Current Performance:
Performance trends from Q2 2007 to Q2 2010 indicate that 15.9% more children re-entered the system within 12 months following reunification. The ten year trend for this measure indicates that the rate of re-entry has increased by 206.7% since Q2 2000 in Los Angeles County

Improvement Goal 1.0
By January of 2014, DCFS' re-entry rate will decrease from 12.4% to the National standard of 9.9%.

Strategy 1.4
Continued expansion of Wraparound access and service options.

- ☐ **CAPIT**
- ☐ **CBCAP**
- ☐ **PSSF**
- ☒ **N/A**

Strategy Rationale
Wraparound is a process that supports the youth and family achieve safety, permanency and well being. Through the Wraparound planning process, children/youth with multiple, complex and enduring mental and emotional needs develop a team that will support them in the community for successful reunification and self sufficiency. Wraparound focuses on the strengths of the youth, the family and the community to ensure community informal and formal connection and support needed to sustain the child in the home. Sustainable reunification will reduce the rate of re-entry.

Milestone	Timeframe	Assigned to
1.4.1 Completion of workgroup recommendation	July 2011-December 2011	Resource Management Division;
1.4.2 Complete the contract statement of work proposal	January 2012-April of 2013	Resource Management Division;
1.4.3 Implement new contract with enhancements; monitor following statement of work.	April 2014-on-going	Resource Management Division;
1.4.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Resource Management Division

Strategy 1.4
Continued expansion of Wraparound access and service options.

Update Quarter 1 2012	Milestone 1.4.1: Completion of workgroup recommendations Milestone Timeframe: July 2011-December 2011 **Completed:** Wraparound Re-Design workgroups met and made final proposals to the County for consideration in the Statement of Work. The workgroup was made up of representatives from a variety of areas and received input from families, community stakeholders, providers, county staff, judges and other state and local organizations. Specific workgroup recommendations will be incorporated into the Statement of Work (SOW). Details related to workgroup recommendations will be available to the public when the document is finalized and approved for release. A few general recommendations included 1) the use of a Request For Statement of Qualification (RFSQ) solicitation model 2) allow additional annual submission of Statement of Qualifications (SOQs) when the County needs to increase the number of Wraparound contractors; and 3) approval for a five-year contract term, to be awarded in 12 month increments for Wraparound contracts as a result of the RFSQ. The Wraparound Administration is working with the Contracts Development section to finalize the Statement of Work.
Update: Quarter 4 2011	Milestone 1.4.1: Completion of workgroup recommendations Milestone Timeframe: July 2011-December 2011 **On Target:** For the youth enrolled in Wraparound and who graduated, they are less likely to re-enter the system, as compared to an equivalent target population (group home youth). This has been documented in the past four Wraparound annual reports. A workgroup was created for each area and recommendations were developed with consumer, county social worker, judicial staff and provider feedback. The feedback will be reviewed and then analyzed for appropriateness in the upcoming Wraparound contract.

Update Quarter 1 2012	Milestone 1.4.2: Complete the contract Statement of Work Timeframe: January 2012 – April 2013 **On Target:** Wraparound Re-Design workgroups met and made final proposals to the County for consideration in the Statement of Work. The Wraparound Administration is working with Contracts to finalize the Statement of Work.

Update: Quarter 4 2011	Milestone 1.4.2: Complete the contract Statement of Work Milestone Timeframe: January 2012 – April 2013 **On Target:** The Wraparound contract statement of work proposal is on target. The Wraparound administration identified several opportunities, based on the previous contract, to improve the delivery of Wraparound. Four areas of opportunity were identified: Fiscal, Program, Practice and Contracts.

Describe any additional systemic factors needing to be addressed that support the improvement plan goals. There are no other systemic factors to be addressed at this time.
Describe educational/training needs (including technical assistance) to achieve the improvement goals. On-going technical assistance from CDSS' Outcomes and Accountability and Office of Child Abuse Prevention sections will be significant to achieving improvement goals. Technical assistance from NCSACW related to work with cases involving substance abuse and re-entry strategies. Input, education, feedback from internal and external stakeholders through quarterly reviews and updates. Work with DCFS research on methodology for measuring wraparound contract enhancements.
Identify roles of the other partners in achieving the improvement goals. In addition to general partners, strategies related to the re-entry measure will include special partnerships with the Department of Public Health and Dependency Court, as well as Family Preservation agencies who do Up–Front Assessment, partners engaged in reunification TDMs and those partners who work in Wraparound Services.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None identified at this time.

DCFS
Outcome/Systemic Factor:
Measure C4.2 Placement Stability for children in care for 12 to 24 months.

County's Current Performance:
Placement stability figure for children in care 12 to 24 months indicates a decline of 7.8% from Q2, 2007 to Q2 2010. Ten year trend observation for this measure (since Q2 2000) indicates 0.4% improvement.

Improvement Goal 2.0
By 2014 increase stability of placement for children in placement for 12 to 24 months from 66.6% (Q2 2010) to 72.0%.

Strategy 2.1			**Strategy Rationale**
Expand placement with relatives on first and second episode placements, where appropriate.	☐	**CAPIT**	Through appropriate, relevant and supported placement with relatives, risk of disruption is reduced and placement stability will be positively impacted.
	☐	**CBCAP**	
	☐	**PSSF**	
	☒	**N/A**	

Milestone	Timeframe	Assigned to
2.1.1 Analyze first time relative placement data for African American population.	August 2011-June 2012-	Kinship Division
2.1.2 Pilot a relative placement support practice for Emergency response relative placements.	July 2012-Dec. 2013	Kinship Division
2.1.3 Expand formal and informal community partnerships across the community and County at the time of initial relative placement	January 2013-Dec. 2014	Kinship Division
2.1.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Kinship Division OSM

Strategy 2.1
Expand placement with relatives on first and second episode placements, where appropriate.

Update Quarter 1 2012	Milestone 2.1.1: Analyze first time relative placement data for African American population. Milestone Timeframe: August 2011 – June 2012 **On Target:** The following update is being provided from, November 2011 to February 2012. Using CWS/CMS information, a manual count tracking was completed for African American children involved in referrals at the DCFS Compton Office. Kinship Support Services engaged the Compton Office staff in activities around utilization of relative placement for children coming into out-of home care. The Compton staff referred 72 families to Kinship supportive services; the bulk of which were for the months of January and February (62 total); this was an increase of 138% over the months of November and December 2011 (10 total). The number of children, under the age of twelve, placed in a group home, Licensed foster home or Foster Family Agency setting, rather than relative care, decreased by 9% thorough kinship referrals. This result was achieved through engaging the family and collaborating with P3 to locate perspective relatives and kin. Kinship Support services provided assistance with material or other goods to stabilize the family and support ASFA approval. For the period November through January 2012, kinship staff participated in 79 TDM's which resulted in 33% or 30 youth being placed in the care of relatives. Again, this was achieved due to collaboration between Kinship Support Services and Compton Office staff. As of March 7, 2012, 53% or 515 of all youth in out-of-home placements for the Compton DCFS Office were placed in the care of relatives. The collaboration between the Compton Office and Kinship Services will continue in order to isolate the specific contributory factors that can be definitively aligned with kinship supportive practices and effective measure the impacts of each practice. A similar Plan Do Study Act (PDSA) has been established in the Pomona DCFS Office utilizing the same collaborative practices. .

Update: Quarter 4 2011	Milestone 2.1.1: Analyze first time relative placement data for African American population. Milestone Timeframe: August 2011 – June 2012 **On Target:** Commitment Timeframe: August 2011-June 2012 A Plan Do Study Act (PDSA) has been proposed and approved for a test of change to be conducted in the Compton office, which will include the following: • Implementation of supportive services at the time of emergent placement; • Post ASFA approval follow-up need assessment; • Initiation of mandated caregiver orientation to increase caregiver knowledge and awareness; • Improvement of the MAT educational assessment of children newly entering relative care. Using CWS/CMS data review and manual tracking, data reveals that African American youth are placed at a higher rate in group home placements on first and second placement episodes. In fact CWS/CMS data suggests that in the period CY2009/2010 (Compton DCFS Office) 81% of African American youth were placed in group homes. During the period CY2010/2011 62.2% of African American youth were placed in group homes. Overall in DCFS 46.2% of African American youth were placed in group homes for the period CY2009/2010. DCFS Executive Reports (Data Mart) reflect that 55.2% of abuse in out-of-home care for the period August 2010 to July 2011 was in relative homes. This suggests a need for continuing education and support in hopes of achieving greater placement stability through education and support. A series of seven focus groups convened in 2011 on October 11; October 12; October 18; November 1; November 2; November 3; and November 4 revealed that relative caregivers shared an increased need for education, support and professional guidance as a means of improving the quality of care for youth placed with relatives.

DCFS
Outcome/Systemic Factor:
Measure C 4.2 Placement Stability for children in care for 12 to 24 months.

County's Current Performance:
Placement stability figure for children in care 12 to 24 months indicates a decline of 7.8% from Q2, 2007 to Q2 2010. Ten year trend observation for this measure (since Q2 2000) indicates 0.4% improvement.

Improvement Goal 2.0
By 2014 increase stability of placement for children in placement for 12 to 24 months from 66.6% (Q2 2010) to 72.0%.

Strategy 2.2			**Strategy Rationale**
Continue with training and implementation of Ice Breaker Meeting	☐	**CAPIT**	The Ice Breaker meetings have been piloted in units of Services Bureau 1 South County and Torrance Offices and have anecdotally positively impacted the rate and frequency of visits between parents and children. Ice Breaker meetings have proven effective in improving communication and cooperation between birth parents and resource families. Improved communication helps in building rapport, trust and respect. Roles are clarified and information is shared about the child. Completing training of staff, implementation and learning from the process will create the opportunity for expansion so as to benefit other children, families and caregivers.
	☐	**CBCAP**	
	☐	**PSSF**	
	☒	**N/A**	

Milestone	Timeframe	Assigned to
2.2.1 Continue and complete training CSWs and SCSWs in the Ice Breaker Series in South County and Torrance offices.	July 2011-December 2011	Training
2.2.2 Create lessons learned recommendations related to next steps for Ice Breaker Series.	January 2011-Dec 2012	Services Bureau 1 South County Torrance
2.2.3 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Services Bureau 1 South County Torrance. OSM

Strategy 2.2
Continue with training and implementation of Ice Breaker Meeting.

Update Quarter 1 2012	Milestone 2.2.2: Create lessons learned recommendations related to next steps for Ice Breaker Series. Milestone Timeframe: January 2011 – December 2012 **Lesson Learned:** The icebreaker Workgroup has developed and implemented a tracking document to be used to identity families that have received an icebreaker so that outcomes regarding SIP measure C4.2 can be integrated into future reports. The workgroup's members are now working with SCSWs at the participating sites to ensure that the tracking document is user friendly and effective (e.g. that the tracking tool lends itself to relevant data collection). It is clear thus far that if Icebreaker implementation is to be successful, it should be integrated into the larger framework of the Core Practice Model redesign. Icebreakers call for increased teaming and shared responsibility, for open communication and "outside the box" thinking – particularly with regard to visitation and relationship-building between birth parents and resource parents. DCFS regional offices involved in the pilot have discovered the need to build coalitions across interests in their catchments to responsibly implement Icebreakers. For example, the team has found it necessary to message Icebreakers to resource parents in targeted ways, which likely necessitates coordination with Permanence and Safety – Model Approach to Partnerships in Parenting (PS-MAPP) and Foster and Kinship Care Extended Family Member providers. The Icebreaker Meeting practice has been integrated into the redesigned DCFS Practice Model's Continuing Services Module. The Practice Model's Continuing Services Module was developed by a team of CSWs, supervisors and administrators. The module includes foundational values, principles and standards that describe the Department's approach to working with children and families. It is intended as a supportive tool for CSWs who work in the field. Ice breakers are included as a relationship building action, taken when a child is placed in out of home care. Ice breaker implementation will be coordinated with the roll out of the Practice Model which is planned to begin in fiscal year 2012-2013. Specialized coaching and mentoring is incorporated in the Practice Model roll out, which includes the fidelity of application of the model. Parent Partners, well versed in Ice breaker, are available across the County to provide support of efforts to spread the use of Ice breaker practice.

Strategy 2.2
Continue with training and implementation of Ice Breaker Meeting.

Update Quarter 1 2012	Milestone 2.2.1 Continue and complete training CSWs and SCSWs in the Ice Breaker Series in South County and Torrance offices. Milestone Timeframe: July 2011 - December 2011 There has been no request or need for training during this period of review **Completed:** As previously reported, staffs at South County Office and Torrance Office both these DCFS offices were offered Icebreaker trainings, conducted by a DCFS Training staff member and a Parent Partner from the DCFS PiP Program[22]. The Icebreaker workgroup has developed and implemented a tracking document to be used to identify families that have received an Icebreaker so that outcomes regarding SIP measure C4.2 can be integrated into future reports. The workgroup's members are now working with SCSWs at the participating sites to ensure that the tracking document is user-friendly and effective (e.g. that the tracking tool lends itself to relevant data collection). The Icebreaker Meeting practice has been integrated into the redesigned DCFS Practice Model's Continuing Services Module. Further Icebreaker implementation will be coordinated with the rollout of the Practice Model. Parents in Partnership implementation across the County will also improve efforts to spread the use of this practice.

[22] Parent Partners are a committed group of parent advocates who have successfully navigated the system and now work in partnership with DCFS to provide parents with information, empowerment, and hope.

Update: Quarter 4 2011	Milestone 2.2.1: Continue and complete training CSWs and SCSWs in the Ice Breaker Series in South County and Torrance offices. Milestone Timeframe: July 2011-December 2011 **On Target:** Following the release of Icebreaker Meeting policy in March 2011, the regional leadership team at the DCFS South County Office worked with the Icebreaker Implementation Team to schedule trainings for all Supervising Children's Social Worker (SCSWs) and Children's Social Worker (CSWs) in the office. Between April and May of 2011, over 92.0% of CSW and SCSWs completed Icebreaker training. The office is continuing its efforts to offer Icebreaker meetings to every family that experiences the trauma of separation via placement. South County Office managers are encouraged by the fact that Icebreakers, along with other preventive measure such as Team Decision Making (TDM) meetings have helped to increase office performance regarding placement stability by 6.0% during this calendar year. Icebreaker Meeting Protocols will be included in the DCFS Practice Model for Continuing Services. Icebreaker Training for the noted target offices (Torrance and South County offices), were completed in two phases and are embedded in DCFS Practice Model documents (Continuing Services Module).

DCFS
Outcome/Systemic Factor:
Measure C 4.2 Placement Stability for children in care for 12 to 24 months.

County's Current Performance:
Placement stability figure for children in care 12 to 24 months indicates a decline of 7.8% from Q2, 2007 to Q2 2010. Ten year trend observation for this measure (since Q2 2000) indicates 0.4% improvement.

Improvement Goal 2.0
By 2014 increase stability of placement for children in placement for 12 to 24 months from 66.6% (Q2 2010) to 72.0%.

Strategy 2.3
Implement County-wide Expedited Response pilot

- ☐ CAPIT
- ☐ CBCAP
- ☐ PSSF
- ☒ N/A

Strategy Rationale
Behavioral and emotional problems impact placement stability. Collaborative interventions and increased awareness of mental health issues of children involved with child welfare increase opportunity to align caregivers with support services, provide interactions with children welfare, mental health, and medical staff with expertise and service access. Team efforts can improve decision making impacting child safety and maintenance of placement.

Milestone	Timeframe	Assigned to
2.3.1 Expand the county-wide Expedited Response Pilot process by which DCFS, the, Department of Mental Health, and Psychiatric Mobile Response Team staff can identify DCFS-involved children, obtain necessary information and coordinate services to mutual clients.	July 2011-December 2011	Child Welfare Mental Health Services
2.3.2 Formally develop DCFS and DMH policies and procedures, training, and tracking system.	July 2011-December 2011	Child Welfare Mental Health Services
2.3.3 Evaluate and monitor pilot through record keeping and tracking of benefits and outcomes.	December 2011-December 2012	Child Welfare Mental Health Services
2.3.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Child Welfare Mental Health Services, OSM

Strategy 2.3
Implement County-wide Expedited Response pilot

Update Quarter 1 2012	Milestone 2.3.1: Expand the county-wide Expedited Response Pilot process by which DCFS, the, Department of Mental Health, and Psychiatric Mobile Response Team staff can identify DCFS-involved children, obtain necessary information and coordinate services to mutual clients. Milestone Timeframe: July 2011 – December 2011 **On Target:** DCFS policy for Field Response Operations/ Expedited Response Protocol (FRO/ERP) was issued by DCFS to all staff on 12/06/2011. Eighteen training sessions, conducted jointly by DCFS and Department of Mental Health (DMH) staff, began on 12/06/2011 and were completed on 01/25/2012. In addition, three training sessions, conducted by DCFS and DMH, were provided to the Child Protection Hotline (CPH) in February 2012. • From January 1, 2012 through February 29, 2012 CWMHS cleared 739 calls from DMH FRO/ERP to determine whether the children they were going to assess had an open referral or case with DCFS. • From January 1, 2012 through February 29, 2012 CWMHS coordinated 62 joint responses with DMH FRO/ERP and DCFS Children Social Workers (CSW)s. (Of the 739 cleared calls, 62 involved DCFS children.) • Weekly workgroups are convening to develop the FRO/ERP database to automate the current manual system. The database will track joint responses between DCFS and DMH. The Department will be able to report on DCFS supervised children 0-21 that received PMRT responses during business hours and after hours, how many children were and were not hospitalized, the number of DCFS clients that received a joint response (in-person of verbal), number of clients re-referred to PMRT with–in 30 days, and the number of days between PMRT encounter and mental health service date. • Telephonic satisfaction surveys are currently being conducted with CSWs and PMRT. The telephone surveys began in January 2012 and will be ongoing until June 30, 2012. What is being reported from the surveys is that there is a high level of satisfaction from CSWs and PMRT staff as there is real time communication between CSWs and PMRT. Reasons for satisfaction included: obtaining valuable information on the child which assists with PMRTs assessment, response by CSWs timely, CSWs able to obtain immediate details of crisis and outcome of assessment. • Some challenges that were discovered this quarter include; after hours request for a joint response with the Child Protection Hotline CSWs. This resulted in three additional trainings being offered to the Child Protection Hotline staff in February 2012. Additionally, FRP-ERP protocols were enhanced to include real time communication after hours between DCFS and PMRT. • A mini Quality Service Review will be conducted in September 2013 to report on outcomes in child safety, permanency, well-being and self-sufficiency.

Update: Quarter 4 2011	Milestone 2.3.1: Expand the county-wide Expedited Response Pilot process by which DCFS, the, Department of Mental Health, and Psychiatric Mobile Response Team staff can identify DCFS-involved children, obtain necessary information and coordinate services to mutual clients. Milestone Timeframe: July 2011 – December 2011 **On Target:** The Child Welfare Mental Health Services (CWMHS) Division began tracking the Field Response Operations/ Expedited Response Protocol (FRO/ERP) on January 1, 2010. • From January 1, 2010 through October 31, 2011 CWMHS cleared 2,266 calls from DMH FRO ERP to determine whether the children they were going to assess had an open referral or case with DCFS. • From January 1, 2010 through October 31, 2011 CWMHS coordinated 409 joint responses with DMH FRO ERP and DCFS CSWs. This pilot will be implemented in January 2012. Implementation was moved to January 2012 from December 2011, to ensure adequate staffing and collaboration on training. Training of staff in DCFS offices located in six Services Planning Areas (SPAs) began December 6, 2011. The two remaining SPAs will be trained in January 2012.

Strategy 2.3
Implement County-wide Expedited Response pilot

Update Quarter 1 2012	Milestone 2.3.2: Formally develop DCFS and DMH policies and procedures, training, and tracking system. Milestone Timeframe: Timeframe: July 2011 – December 2011 **On Target:** DCFS policy for Field Response Operations/ Expedited Response Protocol (FRO/ERP) was issued by DCFS to all staff on 12/06/2011. Eighteen training sessions, conducted jointly by DCFS and DMH staff, began on 12/06/2011 and were completed on 01/25/2012. Training was provided in DCFS regional offices to SCSWs, DMH specialized foster care supervisors, PMRT management and the Coordinated Services Action Teams (CSAT) to include Resource Utilization Management (RUM) program, Service Linkage Specialists (SLS), Multidisciplinary Assessment Teams (MAT), D-rate, Wrap Liaisons, Team Decision Making (TDM) facilitators on the joint response protocol. In addition, three training sessions, conducted by DCFS and DMH, were provided to the Child Protection Hotline (CPH) in February 2012. Currently, there is a manual tracking process in place. DMH is designing a web based application for DMH Emergency Operations Bureau to enter pertinent data that will be evaluated at the end of the pilot and on-going. The FRO/ERP application will interface with the existing DCFS-DMH weekly data match to update information on shared child clients. Protocols are examined, reviewed and revised as necessary. For example, an additional element to increase accountability was recently added to the protocol to ensure collaboration between the Departments for children experiencing psychiatric emergencies.
Update: Quarter 4 2011	Milestone 2.3.2: Formally develop DCFS and DMH policies and procedures, training, and tracking system. Milestone Timeframe: Timeframe: July 2011 – December 2011 **On Target:** In order to evaluate a need for the pilot and develop protocols, the Child Welfare Mental Health Services (CWMHS) Division began tracking the expedited response protocol in January 2010. From January 1, 2010 through October 31, 2010, CWMHS coordinated 409 joint responses with the Department of Mental Health (DMH). Training in the regional offices in six SPAs' will begin on December 6, 2011 through December 15, 2011, and the two remaining SPAs will be trained on January 11, 2012 and January 12, 2012. SCSWs, Department of Mental Health (DMH) co-located supervisors and CSAT members will understand how to work more collaboratively together and design better individualized safety plans for children. SCSWs will have a chance to ask questions of DMH Field Response Staff, and clarify any issues around working with DMH Field Response Operations (FRO) teams. DCFS CSWs.

DCFS
Outcome/Systemic Factor:
Measure C 4.2 Placement Stability for children in care for 12 to 24 months.

County's Current Performance:
Placement stability figure for children in care 12 to 24 months indicates a decline of 7.8% from Q2, 2007 to Q2 2010. Ten year trend observation for this measure (since Q2 2000) indicates 0.4% improvement.

Improvement Goal 2.0
By 2014 increase stability of placement for children in placement for 12 to 24 months from 66.6% (Q2 2010) to 72.0%.

Strategy 2.4
Evaluate the D-rate program
(See Current Activities and Program attachment for description of D-Rate program)

- ☐ **CAPIT**
- ☐ **CBCAP**
- ☐ **PSSF**
- ☒ **N/A**

Strategy Rationale Through evaluation of D-rate program, areas of improvement and sustainability will be identified, further ensuring that the child's special needs are met and caregiver home meets the needs of the child leading to increased placement stability.

Milestone	Timeframe	Assigned to
2.4.1 Project team will develop the logic model for evaluation	August 2011-June 2012	Child Welfare Mental Health Services
2.4.2 Complete program review	July 2012-December 2013	Child Welfare Mental Health Services
2.4.3 Implement recommendations	December 2013-December 2014	Child Welfare Mental Health Services
2.4.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Child Welfare Mental Health Services

Update Quarter 1 2012

Milestone 2.4.1: Project team will develop the logic model for evaluation.
Milestone Timeframe: August 2011-June 2012

On Target: The D-Rate Redesign workgroup was formed in February 2012 consisting of D-Rate managers, D-Rate SCSWs, and stakeholders. The purpose of the work group is to identify measurable short and long term objectives which will increase the success of the D-Rate program. The logic model will be introduced to the workgroup in March 2012 and proposed completion of the logic model is set for May 2012.

DCFS
Outcome/Systemic Factor:
Measure C 4.2 Placement Stability for children in care for 12 to 24 months.

County's Current Performance:
Placement stability figure for children in care 12 to 24 months indicates a decline of 7.8% from Q2, 2007 to Q2 2010. Ten year trend observation for this measure (since Q2 2000) indicates 0.4% improvement.

Improvement Goal 2.0
By 2014 increase stability of placement for children in placement for 12 to 24 months from 66.6% (Q2 2010) to 72.0%.

Strategy 2.5
Complete analytical study of Placement Stability

- ☐ CAPIT
- ☐ CBCAP
- ☐ PSSF
- ☒ N/A

Strategy Rationale
Placement stability is impacted by multiple factors; age, placement type, characteristics of caregiver, social worker and child. Additionally data reflects counting of placement moves without the context of the move. Therefore, positive or negative of placement change is not measured. A more in depth study of placement stability will help highlight factors impacting placement change and contextualize data related to placement moves.

Milestone	Timeframe	Assigned to
2.5.1 Convene a workgroup related to the study	August 2011-January 2012	Out of Home Care Management
2.5.2 Develop study outline and work plan process	January 2012-July 2012	Out of Home Care Management
2.5.3 Complete study, finalize report and present recommendations to executive management. Determine next steps based on Executive team decision.	August 2012-January 2013	Out of Home Care Management
2.5.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Out of Home Care Management, OSM

Strategy 2.5
Complete analytical study of Placement Stability

Update Quarter 1 2012	Milestone 2.5.1: Convene a workgroup to identify variables and indicators to be explored in the study. Milestone Timeframe: Timeframe: August 2011-June 2012 **On Target:** A literature review on Placement Stability has been initiated, and available data is being gathered from multiple sources, including from our Business Information Systems (BIS) and from our Quality Service Review (QSR). An inventory of DCFS Policy, Procedural information, and Administrative Protocols is also being collected for a comprehensive analysis. A "Placement Stability Study Data Analytic Work Group" has been convened and has met on two occasions during the first quarter (1/31/2012 & 2/17/2012) and is scheduled to reconvene (3/28/2012); this team is comprised of DCFS CWMH professionals with a background in research and evaluation. A BIS Data Set had been pulled that yielded no determinate patterns or obvious hypotheses (to explain recent trends) and a second request has been made. Key stake holder membership (from OHCMD, ASFA, APRD, RMD, CWMH, as well as from Regional Operations) for a Department-wide Work Group Committee has been identified and selected for participation in the Placement Stability Advisory Committee; the first meeting of the large group is scheduled for 4/5/2012.
Update: Quarter 4 2011	Milestone 2.5.1: Convene a workgroup to identify variables and indicators to be explored in the study. Milestone Timeframe: Timeframe: August 2011-June 2012 **On Target:** A literature review on Placement Stability has been initiated, and available data is being gathered from multiple sources, including from our Business Information Systems (BIS) and from our Quality Service Review (QSR). An inventory of DCFS Policy, Procedural information, and Administrative Protocols is also being collected for a comprehensive analysis. A Quality Improvement Section "Data Analytic Team" has been identified and will be convening meetings in December, 2011 to analyze the data and develop preliminary hypotheses for the Study. During the first quarter of calendar year 2012 key stakeholder membership for a Department-wide workgroup will be identified and selected for participation in the Placement Stability Workgroup.

Strategy 2.5
Complete analytical study of Placement Stability

Update Quarter 1 2012	Milestone 2.5.2: Develop study outline and work plan process Milestone Timeframe: January 2012 – July 2012 **On Target:** Steps 1 – 5 (delineated below) have been initiated and will be on-going.
Update: Quarter 4 2011	Milestone 2.5.2: Develop study outline and work plan process Milestone Timeframe: January 2012 – July 2012 **On Target:** The preliminary outline and work plan process for the Placement Stability Study provides for the following steps: 1. Gather Available Departmental Data from Multiple Sources (i.e. BIS, QSR, OHCMD, APRD, Special Studies – such as on "Wraparound" and "RBS"); 2. Gather Available Departmental Policy, Procedure and Administrative Protocols related to Placement and Placement Stability; 3. Identify and Convene Quality Improvement "Data Analytic Team" to develop preliminary hypotheses for the Study; 4. Key stakeholder membership for a Department-wide workgroup will be identified and selected for participation in the Placement Stability Workgroup and Placement Study Design Team; 5. Complete a literature review on Placement Stability; 6. Develop the Methodology, Protocol and Measurement Tools for the Study; 7. Execute the Study on a Meaningful Sample; 8. Analyze Data; 9. Prepare/Generate Report; 10. Debrief Recommendations and Plans for Implementation; 11) Communicate Findings; 12) Implement Next Step Action Recommendations. Steps 1 – 3 and Step 5 have been initiated and will be on-going. Step 4 will be initiated by March 2012.

Describe any additional systemic factors needing to be addressed that support the improvement plan goals. There are no other systemic factors to be addressed at this time.
Describe educational/training needs (including technical assistance) to achieve the improvement goals. On-going technical assistance from CDSS' Outcomes and Accountability and Office of Child Abuse Prevention sections will be significant to achieving improvement goals. Input, education, feedback from internal and external stakeholders through quarterly reviews and updates. For Expedited Response Pilot, specific staff will need to be in place. Staffing will need to be in place to coordinate coverage to receive incoming calls.
Identify roles of the other partners in achieving the improvement goals. In addition to general partners, strategies related to the placement stability measure will include on-going special partnerships with the Department of Mental Health and Psychiatric Mobile Response Team for Expedited Response Pilot. As the process is a joint effort, project management will need to be maintained in order to coordinate the adherence to policy, procedures, training, quality assurance and tracking system. Placement agencies involved with Out-of Home care and Kin caregivers will be involved in assisting with placement stability study and D-rate evaluation.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None identified at this time.

DCFS
Outcome/Systemic Factor:
Measure: C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)

County's Current Performance:
Los Angeles County's performance since Q2 2007 has declined by 1.0% and the ten year performance since Q2 2000 has declined by 31.7%

Improvement Goal 3.0 Permanency:
By January of 2014, DCFS will reduce the percentage of youth in care three years or longer (Emancipating or age 18) by 10 %. (From Quarter 2, 2010 performance 60.2%: to a level of 54.2%).

Strategy 3.1
Improve current data tracking systems and reporting process for youth.
Data for this population is collected for a variety of reasons and data records (i.e. State Exit Outcome Reports, AB12, and National Youth in Transition Database (**NYTD**) Regulations).

- ☐ **CAPIT**
- ☐ **CBCAP**
- ☐ **PSSF**
- ☒ **N/A**

Strategy Rationale: The progress, needs, and services for youth will be more accurately identified, improving service delivery for youth which will lead to reduced time in care, increased permanency, and improved well-being. Current limitations to data collection and reporting prevent maximum alignment of service with needs. Improved assessment will allow for more appropriate placement, supports for family and caregiver, engage the youth in services applicable to unique needs, and strengthen self-sufficiency.

Milestone	Timeframe	Assigned to
3.1.1 Complete analysis of Exit Outcome reporting accuracy	August 2011- ~~March 2012~~ Updated to July 2012	Bureau of Strategic Management (BSM)Youth Development Services
3.1.2 Develop and begin to Implement strategies to improving Exit Outcome reporting accuracy.	April 2012- July 2012	BSM, Youth Development Services, BIS
3.1.3 Complete re-evaluation of Exit Outcome reporting accuracy and determine next steps.	July 2012- Dec 2012	BSM, Youth Development Services, BIS
3.1.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	BSM, Youth Development Services, BIS

Update Quarter 1 2012	Milestone 3.1.1: Complete analysis of Exit Outcome reporting accuracy Milestone Timeframe: August 2011 – July 2012 **On-Target:** DCFS Business Information Systems (BIS) established two tracking reports for NYTD and for the Federal Exit Outcomes report during this period. The tracking reports provide regional offices information on youth needing NYTD data information and those who will be exiting so that the appropriate T-conferences can be convened to obtain exiting information for youth leaving DCFS jurisdiction. YDS provided on-site training and technical support to regional office staff on NYTD data entering. An analysis of Exit Outcome reporting accuracy is still in progress as the Department is currently developing an improved tracking system which more accurately captures the number of youth exiting care as well as the number of youth reported by the DCFS offices as exiting. At this point last year, the DCFS Offices are reporting approximately 44% of the total number of youth exiting care. The next step included in this milestone will be finalization of the tracking system by the department's Business Information Systems Division. The tracking system has been developed and is being tested. In addition, DCFS Office staff is working towards improving the number of exiting youth reported. Additional time is required so that improvements in data capturing can be fully implemented. The department is adjusting the timeframe for this milestone adding three additional months of review in order to consider analysis for reporting period of January 1, 2012 to July 1, 2012.
Update: Quarter 4 2011	Milestone 3.1.1: Complete analysis of Exit Outcome reporting accuracy Milestone Timeframe: August 2011 – March 2012 **On Target:** A Management Appraisal and Performance Plan (MAPP) Goal was developed for all regional managers to increase data entries on both federal mandated youth outcomes tracking reports; National Youth in Transition Database (NYTD) Report, and the SOC 405E, Federal Exit Outcomes Report. It is anticipated that through improved accuracy of data, DCFS will be able to identify strengths and challenges related to services and underlying needs for emancipating youth and those turning 18. With better understanding the Department will be able to make the necessary practice change which may in turn impact challenges areas. An example of possible challenge areas might be placement, support for families, youth engagement and timelines to permanency. With improved practice, Measure C3.3 may subsequently show a decrease in percentage of youth emancipating or turning 18 who have remained in care more than three years.

Strategy 3.1
Improve current data tracking systems and reporting process for youth.

Update Quarter 1 2012	Milestone 3.1.2: Develop and begin to Implement strategies to improving Exit Outcome reporting accuracy. Milestone Timeframe: April 2012 – July 2012 **On Target:** Beginning January 1, 2012, each Regional Administrator in the Department's 18 DCFS offices has a performance goal to increase their Exit Outcome reporting on youth exiting the DCFS system. Protocols have been revised to achieve reporting compliance with prompts sent as reminders to all regional office management. In addition, DCFS' BIS has incorporated specific exit outcome criteria into an improved tracking report for exiting youth (Located on an internal DCFS computer location called The Site). This will improved qualitative and quantitative data on youth exiting care and subsequent data reported on the SOC405E Exit Outcome Report to the state. Furthermore, all levels of social work staff will have direct access and be able to utilize this report to better track youth who are exiting care. Social work staff will engage youth in a Transitional Conference (T-Conference) meeting, where all elements on the Exit Outcome report will be discussed, obtained and recorded as the youth leaves DCFS jurisdiction.

DCFS
Outcome/Systemic Factor:
Measure C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)

County's Current Performance:
Los Angeles County's performance since Q2 2007 has declined by 1.0% and the ten year performance since Q2 2000 has declined by 31.7%

Improvement Goal 3.0
By January of 2014, DCFS will reduce the percentage of youth in care three years or longer (Emancipating or age 18) by 10 %.
(From Quarter 2, 2010 performance 60.2%: to a level of 54.2%).

Strategy 3.2 Continue Mental Health Screening and Assessment *	☐	**CAPIT**	**Strategy Rationale** Through Mental Health Screening and Assessment, children will be screened and/or assessed for un-met mental health needs. The result will be tracked and monitored. Those children who have a positive mental health screen with be referred and linked to mental health services. Once an unmet mental health need is identified, staff will further evaluate the child's needs if necessary, identify the best program available and link the child (and family if necessary) to a mental health provider that offers the identified program. Doing so, will lead to a more comprehensive means of delivering all services to children and families in need, leading to the reduction of time in care.
	☐	**CBCAP**	
	☐	**PSSF**	
	☒	**N/A**	

Milestone	Timeframe	Assigned to
3.2.1 Sustain rate of referral and mental health services at 98% through use of current practice and policy.	July 2011-July 2012	Child Welfare Mental Health Services
3.2.2 Reduce the time it takes for mental health screening to one day	July 2011-Jan 2013	Child Welfare Mental Health Services
3.2.3 Fully integrate Coordinated Services Action Team (CSAT) in all DCFS offices so that CQI (CQI page 131 of 2011 County Self-Assessment) findings show on-going improvement in service delivery.	July 2011-December 2014	Child Welfare Mental Health Services
3.2.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Child Welfare Mental Health Services, OSM

* Strategies, assessments and programs efforts are tracked by internal Coordinated Services Action Team (CSAT)/Referral Tracking System (RTS). Discussed on page 118 of the 2011 County Self-Assessment

Strategy 3.2
Continue Mental Health Screening and Assessment *

Update Quarter 1 2012	Milestone 3.2.1: Sustain rate of referral and mental health services at 98% through use of current practice and policy. Milestone Timeframe: July 2011 – July 2012 **In-Progress:** The Coordinated Service Action Team (CSAT) process was redesigned on October 1, 2010 and requires expedited screening and response times based upon the acuity of a child's need for mental health services. Additionally, the CSAT process provides for the annual screening of children in existing cases with previous negative screens. From October 1, 2010 through January 2012, 32,845 children have been screened for unmet mental health needs. • 98.16 percent of children screened for mental health needs; • 97.93 percent of children with positive screens referred to mental health services; • 97.35 percent of children began mental health service activities; • Completion of the Mental Health Screening Tool for routine cases reduced from 22 days prior to CSAT redesign to 12 days on average from case opening or the case plan due date; and • Number of days from case plan opening or case plan due date to start of mental health service activities reduced from 33 days prior to CSAT redesign to 19 days on average.
Update: Quarter 4 2011	Milestone 3.2.1: Sustain rate of referral and mental health services at 98% through use of current practice and policy. Milestone Timeframe: July 2011 – July 2012 **In-Progress:** The Coordinated Service Action Team (CSAT) process was redesigned on October 1, 2010 and requires expedited screening and response times based upon the acuity of a child's need for mental health services. Additionally, the CSAT process provides for the annual screening of children in existing cases with previous negative screens. From October 1, 2010 through September 30, 2011, 18,778 children have been screened for unmet mental health needs. • 97.69 % of children were screened for mental health needs; • 97.39 % of children were referred to mental health services; • 97.16 % of children began mental health service activities; • Completion of the Mental Health Screening Tool for routine cases was reduced from 22 days prior to October 1, 2010 to 10 days on average from case opening or the case plan due date; and • Number of days from case plan opening or case plan due date to start of mental health service activities was reduced from 33 days prior to October 1, 2010 to 18 days on average.

Strategy 3.2
Continue Mental Health Screening and Assessment *

Update Quarter 1 2012	Milestone 3.2.2: Reduce the time it takes for mental health screening to one day Milestone Timeframe: July 2011 – July 2013 **In-Progress:** As of March 30, 2012 the timeframe from case opening to mental health screening for the department is averaging 12 days. The CSAT Program Managers conduct semi-annual or as needed Quality Assessment (QA) Meetings with DCFS regional managers and regional CSATs (Formerly the CSAT Check-In Meetings) to address challenges with mental health screening, referral and receipt of mental health services Joint DMH/DCFS CSAT meetings are held regularly in each office. This is the regional forum for developing CSAT protocols and addressing DMH Specialized Foster Care staff's concerns regarding the timeliness of a child's screening, assessment and linkage to mental health services through. Additionally, every SPA is encouraged to send a representative to the CSAT Work Group Meetings held every two months. This is where DMH/DCFS Managers, Supervisors, MAT Coordinators and Service Linkage Specialists address countywide CSAT challenges and troubleshoot solutions.
Update: Quarter 4 2011	Milestone 3.2.2: Reduce the time it takes for mental health screening to one day Milestone Timeframe: July 2011 – July 2013 **In-Progress:** The Coordinated Service Action Team (CSAT) Program Managers will schedule CSAT Check-In Meetings to troubleshoot challenges and gain regional management's support for all mental health screens to be completed by Emergency Response staff at the time of case promotion for all newly opened detained and non-detained voluntary and court involved cases. The CSAT Check-In Meetings are a place where the CSAT Leads (Multidisciplinary Assessment Team Coordinator, Service Linkage Specialist and the Department of Mental Health's Specialized Foster Care Co-located staff), and CSAT Program and Regional Managers review and discuss the timelines of mental health screenings and mental health service linkage delivery from the Monthly Board of Supervisor's Report and develop strategies to support the timeliness of mental health screenings completed by CSWs when an ER referral is promoted to a case.

Strategy 3.2
Continue Mental Health Screening and Assessment *

Update Quarter 1 2012	Milestone 3.2.3: Fully integrate Coordinated Services Action Team (CSAT) in all DCFS offices so that CQI (CQI page 131 of 2011 County Self-Assessment) findings show on-going improvement in service delivery. Milestone Timeframe: July 2011 – December 2014 **On Target:** Effective July 2011, the Coordinated Service Action Team (CSAT) was implemented in all Regional offices. As of March 13, 2012, 98.16% of children with DCFS cases who were due for mental health screening according to policy had been screened. Of those screened, 67.64% children appeared to have unmet mental health needs and 97.93% of those children were referred to the Department of Mental Health for services. Of those referred, 97.35% received mental health services. On-going countywide CSAT Meetings (with other resource lead staff) continue to address access to mental health and all other service needs of children and families. Some DCFS Regional Managers have decided to incorporate the CSAT monthly meetings into existing "standing meetings" where there is a review of the quality of office processes (i.e. Continuous Quality Improvement Monthly Meetings or Team Decision Making Monthly Meetings). These meetings occur monthly or every two months and are the forums where all CSAT support and resource staff find solutions for delays in families' service needs.
Update: Quarter 4 2011	Milestone 3.2.3: Fully integrate Coordinated Services Action Team (CSAT) in all DCFS offices so that CQI (CQI page 131 of 2011 County Self-Assessment) findings show on-going improvement in service delivery. Milestone Timeframe: July 2011 – December 2014 **On Target:** Effective July 2011, the Coordinated Service Action Team (CSAT) was implemented in all Regional offices. As of November 14, 2011, 97.69% of children with DCFS cases who were due for mental health screening according to policy had been screened. Of those screened, 66.11% children appeared to have unmet mental health needs and 97.39% of those children were referred to the Department of Mental Health for services. Of those referred, 97.16% received mental health services. On-going CSAT Meetings (with other resource lead staff) are being held countywide to address access to mental health and all other service needs of children and families. The CSAT Meetings are a place for regional CSAT Teams (which consist of all resource staff) to team with one another and troubleshoot, address and resolve challenges that impact the quality of service delivery.

DCFS
Outcome/Systemic Factor:
Measure C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)

County's Current Performance:
Los Angeles County's performance since Q2 2007 has declined by 1.0% and the ten year performance since Q2 2000 has declined by 31.7%

Improvement Goal 3.0
By January of 2014, DCFS will reduce the percentage of youth in care three years or longer (Emancipating or age 18) by 10 %. (From Quarter 2, 2010 performance 60.2%: to a level of 54.2%).

Strategy 3.3			
Newly detained children receive comprehensive needs assessment *	☐	**CAPIT**	**Strategy Rationale** By providing comprehensive needs assessment services to newly detained youth, improved and appropriate services and service referrals for youth will be indentified leading to reduced time in care. Assessment information is utilized per department policy to develop and implement applicable case plans and coordinate services delivery.
	☐	**CBCAP**	
	☐	**PSSF**	
	☒	**N/A**	

Milestone	Timeframe	Assigned to
3.3.1 MAT[23] will sustain 92 to 100 percent rate of referral, through use of current practice and policy.	August 2011-December 2012	Child Welfare Mental Health Services
3.3.2 Complete a program evaluation of Coordinated Services Action Team (CSAT)[24]	December 2013-January2015.	Child Welfare Mental Health Services
3.3.3 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Child Welfare Mental Health Services

* Strategies, assessments and programs efforts are tracked by internal Coordinated Services Action Team (CSAT)/Referral Tracking System (RTS). Discussed on page 118 of the 2011 County Self-Assessment.

[23] MAT assessments are completed only at the on-set of a new case and only for children for who this is a first time entry.

[24] Following a MAT assessment, the members of the CSAT work together with the CSW to effectively coordinate an array of services for the family, thus reducing the possibility of the family being required to participate in services provided by multiple agencies simultaneously.

Strategy 3.3
Newly detained children receive comprehensive needs assessment *

Update Quarter 1 2012	Milestone 3.3.1: MAT will sustain 92 to 100 percent rate of referral, through use of current practice and policy. Milestone Timeframe: August 2011 – December 2012 **On Target**: The percent of Multi-disciplinary Assessment Teams (MAT) eligible children referred to MAT were 95% in December 2011 and 98% in January 2012. MAT provider capacity usually fluctuates between 90-100% of all eligible children. SPA 1 capacity has significantly improved by the addition of two MAT provider agencies. In January 2012, 94% of all SPA 1 MAT eligible children were referred for a MAT assessment as compared with 37% in October 2011. According to MAT Providers, the program is under funded and it will take a greater funding allocation in order for providers to be motivated to increase capacity. Currently there is an agreement between DCFS, DMH and provider agency management to increase MAT allocation funding and DCFS is working with department finance managers to ensure that this augmentation is possible. There is an agreement to increase the MAT funding allotment from $500 to $700 per assessment. This would be a countywide increase that is expected to go into effect starting fiscal year 12/13.
Update: Quarter 4 2011	Milestone 3.3.1: MAT will sustain 92 to 100 percent rate of referral, through use of current practice and policy. Milestone Timeframe: August 2011 – December 2012 **On Target:** The percent of Multi-disciplinary Assessment Teams (MAT) eligible children[25] referred to MAT were 90% in August and 97% in September 2011. MAT provider capacity usually fluctuates between 90-100% of all eligible children, although provider capacity in SPA 1 has been significantly lower than other SPAs. To remedy this capacity issue, Department of Mental Health (DMH) has reallocated resources to allow two more providers to do MAT assessments in SPA 1. According to MAT Providers, the program is under funded and it will take a greater funding allocation in order for providers to be motivated to increase capacity. DCFS and DMH MAT administration continue to work with the MAT Provider agencies to augment capacity. Currently there are discussions to augment the MAT funding allocations and review provider Medi-Cal billing practices by several provider agencies so that more providers can increase their capacity for MAT assessments.

* Strategies, assessments and programs efforts are tracked by internal Coordinated Services Action Team (CSAT)/Referral Tracking System (RTS). Discussed on page 118 of the 2011 County Self-Assessment

[25] Eligibility criteria: Full-Scope Medi-Cal eligible; first time entry; child placed in out-of-home care.

DCFS
Outcome/Systemic Factor:
Measure C3.3 (Permanency): Children in Foster Care for 3 years or longer (Emancipating/Age 18)

County's Current Performance:
Los Angeles County's performance since Q2 2007 has declined by 1.0% and the ten year performance since Q2 2000 has declined by 31.7%.

Improvement Goal 3.0
By January of 2014, DCFS will reduce the percentage of youth in care three years or longer (Emancipating or age 18) by 10 %. (From Quarter 2, 2010 performance 60.2%: to a level of 54.2%).

Strategy 3.4
Utilization of California Partners for Permanency (CAPP) Grant

- ☐ CAPIT
- ☐ CBCAP
- ☐ PSSF
- ☒ N/A

Strategy Rationale
Through the use of CAPP grant, reduce the number of African American children in long-term foster care, remove barriers to permanency and improve child well-being.

Milestone	Timeframe	Assigned to
3.4.1 In the Pomona and Torrance offices complete an Institutional Analysis of the child welfare system barriers to permanency for African-American youth. Updated to include the Wateridge Office	June 30, 2011-June 2012 Note: contingent upon DCFS Exec Team and CDSS CAPP project management Wateridge will conduct an Institutional Analysis in December 2011.	LA County CAPP Project Manager
3.4.2 Work with CDSS (lead grantee) to develop an integrated child and family case practice model.	June 2011-December 31, 2011	LA County CAPP Project Manager
3.4.3 Install, implement, refine, test and evaluate the practice model in the Pomona, Torrance and Wateridge offices	December 2011-September 2015: 3 office CAPP practice model implementation (October 1, 2012) CAPP practice model expansion to other DCFS offices (October , 2014)	LA County CAPP Project Manager; Office RAs; DCFS Exec Team;
3.4.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	LA County CAPP Project Manager; Office RAs; DCFS Exec Team; OSM

Strategy 3.4
Utilization of California Partners for Permanency (CAPP) Grant

Update Quarter 1 2012	Milestone 3.4.1: In the Wateridge DCFS Office complete an Institutional Analysis of the child welfare system barriers to permanency for African-American youth. Milestone Timeframe: June 30, 2011-June 2012 **On Target:** The Wateridge Institutional Analysis will take place the week of May 7 2012. There will be 2 training days held in April of 2012 (16th and 17th) to prepare the reviewers to conduct the appropriate analysis. A final report is being drafted while the Analysis is being done that will include a memo from DCFS indicating the progress made by the Pomona and Torrance offices.
Update: Quarter 4 2011	Milestone 3.4.1: In the Pomona and Torrance offices complete an Institutional Analysis of the child welfare system barriers to permanency for African-American youth. Milestone Timeframe: June 30, 2011-June 2012 **Completed:** An Institutional Analysis was completed for both Torrance and Pomona, but the Wateridge Institutional Analysis will not take place until February/March 2012. The original date of December was pushed back due to the need to ensure the consultant staff hired to do the Institutional Analysis were reflective of the Wateridge community.

Strategy 3.4
Utilization of California Partners for Permanency (CAPP) Grant

Update Quarter 1 2012	Milestone 3.4.2: Work with CDSS (lead grantee) to develop an integrated child and family case practice model. Milestone Timeframe: June 2011- December 2011 **Completed:** Child and Family Practice Model for CAPP is complete. The first 16 social workers in Fresno are implementing the work in their county. Pomona and Torrance will implement the practice model in May. There is a cross walk being done to ensure alignment with the Katie A agreement and Shared Core Practice Model for Los Angeles County.
Update: Quarter 4 2011	Milestone 3.4.2: Work with CDSS (lead grantee) to develop an integrated child and family case practice model. Milestone Timeframe: June 2011- December 2011 **In-Progress:** An Institutional Analysis was completed for both Torrance and Pomona, but the Wateridge Institutional Analysis will not take place until February/March 2012. The original date of December was pushed back due to the need to ensure the consultant staff hired to do the Institutional Analysis were reflective of the Wateridge community.

Strategy 3.4
Utilization of California Partners for Permanency (CAPP) Grant

Update Quarter 1 2012	Milestone: 3.4.3 Install, implement, refine, test and evaluate the CAPP practice model in the Pomona, Torrance and Wateridge offices. Milestone Timeframe: August 2011- August 2014 **On-Target**: With completion of the Child and Family Practice Model, implementation will begin in May 2012 for the Pomona and Torrance DCFS Offices only. The Wateridge Office will implement beginning in late June/early July of 2012.

Describe any additional systemic factors needing to be addressed that support the improvement plan goals. There are no other systemic factors to be addressed at this time.
Describe educational/training needs (including technical assistance) to achieve the improvement goals. On-going technical assistance from CDSS' Outcomes and Accountability and Office of Child Abuse Prevention sections will be significant to achieving improvement goals. Input, education, feedback from internal and external stakeholders through quarterly reviews and updates. Extensive work with CDSS CAPP Grant Lead on work related to the grant.
Identify roles of the other partners in achieving the improvement goals. In addition to general partners, strategies related to the Self-Sufficiency / Permanency measure will include special partnerships with the CDSS in CAPP Grant work. Mental health screenings and work related to C-SAT evaluation will include participation of DMH and service provider partners who engage in screening and subsequent service delivery.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None identified at this time.

DCFS
Outcome/Systemic Factor:
Enhanced organizational performance

County's Current Performance:
Current qualitative feedback indicates strong efforts towards collaboration, challenges in ability to team, internal and external communication, and analysis of performance data and program effectiveness.

Improvement Goal 4.0
Stakeholder feedback received during annual SIP membership meeting will identify improvement in teaming, communication, and managing for results.

Strategy 4.1
Complete contract re-design

☐	**CAPIT**
☐	**CBCAP**
☐	**PSSF**
☒	**N/A**

Strategy Rationale: The streamlined process proposed in the contract redesign will support families' accessing services along an integrated and coordinated service continuum, thereby improving service efficiency, program effectiveness, and family outcomes.

Milestone	Timeframe	Assigned to
4.1.1 Draft Statement of Work,	January 2011-July 2011	Community Based Support Division
4.1.2 Engage community stakeholders and share contract framework and design; receive input for consideration/incorporation	July 2011-~~Sept. 2011~~ updated to May 2012	Community Based Support Division
4.1.3 Solicit for services; Evaluate submitted proposals; Implement new contracted services	March 2012- June 2013	Community Based Support Division
4.1.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Community Based Support Division, OSM

Strategy 4.1
Complete contract re-design

Update Quarter 1 2012	Milestone 4.1.1: Draft Statement of Work Timeline: January 2011-July 2011 **On Target:** Members of the Community Based Support Division (CBSD), Adoptions and Contracts Administration Division (CAD) have been diligently working to finalize the now four Statements of Works incorporating the continuum of services in this redesign. Target date for finalization is by the end of March 2012. Concurrently, CAD is working on other elements of the solicitation, including preparation of the solicitation document. Members of CBSD continue to work with members of our BIS in the development of an integrated tracking/billing system for all programs of the redesign, as well as, through the help of Casey Family Programs, develop an allocation formula for the equitable distribution of resources.
Update: Quarter 4 2011	Milestone 4.1.1: Draft Statement of Work Timeline: January 2011-July 2011 **On Target:** A preliminary draft of the Statement of Work (SOW) was developed and shared with the department's Contract Administration Division (CAD). An ongoing workgroup consisting of Community Based Support Division managers and CAD managers was established with the intent of finalizing the SOW, developing a solicitation document, and planning for the fiscal and data needs of the newly conceptualized program.

Strategy 4.1
Complete contract re-design

Update Quarter 1 2012	Milestone 4.1.2: Engage community stakeholders and share contract framework and design; receive input for consideration/incorporation Timeline: July 2011- May 2012 **On Target:** Prior to the presentation of the new redesign to community stakeholders, DCFS is scheduled to present to the Children's Deputies Child and Family Well Being Cluster. This presentation is scheduled for March 21, 2013. Subsequent to this meeting, DCFS will schedule Community Forum to share the redesign concept and accept and incorporate community input. Target date for completion of the forums is by May 2012.
Update: Quarter 4 2011	Milestone 4.1.2: Engage community stakeholders and share contract framework and design; receive input for consideration/incorporation Timeline: July 2011-Sept. 2011 **On Target:** A preliminary draft of the Statement of Work (SOW) was developed and shared with the department's Contract Administration Division (CAD). An ongoing workgroup consisting of Community Based Support Division managers and CAD managers was established with the intent of finalizing the SOW, developing a solicitation document, and planning for the fiscal and data needs of the newly conceptualized program.

DCFS
Outcome/Systemic Factor:
Enhanced organizational performance

County's Current Performance:
Current qualitative feedback indicates strong efforts towards collaboration, challenges in ability to team, internal and external communication, and analysis of performance data and program effectiveness.

Improvement Goal 4.0
Stakeholder feedback received during annual SIP membership meeting will identify improvement in teaming, communication, and managing for results.

Strategy 4.2 Develop and utilize a DCFS Core Practice Model (Page 131 of 2011 County Self-Assessment)	☐	**CAPIT**	**Strategy Rationale:** A Core Practice model will enhance collaboration efforts and implement a consistent approach to child welfare services. The model delineates staff roles in five key practice domains and identifies core practice values and principles. It is believed that a consistent approach will enhance team work; the leadership aspect of the model will build strong staff and guide critical thinking in case practice.
	☐	**CBCAP**	
	☐	**PSSF**	
	☒	**N/A**	

Milestone	Timeframe	Assigned to
4.2.1 Finalize and consolidate the Core Practice Model	August 2011-January 2012	Executive Team Training Section
4.2.2 Integrate in and align current training with Core Practice Model components	January 2012- December 2014	Executive Team Training Section
4.2.3 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Executive Team Training Section, OSM

Strategy 4.2
Develop and utilize a DCFS Core Practice Model

Update Quarter 1 2012	Milestone 4.2.1: Finalize and consolidate the Core Practice Model Timeframe: August 2011-January 2012 **On Target:** The Shared Practice Model document represents a consolidation of key practice elements (values and practices) for DCFS, Probation and Mental Health. With the State's settlement agreement regarding Katie A. and implementation of the California Partners for Permanency Project efforts to incorporate and align State, CAPP and the County's Shared Practice Model are underway. The County's Shared Practice Model has, in fact been an important reference document in State County discussions as implementation of a State Core Practice Model is now a component of the State's Katie A. Settlement Agreement. DCFS as a department has finalized and released three distinct modules of practice: Emergency Response, Continuing Services, and Child Protection Hotline.
Update: Quarter 4 2011	Milestone 4.2.1: Finalize and consolidate the Core Practice Model Timeframe: August 2011-January 2012 **On Target:** Effective November of 2011, DCFS, Probation and Department of Mental Health (DMH) completed development and dissemination of a shared model of practice to better integrate services and supports for children, youth, families and communities. Additionally, DCFS has developed its internal practice model in three distinct modules (Emergency Response, Continuing Services, and Child Protection Hotline). The DCFS Practice Model (Emergency Response Module) is finalized and slated for release and Continuing Services and Hotline versions are slated for final review and posting by January 1, 2012.

Strategy 4.2
Develop and utilize a DCFS Core Practice Model

Update Quarter 1 2012	Milestone 4.2.2: Integrate in and align current training with Core Practice Model components Timeframe: January 2012- December 2014 **On Target:** The Shared Core Practice Model document has been vetted, approved and posted for staff across multiple partnering Departments and is utilized and referenced in current skill based training (three two day modules on engagement, teaming and strengths/needs practice) and coaching efforts currently being rolled out in the Compton Office. Detailed DCFS Practice Model documents for the Child Protection Hotline, Emergency Response and Continuing Services Components are also posted. The Emergency Response document; once vetted and discussed with SEIU Local 721 have served to guide ER based training and coaching efforts especially targeting supervisors in Emergency Response. The Hotline and Continuing Services documents are posted and a joint workgroup with SEIU 721 is formulating recommendations regarding integration and prioritization for training and coaching efforts.

DCFS
Outcome/Systemic Factor:
Enhanced organizational performance

County's Current Performance:
Current qualitative feedback indicates strong efforts towards collaboration, challenges in ability to team, internal and external communication, and analysis of performance data and program effectiveness.

Improvement Goal 4.0
Stakeholder feedback received during annual SIP membership meeting will identify improvement in teaming, communication, and managing for results.

Strategy 4.3
Implement Data-driven Decision Making Process
(Page 132, 2011 County Self-Assessment)

- ☐ CAPIT
- ☐ CBCAP
- ☐ PSSF
- ☒ N/A

Strategy Rationale:
Data-driven decision making uses qualitative and quantitative data and relevant department background information, to inform decisions related to the development, planning, and implementation of strategies aligned with department priorities. The process includes the development of a data dashboard that will include key indicators focused on safety permanence and well-being. Data analysis will be supported by business process and liaison work that will enhance "Data literacy" at the executive, bureau, office, unit and individual worker levels; meaning that DCFS staff will possess a basic understanding of how data can be used to inform work in child welfare. It is expected that enhanced understanding of data, consistency in practice and work effort will impact overall department practice and performance on identified performance indicators, while improving communication among staff.

Milestone	Timeframe	Assigned to
4.3.1 Expand the scope and membership of the Data Partnership workgroup	August 2011-December 2011	Office of Strategy Management Business Information Systems (BIS)
4.3.2 Develop plan to integrate qualitative components to the process	December 2011-December 2012	Office of Strategy Management BIS, Data Partnership Group
4.3.3 Create a customized dashboard for support programs	August 2011-December 2013	Business Information Systems
4.3.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Office of Strategy Management Business Information Systems

Strategy 4.3
Implement Data-driven Decision Making Process

Update Quarter 1 2012	Milestone 4.3.1: Expand the scope and membership of the Data Partnership workgroup Timeframe: August 2011-December 2011 **On Target:**: The Data Partnership Workgroup has moved to integrate continuous quality improvement into its agenda along with on-going development of the data dashboard and the data-driven decision making process. As the DCFS Stat data process moves into its sixth month, the workgroup continues to make efforts to incorporate support bureau and services bureau work behind key performance indicators. As support bureaus are integrated into the DCFS Stat process Data Partnership participation will evolve to include those most directly able to provide support in further development of the process and assessment of efficacy. Discussion in the workgroup include how to best garner staff feedback related to their experience of the data-driven decision making process. A debrief is held for reporting out bureaus and offices following each monthly DCFS Stat meeting which provides an opportunity for feedback. Currently a plan is being developed to survey managers and supporting staff in order to capture their input regarding the data-driven decision making dashboard and process. In March 2012, a step was taken to create a communication path from the collection point of DCFS Stat debrief feedback and commitments to the Executive Team for consideration.
Update: Quarter 4 2011	Milestone 4.3.1: Expand the scope and membership of the Data Partnership workgroup Timeframe: August 2011-December 2011 **On Target:** During this quarter (Oct 2011-Dec 2011), the Data Partnership Workgroup has expanded to include a sub-committee called the Co-Design Team. Tasked with coordination of detailed design development of office and Bureau meeting structure, the Co-Design Team met once or twice a week for seven planning sessions and completed its work in November 2011. The Data Partnership Workgroup's flexible membership includes movement of cohort managers in and out of the group, depending on the soft roll-out schedule for Data-driven Decision Making reporting out offices. The flexible involvement allows for manager preparation for their reporting roles related to data and has created a forum for feedback regarding managers' experiences in working with Data. As the group moves towards continuous quality improvement, consideration is given to the structure and composition of the group. Discussions related to restructure are on the Data Partnership agenda for Jan 2012.

Strategy 4.3
Implement Data-driven Decision Making Process

Update Quarter 1 2012	Milestone 4.3.2: Develop plan to integrate qualitative components to the process Timeframe: December 2011-December 2012 **On Target:** Current efforts to incorporate qualitative components by having the QSR manager with the opportunity on the DCFS Stat agenda to incorporate qualitative data, has not been as dynamic as the department hoped. Next steps are looking at how to re-engage in conversations during the DCFS Stat process, which are more case specific. As the department is in the sixth month of the data-driven decision making process there is demonstrated improvement in understanding of outcome measures and in participant ability to speak to data. The department still believes that QSR is the best data point for integration of qualitative information. QSR data is being utilized along with the department's practice models to identify areas of performance focus for coaching and mentoring. During the upcoming quarter steps to incorporate qualitative data into the DCFS Stat meeting will include: Utilizing language from the Practice Model in data stat discussions; integrating a case review discussion in the DCFS Stat and holding a data workday in May that will work on the development of further steps to integrate qualitative and quantitative data into overall data driven decision making.
Update: Quarter 4 2011	Milestone 4.3.2: Develop plan to integrate qualitative components to the process Timeframe: December 2011-December 2012 **On Target:** During this quarter (Oct 2011-Dec 2011), the Data Partnership Workgroup has expanded to include a sub-committee called the Co-Design Team. Tasked with coordination of detailed design development of office and Bureau meeting structure, the Co-Design Team met once or twice a week for seven planning sessions and completed its work in November 2011. The Co-Design Team began conversation related to how qualitative components of data can be added to current department, bureau and office data-driven decision making meetings. It is anticipated that beginning January 2012, opportunities for qualitative discussions will be created through inclusion in meeting agendas.

Strategy 4.3
Implement Data-driven Decision Making Process

Update Quarter 1 2012	Milestone 4.3.3: Create a customized dashboard for support programs Timeframe: August 2011-December 2013 **On Target:** DCFS Business Information Systems Division is completing the Well Being, Safety and Permanency dashboard that is due by 3/31/2012. Once the dashboard is completed, BIS will begin working on the dashboard for support programs which is due on 12/31/13. Currently, to support this milestone, the Department is exploring data systems already in place that may contain some data tracking capability for Support Programs.
Update: Quarter 4 2011	Milestone 4.3.3: Create a customized dashboard for support programs Timeframe: August 2011-December 2013 **On Target:** During this quarter (Oct 2011-Dec 2011), the Data Partnership Workgroup has expanded to include a sub-committee called the Co-Design Team. Tasked with coordination of detailed design development of office and Bureau meeting structure, the Co-Design Team met once or twice a week for seven planning sessions and completed its work in November 2011. The Data Partnership Workgroup's flexible membership includes movement of cohort managers in and out of the group, depending on the soft roll-out schedule for Data-driven Decision Making reporting out offices. A Co-Design Team will have a role in dashboard for support programs.

Describe any additional systemic factors needing to be addressed that support the improvement plan goals. There are no other systemic factors to be addressed at this time.
Describe educational/training needs (including technical assistance) to achieve the improvement goals. On-going technical assistance from CDSS' Outcomes and Accountability and Office of Child Abuse Prevention sections will be significant to achieving improvement goals. Input, education, feedback from internal and external stakeholders through quarterly reviews and updates. Technical assistance from external partners working with Data Partnership Committee.
Identify roles of the other partners in achieving the improvement goals. In addition to general partners, strategies related to enhanced organizational performance measure will include partnership and continued collaboration with Casey Family Programs, Western Pacific Implementation Center and the National Research Center (NRC) (for technical assistance as necessary).
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None identified at this time.

PROBATION
Outcome/Systemic Factor 1: Timeliness To Reunification/Agency Collaborations

County's Current Performance:
Currently, Probation does not have data to analyze reunification outcomes and has limited data input in CWS/CMS, which is not enough to formulate meaningful outcomes. In order to achieve meaningful outcome data, Probation will need to fully utilize the system from case initiation through case closure. Placement managers' internal data tracking does not yet capture this information.

Probation is currently working on utilizing data from the UC Berkley Website through partnership with UC Davis for training and technical support from CDSS. In addition to this, Probation is working closely with DCFS to obtain specialized reports with the safety data (child-to-child injuries and child abuse) from the i-Track system, a serious incident reporting system utilized by Group Homes and Foster Family Agencies (FFA).

Improvement Goal 1.0: Improve Collaborative Efforts Across Systems
By implementing the set forth strategies, Probation will form at least 2 new collaborative efforts focused on education and permanency and will establish liaisons for each to ensure that collaborative efforts stay on track. The achievement of this goal will be evident in that case information and resources will be shared across systems ensuring that children's permanency track is maintained. Quarterly meetings with collaborative partners will ensure success, and a quality assurance process will be implemented to gain feedback from stakeholders regarding the effectiveness across all milestones.

Update: The first of these new collaborative efforts has been developed by expanding the Multi-Disciplinary Team pilot to all group homes. Countywide training was conducted and completed for all Placement staff and Group Home agencies in March 2012. The first phase of implementation involves the third phase of the MDT model, which is the MDT Meeting convened for each youth 60 days prior to discharge back into the community. These collaborative MDT meetings consist of the Group Home Provider, Probation, Mental Health, Education, DCFS, when appropriate, and any other interested party in the case. The second new collaborative effort is the CSEC Detention Outreach Workshop that is a prevention effort to bring awareness and prevention of sexually exploited children. It includes Department of Mental Health, Department of Health Services, Law Enforcement, Advocacy and Community partners. The first goal of this collaboration is to develop a workshop series to be provided to the female children detained in Juvenile Hall.

Strategy 1. 1 Probation will develop a Cross-systems training plan to include all partnering agencies, as well as internal and external stakeholders, with a quality assurance process implemented to ensure effectiveness of training. Update: One of our most effective and powerful tools developed has been the Juvenile Justice Practice Model, which is model based on a continuum of care from the time a child is removed from their home until they are discharged back into the community. Its effectiveness is revealed in the ownership and collaboration of middle managers (Supervisors) across all Juvenile Bureaus including but not limited to Detention, Transportation, Placement, Camp Community Placement, Camp Transition and Field Supervision.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Strategy Rationale:** As opposed to departments operating in silos or occasional cross-systems collaboration, a systemic and purposeful training conducted throughout the year will place departments in an effective and continuous collaboration that will develop and enhance continuity of care and produce better outcomes for all foster children and their families.

Milestone	Timeframe	Ass.
1.1.1 Develop training plan including Probation, Department of Children and Family Services (DCFS), Department of Mental Health (DMH), Public Heath, Los Angeles County Office of Education (LACOE), Law Enforcement, etc. focused on legislation, confidentiality, policies, practices and procedures Update: This plan is still under development and will include issues of Self-Sufficiency, Multi-Disciplinary Teams, Permanency, culture change across the agencies in how we work together and share information, etc. We will explore working with DCFS Training in the development of the plan.	September 2011-2012 In Progress	Update: (Probation Staff Training removed) Jennifer Kaufman

1.1.2 Develop training plan for Out-Of-Home Care Investigations & Monitoring cross-training for Community Care Licensing (CCL), DCFS, Association of Community Human Service Agencies (ACHSA) and Probation Update: This training plan has been partially developed and is ongoing. DCFS, Probation, ACHSA and CCL conducted the first set of trainings in the plan in October 2011 (Serious Incident Reporting-iTrack) and January 2012 (Needs & Service Plan).		September 2011-2013 **In Progress**	Update: (Probation Staff Training removed) Lisa Campbell-Motton Pamela Pease PPQA
Develop training plan for Permanency partners across DCFS, Probation, including Youth Development Services (YDS), ACHSA, UC Davis Extension Resource Center for Focused Family Practice, Group Homes/Foster Family Agencies and Commercially Sexually Exploited Children (CSEC) partners and committee. Update: This training plan has been partially developed and is ongoing. We have successfully utilized Child Welfare Services Outcome Improvement Project (CWSOIP funds) to incorporate cross-agency training related to CSEC youth both within and outside of the State. One of Probation's Placement Managers was asked to participate in the Senate Caucus on Foster Youth in Washington, DC, which consisted of bringing awareness of the issues to Congress representatives in Washington, DC. Additionally, funds were utilized to bring expert trainer and CSEC survivor to Los Angeles County to provide training for all child welfare agencies, Bench Officers. Mental Health,		September 2012-2014 In Progress	Update: (Probation Staff Training and Alma Vicente removed) Art Mayfield Lisa Campbell-Motton Michael Verner Jed Minoff Michelle Guymon Hania Cardenas PPQA

	Education, ACHSA, DCFS, Group Home Providers, etc. Additionally, the Workshop Series developed by the CSEC Detention Outreach collaboration will be included in this plan.				

PROBATION
Outcome/Systemic Factor 1: Timeliness To Reunification/Agency Collaborations

County's Current Performance:
Currently, Probation does not have data to analyze reunification outcomes and has limited data input in CWS/CMS, which is not enough to formulate meaningful outcomes. In order to achieve meaningful outcome data, Probation will need to fully utilize the system from case initiation through case closure. Placement managers' internal data tracking does not yet capture this information.

Improvement Goal 1.0: Improve Collaborative Efforts Across Systems
By implementing the set forth strategies, Probation will form at least 2 new collaborative efforts focused on education and permanency and will establish liaisons for each to ensure that collaborative efforts stay on track. The achievement of this goal will be evident in that case information and resources will be shared across systems ensuring that children's permanency track is maintained. Quarterly meetings with collaborative partners will ensure success, and a quality assurance process will be implemented to gain feedback from stakeholders regarding the effectiveness across all milestones.

Strategy 1. 2 Exploration of the availability of new resources for all children related to family reunification, adoption and legal guardianship with emphasis on increasing resources for communities with a high population of African American foster children and their families consistent with studies on disproportionality and disparity. Update: The Probation Department's Placement Permanency & Quality Assurance, along with Placement's Residential Based Services, began a pilot program called "Forever Friends" Permanency Project in order to tap into new resources provided by the Faith-Based Community. The program links youth with no suitable family to life-long connections. The kick-off of this programs was in October 2011, and to date, 4 youth have been matched with Forever Friends. This strategy will be utilized to assist with timely reunification by increasing placement stability for those youth that have	☐ ☐ ☐ ☒	**CAPIT** **CBCAP** **PSSF** **N/A**	**Strategy Rationale:** In alignment with the Title IV-E Waiver goal, the Department is to provide more preventive services as well as increase number and array of services to allow more children to remain safely in their homes. In addition, the System Improvement Plan (SIP) Stakeholder feedback revealed that disproportionality and disparity must be reduced by increasing collaborative efforts and resources between DCFS and Probation.

Strategy 1. 2 (continued) no suitable family available and often times run away due to having no one to visit them or care about them. Then when and if suitable and available family is found, that child will be better prepared for successful reunification. This program will also be a great benefit when FR cannot be achieved and provide the child with possible permanency options.			

Milestone	Timeframe	Assigned to
1.2.1 Develop a work group including but not limited to DCFS, Probation, Faith Based Community Partners, Education, Vocation, Foster Youth, Parents, Mentors, DMH, Caregivers, ACHSA, Group Homes/Foster Family Agencies and Commercially Sexually Exploited Children (CSEC) partners and committee. Update: This workgroup consisting of Probation and Group Home Providers convened on September 30, 2011 and identified additional stakeholders and agencies that needed to be involved. Additionally, the group developed a partial plan to include the development of pilot program "Forever Friends". The workgroup will continue to meet and further develop and include all participants. The goal of this workgroup is to identify resources that are currently not being utilized because no one knows about them or they have not yet been tapped into for various reasons. This group will utilize all ideas and resources brought by the various partners in the group to develop a plan of how to tap into these new resources and make them available for Probation foster children, especially African American children.	June 2011-June 2012 In Progress—need to extend timeframe to September 2012.	Placement Managers Placement Program Analysts Placement Special Assistant
1.2.2 Work group will convene, explore possibilities and develop plan	June 2012- June 2013	Placement Managers Placement Program Analysts Placement Special Assistant

1.2.3 Implementation of plan to tap into and share new resources, with quality assurance process implemented to ensure effectiveness of plan	June 2013- June 2014	Placement Managers Placement Program Analysts Placement Special Assistant PPQA

PROBATION
Outcome/Systemic Factor 1: Timeliness To Reunification/Agency Collaborations

County's Current Performance:
Currently, Probation does not have data to analyze reunification outcomes and has limited data input in CWS/CMS, which is not enough to formulate meaningful outcomes. In order to achieve meaningful outcome data, Probation will need to fully utilize the system from case initiation through case closure. Placement managers' internal data tracking does not yet capture this information.

Improvement Goal 1.0: Improve Collaborative Efforts Across Systems
By implementing the set forth strategies, Probation will form at least 2 new collaborative efforts focused on education and permanency and will establish liaisons for each to ensure that collaborative efforts stay on track. The achievement of this goal will be evident in that case information and resources will be shared across systems ensuring that children's permanency track is maintained. Quarterly meetings with collaborative partners will ensure success, and a quality assurance process will be implemented to gain feedback from stakeholders regarding the effectiveness across all milestones.

Strategy 1. 3 Exploring options for and enhancing existing resources such as Placement Assessment Centers (PAC), Aftercare Programs, Mentors, Faith Based Community, Employment, Housing, Child Care, higher education network and Transportation for parents/children, as well as surveying Group Homes for existing/untapped resources. Update: To date, some existing resources that have been identified to explore as options to increase timeliness to reunification are mentoring, child care for young mothers and mental health aftercare services to assist the family once the child returns home. The Probation Department had developed a mentoring program for Probation Foster Youth through the ICAN Community Mentoring Grant, which ended in June 2011, and there was no longer any further funding to continue the program. Therefore, it will be necessary to explore this option under Strategy 1.2. Regarding Child Care, Probation currently has access to Early Head Start and Head Start through the CEO's Office of Child Care for	☐ ☐ ☐ ☒	**CAPIT** **CBCAP** **PSSF** **N/A**	**Strategy Rationale:** In alignment with the Title IV-E Waiver goal, the Department is to provide more preventive services as well as increase number and array of services to allow more children to remain safely in their homes. Additionally, the Department's goal is to reduce the length of children's stay in congregate care while ensuring that individualized case planning and appropriate community alternatives and services are in place prior to child returning home to ensure successful and permanent reunification. SIP Stakeholder feedback supported this by stating that the Department must add and fund alternative response services especially after reunification to ensure its success.

Strategy 1. 3 (continued) all youth throughout the community. Additionally, Probation has provided Title IV-E reinvestment funds to Department of Mental Health to develop Mental Health Aftercare services with Group Home Providers that have an existing Mental Health contract. The other resources mentioned above will be further explored by the work group.			
Milestone	**Timeframe**	**Assigned to**	
1.3.1 Develop a work group including but not limited to DCFS, Probation, Faith Based Community, Education, Vocation, Foster Youth, Parents, Mentors, DMH, Caregivers, ACHSA and Group Home Provider partners Update: This workgroup consisting of Probation and Group Home Providers convened on September 30, 2011 and identified additional stakeholders and agencies that needed to be involved.	October 2011-July 2012 In Progress—need to extend timeframe to September 2012.	Placement Managers Placement Program Analysts Placement Special Assistant	
1.3.2 Work group will convene, explore possibilities and develop plan	July 2012-July 2013	Placement Managers Placement Program Analysts Placement Special Assistant	
1.3.3 Implementation of plan to tap into and share existing resources, with quality assurance process implemented to ensure effectiveness of plan	July 2013- July 2014	Placement Managers Placement Program Analysts Placement Special Assistant PPQA	

Probation
Outcome/Systemic Factor 2: Increasing Placement Stability

County's Current Performance:
Currently, Probation has limited data input in CWS/CMS, which is not enough to formulate meaningful outcomes. In order to achieve meaningful outcome data, Probation will need to fully utilize the system from case initiation through case closure. However, each manager has an internal data tracking system reported to Placement Administration on a monthly basis. This internal data tracking has been useful in identifying strengths, areas of non-compliance, areas achieving substantial improvement, areas needing increased training, necessary development of policies and protocols and areas needing the use of the State wide automated system, CWS/CMS.

Improvement Goal 2.0: Improving upfront and ongoing Assessment and Case Planning
As a result of achieving this goal, the monthly Case Review Compliance statistics will increase and remain consistent in four areas: Case Plan, Parent Visitation, Compelling Reasons and Concurrent planning. In addition to this, the Placement Authorization and Utilization Review (PAUR) team will produce statistics revealing the increased capacity and utilization of the Evidenced-Based programs and practices as well as Family Preservation and Wrap Around services.

Update: Placement Permanency Quality Assurance monthly statistics reveal a consistent pattern of slight improvement in all four areas since June 2011. Due to the low compliance in the four areas, UC Davis Extension Resource Center conducted Division 31 Training in February 2012 focusing on these areas. Case reviews completed in April 2012 will reveal the effectiveness of this training. Additionally, Wrap Around referrals increased and more families were served. Last year (2010/11) 4,248 children and their families received Wrap Around services, which is a 40% increase over prior year's population. The total enrollment in FY 10/11 of probation referred children increased significantly. 373 new enrollees were probation youth, an increase from 13% to 19% from the previous year. This increase represents the third-highest total of probation referred children in Wraparound since 2004.

Strategy 2. 1			**Strategy Rationale:**
Improve report compliance through revision of current court reports and case plan, which will include training and enhancing current monitoring system, with a quality assurance process implemented to ensure effectiveness. Update: Probation and Delinquency Court began working with the Administrative Office of the Courts (AOC) in 2010 to revise minute orders, court findings and the current Foster Care Case Plan (FCCP) and Judicial Review Report (JDRV). Significant progress was made to begin the finalization of these processes in April 2012.	☐ ☐ ☐ ☒	**CAPIT** **CBCAP** **PSSF** **N/A**	In alignment with the Title IV-E Waiver goals, strategies and initiatives, the Department will enhance Cross-system case assessment and case planning. Additionally, improved and timely case planning will fulfill the Departmental goal of reducing reliance on out-of-home care through the provision of intensive, focused and individualized services. It is imperative that the Department reduces the length of children's stay in congregate care while ensuring that individualized case planning and appropriate

On April 23, 2012, the Placement Bureau Chief received compliments from various Bench Officers on the quality of several reports completed by Placement Officers. This is one measure that the implementation of quality assurance processes through continued training and accountability has been effective. The revision of these reports will create more child-specific case planning and detailed explanation of how the child is progressing or not progressing; thereby, ensuring engagement with all parties, especially the child. This enhanced child-centered focus will provide the child with more attention and success in meeting their goals, which will increase placement stability.			community alternatives and services are in place prior to child returning home to ensure improved outcomes and permanent reunification. The System Improvement Plan (SIP) Stakeholder feedback promoted the fact that it is imperative that each child leave the system with a comprehensive plan that involves all stakeholders in their life.

Milestone	Timeframe	Assigned to
2.1.1 Case Plan & Judicial Review revisions and training in concert with Administrative Office of the Courts (AOC), with emphasis on improving Concurrent Planning. Update: In April 2012, the revisions for both the FCCP and JDRV were completed. The next step is final approval from the Placement and Probation Administration and the development of the accompanying Directive. The Directive will be released with the revised report upon "meet and confer" with local 685.	June 2011-September 2013 Completed with ongoing emphasis on improving Concurrent Planning	Administrative Office of the Courts Lisa Campbell-Motton Frank Imperial Dave Mitchell PPQA
2.1.2 Develop training for Needs & Service Plan (NSP) and Serious Incident Reporting (SIR) guidelines with DCFS, CCL and ACHSA Update: Both training classes were developed and conducted in October 2011 and January 2012 for Group Home Providers and DCFS and Probation staff.	July 2011-July 2012 Completed	PPQA

	2.1.3 Develop Group Home monitoring system for NSPs/Case Plans related to Family Reunification outcomes and effectiveness of treatment and services, with additional monitoring to ensure Public Health Nurse (PHN) information is incorporated into the case planning process.		July 2012-February 2013		Pamela Pease Residential Based Services Public Health Nurses PPQA

Probation
Outcome/Systemic Factor 2: Increasing Placement Stability

County's Current Performance:
Currently, Probation has limited data input in CWS/CMS, which is not enough to formulate meaningful outcomes. In order to achieve meaningful outcome data, Probation will need to fully utilize the system from case initiation through case closure. However, each manager has an internal data tracking system reported to Placement Administration on a monthly basis. This internal data tracking has been useful in identifying strengths, areas of non-compliance, areas achieving substantial improvement, areas needing increased training, necessary development of policies and protocols and areas needing the use of the State wide automated system, CWS/CMS.

Improvement Goal 2.0: Improving upfront and ongoing Assessment and Case Planning
As a result of achieving this goal, the monthly Case Review Compliance statistics will increase and remain consistent in four areas: Case Plan, Parent Visitation, Compelling Reasons and Concurrent planning. In addition to this, the Placement Authorization and Utilization Review (PAUR) team will produce statistics revealing the increased capacity and utilization of the Evidenced-Based programs and practices as well as Family Preservation and Wrap Around services.

Strategy 2. 2 Enhance and expand upfront cross-system assessment through increased Placement Assessment Centers (PACs), development of assessment team and collaboration with partners such as DMH, LACOE and DCFS. <u>Update:</u> Probation has identified two providers who will begin servicing children and completing fully assessments to improve proper placement and placement stability. Additionally, the assessment has been revised to provide a more information and a more comprehensive evaluation of each child.	☐ ☐ ☐ ☒	**CAPIT** **CBCAP** **PSSF** **N/A**	**Strategy Rationale** Although Probation does not have data to show trends of placement instability for Probation foster children, there is internal data that reveals that many children have more than two placements prior to exiting the system. Therefore, there is a great need to increase stability of the youth's placement and provide services and resources to the family while increasing timeliness to family reunification.

Milestone	Timeframe	Assigned to
2.2.1 Obtain contracts with existing Providers to increase the PAC program Update: Probation was able to initiate this process through Letter of Interest, since it applied only to existing Providers who already have a contract. The PACs that have been established are David & Margaret for girls and Optimist for boys. Youth will begin to be placed there by the Zero Incarceration Placement Program (ZIPP) on May 14, 2012 and the revised Case Assessment tool will be utilized. One important revision to the assessment is focused on Permanency. The ZIPP Officers review and assess all new placement cases for appropriate and timely placements. One important revision to the assessment tool is focused on Permanency.	June 2011-October 2012 Completed	Michelle Guymon Lisa Campbell-Motton
2.2.2 ~~Develop a plan and timeline for implementation of upfront Cross-Systems Assessments, including a planfor the inclusion of health and education information~~ Update: The Cross-Systems Assessment Unit has been replaced with the PACs and involves a more comprehensive assessment that includes health and education information as well as permanency and family finding information.	June 2011-June 2013 Milestone deleted since there is no longer an upfront assessment. It has been replaced by the PAC program.	Michelle Guymon Jennifer Kaufman Adam Bettino Public Health Nurses
2.2.3 Convene collaborative group to meet quarterly to ensure progress and enhance the assessment process and implement quality assurance process to ensure effectiveness	June 2013-January 2014	Michelle Guymon Dave Mitchell Jewell Shaw-Bowen Public Health Nurses

Probation
Outcome/Systemic Factor 2: Increasing Placement Stability

County's Current Performance:
Currently, Probation has limited data input in CWS/CMS, which is not enough to formulate meaningful outcomes. In order to achieve meaningful outcome data, Probation will need to fully utilize the system from case initiation through case closure. However, each manager has an internal data tracking system reported to Placement Administration on a monthly basis. This internal data tracking has been useful in identifying strengths, areas of non-compliance, areas achieving substantial improvement, areas needing increased training, necessary development of policies and protocols and areas needing the use of the State wide automated system, CWS/CMS.

Improvement Goal 2.0: Improving upfront and ongoing Assessment and Case Planning
As a result of achieving this goal, the monthly Case Review Compliance statistics will increase and remain consistent in four areas: Case Plan, Parent Visitation, Compelling Reasons and Concurrent planning. In addition to this, the Placement Authorization and Utilization Review (PAUR) team will produce statistics revealing the increased capacity and utilization of the Evidenced-Based programs and practices as well as Family Preservation and Wrap Around services.

Strategy 2.3 Expand Evidence-Based Programs (EBP) and practices such as Functional Family Therapy (FFT), Functional Family Probation (FFP) and Multi-Systemic Therapy (MST) as well as Family Preservation (FP) and Wrap Around (WRAP) services. Develop and implement use of Team Decision Making and Multi-Dimensional Team (MDT) processes to enhance the use of all services at strategic points in each child's case. Update: One of Probation's priorities is maintain children in their homes and communities whenever possible. The EBPs have given us one of our strongest tools to maintain these connections for our children. The increased use of FFT, FFP and MST has increased the number of children returning home more quickly and remaining home longer. The increased use of FP and WRAP has decreased the number of children removed from their homes and the reliance on Group Home care.	☐ ☐ ☒ ☐	**CAPIT** **CBCAP** **PSSF** **N/A**	**Strategy Rationale:** In alignment with the Title IV-E Waiver goals, initiatives and strategies, the Department will expand Evidenced Based Programs and practices and develop and utilize the Placement Authorization and Utilization Review (PAUR) Unit. The Department will also reduce recurrence of maltreatment through a combination of case load reduction and Evidence-Based case management and intervention.

Milestone	Timeframe	Assigned to
2.3.1 Continue and improve utilization of PAUR unit across all assessment points and produce overall statistics of unit's work and progress, as well as developing and implementing quality assurance process to ensure effectiveness Update: One major improvement on the utilization of the PAUR unit was to improve data collection. The PAUR unit is the single point of contact for FP, FFT and FFP referrals and assists the referring party in determining the best treatment approach for the child and family based on the Los Angeles Risk and Resiliency Checklist (LARRC) risk and needs. We are now being able to identify the referral source and those who are not utilizing the PAUR process. This identification has provided the accountability necessary to promote and increase referrals. Additionally, improved collaboration with the Community Based Organizations (CBOs) by PAUR Administrator has increased proper linkage and improved services for youth as evidenced by parent satisfaction.	January 2012-January 2013 In Progress	Jennifer Kaufman Dave Mitchell Adam Bettino
2.3.2 Increase program services and referrals for EBPs, FP and WRAP. Update: Improved collaboration with Probation Officers and ensuring that referrals are made has increased referrals for FP to the point that there is now a waiting list. Probation Officers are encouraged to make these referrals through a simple referral form anytime the youth is in need of assistance with reunification, whether financially or for treatment services. We have somewhat increased WRAP referrals in lieu of placement and have improved linkage.	July 2011-June 2013 Ongoing	Hania Cardenas Dave Mitchell Jennifer Kaufman

The year 2011 outcomes reveal a 40% increase over the prior year of children and families served, which definitely has impacted the stability of the child in their home and community. FP is often utilized as a preventative measure to removing the child from their home; however, FP, WRAP, FFP and FFT are utilized on the back end to stabilize the placement of the child while working toward reunifying the family or determining permanency options. These services and providers increase placement stability by giving the child strong support and encouragement at the toughest times of their placement away from home.		
2.3.3 Develop and implement full 3-phase MDT process of all children's cases: 1) Initial Engagement Process (within first 14 days of child's placement), 2) Mid-Term Review (no later than 90 days from the date of placement), and 3) MDT Meeting (transitional phase no less than 60 days prior to release into the community). In addition, develop a quality assurance process that will ensure effectiveness and fidelity to the model. <u>Update:</u> The third phase of the MDT Model is the MDT meeting conducted 60 days prior to youth's discharge into the community. This phase has been developed and was implemented March 15, 2012. Training for the MDT process was completed in March 2012 with Booster Trainings scheduled within 6 months from the date of the training. The QA process is in development; however, the first line of QA is currently the PAUR Director.	January 2012-January 2014 In Progress	Dave Mitchell Frank Imperial Jewell Shaw-Bowen Andy Greene

Probation
Outcome/Systemic Factor 2: Increasing Placement Stability

County's Current Performance:
Currently, Probation has limited data input in CWS/CMS, which is not enough to formulate meaningful outcomes. In order to achieve meaningful outcome data, Probation will need to fully utilize the system from case initiation through case closure. However, each manager has an internal data tracking system reported to Placement Administration on a monthly basis. This internal data tracking has been useful in identifying strengths, areas of non-compliance, areas achieving substantial improvement, areas needing increased training, necessary development of policies and protocols and areas needing the use of the State wide automated system, CWS/CMS.

Improvement Goal 2.0: Improving upfront and ongoing Assessment and Case Planning
As a result of achieving this goal, the monthly Case Review Compliance statistics will increase and remain consistent in four areas: Case Plan, Parent Visitation, Compelling Reasons and Concurrent planning. In addition to this, the Placement Authorization and Utilization Review (PAUR) team will produce statistics revealing the increased capacity and utilization of the Evidenced-Based programs and practices as well as Family Preservation and Wrap Around services.

Strategy 2.4			Strategy Rationale
In order to promote increased activity in the community to raise the compliance statistics for Probation Placement Officers serving dual roles, there is a need for increased protection in order to increase safety. Therefore, safety protocol including training and equipment (cell phones, safety vests, Oleoresin Capsicum (OC) Spray, handcuffs/mechanical restraints) will be explored for the feasibility of implementation. In addition to increasing safety to support Placement Officers, there will be exploration of and consideration given to ways to retain and reduce the turnover of Placement Officers. Update: Although Probation does not keep specific statistics on turnover of Placement Officers, the turnover of Placement Officers is traditionally 2-4 years. The majority of current Placement Officers have remained in Placement longer than 4 years due to the passion for the work they do, increased emphasis on their safety and the reduced caseload size. In September 2012, two classes, Field	☐ ☐ ☐ ☒	CAPIT CBCAP PSSF N/A	In alignment with the Title IV-E Waiver goal, the Department will decrease timelines to reunification by supporting and promoting Placement Officer's ability to spend more time in the community serving youth and their families. Additionally, with the expansion of EBP and other family/community based programs, as well as a higher referral rate for caregiver home assessments and permanency planning, there is an increased need for safety of the Probation Officer acting in dual roles such as therapist/interventionist, foster home consultant, parent visitation and permanency planners. It is also critical to increasing timelines to reunification by exploring ways to promote the retention of seasoned Placement Officers with specialized knowledge base and experience.

Officer Safety Training and Use of Chemical Agents, were conducted for all Placement Officers. Upon completion of the training, all Placement Officers were issued Safety Vests and Oleoresin Capsicum (OC) Spray.			
Milestone	**Timeframe**	**Assigned to**	
2.3.1 Work with Camp Community Transition Program (CCTP) & Community Detention Program (CDP) to explore shared supervision cases with youth coming out of Camp on Suitable Placement (SP) orders to determine appropriate orders as some cases are more suitable for Home on Probation orders with intense gang supervision or intense gang supervision with the SP order, which will promote safety and placement stability in the community.	October 2011-October 2012		Alma Vicente Stan Ricketts Residential Based Services Howard Wong
2.3.2 Work closely with Camp Community Placement to develop a process that will identify children residing in camp with no family in order to expedite permanency	January 2012-January 2013		Alma Vicente Arthur Mayfield Charles Trask/Camp Intake Unit
2.3.3 Develop and implement safety training for all Placement field officers serving dual roles, along with the impact on child welfare and therapeutic interventions	January 2012-January 2013		Walter Mann Howard Wong Hania Cardenas Alma Vicente Probation Staff Training

Probation
Outcome/Systemic Factor 3: Reducing Timelines to Permanency through Adoption, Legal Guardianship and Life Long Connections

County's Current Performance:
N/A

Improvement Goal 3.0: Increased permanency efforts and self-sufficiency for children without connections
The achievement of this goal will be evidenced with the increase of adoptions and legal guardianships by 30% for all Probation foster children, specifically Transition Aged Youth (TAY) without connections.
Update: Of the 5 pending adoptions actively worked on in the past 6 months, only one is still a possibility. Probation has encountered various systemic and therapeutic issues that have delayed or terminated the adoptive process. It has become clear that Probation must access more comprehensive resources for the training of youth, staff and potential adoptive parents related to preparing for adoption. However, Probation was included in the Diligent Recruitment Grant awarded to DCFS in 2011 to actively and aggressively recruit adoptive families for 5 underserved children populations: Deaf, African American, Latino, Lesbian, Gay, Bisexual, Transgender & Questioning (LGBTQ) and Probation. This resource will be invaluable to achieving our goal of increased adoptions and legal guardianships for Probation Foster youth who are preparing to exit the system with no connections. This grant has been complex and the developing stages slow; however, the contractual process in now taking shape and work with the Consultant is beginning again. Additionally, with the passing of AB12, Probation has developed an AB12 Unit to manage and supervise all eligible candidates for extended foster care.

Strategy 3. 1 Increase self-sufficiency through the development of resources and housing for TAY youth such as education, employment, housing, permanency options (adult adoptions), mentors and life long connections. Update: Youth Development Services (YDS) is currently working with Community and Senior Services (CSS) and DCFS to develop a MOU for employment. The goal is to place 100 Probation and Foster youth in permanent employment slots via the various Worksource Centers contracted with CSS countywide. The plan is to place these youth in either full-time or part-time employment opportunities that will allow them to receive a salary and gain vital work experience. This program is to be implemented July 2012 and end in 2013; however, it will be expanded if it is successful. This unit has made significant progress with TAY youth in	☐ ☐ ☐ ☒	**CAPIT** **CBCAP** **PSSF** **N/A**	**Strategy Rationale:** In alignment with the Title IV-E Waiver goal, the Department will reduce timelines to permanency through increased and enhanced Family Finding efforts, Adoption and Legal Guardianship. In alignment with the County goal, the Department will promote self-sufficiency while increasing the likelihood that every child leaves the system with a permanent connection. SIP Stakeholder feedback suggested the importance of comprehensive transition planning and that all Departments support an effective work re-entry program for their graduates.

the area of education. As a result of the Success Is Our Future Event, 16 Probation Youth were awarded scholarships for the 2011-2012 college years. All youth provided proof of college enrollment to obtain their scholarship. Some of the youth were high school graduates and some were continuing college students from last year. Currently, we have 8 college graduates, of which, two obtained their graduate degrees. YDS has developed a service delivery model that is intended to facilitate college retention for our youth. The unit also provides additional ILP assistance with books and supplies, clothing and transportation. The research shows that those youth who obtain their two year or BA degree fair better and are more self-sufficient than those youth who simply have their high school diploma. With regards to mentoring, a number of youth have participated in a pilot mentoring program Foster Youth Alumni Co-Mentoring program. This unique program utilizes a community mentoring model. The Co-Mentoring model creates Enrichment Circles. These groups bring together 6 young adults, ages 18-24 transitioning out of foster care or Probation, and 12 adults for fun and new experiences. Co-Mentoring empowers everyone involved by offering opportunities for personal growth and development. As a Co-Mentor, the youth will receive insight, training and tools that support the changes and transitions in life that every human encounters. This program is voluntary and requires that the youth agree to the rules of the group. The ultimate positive outcome for Probation youth is a life-long connection with an adult mentor that can provide support and guidance for the youth beyond the point when they age out of the Independent Living Program.			

Milestone	Timeframe	Assigned to
3.1.1 Develop work group of TAY youth to explore all options to increase self-sufficiency and permanency Update: Probation is in the process of identifying the appropriate ongoing youth collaboration and/or creating a new youth collaboration for this effort. We are currently in the process of working with California Youth Connections and Group Home Providers to establish this work group.	July 2011-January 2012 In Progress—need extended timeframe to September 2012	Youth Development Services PPQA Foster Youth Group Home Providers
3.1.2 Convene work group and obtain feedback which will include issues, solutions and plan to produce better outcomes for TAY youth and their families	January 2012-January 2013 Milestone amended to September 2012-January 2013	Youth Development Services PPQA Foster Youth Group Home Providers
3.1.3 Implement solutions and plan to increase self-sufficiency and permanency for TAY youth, with quality assurance process implemented to ensure effectiveness of plan	January 2013-June 2014	Youth Development Services PPQA Foster Youth Group Home Providers

Probation **Outcome/Systemic Factor 3: Reducing Timelines to Permanency through Adoption, Legal Guardianship and Life Long Connections**			
County's Current Performance: **N/A**			
Improvement Goal 3.0: Increased permanency efforts and self-sufficiency for children without connections The achievement of this goal will be evidenced with the increase of adoptions and legal guardianships by 30% for all Probation foster children, specifically Transition Aged Youth (TAY) without connections.			
Strategy 3. 2 Obtain Foster Family Agencies/Foster Homes for Probation foster children and recruit adoptive families for freed youth. Update: On March 17, 2012, Probation received the official letter from CDSS approving Probation to utilize the recruitment process through a letter of interest from the FFA agency to the Department as an innovative method to secure foster homes for Probation Foster Youth. The contract process is now in process beginning with inviting current providers to a FFA Conference to obtain further information. This conference has been scheduled for May 18, 2012.	☐ ☐ ☐ ☒	**CAPIT** **CBCAP** **PSSF** **N/A**	**Strategy Rationale** In alignment with the Title IV-E Waiver goal, the Department will reduce timelines to permanency and increase timeliness to adoption through the use of effective alternative options to out-of home care, including but not limited to foster homes and recruitment of adoptive families through DCFS Recruitment Unit.

Milestone	Timeframe	Assigned to
3.2.1 Obtain contract for FFA for Probation foster Children Update: CDSS approval to DCFS to revise the FFA contract to include Probation foster youth was provided in March 2012 and the Contract process has been initiated through a letter of interest that will be sent to all interested and eligible Group Home Providers. This letter is being drafted in preparation for the upcoming FFA Conference.	July 2011-October 2012	Lisa Campbell-Motton Michelle Guymon DCFS Contracts
3.2.2 Increase collaboration of youth permanency units across systems with the development of a core group to represent all systems, with quality assurance process implemented to ensure effectiveness of collaboration Update: This process has been started with the collaboration of both Probation and DCFS Permanency Units meeting on a monthly basis to identify additional units to participate.	January 2012-June 2013 In Progress and Ongoing	PPQA Residential Based Services Tiffany Collins
3.2.3 Obtain at least 2 adoptive families through the Diligent Recruitment grant as well as exploration of recruitment options in the Faith Based Community while enhancing partnerships with ongoing collaboration	January 2012-June 2014	Arthur Mayfield Lisa Campbell-Motton Sari Grant

Probation
Outcome/Systemic Factor 3: Reducing Timelines to Permanency through Adoption, Legal Guardianship and Life Long Connections

County's Current Performance:
N/A

Improvement Goal 3.0: Increased permanency efforts and self-sufficiency for children without connections
The achievement of this goal will be evidenced with the increase of adoptions and legal guardianships by 30% for all Probation foster children, specifically Transition Aged Youth (TAY) without connections.

Strategy 3.3 Improve Relative/Non-Related Extended Family Member (NREFM) approval process and funding. Update: The greatest accomplishment for improving the approval process was obtaining full access to LIVE-SCAN for the Foster Home Consultants (FHCs).	☐	**CAPIT**	**Strategy Rationale:** In alignment with the Title IV-E Waiver goal, the Department will reduce timelines to permanency through increased and enhanced Family Finding efforts, Adoption and Legal Guardianship. In alignment with the County goal, the Department will promote self-sufficiency while ensuring that every child leaves the system with a permanent connection.
	☐	**CBCAP**	
	☐	**PSSF**	
	☒	**N/A**	

Milestone	Timeframe	Assigned to
3.3.1 Cross-systems training for Placement staff, Foster Home Consultants and caregivers, with quality assurance process implemented to ensure effectiveness of training Update: UC Davis Extension Resource Center for Focused Family Practice has developed a training class for staff who conduct assessments on caregiver homes for Probation agencies across the State. This training will be made available late 2012 to early 2013. Additionally, Probation is partnering with DCFS Kinship Support Division to tap into other training opportunities for Social Workers conducting the same caregiver assessments, as well as training opportunities and supportive services for caregivers.	January 2012-December 2013 Timeframe expanded	Probation Staff Training PPQA Mariesha Collins Demetra Sullivan Lisa Campbell-Motton Howard Wong
3.3.2 Probation Foster Home Consultants will obtain full access to LIVE-SCAN Update: In July 2011, the FHCs obtained full access to LIVE-SCAN. This major accomplishment has assisted in processing and clearing relative/non-relative caregivers more quickly, thereby, expediting placement of probation foster youth with their family.	June 2011-June 2012 Completed July 2011	Lisa Campbell-Motton Michelle Guymon DCFS BIS
3.3.3 Explore and develop plan for possible for legislative change related to funding requirements for relative caregivers Update: The first step of contacting representatives from State Assembly Woman Karen Bass's office has been completed. Probation is waiting to confirm the proper representative and avenue to move this	June 2012-June 2014 In progress	Lisa Campbell-Motton Michelle Guymon Scott Stickney

	milestone forward. Additionally, Probation has connected with two advocacy groups, Alliance For Children's Rights and Voices for Adoption, already working on this legislative change at the national level.		

Probation
Outcome/Systemic Factor 4: Data Collection Utilization

County's Current Performance:
Currently, Probation has limited data input in CWS/CMS, which is not enough to formulate meaningful outcomes. In order to achieve meaningful outcome data, Probation will need to fully utilize the system from case initiation through case closure. However, each manager has an internal data tracking system reported to Placement Administration on a monthly basis. This internal data tracking, although useful, has been cumbersome, prone to human error and limited in identifying strengths, areas of non-compliance, areas achieving substantial improvement, areas needing increased training, necessary development of policies and protocols and areas needing the use of the State wide automated system, CWS/CMS.

Improvement Goal 4.0 Using Data Driven Decision Making Process
By implementing the set forth strategies, Probation will develop data through internal systems and CWS/CMS and be able to manage for results and improved outcomes for Probation foster children and their families, which will include accountability across all operations.
Update: Through the use of CWSOIP funds and the collaborations with Probation's Internal Systems Bureau (ISB), laptops and PCs were provided to all Probation Child Welfare staff for complete access to CWS/CMS and all other computer related systems , while in the field spending time with youth and their families. Probation now has CWS/CMS access for all of Residential Based Services, (Placement), which will allow us to have data entered on all Title IV E cases. Additionally, Probation can now begin the process of case assignment which will allow us to utilize data collection software to organize our data to monitor outcomes, and we are coordinating with DCFS on this effort. One challenge is that this is an unfunded mandate, and the expectation is that the implementation will occur via individuals who have other primary assignments. This clearly creates increased workload and makes it challenging to achieve full implementation; however, Probation is moving forward due to the great benefit of this access. Probation also plans to meet with the vendors of Safe Measures to purchase their software and begin training on how to utilize it, in addition to the pre-existing resources and data available on the UC Berkley website. This will allow us to collect the specific desired outcomes.

Strategy 4. 1 Analyze all data elements to be collected and tracked, which includes identifying areas of disproportionality and racial	☐ ☐ ☐	**CAPIT** **CBCAP** **PSSF**	**Strategy Rationale:** In light of the fact that all Title IV-E Waiver Goals require data driven management, the Department

disparity, and develop a plan for creating a data driven decision making process. The plan will include child welfare outcomes, current performance, national standards and plan for improving outcomes, including the decrease of disproportionality and disparity in all areas. Update: Probation is able to utilize Title IV-E Waiver reinvestment to create a data interface between CWS/CMS and PCMS. The same interface will be created for the LEADER Systems and CWS/CMS. This will currently benefit Detention only; however, funds have been set aside for PCMS enhancements to include all data fields captured in silo systems to benefit all juvenile operations. Furthermore, training on CWS/CMS has been provided to the 241.1 Unit who specifically deal with Crossover Youth. Residential Based Services and the Out-of-Home Screening Unit have also been trained. The plan is for PPQA to be training in 2012, and there is current consideration of providing this training to the Juvenile Investigation Unit as well. Focus will be lended to working on analyzing and utilizing NYTD data and utilizing CWSOIP funds to purchase Safe Measures.	☒	**N/A**	must develop a plan to improve current data collection and tracking system. This plan must include collection of data, compilation and interpretation of data and utilization of data to improve outcomes for children and their families, while impacting disproportionality and disparity. Additionally, SIP Stakeholder feedback asserted that data is to be used to indicate what went wrong and direct the Department to improve reunification and aftercare decisions.

Milestone	Timeframe	Assigned to
4.1.1 Develop a work group including but not limited to DCFS, Probation, Public Health Nurses, Probation Internal Service Department (ISD), and DCFS Business Information Systems (BIS). Update: Due to a restructuring of Bureau operations and the staff changes, this milestone will need a new timeframe.	September 2011-September 2012 Need timeframe extended to December 2012	Howard Wong Fred Nazarbegian Sharon Harada Dave Mitchell Placement Managers Public Health Nurse Management
4.1.2 Work group will convene, explore possibilities and develop plan.	September 2012-September 2013	Howard Wong Fred Nazarbegian Sharon Harada Dave Mitchell Placement Managers Public Health Nurse

			Management
	4.1.3 Implementation of plan to improve child welfare outcomes, including the decrease of disproportionality and disparity in all areas, with quality assurance process implemented to ensure effectiveness of plan	September 2013-September 2014	Howard Wong Fred Nazarbegian Sharon Harada Dave Mitchell Placement Managers Public Health Nurse Management PPQA

Probation
Outcome/Systemic Factor 4: Data Collection Utilization

County's Current Performance:
Currently, Probation has limited data input in CWS/CMS, which is not enough to formulate meaningful outcomes. In order to achieve meaningful outcome data, Probation will need to fully utilize the system from case initiation through case closure. However, each manager has an internal data tracking system reported to Placement Administration on a monthly basis. This internal data tracking, although useful, has been cumbersome, prone to human error and limited in identifying strengths, areas of non-compliance, areas achieving substantial improvement, areas needing increased training, necessary development of policies and protocols and areas needing the use of the State wide automated system, CWS/CMS.

Improvement Goal 4.0 Using Data Driven Decision Making Process
By implementing the set forth strategies, Probation will develop data through internal systems and CWS/CMS and be able to manage for results and improved outcomes for Probation foster children and their families, which will include accountability across all operations.

Strategy 4. 2
Create a dynamic process to share data and gain internal and external stakeholder feedback regarding the use of the data.

☐	CAPIT
☐	CBCAP
☐	PSSF
☒	N/A

Strategy Rationale: In light of the fact that all Title IV-E Waiver Goals require data driven management, the Department must develop a plan that includes utilization of data to improve outcomes for children and their families, while impacting disproportionality and disparity. SIP Stakeholder feedback requested that the Department make the necessary data accessible and create a process for how it will be utilized.

Milestone	Timeframe	Assigned to
4.2.1 Convene a cross-section of internal and external stakeholders representative of all child welfare agencies and partners	June 2014-Ongoing	Probation Administrators
4.2.2 Stakeholders will analyze and provide the Department with valuable feedback	January 2014-Ongoing	Probation Administrators
4.2.3 Feedback will be utilized to improve outcomes, with quality assurance process implemented to ensure effectiveness of plan	January 2014-Ongoing	Probation Administrators PPQA

Describe any additional systemic factors needing to be addressed that support the improvement plan goals. There are no other systemic factors to be addressed at this time.
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Technical assistance from the State through consistent feedback and insight into progress and barriers will be critical to achieving improvement goals. Probation will need continued updates and technical assistance on the revisions and enhancements to the C-CFSR process as Probation completes annual updates and prepares for the next C-CFSR process. All other educational/training needs will be covered by Probation's internal and external stakeholders. Probation will also need comprehensive training on CWS/CMS for Placement Officers, Public Health Nurses, Permanency Officers and Child Abuse Investigations in order to ensure detailed data from case initiation through case closure.
Identify roles of the other partners in achieving the improvement goals. DCFS Recruitment Unit, Permanency Unit, Out of Home Care Management and BIS will have primary roles in assisting Probation achieve its goals. Additionally, Public Health Nurses, LACOE, DMH, Law Enforcement and DCFS will be critical in assisting probation conduct cross-systems training.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. In order to fully accomplish improvement in the approval/funding process for relative/NREFM caregivers, a legislative change will be required regarding eligibility of relative funding based on biological parents employment and cooperation. This may be a barrier to fully achieving this goal. In order for Probation's Foster Home Consultants to obtain full access to LIVE-SCAN, there will need to be a regulatory change and possibly Administrative involvement to achieve this goal. Lastly, Public Health Nurses must be incorporated more effectively and collaboratively into assessment processes to ensure complete data is entered into CWS/CMS on all Probation foster children.

Child Welfare Services Outcome Improvement Project (CWSOIP) Funds

CWSOIP funds are intended to support county efforts to improve safety, permanency and well-being for children and families by providing counties with additional resources for activities.

In fiscal year 2011-2012 Los Angeles County, CWSOIP funds were utilized by DCFS to support the following activities:

- Community Based Child Abuse Prevention Programs;
    - Alternative Response Services (ARS)
- Providing Special training to staff, caregivers an community providers;
- Improving coordination between public and/or private agencies;
- Implementing permanency and youth transition practice improvement;
- Enhancing and/or expanding family finding efforts;
- Improving internal communication and information sharing; and
- Improving oversight of social workers.

Allocations are made to applicable child welfare services and programs (listed above) based on need. Identified need is gleaned through results of Children Service Worker (CSW) time studies, which are completed by CSWs four times per year. CWSOIP funds also support all DCFS Alternative Response Services (ARS). County contracted, Family Preservation Agencies provide billing statements related to ARS that were provided to families in lieu of opening cases with the Department.

The County plans to expend the funds in the same manner for fiscal year 2012 -2013.

CWSOIP funds are utilized by Probation to support the following activities:

- Expansion of Evidenced-Based Programs Functional Family Therapy (FFT), Functional Family Probation (FFP) and Multi-Systemic Therapy (MST)
- Functional Family Therapy Interventionist Program and Supervisor Training
- System Improvement Plan Stakeholder activities
- Equipment and resources for Placement Officers to increase timelines to reunification
- Providing special training and conferences for staff and providers
- Enhancing and expanding family finding and permanency efforts
- Supporting Transition Aged Youth (TAY) self-sufficiency efforts and programs

Specific areas of focus for utilizing CWSOIP funds in 2012-2013 are as follows:

- Specialized training through experts on Permanency and Family Finding such as Bob Lewis and Kevin Campbell
- Utilizing Consultants who are experts in permanency and child welfare mandates for training and manual development
- Conducting Placement Conferences for and by TAY Youth to increase positive outcomes in permanency and self-sufficiency

Attachment I

SIP Membership			
Required Core Representatives	**Participant at SIP Stakeholder Meeting**	**Recommended Stakeholders to Consult**	**Participant at SIP Stakeholder Meeting**
Child Abuse Prevention Councils CAPC	3	Community Action Partnership	3
County Children's Trust Fund (CCTF) Commission or CAPC if acting as CCTF Commission	2	County Alcohol and Drug Department	
Designated Agency for CAPIT/CBCAP/PSSF	3	County Children and Family Commission	1
		Court	3
County Health Department	2	Court Appointed Special Advocates	2
County Mental Health Dept.	1	Department of Developmental Services (DDS) Regional Center	
CWS Administration; Managers and Social Workers	58	Domestic Violence Prevention Provider	1
Foster Youth	7	Early Childhood Education	
Juvenile Court Bench Officer (...may or may not participate on the team...)	1	Economic Development Agency	
Native American Tribes (United American Indian Involvement Inc. (UAII)	Invited did not attend	Education	3
Parents/Consumers	6	Faith-based Communities	
Probation Administrators, Supervisors and Officers	46	Fatherhood and Healthy Marriage Programs	
PSSF Collaborative (if applicable)	3	Foundations	2
Resource Families and other caregivers	10	Law Enforcement	3
		Public Housing Authority	
		Regional Training Academy	
		Representatives from Business	
		Service Providers	4
		Teen Pregnancy Prevention Service Providers	
		Workforce Investment Board (WIB)	

Attachment I

SIP Membership			
Required Core Representatives	**Participant at SIP Stakeholder Meeting[1]**	**Recommended Stakeholders to Consult**	**Participant at SIP Stakeholder Meeting**
Child Abuse Prevention Councils		**Community Action Partnership**	
Children's Council	1	Chief Executive Officer	1
Children's Trust Fund Commission or CAPC		**County Children and Family Commission**	
		Commission for Children and Families	1
DCFS Trust Fund Division	1	**County Counsel**	
County Health Department		County Counsel	1
Department Public Health	2	**Court**	
County Mental Health Department		Center for Juvenile Law and Policy	2
Department of Mental Health	1	**Education**	
		Los Angeles County Office of Education (LACOE)	2
CWS Administration, Managers and Social Workers		Los Angeles Unified School District (LAUSD)	1
DCFS	58	**Foundations**	
Department of Public Social Services	2	Annie E. Casey Foundation	2
Foster Youth		**Public Defender**	
		Public Defender's Office	1
		Public Counsel	
Foster Youth	7	Public Counsel	2
Juvenile Court Bench Officer		**Service Providers**	
Judge Donna Groman	1	Association of Community Human Service Agencies (ACHSA)	2
Parents/Consumers		Avina Family Children Services	1
Grandparents as Parents	2	Bayfront Youth and Family Services	1
Parents in Partnership (PIP)	3	Children's Bureau	1
		Crittenton Services	5

[1] Committee Participation numbers in this document, represent those SIP members who attended and participated in a System Improvement Plan Stakeholder Engagement meeting on June 2, 2011.

Attachment I

SIP Membership

Required Core Representatives	Participant at SIP Stakeholder Meeting[2]
Probation Administrators, Supervisors and Officers	
Probation Department	46
Resource Families and other Caregivers	
Friends of the Family	1

Recommended Stakeholders to Consult	Participant at SIP Stakeholder Meeting
Service Providers (cont'd)	
Diamondale Adolescent Care Facility	1
Dream Catcher Foundation	1
Ettie Lee Homes	1
Helpline Youth Counseling	1
Leroy Haynes Group Homes	1
Loving Life Homes	1
Pacific Lodge	1
Partnership for Families	1
Penny Lane Center	1
Phoenix House	1
Rancho San Antonio	1
Rosemary Services	1
San Gabriel Children's Center	1
Shields for Families	2
Spiritt Family Services	1
South Bay Center for Counseling	1
Starview Adolescent Center	1
Teen n Homes	1

[2] Committee Participation numbers in this document, represent those SIP members who attended and participated in a System Improvement Plan Stakeholder Engagement meeting on June 2, 2011.

Attachment I

SIP Membership

Los Angeles County has an on-going relationship with System Improvement Planning Members, through a variety of workgroups, committees and special engagement venues. Internal and external stakeholders engage in system improvement planning not only in a variety of group settings, but at different frequencies depending on the particular group. Monthly participation opportunities i.e.; DCFS Strategy Management Core Team (external and internal stakeholders) and the Strategy Management Steering Committee (DCFS internal stakeholders) are examples of SIP membership engagements. Los Angeles County plans to continue to engage internal and external stakeholders throughout the 2011-2014 plan; monthly for on-going committees, quarterly for enhanced committee meetings and annually in greater internal and external workshop venues. In collaboration with SIP members, DCFS and Probation will consider identified SIP strategies as to implementation, impact made, necessary adjustments and next steps.

Current Service and Program Activities: System Improvement Plan

Child welfare services and programs are provided on a continuum and aligned with the needs of the child and family. At various points during a child and family's engagement with the County, from the time a referral is received through permanence, services are offered. Service and program activities vary in their purpose, the population being served, and funding sources.

SERVICES/ PROGRAMS	DESCRIPTION
Alternative Response Services (ARS)	Provides Family Preservation services to families with referrals where the investigation resulted in inconclusive or substantiated findings of child abuse/neglect, with an SDM score of low-to-moderate risk. Offers preventative services in order to avoid promoting the referral to an active case. Expected use of ARS will reduce entry rate through increase in community supports for children and families. Re-entry (C1.4) Placement stability (C4.2) goals.
Concurrent Planning	A case management method that allows caseworkers to achieve the goal of permanence (family reunification, adoption or legal guardianship) in a timely manner. It emphasizes initiation and completion of permanency tasks, as soon as the child enters placement in order to resolve the child's temporary status without delay. Prompts teaming around permanence Re-entry (C1.4) Placement stability (C4.2) goals.
Coordinated Service Action Team	An administrative and teaming network within each DCFS office to align and coordinate screenings and/or referrals and ensure mental health service linkage and service delivery. Networked Coordinated Services Action Team includes a variety of child welfare stakeholders, programs and Specialized Foster Care and Linkages co-located staff. Collaboration maximizes resources.
D-Rate Program	The D-Rate Program identifies and assesses children with special needs, and ensures that a caregiver's home meets the child's identified needs in accordance with the provisions of the Katie A. Settlement Agreement. The initial referral for a D-rate assessment of a child is made by the CSW. After processing the referral, the initial assessments are completed by the Department of Mental Health (DMH). DMH contracts with private providers (psychologists) to go to the home and assess the child and the situation. A team composed of people involved in the child's treatment plan, develop a plan to determine the appropriate foster home, related requirements and expectations of the caregiver and treatment modalities responsive to the results of the D-rate assessment. Accurate assessment, appropriate services and informed caregivers assist in stability of children.
Dependency Drug Court	Uses a team approach to working with parents involved with substance abuse and whose children have been detained by the Court. The team are those individuals otherwise named who are providing assistance/services to the parent. All families who are referred to Dependency Drug Court must agree to participate in a one year substance abuse treatment program, which includes drug and/or alcohol testing. This approach supports department strategies related to re-entry.

Attachment II

SERVICES/ PROGRAMS	DESCRIPTION
Eliminating Racial Disproportionality and Disparity	The County's work to address racial disparities and disproportionality has key focused attention in the LA Policy Workgroup on Disparity and Disproportionality and the Eliminating Racial Disparities and Disproportionality (ERDD) Steering Committee. The ERDD Steering Committee has established several key strategies, such as developing strong and supportive leadership county-wide and at executive levels; engaging broader child welfare systems (court, law enforcement, probation); focusing on improving outcomes for African-American children; raising and spreading awareness to staff regarding racial disproportionality and disparity; analyzing racial data and rates, and engaging community partners, birth parents, and youth to ensure collaboration in the critical decisions that affect DFCS children and families.
(Education) Foster Youth Liaison	DCFS and Probation have active partnerships with Los Angeles County Office of Education, Foster Youth Services (FYS) and the Los Angeles Unified School District (LAUSD), through Foster Youth Liaisons. FYS are available in all school districts, assisting DCFS with search and receipt of records, and providing direct educational support services to youth. DCFS has an Education Section to assist staff in oversight of educational needs of youth enrolled in the various schools throughout Los Angeles County. Support self-sufficiency/permanency goal and strategies.
Family Finding	Due diligent family search and engagement to connect or reconnect youth to siblings, parents, extended family members and adult mentors, and to restore or create permanent family connections. Targets high-need youth, who have no permanency resources, limited family connections, multiple placements, substance abuse and mental health issues, and runaway behavior. Specialized Youth Permanency Units and Permanency Partners Program (P3) are trained in search and engagement strategies.
Family Preservation (FP)	A comprehensive group of community-based networks and services with goals of child safety and family empowerment while children remain within their home. Family Preservation (FP) provides a continuum of services that include safety measures for children in their home and empowering families to resolve their own problems. Through this, FP enhances family functioning by building on family strengths and identifying problems early and supporting the resolution of problems. FP decreases the need for system resources over time and helps break multigenerational patterns of risk for families creating greater stability and reducing rates of re-entry.
Ice Breaker Program	Ice Breaker Program meetings engage the birth parents and foster parents to work together towards reunification by building rapport, trust, and respect, clarifying the role of the foster caregiver, sharing information on the child's needs, planning for visitation, and other ways to involve the birth parent(s) in parental responsibilities while their child is in foster care. By opening the lines of communication and promoting a good relationship between the birth parent and foster parent, it is expected that reunification efforts and placement stability will be stronger.
Kinship Care Services	In collaboration with DCFS and other community agencies, Kinship Care Services provides information, resources, services and support to relative caregivers as they provide out-of-home care. Children who reside in Kinship care home experience greater placement stability.

Attachment II

SERVICES/ PROGRAMS	DESCRIPTION
Kinship Resource Centers	Provides linkage for relative care providers to public and private community-based resources. Services include: information and referral, family enhancement, permanency planning, support groups, transportation and respite recreation. In addition, Kin Assistant Training is available through Community and Senior Services, Kinship Education, Preparation and Support (KEPS) Training.
Mental Health Screening and Assessment	Provides screening and assessment to DCFS children with un-met mental health needs. Those children who have a positive mental health screen are referred and linked to mental health services. Once an unmet mental health need is identified, the co-located Department of Mental Health staff completes further evaluation as applicable, identifies the best program available to meet the child's mental health need, and links the child (and family if necessary) to a mental health provider that offers the identified program. Supports assessment and appropriate service alignment.
Multidisciplinary Assessment Teams (MAT)	An assessment conducted by a Multidisciplinary Assessment Team which typically includes a physical, psycho-social and developmental evaluation of the child, as well as an assessment of the family's ability to function and provide a safe home environment. The Multidisciplinary Assessment Team is comprised of professionals from medical, mental health, child welfare and legal disciplines. Multidisciplinary assessments are conducted on detained children to ensure that a child's needs are appropriately identified, to assist in appropriate placement and provide caregivers with needed information for a succesful placement. Information is also obtained from parents and current caregivers to assess their ability to provide care for the child.
Parent in Partnership (PIP)	A team effort between DCFS and parents formerly involved with the Department and who successfully reunified with their children. PIP engages, educates, and empowers parents new to the system and assists parents and DCFS staff in overcoming communication barriers. PIP also provides hands-on instruction and support allowing parents to make meaningful progress in complying with court orders, successfully bringing children home in a timely manner.
Project Safe	Is a collaborative effort on a proposed plan between DCFS and DPH Substance Abuse Prevention and Control (SAPC) with technical assistance from the National Center on Substance Abuse and Child Welfare (NCSACW), to redirect DCFS Alcohol and Drug Testing Program's funds to a program of screening and assessment by experts in the field of substance abuse and referral to appropriate treatment.
Team Decision Making Meetings (TDM)	A collaborative meeting process designed to produce the best decision concerning a child's safety and placement through the joint contributions of family members, community partners, service providers, caregivers and other support networks.
Time Limited Family Reunification Services (TLFR)	A collaboration between DCFS and DHS Alcohol and Drug Program Administration (ADPA) for enhancing access and availability of alcohol and drug assessment and treatment services for DCFS families who are eligible to receive PSSF Time-Limited Family Reunification services. DCFS families are connected with timely, intensive and responsive drug and alcohol treatment and recovery services in order to shorten the time it takes for them to reunite with their children, who have been placed in out-of-home care.

Attachment II

SERVICES/ PROGRAMS	DESCRIPTION
Transitional Housing	Provides housing and supportive services to emancipated foster youth age 18 through 22 years old who are homeless or may potentially become homeless due to living in temporary unstable housing, and who have no other housing options (Youth must be admitted to the program before her/his 22nd birthday).
Up-Front Assessments	Up-Front Assessments (UFA) provided when a child abuse/neglect referral is at high risk for Domestic Violence, Mental Health, and Substance Abuse. Goal is to prevent unnecessary out-of-home placement by creating a thorough investigation and assessment, and where detention is necessary, to provide information to allow for meaningful case plans development. Experts in the area of Mental Health, Substance Abuse, and Domestic Violence are utilized to provide comprehensive assessments and to connect families with treatment and ancillary services in the community.
Wraparound Program	The Wraparound Program is a strength and community-based team approach to helping families and children get their needs met so as to achieve permanency and stability in their living situation. The principles of the Wraparound process include family voice and choice, collaboration and shared responsibility for family success, and the delivery of culturally competent, individualized services. During the implementation of the Wraparound plan of care, the team meets regularly in order to review accomplishments, assess whether or not the plan is working to achieve the desired goals, adjust services/interventions that are not working, and assign new tasks to the Wraparound team members in order to move forward with the fulfillment of the team's mission. Wraparound services will also provide a transitional phase and a transition plan, where the team determines the follow-up options that will help and support the family in succeeding outside of the formal Wraparound structure leading to greater placement stability (C4.2) perhaps reducing the rate of re-entry (C1.4)
Youth Permanency Units	The Youth Permanency Units focus on high-needs youth who meet several or all of the following criteria: no or limited family connections; a history of multiple recent placements; heavy involvement with substance abuse; recent psychiatric hospitalization; and a repeated history of running away. Youth Permanency Units carry a smaller caseload and try to make as much family and extended family connections as possible helping reduce the length of stay for youth in care.

References

Barth, R. P, et.al., *Re-entry of Elementary aged children following Reunification from Foster care.*, October 2007.

California Child Welfare Co-Investment Partnership, *Insights*, 2010.

Child Welfare Information Gateway. *Addressing Racial Disproportionality in Child Welfare.* January 2011.

Connell, C.M.; *Maltreatment following reunification: Predictors of subsequent Child Protective Services contact after children return home.*March2009.

Crum, Wes, *Foster parent parenting characteristics that lead to increased placement stability or disruption*, March 2009.

Dettlaff, Alan J. and Rycraft, Joan R., *Factors Contributing to Disproportionality in the Child Welfare System: Views from the Legal Community.* National Association of Social Workers. 2010.

Dunbar, K., *Racial Disproportionality, Race Disparity, and Other Race-Related Findings in Published Works Derived from the National Survey of child and Adolescent Well-Being.* 2007.

Dworsky, A. (2005). *The Economic Self-Sufficiency of Wisconsin's Former Foster Youth.* Retrieved from Chapin Hill at University of Chicago, Policy research that benefits children, families and their communities website: http://www.Chapinhall.org/research/report/economic-self-succiciency-wisconsins-former-foster-youth May 2011.

Foster, E. Michael, *Explaining the disparity in placement instability among African-American and white children in child welfare: A Blinder-Oaxaca decomposition.* August 2010.

Kimberlin, S., Anthony, E., Austin, M., *Re-entering foster care: Trends, Evidence, and Implications.* Child Services Review, 2008

Knott, T., *Disproportionate representation of African-American children in foster care: Secondary Analysis of the National Child Abuse and Neglect Data System.* Children and Youth Services Review, January 2010.

References

Koh, Eun. *Permanency outcomes of children in kinship and non-kinship foster care: Testing the external validity of Kinship effects.* Children and Youth Review., October 2009.

Los Angeles County, Department of Children and Family Services, *Foster Care Re-entry Study*, 2009.

Marts, Eric, et.al. "*Point of Engagement: Reducing Disproportionality and Improving Child and Family Outcomes.* 2008.)

Munro, Emily., Placement Stability – A review of literature.

Osterling, K., et.al. *Foster Care Reentry and Placement Stability Outcomes: Understanding California's Performance and Practices to Improve Outcomes.* January, 2009.

Sphere Institute, *Factors Affecting Re-Entry into Foster Care in San Mateo County.* January 2006.

Stott, Tonia., *Balancing Permanency and Stability for Youth in Foster Care.* Child and Youth Services Review. December 2009.

Terling, Toni., *The Efficacy of Family Reunification Practices: Re-entry Rates and the Correlates of Re-Entry for Abused and Neglected Children Reunited With their Families.* March 1999.

The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy. *We Places to Watch: Promising Practices to Address Racial Disproportionality in Child Welfare.* December 2006.

Webster, Daniel., *Placement Stability for Children in Out-Of-Home Care: A Longitudinal Analysis.* Child Welfare League of America.