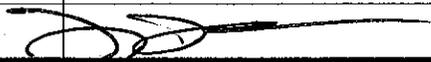
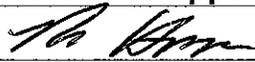


HHB

California's Child and Family Services Review  
County Self-Assessment Cover Sheet (continued)

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

<b>Submitted by:</b>	<b>County Child Welfare Agency Director (Lead Agency)</b>
<b>Name:</b>	<b>Richard Knecht</b>
<b>Signature:</b>	

<b>Submitted by:</b>	<b>County Chief Probation Officer</b>
<b>Name:</b>	<b>Marshall Hopper</b>
<b>Signature:</b>	

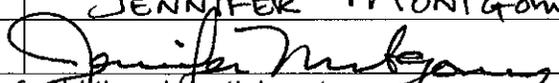
**In Collaboration with:**

<b>County &amp; Community Partners</b>	<b>Name(s)</b>	<b>Signature</b>
<b>Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds</b>	Joan Jacobs, Director of Program, KidsFirst	
<b>County Child Abuse Prevention Council</b>	Joan Jacobs, Director of Program, KidsFirst	
<b>Parent Representative</b>	Christi Meng, Program Director, Mental Health America	

**As Applicable<sup>1</sup> Name(s)**

<b>California Youth Connection</b>	
<b>County Adoption Agency (or CDSS Adoptions District Office)</b>	Placer County Children's System of Care
<b>Local Tribes</b>	United Auburn Indian Community, Colfax-ToddsValley Tribe
<b>Local Education Agency</b>	Placer County Office of Education

**Board of Supervisors (BOS) Approval**

<b>BOS Approval Date:</b>	12/11/2012
<b>Name:</b>	JENNIFER MONTGOMERY
<b>Signature:</b>	

Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives.

<sup>1</sup> As applicable, provide the name of a representative from each of these entities as pertinent to relevant outcomes (the adoption composite would include a representative that was engaged in that portion of the CSA, likewise, IEP measure (5A), IWCA (4E), etc. No signature is required.

**Appendix B: CSA Cover Sheet**

**California's Child and Family Services Review  
County Self-Assessment Cover Sheet**

<b>County:</b>	<b>Placer</b>
<b>Responsible County Child Welfare Agency:</b>	<b>Placer County Children's System of Care</b>
<b>Period of Assessment:</b>	<b>2009 to 2012</b>
<b>Period of Outcome Data:</b>	<b>July 2012</b>
<b>Date Submitted:</b>	<b>January 15, 2013</b>
<b>County Contact Person for County Self-Assessment</b>	
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<b>CAPIT Liaison</b>	
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<b>CBCAP Liaison</b>	
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<b>County PSSF Liaison</b>	
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**Placer County Self-Assessment  
Child Welfare Services offered by  
Children's System of Care and Probation  
2013**

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# Summary Assessment

## Introduction

The County Self- Assessment is the first of two county activities required every five years by the federal government as implemented in California by AB 636 (2004). Under the Child and Family Services Review (CFSR) every county is required to assess all child welfare services administered by both the Children's System of Care and Probation. The 2012-13 Placer CFSR includes County Self-Assessment, with a Peer Review process, to be completed in December 2012, and a System Improvement Plan (SIP), which will be completed in May 2013.

In July 2012, CSOC and the Probation Department jointly convened the local Accountability Workgroup composed of staff and representatives of community collaborative, parents, providers, family resource centers and others. The workgroup was charged with developing the Self-Assessment Process and Systems Improvement Plan. Demographic and data analysis were provided by CSOC leaders. Individual workgroups reviewed all CSOC and Probation systems involved in children's services. Each subcommittee presented their findings to the Accountability Workgroup for discussion and revision. Finally, the Accountability Workgroup re-convened to review the report and to recommend focus areas for the Systems Improvement Plan.

## Summary of Findings for State and Federal Outcomes

Below, are the findings of the Self-Assessment for each of the state and federal outcomes. For each outcome there is information on performance, system strengths, and needs that align with outcomes. Strategies for improvement will be further developed in the System Improvement Plan.

### S1.1 No Recurrence of Maltreatment

	CWS	Probation
<b>S1.1. No Recurrence of Maltreatment -6 mo. <i>Nat'l Goal</i></b> <b>&gt;94.6%</b>	<b>92.9%</b>	<b>N/A</b>
<b>S1.1 No Recurrence of Maltreatment-12 mo.</b>	<b>79.9%</b>	<b>N/A</b>

**Summary:** Higher recurrence rates may be the result of statistical fluctuations in percentages resulting from the small number of children in this cohort. These same fluctuations also make disaggregation of the data by race or ethnicity problematic. Other possible factors are related to a combination of service reductions and county policies and practices (investigations policy, opening voluntary cases, Differential Response, implementation of SafeMeasures, etc) which have strengthened the referral, investigations and supervision processes. Finally, recurrence is likely related to parental substance abuse and relapse. "No recurrence of maltreatment" may be included in the SIP.

**S2.1 No Maltreatment in Foster Care**

<b>CSOC and Probation</b>	<b>CWS</b>	<b>Probation</b>
<b>S2.1. No Maltreatment in Foster Care (Nat'l Standard – 99.68%)</b>	<b>100%</b>	<b>100%</b>

**Summary:** Current data indicates that Placer currently has essentially no maltreatment of children in care, due to excellent programs including good foster parent training, its Placer Kids collaborative, and to a wide array of services available to foster parents. Further investigation is needed, however, to explore possible data reporting issues. These efforts will not be included in the SIP.

**C1.1 C1.3 Reunification Composite: Timely Reunification**

	<b>CWS Apr11-Mar12</b>	<b>Probation Apr11-Mar12</b>
<b>C1.1. Reunification Within 12 months (Exit Cohort)</b> <i>National Goal: &gt; 75.2%</i>	<b>75.6%</b>	<b>33.3%</b>
<b>C1.2. Median Time to Reunification (Exit Cohort)</b> <i>National Goal: &lt;5.4 months</i>	<b>8.7 months</b>	<b>15.1 Months</b>
<b>C1.3 Reunification Within 12 months (Entry Cohort)</b> <i>National Goal: &gt; 48.4% Last Available April20 11 to March 2012</i>	<b>46.4%</b>	<b>10.0%</b>

**Summary:** Placer CWS is doing well with re-unifying youth within twelve months. Probation has worked diligently over the past 3 years to improve this outcome, and has again focused on this outcome during the Peer Review. The outcome will be included in the SIP for Probation.

**C1.4 Reunification Composite: Reentry Following Reunification**

	<b>CWS 4/2010 – 3/2011</b>	<b>Probation 4/2010 – 3/2011</b>
<b>C1.4 Reentry Following Reunification (Exit Cohort)</b> <i>National Goal: &lt; 9.9%</i>	<b>11.7% (14)</b>	<b>18.2% (2)</b>

**Summary:** Over the past three years, Placer County has seen a rise in re-entry to foster care, although the low numbers may skew percentages. The rise may be related to state budget reductions, resulting in a temporary decrease in TDM capacity and the elimination of focused substance abuse services, and subsequent reduction in AOD treatment. Recently-implemented practices, including after-care planning and Family Mentoring may improve this outcome. Re-entry may be included in the SIP.

### C2.1 C2.5 Adoption Composite

	CWS (4/2010-3/2011)
<b>C2.1 Adoption within 24 months (Exit Cohort) National goal &gt;36.6%</b>	<b>43.4%</b>
<b>C2.2 Median Time to Adoption (Exit Cohort) National goal &lt; 27.3 mo.</b>	<b>26.6 months</b>
<b>C2.3 Adoption within 12 months (17 mo. in care) National goal &gt;22.7%</b>	<b>43.7%</b>
<b>C2.4 Legally free within 6 months (17 mo. in care) National goal &gt;10.9%</b>	<b>19.0%</b>
<b>C2.5 Adoption within 12 months (legally free) National goal &gt;53.7%</b>	<b>72.2%</b>

**Summary:** Placer does an excellent job on adoptions due to a strong emphasis on concurrent planning, integrated teams including permanency/adoptions workers, and the CSOC-Placer Kids collaborative. This outcome will not be a focus of the 2013 SIP.

### C3.1 C3.3 Long Term Care Composite

April 2011 to March 2012	CWS % and (#)	Probation % and (#)
<b>C3.1 Exits to Permanency (24 months in care) National Goal &gt;29.1%</b>	<b>31.0% (13)</b>	<b>25.0% (1)</b>
<b>C3.2 Exits to Permanency (Legally Free at exit) National Goal &gt;98%</b>	<b>100.0% (49)</b>	<b>NA</b>
<b>C3.3 In Care 3 years or longer (Emancipated/age 18) National Goal &lt;37.5%</b>	<b>18.8% (3)</b>	<b>9.1% (1)</b>

**Summary:** On measures C 3.1 and C3.2, Placer CSOC does an excellent job with permanency. Each team has a permanency/adoption worker, and Placer County does not terminate parental rights without designating a permanent plan of adoption with identified prospective adoptive parent(s). Destination Family has also focused on ensuring permanency. Guidelines for reviewing permanency plans might further enhance these efforts. Probation serves few youth in this category. On Measure C3.3, Placer is not doing as well. Some of these youth may have continued attachments and relationships, and therefore loyalties to, birth family members. While they do not want to reside with these birth family members and are happy in their foster care homes, they may still be reticent to sever legal ties, even if they consider their foster parents as their parental figures. These indicators will not be a focus of the SIP.

**C4.1 C4.3 Placement Stability Composite**

<b>April 2011 to March 2012</b>	<b>CWS</b>	<b>Probation</b>
<b>C4.1 Placement Stability &lt;3 placements - 8 days-12 months in care <i>National Goal 86%</i></b>	<b>87.8%</b>	<b>100%</b>
<b>C4.2 Placement Stability &lt;3 placements - 12- 24 months in care <i>National Goal 65.4%</i></b>	<b>52.3%</b>	<b>88.0%</b>
<b>C4.3 Placement Stability&lt;,3 placements -at least 24 months in care <i>National Goal 41.8%</i></b>	<b>32.9%</b>	<b>50.0%</b>

**Summary:** Since the 2009 CSA and 2010 SIP, Placer has improved stability of placement for children in care in this category. Stability of placement for longer periods necessarily lags, but should improve as the first indicator improves. Policies and practices have been developed and implemented as a result of the previous SIP, but have not been in effect for long enough to establish improved placement stability. Many factors contribute to multiple placements, including use of the emergency shelter, inadequate placement matching procedures, limited use of SDMs and TDMs, cultural differences between youth and foster parents, heavy workloads, and others. Probation outcomes far exceed the federal goal, due to smaller case loads and court involvement. Placement Stability will be a CWS focus area for the 2013 SIP.

**2B Timely Response to Immediate and 10-Day Investigations**

	<b>Immediate Compliance 1/11-3/12</b>	<b>10 Day Compliance 1/11-3/12</b>
<b>2B. Timely response (<i>State Goal: 90%</i>)</b>	<b>93.8%</b>	<b>87.1%</b>

**Summary:** Implementation of new county procedures has led overall to significant improvement in timely response to referrals during the past five years. Although 10-day responses have recently fallen below the federal standard, leaders have identified that this is due to a delayed data entry by a few staff, although their actual investigations are timely. This issue is currently being addressed. Staff are concerned that improvements may not be sustained due to increases in caseload and staffing reductions in some clerical support areas. This measure will not be a focus of the SIP.

**2C Timely Visits with Child**

<b>2C.Timely social worker visits with child (<i>State average 90%</i>)</b>	<b>1/12</b>	<b>2/12</b>	<b>3/12</b>	<b>Average</b>
	<b>99.6%</b>	<b>91.7%</b>	<b>87.2%</b>	<b>89.8%</b>
<b>2C.Timely probation officer visits with child (<i>State average 90%</i>)</b>	<b>81.1%</b>	<b>55.3%</b>	<b>59.4%</b>	<b>65.3%</b>

**Summary:** CWS has improved compliance with Timely Visitation due to increased supervision and the use of SafeMeasures. Staff believes that contacts are almost always made, but may not be entered into CWS/CMS in a timely manner. The probation data likely reflects data entry difficulties, due to dual MIS systems. The Probation MIS system shows a much higher rate of probation officer contacts, and is likely more accurate than CWS/CMS. This outcome will not be included in the SIP.

**4A Sibling Placement**

<b>CWS – PIT 1 April 2012</b>	
<b>4A Placements with all siblings</b>	<b>69.2%</b>
<b>4A Placement with some or all siblings</b>	<b>79.2%</b>

**Summary:** CSOC maintains a strong commitment to placing siblings together and to recruiting families willing to foster sibling groups. This outcome will not be a focus of the 2013 SIP.

**4B Least Restrictive Placement**

<b>4B: Least Restrictive Placement (by Percent in Placement)</b>	<b>Relative</b>	<b>Shelter/ Group Home</b>	<b>Foster Home</b>	<b>FFA</b>	<b>Group Home</b>	<b>Other</b>
<b>CWS: Entries: First Placement</b>	<b>12.8</b>	<b>31.7</b>	<b>22.0</b>	<b>26.8</b>		<b>6.7</b>
<b>CWS: Point in Time (1 Apr 2012)</b>	<b>27.3</b>	<b>5.8</b>	<b>5.4</b>	<b>37.2</b>		<b>24.4</b>
<b>Probation: Entries: First Placement</b>	<b>5.6</b>		<b>5.6</b>		<b>88.9</b>	
<b>Probation: Point in Time (1 Apr 2012)</b>	<b>2.4</b>				<b>40.5</b>	<b>57.1</b>

**Summary:** Although there has been a recent emphasis on relative and NREFM placement during the past three years, CSOC staff is concerned with the effects of recent state budget constraints affecting the number of staff available to serve families. They noted that with an increase in workload, child welfare team members may not be able to focus on the time consuming process of finding least restrictive placements. This outcome will not be a primary focus of the 2013 SIP except as it relates to placement stability.

**4E Placement of American Indian Children**

<b>CWS (Point-in-Time, April 2012)</b>	<b>Relative- % and #</b>	<b>Non-Relative Indian SCP - % and #</b>	<b>Non-Relative Non-Indian SCP - % and #</b>	<b>Non-Relative Ethnicity SCP Missing - % and #</b>	<b>Group Home - % and #</b>	<b>Other - % and #</b>
<b>4E (1) American Indian Children Eligible for ICWA</b>	<b>41.2% (7)</b>	<b>23.5% (4)</b>	<b>23.5% (4)</b>	<b>5.9% (1)</b>	<b>5.9% (1)</b>	<b>0</b>
<b>4E (2) Multi-ethnic American Indian Children</b>	<b>41.4% (24)</b>	<b>6.9% (4)</b>	<b>36.2% (21)</b>	<b>8.6% (5)</b>	<b>6.9% (4)</b>	<b>0</b>

**Summary:** Placer has made significant progress in identifying Native American children (ICWA and non-ICWA) and providing culturally sensitive services to this population. Most Native American children now are placed with relatives or within the tribe. Additional work is needed on recruiting and licensing Indian substitute caregivers. In addition, more training is needed to adequately identify Native children at intake. Probation serves very few Native youth. These measures will be included in the 2013 SIP.

**5B Children in Foster Care Receiving Timely Health and Dental Exams**

	<b>CWS</b>	<b>Probation</b>
<b>5B (1) Children in Foster Care Receiving Timely Health Exams</b>	<b>85.4%</b>	<b>N/A</b>
<b>5B (2) Children in Foster Care Receiving Timely Dental Exams</b>	<b>50.3%</b>	<b>N/A</b>

**Summary**

Until recently, three full time public health nurses on CSOC teams ensured children in foster care received timely health and dental exams. Within the last two years, however, all three nurses retired, and, due to state budget restrictions, were not immediately replaced. Two part-time nurses were added in November 2011, with a 4<sup>th</sup> added in August 2012. The timing of the decline of these measures, particularly for dental exams, can be associated with this reduced staffing. Other factors may include difficulties in finding providers who accept Medi-Cal, and untimely follow-through by social workers and caregivers. With now having 4 part-time nurses, and recent capacity to hire two full-time permanent nurses, our nurse partners will now be able to provide improved case management services, and provide the follow-up with caregivers in a timely manner to improve this outcome. This outcome will not be included in the 2013 SIP.

**5F Children in Foster Care Authorized for Psychotropic Medication**

	<b>CWS Jan – Mar 2012</b>	<b>Probation</b>
<b>5F – Children in Care Authorized for Psychotropic Medication (% and #)</b>	<b>11.8% (30)</b>	<b>N/A</b>

**Summary:** The percentage of Placer Foster children on psychotropic medication is slightly lower than the state average. Although the numbers are small, making percentages volatile, it appears that slightly higher rates of males and Hispanics using medications compared to other groups. This outcome will not be included in the 2013 SIP.

**6B Children in Foster Care Who Have Had an IEP**

	<b>CWS</b>	<b>Probation</b>
<b>6B Children in Foster Care Who Have Had an IEP</b>	<b>9.2%</b>	<b>N/A</b>

**Summary:** The recent State policy change shifting responsibility for educationally related mental health services away from the county to school districts, as well as reduced staffing levels, may account for the decline in IEPs. In addition, confusion over who enters data on IEP status could result in missing data. This outcome may be included in the 2013 SIP.

**8A Services for Youth in Transition from Foster Care**

	<b>CWS</b>	<b>Probation</b>
<b>January 2012 to March 2012</b>	<b>CWS</b>	<b>N/A</b>
<b>8A Youth in foster care who have ever had an ILP (% and #)</b>	<b>0% (0)</b>	<b>N/A</b>
<b>8A Youth Completing ILP services who obtained high school diploma (% and #)</b>	<b>0% (0)</b>	<b>N/A</b>
<b>8A Youth Completing ILP services have housing arrangements (% and #)</b>	<b>0% (0)</b>	<b>N/A</b>
<b>8A Youth who received ILP services prior to aging out</b>	<b>0% (0)</b>	<b>N/A</b>

**Summary:**

The data collected by UC Berkeley is incorrect and does not include data on ILP outcomes forwarded by Placer. Placer County data will be strongly affected by the challenge of getting NYTD documentation from other counties for Placer youth placed out of county resulting in a huge challenge directly related to missing NYTD data. Failure of the State Department of Social Services to take the lead in coordination of NYTD reporting requirements has resulted in a “hit or miss” cross reporting of ILP services between counties. Counties serving Placer youth should send quarterly reports but have typically not done so. Without those reports, the County does not have the data, and cannot enter it into CWS/CMS. This outcome will be included in the SIP.

## **Introduction**

This document reviews Placer County's Child Welfare System, and analyzes how the system addresses State and Federal outcomes for child welfare services. Unique among California counties, Placer County administers child welfare services as an integral part of the Systems Management, Advocacy and Resource Team (SMART) Children's System of Care (CSOC). The system is governed by the multi-agency SMART Policy Board, consisting of the Chief Probation Officer, the Director of Health and Human Services, and the Deputy Superintendent of Schools, and chaired by the Presiding Juvenile Court Judge. Within the traditional county departmental structure, child welfare services are located within the Health and Human Services (HHS) Department.

CSOC is a fully integrated, full-scale system which has provided a continuum of services including Child Welfare, Adoptions, Foster Care Licensing, Mental Health, Substance Abuse, Foster Care Eligibility, Probation, Foster Youth, Alternative Education and elements of Community Health programs since 1988. It operates under the vision, *"All children, adults and families in Placer County will be self-sufficient in keeping themselves, their children and their families safe, healthy, at home, in school/employed, out of trouble and economically stable."* Its mission is to "ensure that all public programs for children and families will provide services in a comprehensive and integrated manner, regardless of the agency door by which families enter". All services are administered through integrated CSOC teams.

### **Participation, Roles, and Description of Self-Assessment Process**

The County Self-Assessment is required by the federal government as implemented in California by AB 636 (2004). Every five years, all California counties are required to conduct a California Child and Family Services Review (C-CFSR) of all child welfare services administered by both CSOC and Probation. The 2012-13 Placer County Self-Assessment (CSA) offers a comprehensive assessment of agency systems and review of progress on state and federal child welfare outcomes, and incorporates a Peer Review process on selected outcomes. Upon completion of the CSA, a System Improvement Plan (SIP) will be developed, to be completed by May 2013.

The guiding principles of the County Self-Assessment, enumerated by the California Department of Social Services and embraced by Placer County CSOC, are:

1. The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanency, and well-being.
2. The entire community is responsible for child, youth, and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when a child's safety is endangered.
3. To be effective, the child welfare system must embrace the entire continuum of child welfare services, from prevention through after care services.
4. Engagement with consumers and the community is vital to promoting safety, permanency and well-being.
5. Fiscal strategies must be considered that meet the needs identified in the Self- Assessment.

6. Transforming the child welfare system is a process that involves removing traditional barriers<sup>1</sup> within programs, within the child welfare system, and within other systems.

In July 2012, CSOC and the Probation Department jointly convened the Quality Improvement Committee composed of CSOC and probation staff, as well as representatives of community collaborative, parents, providers, family resource centers and others, as described below.

**Table 1**

<b>Name</b>	<b>Agency</b>	<b>Representation</b>
Richard Knecht Twylla Abrahamson Tom Lind	Placer County Children’s System of Care, Department of Health and Human Services	Director, Assistant Director, Program Manager, Social Workers, CWS Administrators CAPIT/CBCAP /PSSF Liaisons County Board of Supervisors designated agency to administer CAPIT/ CBCAP/PSSF Programs, County Mental Health
David Coughran Aaron Johnson	Placer County Probation Department/CSOC	Probation Program Manager, Supervisors, and Officers
Joan Jacobs Lisa Velarde	KidsFirst	Child Abuse Prevention Council, Children’s Trust Fund Commission, Community Partner
Antoinette Briones	Adoptions Supervisor/ Placer Kids	Resource families and other caregivers
Christi Meng Indira Infante	Mental Health America/ CSOC Parent Advocates	Program Manager, Parents/consumers
Tammy Cherry	Whole Person Learning/ CSOC Youth Coordinators	Program Manager, Former Foster Youth
Kathryn Hart	Child Advocates of Placer County/CASA	Court Appointed Special Advocates
Banetta Bacchi	Sierra Forever Families- Foster Parent Liaison	Provider
Elisa Herrera	Latino Leadership Council	Latino Leadership Council, Community Partner
Anno Nakai	Sierra Native Alliance	Sierra Native Alliance, Community Partner
Margaret Ramey	CSOC	CWS Social Worker
Lisa Grimaldi	CSOC	CWS Supervisors

<sup>1</sup> County Self-Assessment (CSA) process Guide, Version 3.0, 2009

Scott Myers	CSOC	CWS Supervisors
Tammy Peterson	CSOC	CWS Senior Practitioner
Laurie Burns	CSOC	Foster Care Licensing
Shane Libby	Unity Care/CSOC	Independent Living Program
Steve Martinson	CSOC	Program Supervisor, Data Analyst
Erika Pixton, Mary Ellen Borba Kelly Winston	CDSS	CDSS representative, technical assistance
Erin Sumner Yvette Albright	CDSS	Office of Child Abuse Prevention
Lynn DeLapp	Consultant to CSOC	Davis Consultant Network

**Other Core Representatives:**

- PSSF Collaborative – Not applicable as PSSF monies are currently integrated in the System of Care.
- Youth representative - Represented by a youth advocate/former foster youth, and the supervisor of the Independent Living Skills community provider. Youth input was also gathered through focus groups with foster care and probation youth

The workgroup was charged with developing the Self-Assessment Process and Systems Improvement Plan, including a Peer Review process, as well as overseeing accountability efforts for CWS and Probation.

**The Self-Assessment Process:**

**Analysis:** Small committees composed of members of the Accountability workgroup reviewed the systems involved in child welfare; demographic information and data analysis were provided by CSOC supervisory staff. Three committees researched and analyzed information on the outcomes, and seven committees researched the systemic factors. Each committee presented their findings to the Accountability workgroup for discussion and revision. Finally, the group reconvened to review all the information collected during the Self-Assessment, and to recommend focus areas for the Systems Improvement Plan.

**Peer Review:** A separate sub-committee planned the Peer Review Process. The Process and findings of the Peer Review are described in Section V of this report.

**Focus Groups:** To obtain broad input on Placer’s child welfare system and probation placement systems, the Accountability Workgroup conducted ten focus groups, described in **Table 2**.

**Table 2**

<b>Type of Group</b>	<b>Date</b>	<b>Number of Participants</b>
Probation Officers	9/12/12	5
Probation Group Home Administrators and Staff	9/12/12	6
Probation Group Home Youth	9/12/12	6
Juvenile Delinquency Court Staff – Judges, DA, Public Defender, Attorneys	9/12/12	8
CSOC Supervisors	9/18/12	10
Foster Parents	9/27/12	15
CSOC Staff (2 groups)	10/3/12	19
Foster Care Youth/ Former Youth	10/9/12	6
Community Partners	10/26/12	TBA

## Demographic Profile

### Demographics of the General Population in Placer County

#### County Population

As of the 2010 Census, Placer County’s population was reported at 348,432 with an estimated population of 355,328 in 2012, representing a 40.3 percent increase since 2000, making Placer the second fastest growing county in California. Lincoln was the fastest growing city in California with a growth of 282%, Rocklin was the 24<sup>th</sup> fastest growing city at 57%, Roseville as 34<sup>th</sup> at 49% and Colfax was 69<sup>th</sup> with 31% growth (rank out of 480 cities).<sup>2</sup> The percentage of children from birth to 18 increased 32.3% between 2000 and 2011.<sup>3 4</sup>

#### Ethnicity and Language

As shown in **Table 3**, Placer County’s ethnicity remains predominantly white (87.0%). Asian and Pacific Islander represent about 6% of the population, and multi-racial residents comprise almost 4%. Black/African American is 1.6% and American Indians represent about 1.1% of residents. Hispanics of any race represent 13.3 percent of the population, up from 11.4% as reported in the 2009 CSA. Between 2000 and 2011, the greatest increases among the child population for Placer County have been among Black (+61%), Asian/Pacific Islander (+62%) and Hispanic (51%) children.<sup>5</sup> 13.9% of population over 5 speaks language other than English at home.<sup>6</sup>

**Table 3**

2011	Est. number	Est. %
White	310,710	87.0
Black or African American	5,714	1.6
American Indian and Alaska Native	3,929	1.1
Asian	22,500	6.3
Native Hawaiian and Other Pacific Islander	1,074	0.3
Two or more races	13,571	3.8
Hispanic or Latino (of any race)	47,499	13.3

Source: U.S. Census Bureau, State and County Quick Facts. Revised 16-Aug-2012

<sup>2</sup>CA Department of Finance, California State Data Center, 2010 Census Redistricting (Public Law 94-171) File for California on March 8, 2011, [http://www.dof.ca.gov/research/demographic/state\\_census\\_data\\_center/census\\_2010/](http://www.dof.ca.gov/research/demographic/state_census_data_center/census_2010/)

<sup>3</sup> U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report Last Revised: Thursday, 16-Aug-2012 10:28:58 EDT; <http://quickfacts.census.gov/qfd/index.html>

<sup>4</sup> Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). *Child Welfare Services Reports for California*. Retrieved 7/25/2012, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

<sup>5</sup> US CensusBureau: People and Households; Populations Estimates Main, Current Estimates Data, *County Characteristics Vintage 2011; Age, Sex, Race and Hispanic Origin*. <http://www.census.gov/popest/data/counties/asrh/2011/index.html>

<sup>6</sup> US CensusBureau: State and County QuickFacts. *op. cit.*

## Tribes

The only federally recognized tribe in Placer County is the United Auburn Indian Community.

## Education Data:

### *School Enrollment and Pupil-Teacher Ratio*

68,278 students attended school in Placer County during the 2010-11 school years.

Approximately 29,929 students were enrolled in elementary schools, approximately 22,479 in high schools, and about 15,804 in middle schools/junior highs, and the remainder in other types of schools.<sup>7</sup> Six thousand, nine hundred ten (6,910) children ages birth to 22 attended special education classes.<sup>8</sup> The County's total K-12 enrollment grew by 23% over the past ten years (2000-01 school years). The K-12 enrollment for California's K-12 grew by 4% during the same time period.<sup>9</sup>

The overall 2010-11 pupil-teacher ratio in Placer County is 22:8 – slightly lower than California's ratio of 23:9, but higher than the 20:5 ratio for the 2007-08 school year reported in the 2009 CSA<sup>10</sup>.

### *Dropout Rates*

In 2010-11, the adjusted one-year dropout rate for students in grades 9-12 was 1.9%, continuing at less than half the State rate of 4.3%, and lower than the 2007-08 rate of 2.3% (**Table 4**). The rate for Hispanic students was 3.5%, Native American or American Indian was 6.5%, Asian/Pacific Islander was 2.3%, White was 1.6% and Black was 3.2%.<sup>11</sup>

**Table 4**

Dropouts by Ethnicity, Grades 9-12						
Placer County, 2010-11						
Ethnicity	Enrollment	Adjusted Dropouts <sup>1</sup>	Adjusted 1-Year Dropout Rate		Adjusted 4-Year Dropout Rate	
			County	State	County	State
Hispanic or Latino	3,724	131	3.50%	5.30%	10.0%	17.7%
American Indian/Alaska Native	199	13	6.50%	6.10%	15.2%	20.7%
Asian/Pacific Islander	1459	9	2.30%	8.20%	15.1%	30.3%
African American	569	18	3.20%	7.90%	7.7%	24.7%
White	15,545	247	1.60%	2.50%	5.0%	8.9%
Two or More Races	51	10	1.10%	3.20%	4.2%	11.2%
None Reported	98	6	6.10%	11.80%	25.0%	28.6%

<sup>7</sup> California Department of Education, Ed-Data 2010-11, Estimates from enrollment by grade using grades Kindergarten to 5 for elementary, 6 to 8 for junior high and 9 to 12 for high school.

<sup>8</sup> Placer County Office of Education website and California Department of Education, DataQuest 2010-11, <http://dq.cde.ca.gov/dataquest/>

<sup>9</sup> California Department of Finance, California Public K-12 Graded Enrollment and High School Graduate Projections by County – 2011 Series, October 2011, *California Public K-12 Graded Enrollment Projections Table, 2011 Series*, <http://www.dof.ca.gov/research/demographic/reports/projections/k-12/view.php>

<sup>10</sup> California Department of Education, Ed-Data, *op.cit.*

<sup>11</sup> California Department of Education, Ed-Data, *op.cit.*

### ***Participation in Subsidized Meal Programs***

The number of children receiving free and reduced price meals increased from 16.7% in 2001 to 20.9% in 2007-08 and 29.4% in 2010-11. Statewide, in 2010-11, 66.6% of children received subsidized meals.<sup>12</sup>

### **Health Data:**

#### ***Teen Pregnancies and Teen Births***

The following data is quoted directly from the First 5 Placer 2009 Community Assessment.

- The overall teen birth rate (mothers aged 15-19) decreased between 2000 and 2006, from 14.3 births per 1000 teens to 12.2 births, increased to 15.2 births per 1000 teens in 2008, dropped to a record low of 10.5 in 2009 then increased to 12.1 in 2010.
- **Table 5** gives the birth rates for Placer County teens by year from 2000 to 2010. As noted above, the birth rate has fluctuated between a high of 15.2 teen births per 1000 population in 2008 to a low of 10.5 births per 1000 in 2009. Placer County is consistently one of the lowest counties in California for teen births.

**Total Placer County Resident Teen (ages 15-19) Births by Year**  
**Table 5<sup>13 14</sup>**

<b>Year</b>	<b>Number of Teen Births</b>	<b>Number of All Births</b>	<b>Teen Fertility Rate (per 1000)</b>	<b>Overall Fertility Rate (per 1000)</b>
2000	176	3046	14.3	55.9
2001	190	3104	14.2	54.5
2002	203	3484	14.2	59.2
2003	205	3639	13.5	59.6
2004	185	3797	11.7	60.7
2005	190	3823	11.5	63.6
2006	208	3892	12.2	63.5
2007	193	4,051	15.0	65.2
2008	202	4,035	15.2	64.1
2009	143	3,804	10.5	59.6
2010	167	3,824	12.1	48.2

#### ***Low Birth Weight***

In 2010, approximately 5.5 percent of babies born in Placer County (210) were born with a low birth weight<sup>15</sup>

<sup>12</sup> California Department of Education; Data & Statistics, Student Health & Support, Food Programs, *SNP 2010-11 County Profile*, (XLS; Posted 02-Mar-2012), <http://www.cde.ca.gov/ds/sh/sn/>

<sup>13</sup> Public Health Institute, *Teen Births in California*, <http://teenbirths.phi.org/>

<sup>14</sup> California Department of Public Health, County Health Status Profiles, <http://www.cdph.ca.gov/data/statistics/pages/CountyBirthStatisticalDataTables.aspx>

<sup>15</sup> California Department of Public Health, <http://www.cdph.gov/data/statistics/documents/>

### ***Children Receiving Age-Appropriate Immunizations<sup>16</sup>***

Table 6 below indicates that the rate of children receiving age-appropriate immunizations has somewhat dropped over the last two years.

**Table 6<sup>17</sup>**

<b>Population</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2011-12</b>
Children ages 2-4 in licensed childcare	95.9%	88.6	82.3%
Children ages 4-6 in Kindergarten	89.5%	89.1%	86.5%

### ***Health Insurance***

In 2010, 95.9% of Placer County children and 89% of Placer County adults were covered by health insurance.<sup>18</sup>

### ***Rates of Drug and Alcohol Abuse***

Substance abuse, as always, is strongly associated in Placer with rates of child abuse, reunification, and re-entry to foster care.

In FY2011-12, 1,126 persons received assistance with addiction in Placer County. Almost 29% of those who sought treatment had a problem with alcohol, 23% had a problem with methamphetamine and about 31% reported problems with an opiate analgesic (17.5% Heroin, 13.1% OxyCodone/ OxyContin). In the 2009 County Self-Assessment, Placer reported that for FY2008-09, there were 1,202 admissions to treatment for alcohol and other drugs. Reports from the field suggest an increase in OxyContin use by parents. In FY2008-09, alcohol and other drug treatment programs reported 143 admissions for OxyContin or 11.9% of the admissions. In FY2011-12, there were 147 admissions for OxyContin or 13.1% of admissions. However, although Placer hasn't seen an increase in OxyContin abuse (based on admissions to treatment), Placer has a much higher rate of OxyContin admissions than seen statewide where OxyContin represents only 2% of admissions for drug treatment in FY11-12. Heroin increased from 7.9% of admissions (110) in FY08-09 to 197 or 17.5% of admissions in FY11-12.

46.2% of admissions to AOD treatment were male (520 admissions) and 53.8% (606 admissions) were female (61.9% male and 38.1% female State overall). 76.4% of the admissions were White, 9.9% Latino, 1.9% Black, 2.3% Native American or American Indian and 1.1% were Asian/Pacific Islander.

### **Family Economic Data:**

#### ***Poverty, Income, Unemployment and Public Assistance***

The median household income in 2010 in Placer County was \$74,447, almost \$14,000 higher than the statewide income of \$60,883. Approximately 7.6 % of families earned less than \$25,000 per year (remained unchanged from 2009 CSA). Families living below the federal poverty line comprise approximately 6.6% of the Placer County population (3.7% reported in

<sup>16</sup> CDSS website <http://www.cdss.ca.gov>

<sup>17</sup> California Department of Public Health, <http://www.cdph.gov/programs/immunize/Pages/ImmunizationLevels.aspx>

<sup>18</sup> U.S. Census Bureau, 2010 American Community Survey, <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml>

2009 CSA). The U.S. Census Bureau, 2011 American Community Survey shows unemployment in Placer County at 6.7% as compared to a State unemployment rate of 7.8%.<sup>19</sup> However, 38.4% of Placer residents over age 16 are not in the labor force compared with 36.1% of California. Placer currently has 1,779 families in the CalWORKS program.

Unemployment figures from the California Employment Development Department for Placer County are:<sup>20</sup>

2012	Labor Force	Employment	Unemployment	Unemp. Rate
January	173,400	155,900	17,500	10.1%
February	174,100	156,300	17,800	10.2%
March	175,700	157,300	18,400	10.5%
April	174,600	157,900	16,800	9.6%
May	174,900	157,800	17,100	9.8%
June	176,100	158,500	17,600	10.0%
July	177,100	160,100	17,000	9.6%

### ***Housing Foreclosures***

The recent rapid growth in Placer County, coupled with the severe housing collapse, has resulted in significant foreclosures and steep decreases in median home values. According to the Sacramento Bee (July 26, 2012), the Sacramento area ranked as the 11<sup>th</sup> highest foreclosure rate among the nation’s largest metropolitan areas.<sup>21</sup> In 2011, Placer County had 2,437 foreclosures. In the 2009 CSA, Placer reported that, for the entire year of 2006, just 289 foreclosures were filed.<sup>22</sup>

### ***Child Care***

The availability of child care can affect rates of reunification and placement stability.

According to the California Child Care Resources and Referral Network, licensed child care slots are available for 35% of children, age 0 to 12 with parents in the workforce and 1,002 children who are on waitlists to receive child care subsidy.<sup>23</sup>

In the 2009 County Self-Assessment, Placer County had approximately 11,109 licensed child care slots available in the county for an estimated 36,635 children age birth-12 years old with parents in the work force, leaving an estimated unmet need of approximately 25,500 children. In 2010, the number of licensed care slots had decreased to 9,333. With 36,955 children, 0-12 with

<sup>19</sup> U.S. Census Bureau, *op. cit.*

<sup>20</sup> California Employment Development Department, *Unemployment Rates and Labor Force; Placer County Labor Force Data (Excel)*, <http://www.calmis.ca.gov/htmlfile/county/placer.htm>

<sup>21</sup> Sacramento Bee, *Capital’s foreclosure rate among highest*, Thursday, July 26, 2012 at 7:01 PM: [http://www.sacbee.com/search\\_results?q=foreclosures&page=3#storylink=cpy](http://www.sacbee.com/search_results?q=foreclosures&page=3#storylink=cpy).

<sup>22</sup> Placer County Assessor’s Office

<sup>23</sup> California Child Care Resources and Referral Network, [http://my.rrnetwork.org/site/DocServer/Placer\\_County.pdf?docID=1005](http://my.rrnetwork.org/site/DocServer/Placer_County.pdf?docID=1005)

parents in the workforce, this leaves an unmet demand for child care slots of approximately 24,020.

**Child Care Need<sup>24</sup>**  
**Table 7**

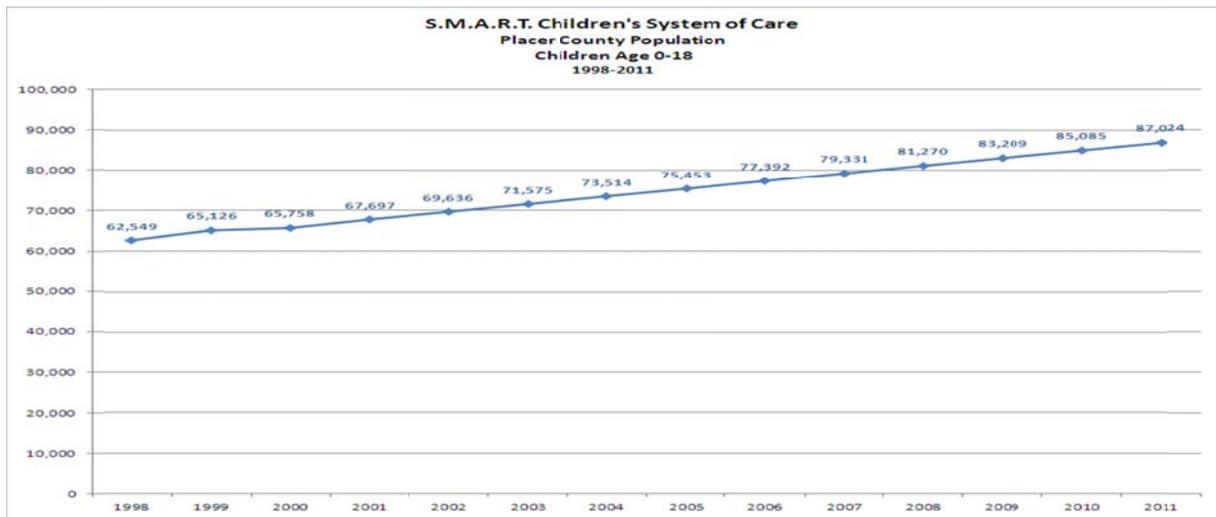
Children Age Birth to 13 years old	Licensed Child Care Slots	Children with Parents in the Work Force	Estimated Unmet Demand
2001	9,822	30,168	20,346
2003	10,718	32,110	21,392
2005	10,661	33,096	22,435
2007	11,109	36,635	25,526
2008	9,842	33,681	20,209
2010	9,333	36,955	24,021

**CWS Participation Rates**

**Number of Children in Population:**

Between 2000 and 2010, Placer County was the second fastest growing county in California. Placer County has seen a 32% increase in the number of children, age 0 to 18, between 2000 and 2011. **Graph 1** shows the number of children in the county by calendar year.

**Graph 1**



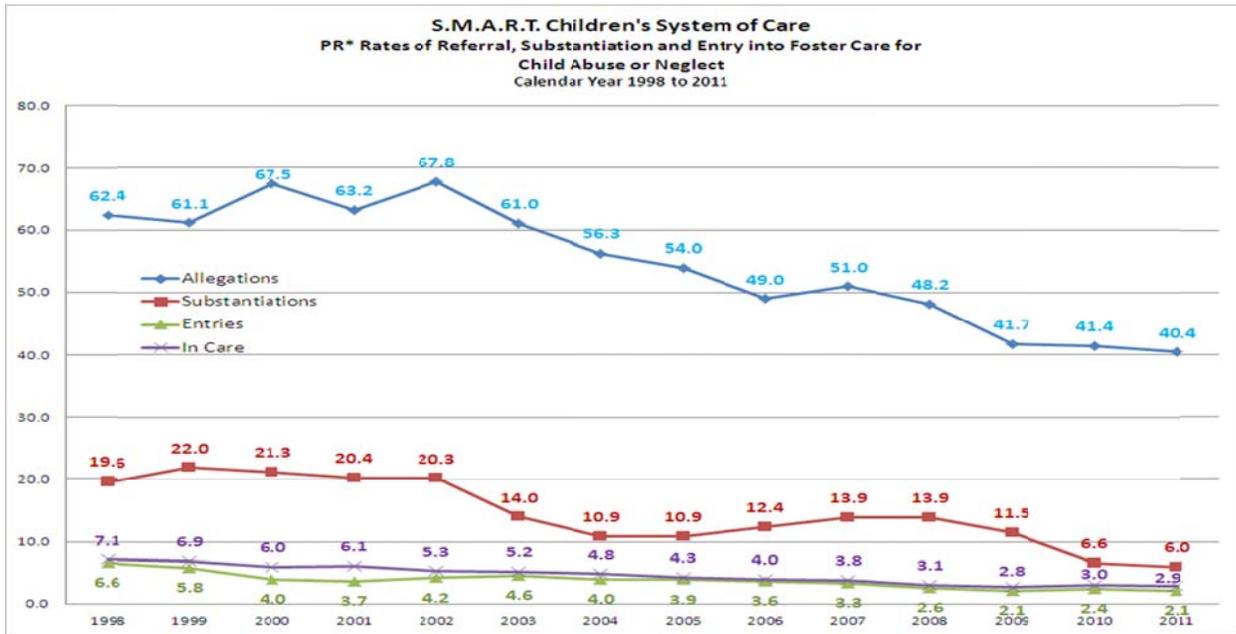
<sup>24</sup> California Child Care Resource and Referral Network, Child Care Portfolio 2001, 2003, 2005, 2007, 2009, 2011. <http://www.rnetwork.org/rr-research-in-action/network-resources-publications/>

**Rate of Children with Referrals**

In 2003, the Placer County rate of children referred for child abuse or neglect peaked at 67.8 children per thousand. In general, although there was a slight increase in 2007, the rates per thousand population for referrals have been on the decline to 40.4 children per thousand population referred in 2011. In 1998, Placer ranked 24<sup>th</sup> out of the 58 California counties for referrals per 1000 population. In 2011, the decrease in referrals/1000 population placed Placer at 48<sup>th</sup> out of the 58 counties.

Rates per thousand population for substantiated referrals have also declined from a high of 22 children/1000 population in 1999 to 6.0/1000 in 2011. In 1999, Placer ranked as the 9<sup>th</sup> highest county for substantiations per 1000 child population. In 2005, the county dropped to 42<sup>nd</sup> out of the 58 counties in substantiations, increased in 2008, Placer back up to 20<sup>th</sup> highest county for substantiations/1000 population and then declined to 49<sup>th</sup> highest county in 2011. **Graph 2** depicts the rate of referrals, substantiations and entries by calendar year.

**Graph 2**

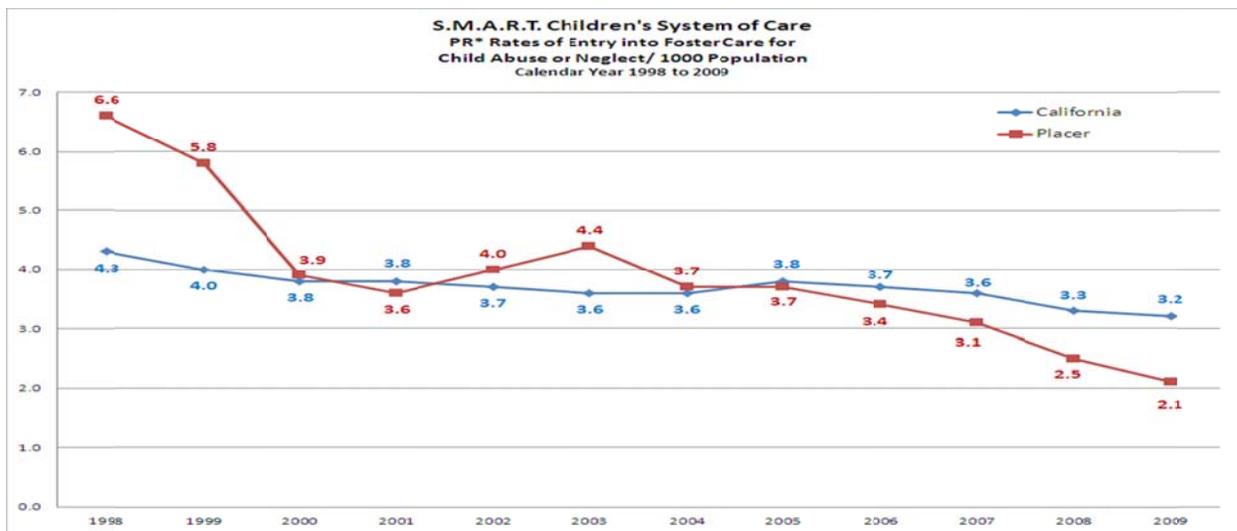


CBCAP monies continue to be available for families who may have risk factors for abuse or neglect, but who may not have risen to the level in severity of risk factors to come to the attention of the CWS system. Placer continues to contract with KidsFirst(Child Abuse Prevention Council) to provide services with CBCAP dollars. Such services include: linking at risk children and families identified by elementary school staff to family resource centers, assisting at risk children and families with knowledge of local resources; providing consultation to Student Study Teams of local schools to assess student behavioral issues and develop intervention strategies to promote success; and providing access to parents voluntarily to multi-dimensional support in their communities to create and maintain a positive home environment. Prevention efforts in Placer County have historically been effective, although there has been some increase in the rate of referrals over the past year. This may be directly related to many

Placer County residents' change or decrease in socioeconomic status, loss of jobs and homes, and multi-level stressors on families. CBCAP dollars will continue to be spent on the above-referenced services in the coming cycle.

Rates for entry into foster care have also continued to decline between 1998 and 2011. In 1998, 6.6 children per 1000 population entered foster care. Currently, 2.5 children/1000 population enters foster care in Placer County. In 1998, Placer was the 9<sup>th</sup> highest county in rate of entry into foster care dropping to 40<sup>th</sup> out of the 58 California Counties by 2001. Although a slight increase was evident in 2002 and 2003, as of 2011, Placer ranks 48<sup>th</sup> out of 58 counties in entry into foster care per 1000 population. **Graph 3**, shows the rate of entry into foster care for Placer County in comparison with the overall state rate.

**Graph 3**



Generally, referrals for abuse in Placer have been declining. Although the rates for substantiations have varied, overall, Placer has seen a decline over the past 10 years. The entry into foster care, although showing some fluctuation around 2003, has also continued to decline over the past 10 years.

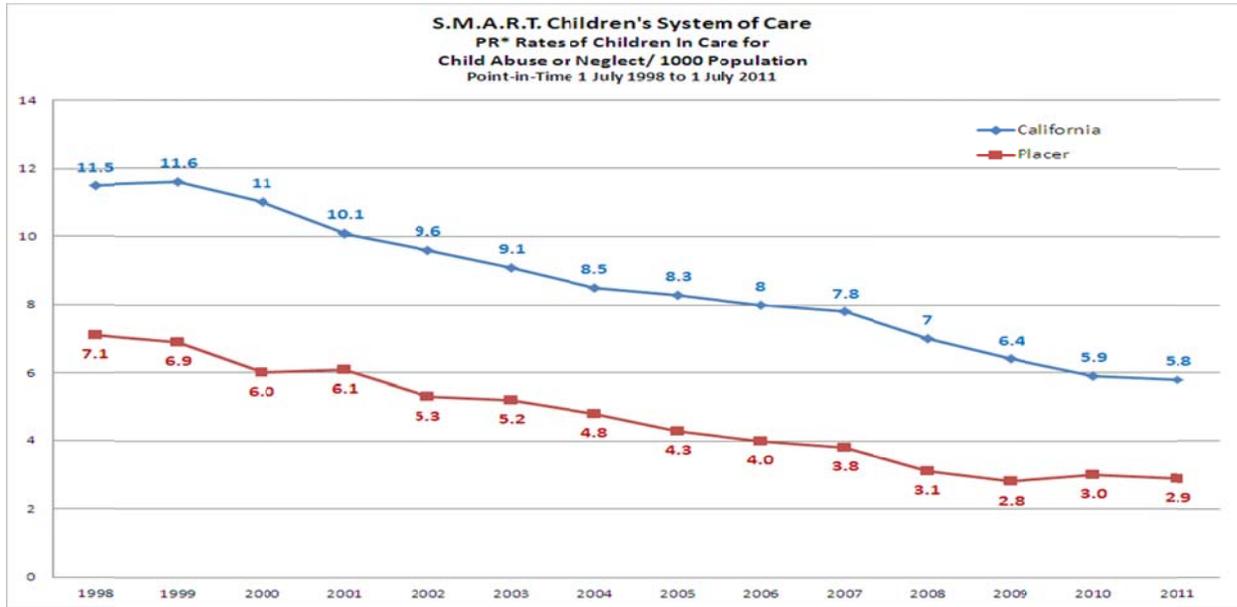
Entries into foster care have declined by 56% in Placer County between 1998 and 2011 and the point-in-time placement population has declined by 43%. **Table 8** shows placement rates by age for children in placement on 1 July 2011. The table reports rates/1000 children in that population. For example, there are 11 children under age one (1) year in placement. There were 3,921 children under age one (1) year in Placer County on 1 July 2011. Eleven (11) children in placement equal 2.8 per 1000 of the 3,921 children under age one (1) year.

**Table 8**

S.M.A.R.T. Children's System of Care				1 July 2011
Children in Supervised Foster Care				
Caseload by Age; Placer and State Prevalence				
Placer -Age Group	Placer - Total Child Population	Placer - Number In Care	Placer Prevalence per 1000 Children	California Prevalence per 1000 Children
<1 Yr.	3,921	11	2.8	6.7
1 - 2 Yrs.	8,441	26	3.1	7.3
3 - 5 Yrs.	13,715	41	3.0	5.8
6 - 10 Yrs.	24,429	64	2.6	4.7
11 - 15 Yrs.	25,782	64	2.5	5.3
16 - 18 Yrs.	10,736	44	4.1	7.3
Total	87,024	250	2.9	5.8

**Graph 4** shows rates of children in care per 1000 population, point-in-time, for Placer County in comparison with the overall state rate.

**Graph 4**



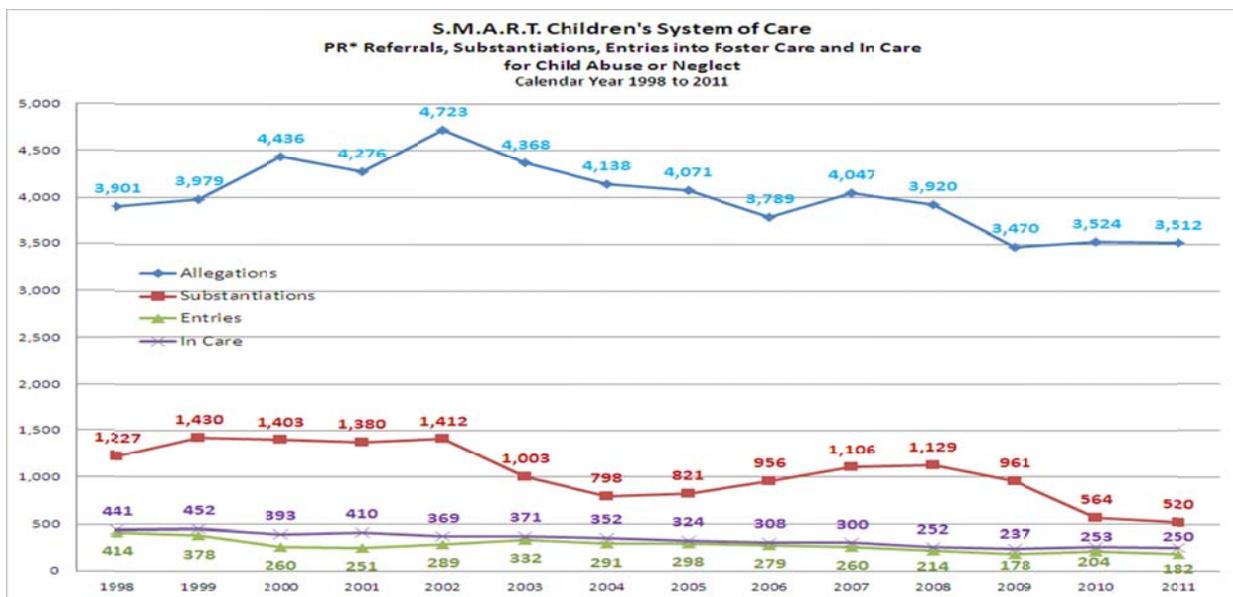
**Analysis:** Much analysis has occurred to identify etiology of the significant declines in referrals, substantiations and entries into foster care during a time of significant growth in the child population. In 2006, it was assumed that it could be related to the booming economy in Placer resulting in a change in the population. At that time, median housing prices had increased between 30% to 60% with some of the highest change reported in previously low income housing areas. Increases in referrals were expected with the subsequent housing and economic

“bust.” Although a slight increase in referrals was noted in 2007, the rate had again declined in 2008. In the 2009 County Self-Assessment (CSA), a noted significant increase in suicide risk assessments in adults over the three (3) years prior to the CSA with reports that many of those adults were coming from once stable and prosperous families that ended up in financial crises.

The statistics from University of California, Berkeley cited in this report only shows in care rates through 1 July 2011. However, as of the writing of this report, Placer County’s statistics on petitions filed for detention of children have increased between FY11 and FY12 by 37% from 265 in FY11 to 364 in FY12, with the bulk of this increase occurring from March through June 2012. In spite of the increase in petitions filed, the total number of children in out-of-home placement still declined (slightly) in FY12 from 403 children to 394 children, reflecting the county’s efforts to secure effective early protective services.

**Graph 5** shows the number of children referred as possible victims of abuse or neglect, the number of children where allegations were substantiated, the number of children entering out-of-home care, and the number of children in care in the calendar year.

**Graph 5**



Some officials in California are expecting that the number of children receiving child welfare services will continue to rise due to parental mental illness and substance abuse, as service delivery in the state for adults with these impairments declines overall. CSOC Emergency response staff report that a noted increase in the number of likely mentally ill and substance abusing parents is evident. Ongoing social work staff report similar observations.

In the 2009 County Self-Assessment, it was reported that Placer continued to experience a decline in the number of entries into foster care and the number of children in care even with the increase in substantiations. Interestingly, at the time of the greatest decline in substantiations (961 to 564 between CY2009 and CY2010, entries into foster care and in care went up (237 to 253 in care and 178 to 204 entries). The increase, the sharp decline in substantiations may be

artificially created by State policy changes rather than actual changes in practice of investigating abuse or changes in abuse patterns. The State implemented “at risk, but not abused,” as an allegation of child abuse. It became a “catch all” category of abuse used whenever there were a lot of risk factors for abuse in the family, indicating a strong need for services, but no actual abuse or neglect. Subsequently, State data was being skewed, suggesting higher rates of abuse than were actually occurring. So “at risk, but not abused” was removed as an allegation of abuse. The use of this allegation could account for an increase in substantiations without a corresponding increase in entries into foster care as the family could remain intact as services were provided, thus avoiding the detention of the child while reducing the risk of child abuse.

At the time of the elimination of this allegation category, Placer experienced a reduction in behavioral health services, meaning that fewer mental health and substance abuse services were available to help parents remain clean and sober or mentally stable resulting in hypothetically, a higher risk to children and a higher rate of removal of children. Between CY2009 and CY2010, entries into foster care went from 18.5% of substantiations to 36.2%.

Previous reductions of children in care may also be due to the expansion of an active and expanded wraparound program designed to keep children in the home. In addition, over the past 10 years, Placer has built a strong public/private partnership with community based organizations. Besides the development and increased use of differential response, which helps to divert families, Placer has also employed Community-based Organizations to provide strong in-home support services designed to maintain children with their birth families.

### Child Welfare

**Table 9** shows the ethnic distribution of children in Placer County, and the comparison of the rates of referral, substantiation and entry into out-of-home placement for calendar year 2011.

#### Ethnic Distribution of Children Referred, Substantiated and Entering Foster Care Calendar Year 2011

**Table 9**

Placer

Ethnic Group	Total Child Population	Children with Allegations	Incidence per 1,000 Children	Children with Substantiations	Incidence per 1,000 Children	% of Allegations	Children with Entries	Incidence per 1,000 Children	% of Substantiations
Asian/P.I.	5,466	97	17.7	7	1.3	7.2	2	0.4	28.6
Black	1,094	105	96	13	11.9	12.4	8	7.3	61.5
Hispanic	16,937	599	35.4	126	7.4	21.0	56	3.3	44.4
Nat Amer	494	51	103.2	5	10.1	9.8	4	8.1	80.0
White	57,450	2,063	35.9	333	5.8	16.1	112	1.9	33.6
Missing	5,583	597	106.9	36	6.4	6.0	0	0	0.0
Total	87,024	3,512	40.4	520	6	14.8	182	2.1	36.0

**Analysis:** In 2011, Placer County had 182 children with “first entry” into foster care, a decline from a high of 414 in 1998. 112 children with “first entry” were white, 56 Hispanic, eight (8) black, four (4) were Native American or American Indian and two (2) were Asian/Pacific Islander. When we look at allegations for child abuse or neglect, we see that children who are White represent about 59% of the referrals, Hispanics about 17%, Blacks about 3%, Native Americans or American Indians about 1.5%, and Asian/Pacific Islanders about 3% (17% are

unknown). When we look at substantiations as a percentage of allegations, we see that 16.1% of children referred who are White have a substantiated allegation, Hispanics about 21%, Blacks about 12.4%, Native Americans or American Indians about 9.8%, and Asian/Pacific Islanders about 7.2%. Entries into foster care are White at 33.6% of substantiations, Hispanic at 44.4%, Black at 61.5%, American Indian or Native American at 80% and Asian/Pacific Islander at 28.6% of substantiations.

Ethnic or racial overrepresentation in child welfare is difficult to determine, especially when small numbers of persons are sampled. For example, if four (4) of the five (5) American Indian or Native American children entering foster care were from the same family, one might not say that Native Americans were overrepresented in first entries. However, American Indian or Native American accounts for 0.6% of Placer's child population and 2% of Placer's foster care population. We also see that the referral rate for Native American's in Placer is 103.2 per 1000 child population with 51 children reported as possible victims of child abuse or neglect. If we look at Hispanics, we see they are 19.5% of the child population in Placer, 17.1% of the children referred for abuse or neglect 24.2% of substantiations, 30.8% of entries and 26.4% of children in care.

Michelle Green, in her article, *Minorities as Majority: Disproportionality in Child Welfare and Juvenile Justice*,<sup>25</sup> wrote;

“... there is consensus that multiple, complicated factors contribute to disproportionality in both systems. Welfare policies, poverty status, income level, lack of resources, community of residence, and single parenthood all have an impact on a family's involvement with the child welfare system. And many of these factors that put children at risk for maltreatment and subsequent involvement in delinquency are present, to a greater degree, in communities of color.”

In conclusion, additional information about the children and families represented in the child welfare system is needed to make a determination of disproportionality based upon race or ethnicity.

### **Probation:**

Some Probation cases also result in open CWS cases since some crimes, like molest or family assault, involve Multi-Disciplinary Interview Center interviews, CPS and victim assistance. Only a very small percentage comes through the system with both systems, aka DUAL Jurisdiction, active cases.

**Table 10** shows the ethnicity of children in foster care under Probation supervision on 1 April 2012.

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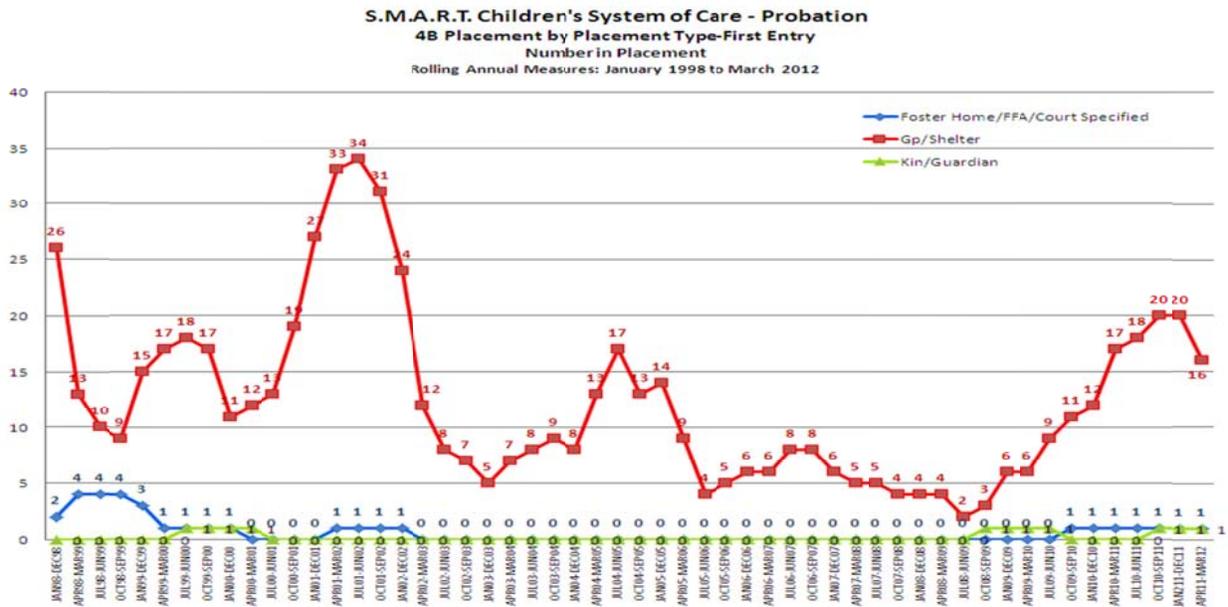
<sup>25</sup> Michelle Y. Green, *Minorities as Majority: Disproportionality in Child Welfare and Juvenile Justice*, Children's Voice Magazine, CWLA, <http://www.cwla.org/articles/cv0211minorities.htm> November/December 2002

Table 10

S.M.A.R.T. Children's System of Care Children Entering Foster Care Probation Supervision Point-in-Time 1 April 2012				
Asian/P I	5 466	6.3%	1	2.4%
Black	1,094	1.3%	2	4.8%
Hispanic	16,937	19.5%	15	35.7%
Nat Amer	494	0.6%	0	0.0%
White	57 450	66.0%	24	57.1%
Missing	5 583	6.4%	0	0.0%
<b>Total</b>	<b>87 024</b>	<b>100.0%</b>	<b>42</b>	<b>100.0%</b>

Most children who enter foster care through Probation are placed in group homes. **Graph 6** shows the placement type for children with “first entries” into foster care under Probation supervision from January 1998 to March 2012 (Rolling Annual Measures).

Graph 6



Eighteen (18) children entered placement through probation in April 2011 to March 2012. Sixteen (16) were placed in a group home, one (1) in a foster home and one (1) in relative placement.

**Table 11** shows the number of children in placement under Probation supervision as of 1 April 2012 by age and placement type.

Table 11

S.M.A.R.T. Children's System of Care							
Children In Foster Care by Age and Placement Type							
Probation Supervision							
1 April 2012							
Age Group	Kin	Court Specified Home	Group	Non-FC	Runaway	Other (?)	Total
Under 1	-	-	-	-	-	-	-
'1-2	-	-	-	-	-	-	-
'3-5	-	-	-	-	-	-	-
'6-10	-	-	-	-	-	-	-
'11-15	-	2	2	1	-	-	5
16-17	1	2	15	2	7	2	29
18-20	-	1	-	1	3	3	8
<b>Total</b>	<b>1</b>	<b>5</b>	<b>17</b>	<b>4</b>	<b>10</b>	<b>5</b>	<b>42</b>

## Public Agency Characteristics

### The Structure of Placer County's Children's System of Care

Placer County's Children's System of Care (CSOC), is a fully integrated, full-scale system which, since 1988, has provided a continuum of services including Child Protection and Welfare, Adoptions, Foster Care Licensing, Mental Health, Substance Abuse, Parent and Youth Advocacy, Foster Youth Services, Probation Placement and related Juvenile Justice services, Alternative Education and Community Health, and Foster Care Nursing. All of these services are provided through multi-disciplinary teams, under a single administration. The system is governed by a multi-agency Policy Board, consisting of the Chief Probation Officer, the Director of Health and Human Services, and the Deputy Superintendent of Schools, and chaired by the Presiding Juvenile Court Judge. Together, they form the System Management Advocacy and Resource Team, which meets semi-monthly to oversee CSOC implementation and to ensure CSOC's vision and principles are carried out. The vision of the SMART Policy Board, "***All children, adults and families in Placer County will be self-sufficient in keeping themselves, their children and their families safe, healthy, at home, in school/employed, out of trouble and economically stable.***" The mission is to "ensure that all public programs for children and families will provide services in a culturally responsive, comprehensive, and integrated manner, regardless of the agency door by which families enter." This structure represents the county's desire to implement recommendations of national and state reform bodies, dating back more than two decades, including the Little Hoover Commission, and the 2008 Administrative Office of the Courts Blue Ribbon Panel. The System of Care is located within the Health and Human Services (HHS) Department. (See organizational chart in the Appendix.)

All child welfare services (as well the other services noted above) are administered through integrated CSOC teams including:

- **Family and Children's Services** - The Family and Children's Service team is responsible for the county's Child Protective Services (CPS) emergency response, children's crisis and entry mental health assessments, and information and referral services. Masters' and Bachelors' level staff provide centralized intake and triage, comprehensive assessments, short term and emergency assessment and interventions.
- **Family Centered Ongoing Services Teams** - Multi-disciplinary case-carrying teams of child welfare, mental health, probation, and foster care nursing specialists work collaboratively to develop a Unified Service Plan for each Placer ward or dependent child, and provide needed on-going and comprehensive services to children and families.
- **Family Centered Support Teams** - Enhanced support for children and families is delivered through the Family Centered Service Teams. They provide direct services to children and families, through Wraparound (formerly known as RAFT – Rallying Around Families Together), Parent Advocacy and Partnership, the Support Counselors Team, and the Placer Children's Emergency Shelter (PCES).
- **Technical Teams**-Provide specific services including the Court Unit, Information Technology Technicians, Mental Health Medi-Cal/ Behavioral Health Managed Care, Eligibility, Accounting, Clerical Support, Foster Youth Services, Development Team and Public Health Nursing.

- Contracted Community Based Care** - A hallmark of Placer’s nationally recognized system of care is the unique relationship enjoyed between the county and its not-for-profit partners, which includes Family Resource Centers (FRCs), Court Appointed Special Advocates (CASA), community mental health agencies, and a host of other partners. Some of these agencies are co-located in Placer county buildings, as a fundamental component of the “no wrong door” approach at work in Placer.
- County-Operated Emergency Shelter**  
 Placer County operates an emergency shelter for children who need emergency removal from their home because of abuse, abandonment or neglect. Children may stay in the shelters for up to 30 days, or until a resource home is located or a relative is cleared for kinship placement. The Placer County Emergency Shelter provides shelter for children 6 to 18 years of age. The facility is licensed to serve 24 children in the past three years the following statistics apply in regards to children at the receiving home:

<b>County Shelter</b>	FY 2009-10	FY 2010-11	FY 2011-12
# of children served	149	176	166
Average length of stay	19.8	18.2	16.6

Emergency foster homes serve children under the age of six. In the past three years the following statistics apply in regards to children in shelter care homes:

<b>Shelter Care Homes</b>	FY 2009-10	FY 2010-11	FY 2011-12
# of children served	45	43	41
Average length of stay	18.1	24.8	18.1

***County Licensing and Adoptions***

Placer County has an MOU with California Department of Social Services (CDSS) to license foster homes, and is a state-licensed public adoptions agency. To increase the number of foster and adoptive homes, Placer Kids, a public-private collaboration between the county and one of its community partners, Sierra Forever Families, recruits foster and adoptive homes, provides ongoing training and licensing services, conducts home studies, and provides pre- and post-adoption services. Permanency planning is critical for children to stay stable in “Forever Families.” A 100-day, grant funded, regional recruitment effort took place recently which resulted in an additional 12 families beginning the process to become foster parents for Placer County youth. The effort, Project Chrysalis, was intended to gain rapid results in a short period of time, and was focused on recruitment of families for older youth.

### ***Staffing Characteristics***

In 2007, CSOC had 223 full time positions to carry out all functions under its purview. Since that time CSOC has held vacant as many as 75 positions and now has 148 funded positions. Three of those positions are being held vacant. The System of Care currently employs 138 staff, with 7 positions in current recruitment

### ***Turnover***

Turnover within CSOC is typically very low. Staff members leave primarily for retirement or by voluntary resignation. There have been a number of supervisors and managers, some of whom were pioneers in system of care development, who have retired in the last 2 years. This has both challenged the team, as well as provided opportunities for growth and change.

The turnover of Probation Placement Officers has been very high, due to planned officer rotation. Probation rotates all staff every three years, per department policy. Some probation officers may rotate into placement functions in CSOC several times over the course of a career. While this may have a temporary impact on ongoing services, it does promote the use of experienced staff in all divisions, and leads to better outcomes for youth.

### ***Private Contractors***

Placer County CSOC contracts with private contractors to provide the following services:

- Adult and child alcohol and drug services and adult, child and family mental health services, including one provider for specialized work with adopted families for placement stability (Sierra Forever Families), one for specialized mental health support counselor services (Sierra Mental Wellness Group), and one for Therapeutic Behavioral Services (TBS), an intensive up to 24 hour a day in home support services model (EMQ/Families First).
- Alcohol and drug residential treatments programs for adults - SAGRI, New Leaf, Rocklin Community Counseling, Sierra Council, The Effort, Hope House, and Progress House
- Alcohol and Drug Outpatient Treatment programs for minors – Full Circle
- Child abuse education, family resource centers, home visitation, Differential Response, KidsFirst (formerly Child Abuse Prevention Council of Placer County), Pacific Education Services, CoRR, SMWG.
- Child mentoring – Child Advocates of Placer County
- Family liaison/prevention and family resource centers- Lighthouse Counseling and Family Resource Center in Lincoln, North Tahoe Family Resource Center, and KidsFirst located in Roseville and Auburn
- Family Resource Center Planning- Tahoe Truckee Community Collaborative
- Independent Living Program- Unity Care
- In-home support and behavioral assessment and intervention - Eastfield Ming Quong/Families First.
- Mental health services for children and adults - Credentialed network provider panel including more than 100 LCSW's, MFT's, and Psy.D.s
- Parent Partner Manager and liaisons - Mental Health America of Northern California
- Psychiatric (Inpatient) services for adults and children – Telecare - Placer County; BHC and Sutter Centers for Psychiatry - Sacramento; California Specialty Hospital – Vallejo

- RCL 13-14 group care/treatment - Millhouse, Victor, Edgewood, Families First, Charis, Sunnyhills and Seneca
- Psychiatric outpatient support for Medi-Cal recipients – Chapa De Indian Health Services
- Specialized foster homes and Crisis Resolution Center – Koinonia

### ***Child Welfare Worker Caseloads***

CWS caseloads vary by type of team and services provided.

- **Family Centered Ongoing Services Teams** provide case management and direct services for child welfare, mental health, and probation services, primarily for families with children in placement, and those children in in-home or out-of-home placement. The average caseload for CWS caseworkers and probation placement officers handling case management services is currently 30 cases. The average caseload for staff providing direct services for mental health, probation, special education and child welfare is 16 cases.
- **Family Centered Support Teams** provide intensive direct services. Workers providing wrap-around services, school-based day treatment and family support counseling carry an average of eight to ten cases
- **Family and Children’s Services** provide crisis and non-crisis child welfare services, assessments/investigations, as well as crisis and non-crisis children’s mental health. Caseloads vary, but workers carry an average caseload of 15 - 18 new referrals per month.

Although caseloads have not risen substantively during the past few years until recently, team members report that their workload has substantially increased due to more acute, complex and time-consuming issues facing the children and families on the caseload, as well as a sizeable number of new state or federal mandates.

Since the last CSA, Probation has made great strides in reducing the number of youth in placement. Old statistics reflected approximately 66 total Placer County youth were carried on the caseloads of two officers. To date the caseloads are approximately 27 total Placer County youth carried by two officers. This has enabled the officers to have a greater level of engagement and stay in compliance with all needed paperwork to include; TILPs, Case Plans, JV 220’s, and After 18 recommendations. Additionally, the number of youth running from placement and/or being placed in multiple placements has decreased.

### ***After 18- Non Minor Dependent Care***

AB 12, the state’s law mandating that dependents and wards may elect to remain in care beyond their 18<sup>th</sup> birthday, has increased the number of young people in care, and corresponding caseloads. There are currently 30 Non Minor Dependents in care in Placer, as well as two requests for courtesy supervision for NMD persons from other counties.

### ***Bargaining Unit Issues***

The county maintains healthy and effective working relations and no issues are currently identified.

### ***Financial and Material Resources***

Placer County has been granted significant funding flexibility and state waiver authority for blended funding and integrated services through state legislative action. This flexibility has resulted in development of Unified Service Plans, common outcome measures and accountability agreements (see Systemic Factors). Since 1994, multiple funding sources have supported CSOC's multi-disciplinary team efforts; cross-system funding strategies are the norm, not the exception.

The Children's System of Care administers a unified budget, which includes all state, local and federal funding for Child Welfare, Mental Health, and Alcohol and Other Drugs services for children. This includes Title 4E and 4B, TANF/CalWORKs, Preserving Safe and Stable Families, Community Services Block Grant, Community Development Block Grants, Medi-Cal, EPSDT, 1991 and 2012 Realignment funds, Health and Proposition 10 funds, and the Mental Health Services Act, Kinship Services and Support Program, Family to Family grants, CAPIT/CBCAP, and Children's Trust Fund.

The Placer County CSOC has greatly extended the resources available to children and families through the Campaign for Community Wellness. The CCW, as it's known, was originally formed to function as the county's MHSAs Steering Committee, and has evolved to become a public/private partnership that includes many public, private, and family support agencies and individuals in Placer County. Some notable non-governmental partners include KidsFirst, the Child Abuse Prevention Council for family resource center operations and advocacy, Mental Health America of Northern California, and Sierra Family Services for substance abuse and mental health services.

As a result of this large and dynamic partnership, the System of care has enjoyed some remarkable outcomes. In FY2011-12, there were 364 Youth in care, compared to 639 in FY2003-04, and 12 youth in high level group home care. There are only three (3) children currently placed out of state, and Placer has finalized adoptions for more than 289 young people in the last 7 years.

### ***Probation Department/Placement***

Probation Youth who sustain an arrest for law violations in Placer County may be delivered to the Juvenile Detention Facility (JDF) by one of the law enforcement agencies within the county. Detention beyond 48 hours requires that formal charges be filed by the District Attorney's office and must be authorized by the Juvenile Court. Juveniles may be detained while Court proceedings are pending or while awaiting a Court commitment to another facility. Short term commitments to the JDF can also be ordered as a sanction for misconduct and as condition of probation. Title 15 regulates minimum standards for detained minors.

Juvenile Detention staff processed 774 intakes in 2010, 752 intakes in 2011, and 624 bookings thus far in 2012. Due to continued emphasis on early intervention/prevention and comprehensive programming options both in and outside of the institution the overall daily population has remained low and has shown an approximate 10% year over year decrease. The average daily population in 2010 was 36.3 youth, in 2011 it was 33.6 youth, and year to date 2012 it is 30.5 youth.

In partnership with CWS staff, Probation uses WRAPAROUND programming as a primary service model, but will use group homes throughout Northern California when necessary. This allows a wide variety of treatment options which can successfully address a youth's needs. Through the Juvenile Justice Crime Prevention Act funding a full-time social work practitioner was transferred to the JDF to provide mental health screenings, crisis intervention, and group treatment to youth housed in the detention facility. Other services are provided through contract with public and private agencies. These services include anger management, theft education, substance abuse education and conflict resolution and violence prevention. Because of its integrated structure, a host of evidenced based mental health and social service interventions are available to Probation involved families.

## **Political Jurisdictions: Relationships and Impact on Outcomes**

### ***School Districts/Local Education Agencies***

The Placer County Office of Education and school districts within the county play active roles at multiple levels in the Children's System of Care. At the policymaking level, the deputy superintendent of schools sits on the SMART Policy Board. At the administrative level, CSOC representatives participate as members of the Rocklin and Roseville School Attendance Review Boards (SARB).

The County Office of Education supports keeping children in their home districts, and funds Foster Youth Services (FYS) staff, co-located with CSOC, to provide educational services to children within the system. FYS staff has built close relationships between CSOC and individual teachers through providing educational records updates and transfers, mentoring, tutoring and other services.

At the school level, CSOC works with KidsFirst to provide child abuse prevention workshops to all second and fifth graders, and to train teachers to identify and report abuse. Mental Health Services Act funding has been used to partner with PCOE to build and deliver evidenced based parenting and early intervention systems at many area schools.

Not all relationships between CSOC and school personnel, however, are smooth. Some teachers remain confused and frustrated about the child welfare system, particularly if they report abuse and believe that CSOC has not done enough to prevent further harm to a child, or when a child is returned to parents whom a teacher views as negligent or unsafe. Teachers also struggle with older youth in care who have significant personal issues or are not academically inclined. Further hampering confusion between CSOC and the schools is the cessation of SB 26.5 which effectively ended the mandate on county mental health agencies to provide mental health services to students who have been identified through the Individualized Educational Placement (IEP) process. CSOC and the Placer County Office of Education (PCOE) and the local Special Education Local Planning Areas (SELPAS) enjoyed a 20 year memorandum of understanding (MOU) which was severed this past July due to the return of the mandate to the local schools to serve these students. This change has been confusing to school districts, but has been further challenging in Placer County since CSOC is a system of care, and as such, has further and deeper integration with education partners in a wide variety of areas. This has created challenges to keep some integration, while drawing clear boundaries in other areas.

### ***Law Enforcement Agencies***

Placer County's Health and Human Services Agency, the parent agency of CSOC, actively participates in developing joint policies and procedures with the county's criminal justice planning committee, composed of representatives of the Courts, District Attorney, the Sheriff's Office and all county law enforcement agencies. CSOC also participated in the development and implementation of a Multi- Disciplinary Interview Center (MDIC), which centralizes and consolidates interviews of children involved in the legal system. In addition, CSOC works with all county law enforcement agencies to develop child abuse and domestic violence protocols.

### ***Cultural Competency-Latino Families***

In 2007, the Latino Leadership Counsel was formed, with support from CSOC and an existing federal SAMHSA grant. Today, the counsel provides a host of support, direct service, translation, and related services to more than 600 families in Placer. Principle among these services is the use of Promotoras, who provide liaison and bridge-building services.

### ***Cultural Competency-Native Tribal Families***

The United Auburn Indian Community (UAIC) has its own social services agency and is working with CSOC on child welfare services cases that apply through federal eligibility of the child and/or family. UAIC is the only federally recognized tribe in Placer. The tribe maintains its own School and Crisis Shelter services. There are two tribal foster homes under the oversight of the UAIC.

The Sierra Native Alliance, formed in Placer with SAMHSA and MHSA dollars in 2008, now serves more than 400 native or native-identified persons who are not UAIC tribal affiliates each year with a host of culturally sensitive and effective services, such as Warrior Down and White Bison programs.

### ***Cities***

Placer County cities and communities include Roseville, Lincoln, Rocklin, Loomis, Auburn, Foresthill, Colfax, Tahoe City, and Kings Beach. Joint efforts among CSOC, the Health and Human Services Agency and these communities include law enforcement, development of a joint protocol on homelessness, and community recreation and after- school services for families in the child welfare system.

## Peer Review Summary

Placer County's Peer Review was convened October 22-24, 2012, to examine Social Worker and Probation Officer practice on sixteen specific cases.

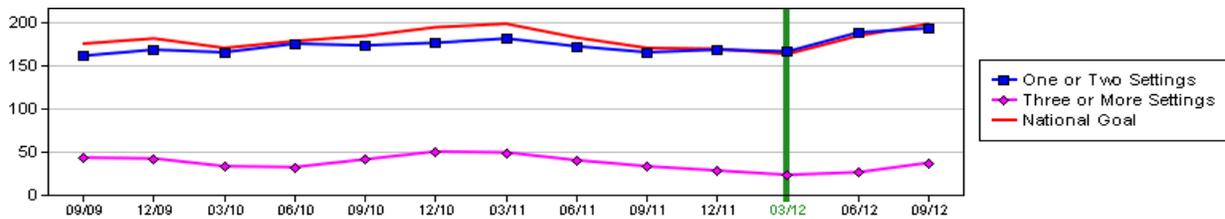
### Focus Area

#### *Child Welfare System*

For the second time, Placement Stability was selected as the CWS focus area for the Peer Review. As indicated in the charts and table below, although Placer County has improved placement stability since the previous CSA for children who have been in care 8 days to twelve months, the county still falls below the federal standard for children who have been in care longer than one year. Time in care for all three measures is based on the latest date of removal from the home.

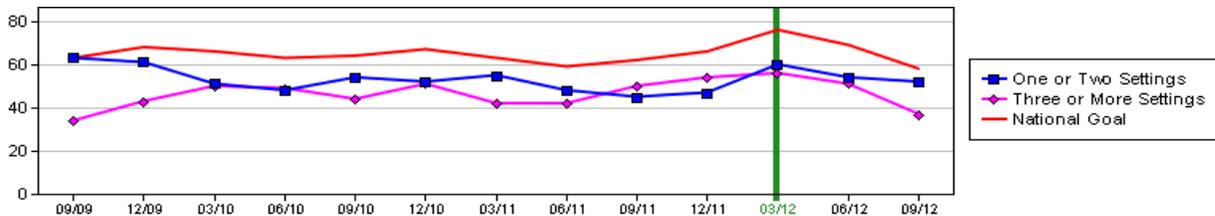
#### **CFSR Measure C4.1: Placement Stability (8 Days to 12 Months in Care)**

This measure computes the percentage of children with two or fewer placements in foster care for 8 days or more, but less than 12 months.



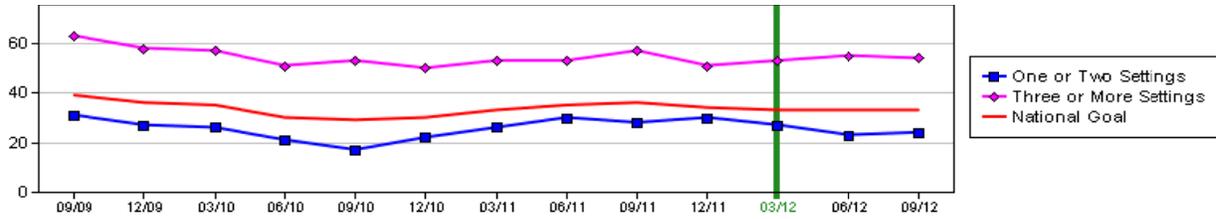
#### **CFSR Measure C4.2: Placement Stability (12 To 24 Months in Care)**

This measure computes the percentage of children with two or fewer placements in foster care for at least 12 months, but less than 24 months.



### CFSR Measure C4.3: Placement Stability (At Least 24 Months in Care)

This measure computes the percentage of children with two or fewer placements who have been in foster care for 24 months or more.



Two or Fewer Placements by Length of Time in care

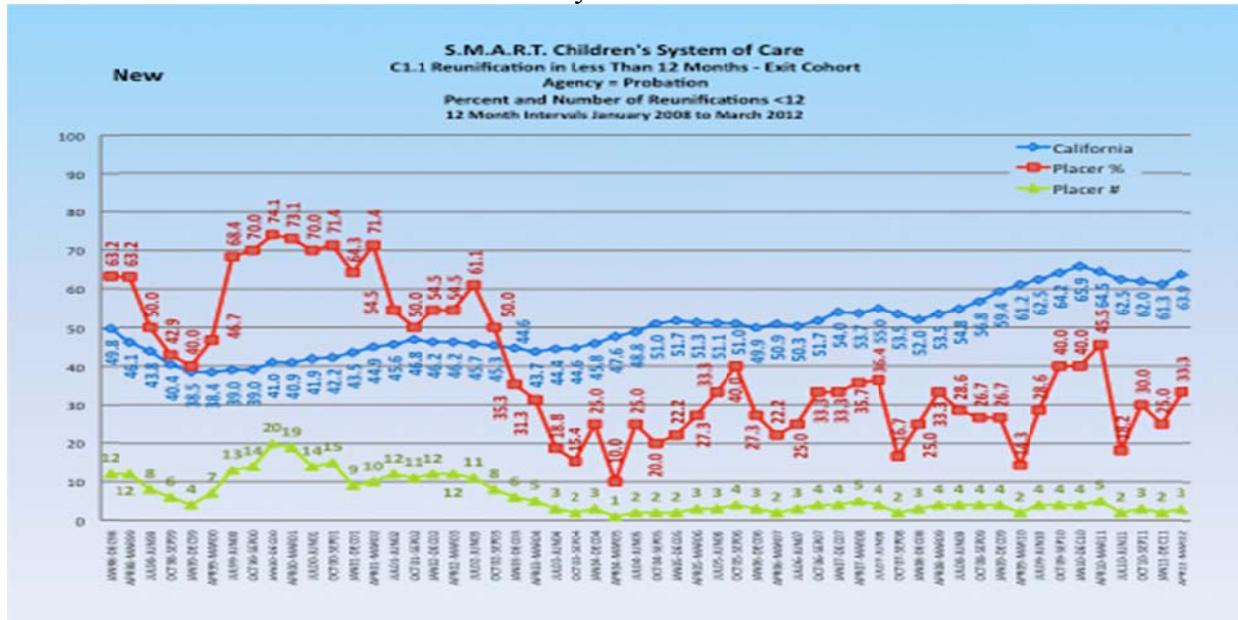
	< 12 months	12-24 months	>24 months
<b>One or Two Settings</b>	166 (87.8%)	60 (51.7%)	53 (33.8%)
<b>National Goal</b>	163 (86%)	76 (65.4%)	33 (41.8%)

### Probation

Timely Reunification within twelve months was also selected for the second time as the Probation focus area. As indicated in the chart below, although Placer County has improved this measure since the previous CSA and SIP, the county still falls below the state average.

### CFSR Measure C1.1: Reunification within 12 Months

This measure computes the percentage of children discharged to reunification within 12 months of removal. The 12-month cutoff to reunification is based on the latest date of removal from the home with children in care for less than 8 days excluded.



## **Case Selection:**

### ***CWS***

Twelve CWS cases were selected for review. They were selected, to the extent possible, as a representative sample of Placer CWS cases by geographic service area, time in care and caseworker longevity on the case. Cases included children who had experienced two or fewer placements as well as children with multiple moves, especially children in/out of emergency shelter. Older children were over-represented, as latency-age children and teens have, on average, more placements than younger children. No social worker was asked to interview more than twice.

### ***Probation***

Four probation placement cases were selected for review. They included one case in which reunification was achieved within twelve months, and three where that goal was not met; the youth spent varying amounts of time in placement. The selected cases presented unique challenges.

### ***Focus Groups***

As reported in the previous section of this report, ten focus groups were convened to obtain input from stakeholders in the child welfare and juvenile probation systems. Stakeholder participants included youth in foster care and probation group homes, foster parents, officers of the juvenile delinquency court, group home staff, probation officers and child welfare supervisors and staff, and community partners including providers and advocates for the Native American and Latino communities.

### ***Peer Review Process***

Peer reviewers included four probation officers and four social workers from counties doing well on the measures under review in Placer County, as well as representatives of Placer community partner organizations. They included:

<b>CWS</b>	<b>Probation</b>	<b>Community Partners</b>
Jennifer Ling, Alameda County	Greg Banda, Merced County	Lisa Velarde, KidsFirst
Kimberly Baker, Contra Costa County	Peter Grassi, Santa Cruz County	Elisa Herrera, Latino Leadership Council
Yolanda Watson, Monterey County	Valerie Starkey, Sonoma County	Kathryn Hart, Child Advocates of Placer County
Marian Rocksvold, Tehama County	Lisa Smith, San Francisco County	Cynthia Gonzalez, Child Advocates of Placer County

### **Peer Review Findings**

Four teams, each including a probation officer, social worker and community partner, conducted four interviews over two days. Each team de-briefed their interviews and identified the following themes reflecting the “voice” of the social workers and probation officers.

## **Child Welfare Findings:**

### ***Strengths and Promising Practices***

- *Collaboration:* Placer CSOC shows exceptional collaboration with key partners, including CASA, County Office of Education, Foster Family Agencies, foster families and community partners
- *Team Decision Making:* Members of families' support system, including family, schools, clergy, coaches, therapists and others, participated in TDMS.
- *Commitment and Experience:* Experienced, seasoned social workers showed "above and beyond" commitment and dedication to the children and families served.
- *Continuity:* Social workers know the child and case history well; many have been involved with the child and family for long periods of time.
- *Contact:* Social workers have frequent and personalized contact with the child and family.
- *Effective Practice:* Social workers demonstrate child-centered case practice
- *Engagement:* Youth are engaged at all steps in the placement process, and families are engaged early in the case
- *Family-finding:* Family finding is emphasized and begins very early in each case.
- *Specialized training and knowledge:* Social workers with specialized training in mental health, chemical dependency, etc. are better able to assess the child's needs and access services to meet those needs.

### ***Barriers and Challenges***

- *Case turnover:* When cases are re-assigned, there may be inconsistency or inadequate case transition, i.e. a child may not be introduced to a new social worker by the former worker.
- *Inconsistent documentation.* Documentation on family finding, such as which relatives have requested placement or who have been ruled out, may not be clearly identified or available in the case file.
- *Priorities:* Social worker top priorities are child safety followed by court documents; CWS/CMS documentation is a lower priority.
- *Caseloads:* Overly large caseloads prevent caseworkers from doing a good job addressing needs of child and family, as well as handling all paperwork and other demands
- *Relative approvals:* The relative approval process is too lengthy, sometimes taking longer than the allotted 30 shelter days and resulting in an additional temporary placement.

### ***Recommendations***

- Establish peer mentorships for social workers.
- Establish support groups for relatives and caregivers.
- Provide more training for caregivers, including FFA, relatives, NREFMs and foster families, on realistic expectations for foster children related to child development, mental health, attachment, etc.
- Increase the number of foster homes in Placer County for older youth
- Streamline tasks; use case assistants where possible.
- Streamline the approval process for relatives and NREFMs
- Increase Administrative support for the Roseville office.
- Provide behavioral services to support the child and family.

## **Probation Findings:**

### ***Strengths and Promising Practices***

- *Excellent Dedication and collaboration:* Probation Officers work well with group homes, the child and court system. They match services and the case plan to the needs of the youth. They go above and beyond, seeking educational records, developing aftercare plans, attending important events in the youth's life, etc.
- *Creativity:* Probation officers think outside the box to meet the needs of youth.
- *Case knowledge:* Probation officers know their cases very well.
- *Youth Involvement:* Probation officers involve and empower the youth in all aspects of their case.
- *Placement Knowledge:* Officers know about and can access good local programs and group homes.

### ***Barriers and Challenges***

- *Turnover of Placement Officers.* Probation officers move between probation units too frequently. The lack of continuity of probation placement officers can lead to/increase instability of adults in the youth's life.
- *Family finding:* Family finding and locating extended family members is started too late in the case.
- *Training:* There is inadequate training for placement officers and group home providers on newer programs and policies, such as AB 12, immigration and THP+.
- *Mental health services:* There are gaps in mental health services for participants in THP
- *Aftercare:* Aftercare services for mental health and substance abuse are inconsistent

### ***Recommendations***

- Provide Placement CORE training as soon as possible upon assignment to the placement unit.
- Offer more training on AB 12, family finding and immigration policy
- Implement current technology, such as electronic signature pads and wireless laptops.
- Start family finding at detention rather than at placement
- Increase collaboration with placement officers from other counties.

## **Peer Sharing:**

The peers from other counties as well as Placer community partners shared effective practices with Placer County.

***Family Finding and Engagement*** Alameda County Child Welfare Services assigns a dedicated worker to handle family finding and engagement. This worker seeks families not only at detention but throughout the case. The worker also engages youth in the family finding process, in permanency planning, AB 12 and planning for independent living. Finally, the worker conducts home evaluations.

***Early Team Decision-Making and Relative Involvement*** Contra Costa County CWS uses TDM starting at the beginning of the case, prior to detention. Using TDM engages families and relatives from the start, strengthens the family's support network and empowers the child.

***Conferences, TDMs and Cross-Unit Staffing*** Monterey County CWS offers effective practices and protocols in several areas. Administrative Reviews of cases have reduced court hearings. Youth younger than 15.5 years have regular permanency conferences, while older youth participate in Transitional Life Conferences. TDMs are held for all placement moves. Before a youth is moved to the Permanency unit, there is a cross-unit staffing to provide a warm hand-off between social workers.

***Imminent Removal TDMs and Case Aides*** Tehama County CWS holds a TDM whenever there is an imminent risk of removal, resulting in fewer placements. Experienced foster parent mentors assist foster families addressing difficult behaviors, thereby saving some placements.

***Placement Matching and Buddy System*** Merced County probation placement places close attention to matching a youth's particular strengths and needs, including cultural and ethnic practices and food preferences, to foster families and group homes. The two officers assigned to Placement use a Buddy System, keeping each other informed of the youth assigned to them, and jointly visiting each youth on every third visit.

***Two o'clock Meeting*** San Francisco Probation participates in regular meetings with HSA, mental health, schools and community agencies to identify children and youth at risk of removal from their homes, and to find alternatives, when possible, to out-of-home placement.

***WRAP for Children and Youth Ineligible for Traditional WRAP Services*** Santa Cruz County has developed its own non-traditional WRAP program, used both for pre- and post-placement. Mental Health is the gatekeeper. The post-placement program starts before the end of placement, prior to the return of the youth. The program has resulted in a decline in recidivism to 25%. Santa Cruz does not pull down WRAP funding for this program. In addition, Santa Cruz provides 90-day memberships to Gold's Gym.

***Face-to-Face Family Contact to Facilitate Family Reunification*** Sonoma County emphasizes working with the family while youth is in placement, including family therapy, and offers regular face to-face contact (through SKYPE) with their child.

***CASA, A2Y Mentors and Family Mentoring*** Child Advocates of Placer County offers three mentoring programs to children, youth and families in the foster care and probation placement systems. The A2Y program provides volunteer adult mentors to 60 youth who need prevention and post-emancipation support. CASA involves court-ordered volunteers who advocate to meet the youth's unmet needs. The Family Mentoring Program uses volunteers to work with the parents of children under five when the kids return home from foster care placement.

***Parent Child Interaction Therapy (PCIT) and Incredible Years*** KidsFirst offers two evidenced-based programs. PCIT involves parent coaching by a therapist who offers guidance to

address difficult behaviors through a “bug” in the parent’s ear. Incredible Years is a parent education program.

**Promotoras** The Latino Leadership Council offers bilingual services and supports to Spanish-speaking families needing assistance with health and education issues. They advocate for parents, not the agency. They also provide youth mentors and serve on Placer Counties Family Resource Collaborative.

## **Focus Group Summaries**

### **Probation Officer Focus Group**

#### **Description**

Five juvenile probation officers, including those assigned to placement as well as other duties, participated in a focus group on September 12, 2012.

#### **Themes**

##### **Strengths:**

- Probation placement has come a long way
- Probation officers remain in frequent contact with youth and group homes to achieve case plan goals. We work with placements to stabilize kids. Group Homes usually call and report on how youth is progressing. Probation officers meet monthly with Group Home staff and discuss case plan progress. We hold group homes accountable.
- Education is a high priority for Probation officers. We work on educational issues from case plan. The goal is graduation
- In monthly contacts, we talk to youth about what is happening. Explain about home passes and what youth/parents can work on.
- Parents start to buy in when they realize they still have say in some things regarding youth. We let parents know they are our partners in working with their child, and try to build rapport with parents who don’t want to have part in case.
- The Judge is very involved and collaborative; she knows the Probation officers and they know her.
- When youth gets near completion of program, the Probation officers start preparing youth and family for return. Probation officers have conversations regarding transitioning back to community and/or parents. We set up WRAP, and don’t wait until the last minute to inform parent of youth’s return. Success is when the youth want to go. We still meet with the youth monthly.

##### **Barriers and Challenges:**

- Lack of parental engagement: Some parents are jaded, and do not want to participate in services or be supportive of program. Some parents don’t want to engage; they just want us to fix the kid. Some parents just don’t care. Some have been in trouble before and don’t want to be involved in system.
- There is a low participation rate of parents in the parent group. Parents need to change too.
- Many youth are defiant, not wanting to follow rules or participate in program.
- Probation needs more options for transition to reunification such as Transitional Housing. AB 12 should provide good opportunities for youth.

- Probation has positive relationships with the judges and other court officers

**Recommendations:**

- Build family ties and support systems. Improve communication skills between youth and family. Offer Joint and individual therapy sessions. Need more parenting classes for probation parents – educate parents regarding changes needed for return of youth.
- Increase collaboration with parents. Develop a form that provides information on what parents have done prior to placement
- Extended ILP program for older youth to actually help them, budgeting, interviewing follow-up.
- Offer more programs like AB 12. Include development of SILPs, incentive money, reduced rent for former youth and more job experiences. Develop additional internships in variety of fields.
- Sierra College has a counselor for foster kids – a full time position to help youth get enrolled in college, select classes, receive counseling, etc. We need more of these on other college campuses.

**Expand Training for Probation Officers:**

- Training in youth development –Include all POs involved with juveniles, court officers, POs coming from the adult system.
- Cross training across the juvenile division to be able to make better decisions for case plans (intake). What are the components and programs of the juvenile system, and how to work with them, i.e. WRAP, FRCC, etc. How and when to work with parents, youth advocates, probation, CSOC, Solano County Office of Education.
- More training is needed on CSOC and community partner services.
- AB 12 – need to know what is happening, what we should be doing.
- Motivational interviewing.
- More cultural training
- Group Home licensing requirements and updates.
- Need training on how to do court orders if court requires special orders.

**Group Home Administrators and Staff Focus Group**

**Description**

Six group home administrators and staff, representing three group homes participated in a focus group on September 12, 2012.

**Themes**

**Strengths:**

- We have a great relationship w/Placer Probation. We set out the welcome mat for the PO. We want them to come see how we work so that they know the kids are well taken care of, where the money goes to, what the living conditions are. This is what we need the POs to do, to feel at ease the kids are being taken care of.
- We work closely in family therapy discussing cultural environment. Families are brought to group home first, put up in hotels, to have a controlled environment before having visits and have staff in youth’s home environment.

- Group homes are heavily involved with developing plans for effectively serving youth, and meeting case goals.
- Education is a high priority for group homes.
- Group homes work hard on the transition from group homes. They provide significant family therapy, and seek alternative placements or living situations for youth who cannot return home. For these youth, AB18 is a great benefit

#### **Barriers and Challenges:**

- Probation officer transitions are very difficult for youth in group homes, and need to be handled better
- We need to work together more collaboratively; probation needs to have greater trust in group home expertise.
- PO's need to have the group home's back, not jump to conclusions, and trust that the staff is experienced.
- Inadequate services for the "family" instead of just the youth. Who helps the family? Sometimes the parent doesn't want help. We give the kids all the tools but then they return to the same environment

#### **Recommendations:**

- **Working together:** Schedule PO meetings with group staff before contact with youth so that we can make them aware of any needs or issues of the youth. Include Group Homes in decisions on placement, reunification
- **More collaborative relationships:** Would like POs to be able to play a more supportive role, not so direct, and embrace the group home as a resource as part of the team. Realize the relationship between the PO and Group Home is valuable. Keep the communication loop open. Take the time to communicate and be a part of the team collaboratively serving the client.
- **Probation Officer transitions:** Have the current PO possibly train the new PO for a month, i.e. shadowing, to get on the job training. Set up a face-t- face meeting with the youth, not a letter in the mail or phone call. A healthy goodbye will help build trust and good communication, and reduce the initial shock factor of a new PO. A meeting with all the PO's that has been involved in the youth's life
- PO's should transport kids to visits and family therapy. They should give gas money to parents for therapy rather than bus tickets.

#### **Probation Officer Training Needs**

- PO's coming from Adult to Youth/Juvenile should have training on addressing new admissions when they arise during therapy – how to deal with it and whether new charges really need to be filed.
- Collaborative/team approach
- Law and procedures on court orders regarding youth contacts and phone calls.

### **Juvenile Delinquency Court Staff Focus Group**

#### **Description**

Eight representatives of the Juvenile Delinquency Court staff, including two judges, representatives of the district attorney and public defender, and attorneys representing youth participated in a focus group on September 12, 2012.

## Themes

### Strengths:

- Probation is well managed, with good programs. Placement is doing a very good job; there has been great improvement. Aaron is excellent
- Communication between CSOC and the Court is very good.
- Kids in placement are getting GEDs
- Court's role in Independent Living Plan is to make sure there is a plan. Probation refers youth to the ILP Coordinator. Probation does pretty good job in identifying kids who don't have any place to go. Need for education and training. Probation does really good job identifying THP.
- AB 12 is a godsend for some, but eligibility can be manipulated

### Barriers and Challenges:

- Sex offenders are a huge issue. Need to do a better job in assessing sex offenders and determining placement options.
- Need more drug treatment programs in Placer County
- Problems with assessment of mental health needs at Juvenile Hall; medications may be inappropriately discontinued
- Some families aren't cooperative with reunifying with youth early on in the process, but will cooperate later. This can be a challenge for timely reunification.

### Recommendations:

- County needs more access to short term 100% drug care treatment for youth in cases where drugs are the major issue.
- Placer needs a 30-90 day residential in-patient program in county so that families can be involved.

## Group Home Residents/Former Residents Focus Group

### Description

Six youth who are current or former residents of two group homes participated in a focus group on September 12, 2012. Four of the youth, including the two former residents, actively participated; the others provided almost no information, and were totally disengaged. Neither group home was located in Placer County

### Themes:

- Education is a high priority for group homes. One youth was preparing to enter college.
- There is a wide variation in the type and apparent quality of services offered at group homes. Two youth, from the same group home, described multiple services recreational opportunities at their group home. Youth from the second home reported that the home was in a rural area, and no services or recreational opportunities were available.
- About half of the youth were heavily involved in their case planning; the parents of two youth were also involved. The remainder of the youth reported that they were not involved.
- All youth were engaged in planning for reunification or independent lives after they left the group home.
- Several youth had been assigned a series of probation officers

- Some youth had good relationships with their probation officers, and found them helpful; others had formed essentially no relationship at all.

**Recommendations:** None

## **CSA Child Welfare System Focus Groups**

**Description:** Two CSOC staff focus groups with 19 participants were convened on October 3, 2012, one in Roseville and one in Auburn. Participants included social workers, eligibility staff, public health nurses, clerical support staff and IT staff.

### **Themes**

**Strengths:**

- The emergency shelter offers very good services, including gathering valuable information on children and giving social workers adequate time to find appropriate placements.
- The Shelter has implemented an effective practice: older youth find their own placements, assisted by youth advocates
- The placement coordinator/family finding role very good but inadequate
- Concurrent planning is practiced from the start of the case.
- Staff partner well with the community
- Effective services include anger management, AOD, individual therapy, parenting classes, couples counseling, family therapy
- Social workers make child visits a priority; staff and supervisors provide back-up when needed.
- Clients are engaged and treated with respect; social workers role is to “walk it” with clients, give hope, not shame.
- There is excellent continuity with families.

**Barriers and Challenges:**

- Social workers feel overwhelmed, reactive rather than proactive. Caseloads are too high, and there is too much paperwork. As social workers have retired, there have been fewer replacements. At the same time, they are dealing with children and families with multiple, difficult issues.
- Additional public health nurses are needed
- Mental health/wraparound reports on probation youth are not provided to group homes.
- Family Resource Community Collaborative process frustrating to social workers
- Foster parents need more training on difficult behaviors
- Relatives and NREFMs need training
- SDMs – many social workers are not using SDM properly. They may manipulate the tool to fit biases;
- Some supervisors put too much emphasis on detention
- Staff visit children, but may not enter data on timely basis
- Native services are improving; there are too few Spanish-speaking therapists

**Recommendations:**

- Assign additional staff to placement matching and family finding.

- Increase the number of social workers, and hire case aides and clerical support for data entry, records requests and other duties.
- More public health nurse time is needed; a public health nurse should be assigned to each team
- Information on wraparound and mental health services should be provided to group homes when youth are placed in residential care.
- Provide foster parents with more training on addressing difficult behaviors.
- Provide additional training to relatives and NREFMs to increase placement stability
- CSOC should make a greater commitment to the consistent use of SDM. The tool should be re-evaluated to determine its value, and if found to be useful, staff and supervisors should receive additional training.
- Provide laptops for social workers to use in the field

### **CWS Supervisors and Seniors Focus Group**

#### **Description**

Ten Child Welfare Supervisors and Seniors participated in a focus group convened on September 18, 2012 in Auburn.

#### **Themes**

##### **Strengths:**

- Supervisors are closely involved in child welfare cases.
- There is no (negative) judgment on a worker who cannot connect with a specific child. The worker should be asked if he/she would like to be re-assigned.
- Relative placement is best practice and emphasized, but difficulties arise with relatives and process is very frustrating for social workers. All placements in Tahoe and most in Auburn are relative/NREFM
- SDM is used at the front end, but not consistently, and not always as intended. It is not used consistently at other stages of the case.
- SafeMeasures is used to monitor compliance with monthly visits
- From Day One, concurrent planning is emphasized. It is easier for younger children
- TDMs are very helpful, and are again on the upswing with a new full-time facilitator in place.

##### **Barriers and Challenges**

- There should be some discretion on the use of TDMs—they are not appropriate for all families, especially when there are mental health issues or restraining orders.
- Mental health assessments, services, and Sub Abuse services are not adequate to meet the need
- AB12, the court and the youth's attorneys may resist concurrent planning for older youth, to ensure that youth are eligible for AB12 services.

##### **Recommendations**

- Increase State funding to reduce caseload sizes
- Assign a worker to complete the paperwork related to relative/NREFM placements
- Lower caseloads; more social workers would mean better outcomes. More time to focus on placement matching, support for NREFMs.
- Change statute re 387/JV 180 in moving children to a higher level of care
- Place greater emphasis on recruitment and retention of foster parents

### **Foster Parent Focus Group**

#### **Description**

Fourteen foster parents and one Foster Parent Liaison participated in a focus group convened on September 27, 2012 in Roseville. Most participants had adopted their foster children, many of whom came from other counties. Two participants operated emergency shelter homes.

#### **Themes**

##### **Strengths:**

- “Placer is a shining star” – should be model for other counties.
- Jennifer Ross at shelter and regular shelter meetings were extremely helpful
- Concurrent planning is the only option in Placer

##### **Barriers and Challenges:**

- Medical information is often missing; it needs to be more effectively transmitted to foster parents
- Binders of adoptive kids are not useful-should be replaced with online, interactive data base
- Foster parent’s burn out, need a break.

##### **Recommendations:**

- Teach other counties how to get act together; Placer should be a model for California
- Offer specialized training for foster parents operating emergency shelter homes.
- Increase communication between social workers, shelter homes and foster homes to improve transitions – use meetings, forms, etc.
- Reinstate regular shelter meetings and coordinate placement matching.
- Establish a mentoring program for new foster parents or those facing difficult issues.
- Expand respite care for foster families; currently “it is easier to find respite for fostered greyhounds.”

### **Youth Focus Group**

#### **Description**

Six youth, ranging in age from a young teen to an 18-year-old in AB 12, participated in the focus group, convened in the Placer Emergency Shelter on October 9, 2012. All except the 18-year-old were currently in the emergency shelter. The youth were asked the number and type of placements they had experienced, as well as the number of episodes in the child welfare system. Responses included:

- From age 10-18 (AB12 now). 13 foster homes, 1 group home

- 1 ½ years, 1 placement, in shelter for 2 weeks
  - 45 days at CRC, in shelter 2 weeks
  - 4 months in foster care, 1 foster placement
  - 3<sup>rd</sup> time in foster care, in shelter 2 weeks
  - 1<sup>st</sup> time in placement, in shelter 2 weeks.
- Placements in shelter, group homes, hospital, foster homes and with relatives in Placer, Sacramento and San Joaquin counties.
  - Placement after family issues, such as parental addiction, incarceration, or self-harm, fight with parents.

### **Themes**

#### **Strengths:**

- A successful placement is:
  - “When they treat you good”
  - “Someone that actually cares”
  - “They love you”
  - “I found the home. I knew what I was looking for and what I need to succeed.” (Youth interviewed agency and foster parents)
- Placer always sought relatives, (although no relative placements were successful for these youth.
- The Shelter was a good place to stay.
- All youth were able to identify adults who were there to help them. They included family members, a CASA volunteer (“like a grandma”), teachers and a vice principal, a youth advocated, a social worker and the youth ombudsman.

#### **Barriers and Challenges:**

- Social workers are too busy; out of the office, too many cases.
- Parents could not meet their needs, had too many problems of their own
- Most youth had to change schools; one had attended four high schools, another fifteen.
- Youth ran away when stressed.
- Worker did not follow through on a promise to move to another foster care if they youth met their goals.

#### **Recommendations:**

- There need to be more social workers
- Things need to happen faster, sometimes 14 days before referrals or anything happens
- Emphasize establishing contact with siblings; a social worker gave up trying to get contact
- Establish mandatory outside time and work time at the shelter
- Schedule specific times when youth can call their social worker
- There are good programs but they aren’t well known.
  - CASA
  - PRIDE
  - THP plus
  - Whole person learning, advocate

### **Community Partner Focus Group**

The community partner focus group, held on October 26, 2012, included ten participants representing providers, advocates, and a geographically remote area.

## Themes

### Strengths:

- **Services:** Effective services for prevention, reunification, adoptive families include First 5, CASA, peer supports, child and family advocates, differential response through KidsFirst, MHSA prevention services (wraparound, Native Services, Promotoras); Crisis Resolution Center, Peace for Families, CSOC, Family Resource Centers, youth coordinators, Drug Court, mentors, concurrent planning, family finding process, parenting curriculum, Families of Tradition, kinship program
- **Community-based services**, such as in Tahoe, where services are brought to children and families are most effective. Culturally specific services (bi-lingual intake worker, Native Services team, family advocate)
- **Culturally-specific policies** have been established, and are supported by CSOC management. Staff have been trained in the policies.
- **CSOC:** The CSOC model of integrated, family-focused services works well; most staff are very effective

### Barriers and Challenges:

- Tahoe was not adequately represented in the CSA/Peer Review process
- Inadequate services include:
  - Mental health and AOD services, especially for families needing deep-end services;
  - Residential treatment for fathers
  - Services for children over age 5, undocumented families and rural communities
  - Bilingual services
  - Transportation
- Waitlists for services are too long
- There are fewer social workers who carry too-large caseloads. Morale is low; staff feel “fried.”
- There is little ethnic, cultural or linguistic diversity among CSOC staff; there needs to be better ethnic diversity among staff with ongoing cases.
- Fewer resources are available for services and staff; culturally-specific services are underfunded.
- Culturally-specific policies and services have been implemented inconsistently; some social workers do not refer children and families to Native Team or seek Promotoras services. As a result, these services are under-utilized, and families may not be provided appropriate services.
- There is not enough coordination/communication among agencies, resulting in uncoordinated care
- Lack of foster homes and treatment options; no placements in Tahoe
- Placement changes are frequently abrupt; children have to change daycare and inadequate information is provided to foster families

### Recommendations

- Develop a System of Care map/organization chart, showing who does what, how agencies are organized, criteria for services and eligibility, partners, etc.
- Develop aftercare plans consistently, particularly including mental health
- Hire more Latino, Native staff; contact Native and Latino agencies to help recruit.
- Increase accountability for social worker staff to follow Native Services policy, refer to Promotoras, etc.
- Include cultural agencies in differential response
- Apply for more grants to improve child welfare services

## Analysis of Outcomes

### Notes on Data analysis

All performance data in the Introduction, CWS Participation Rates and Analysis of Outcomes sections of this report was downloaded from:

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). *Child Welfare Services Reports for California*. Retrieved 7/25/2012, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Data in the following charts are from the Report Publication: July 2012. Data Extract: Q1 2012. Agency: Child Welfare. We would like to thank the University of California, Berkeley Center for Social Services Research for the support they have given us in this report.

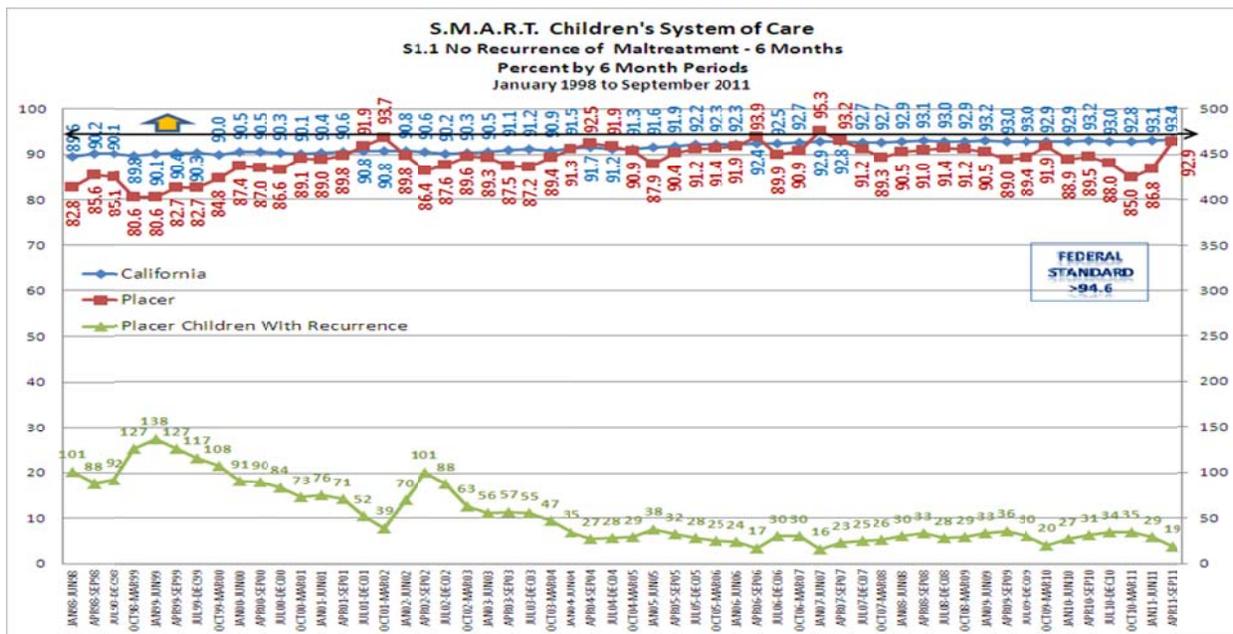
### S1.1 No Recurrence of Maltreatment

	CWS	Probation
<b>S1.1. No Recurrence of Maltreatment -6 mo. Nat'l Goal</b> <i>&gt;94.6%</i>	<b>92.9%</b>	<b>N/A</b>
<b>S1.1 No Recurrence of Maltreatment-12 months</b>	<b>79.9%</b>	<b>N/A</b>

#### Performance Change over Time

**Graph 7** reflects the percentage of children who did not have a report of recurrence of maltreatment within 6 months of their first substantiated referral for abuse. The federal goal is that 94.6% or more of the children who had a previously substantiated report of abuse do not have any recurrence of maltreatment.

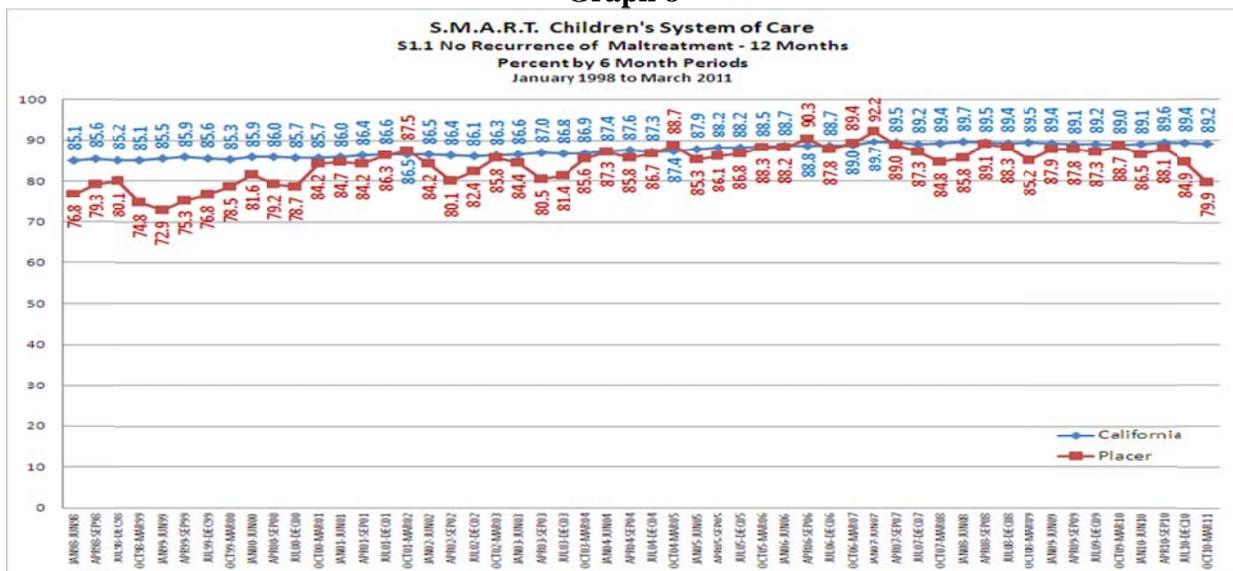
Graph 7



Placer had shown improvement in this measure, and achieved the goal in the January through June 2007 cohort group. After that period, no recurrence dropped to around 90%, then declined back to 85% in the October 2010 to March 2011 cohort group. Placer County is currently below both the federal standard and the State overall percentage for this measure at 92.9%.

Graph 8 shows the follow-up of children who are reported for recurrence of abuse after 12 months from the first substantiated abuse. Since 1998, the beginning of the outcome measures, Placer County was showing improvement in the percentage of children who have not had a recurrence of maltreatment until April through September 2012 and then we started to decline. Currently, we are fairly stable at around 79.9%.

Graph 8



### **Anomalies/Data Entry Issues**

The number of children with recurrence of maltreatment (either six (6) or 12 months) is small enough to account for a larger fluctuation in percentages. For example, in the October 2010 to March 2011 cohort, we had 234 children and 35 children with maltreatment, giving us a no recurrence rate of 85%. In the April 2011 to September 2011 cohort, we had 267 children of which 19 had reported recurrence or 92.9%. Since the starting period for this measure (January – June 1998) we have decreased our overall cohort for recurrence within six (6) months by 55% and decreased the number of children with recurrence of maltreatment by 81%.

For recurrence within 12 months, our overall cohort has decreased by 60% and the number of children with recurrence has decreased by 65%, reflecting that Placer's rate for this measure has remained fairly stable.

External factors which may exert upward pressure on recurrence of maltreatment include:

- California's economic downturn has resulted in families experiencing more stressors with fewer resources available from CSOC and community partners. Families that were formerly able to "take care of themselves" through their own financial resources through employment, adequate insurance coverage, and other community and family resources are no longer able to do so, thereby further impacting dwindling resources. Although the number of referrals received by the Family and Children's Services intake unit has not noticeably increased since 2006, the severity of the problems and needs of the families referred to Family and Children's Services has increased. Workers report that their workload is higher due to the increased complexity of cases, in the respect of often multiple issues, and severity of those issues. It is speculated that increased substance abuse may be exacerbating underlying mental health issues, making these issues more critical and pronounced than in the past. This is supported by the high substantiation rate in Placer County.
- The following gaps in services may contribute to the recurrence of maltreatment: substance abuse treatment for teens, lack of availability of bilingual services, lack of enough viable transportation, affordable child care (especially evenings and weekends), affordable housing, after-hours services, dual diagnosis treatment, mentors and life skills training. In Tahoe, there are no locally based mental health residential treatment services, homeless services, independent living programs, and only a few bilingual therapists.
- Since the last self-assessment there have been a number of child deaths and injuries which have received intense media scrutiny in neighboring Sacramento County. This media exposure has led to heightened vigilance regarding Placer County investigations.

### **Internal Agency Factors/Policies and Practices:**

- CSOC has implemented a culture shift to work with families in a strength based and family centered way. As a result, Placer County evaluates out fewer referrals and social workers increased their response to referrals with risk factors, but no current abuse issues. This led to a significantly higher number of voluntary cases for family maintenance and family reunification. However, budget shortfalls and increasing workloads have provided incentives to social workers to close cases more quickly, enhancing risk of premature closure. There is no legal mandate to require a voluntary case remain open if the parents are resistant or make

themselves unavailable. Voluntary remains voluntary and requires the parents' cooperation and participation.

- Once cases are closed there is no system to monitor client progress, ensure that effective natural supports remain in place to avoid repeat allegations, or provide county-funded services.
- When law enforcement or CSOC discovers domestic violence or serious substance abuse in homes with children, Placer County protocols require an investigation to determine whether child abuse or neglect allegations should be filed.
- Placer County CSOC has implemented a Supervision Policy and has fully implemented the use of SafeMeasures in supervision. The policy requires that staff in their position less than one year meet with their supervisor on a weekly basis and those in their position more than one year meet every other week. This may have led to an increase in the substantiation rate as supervisors are more involved in referrals and workers have an increased level of accountability to the families they work with and to the agency.
- CSOC has adopted Structured Decision Making (SDM) tools to help guide decisions throughout the life of a case. SDM tools help mitigate subjectivity when looking at abuse or neglect and may have increased the rate of substantiations.
- Placer County is relatively small and affluent. The culture of the county is one where the community tolerance for child abuse is very low.
- At the front end where child abuse investigations are conducted, supervisors and staff have become more consistent in their application of the California State Attorney General's definition of substantiated abuse. This has likely resulted in an increase of substantiated allegations.

### **Impact on Other Outcomes**

Recurrence of maltreatment is closely associated with Re-entry to Foster Care (C1.4).

### **Racial/Geographic/Ethnic Group Differences**

Analysis of recurrence of maltreatment by racial/geographic/ethnicity differences is difficult with the small number of children with recurrence. For example, out of the 19 children with recurrence of maltreatment between April and September 2011, Blacks had a 50% recurrence rate with one (1) child, Whites had a 9% recurrence rate with 16 children being maltreated and Hispanics had a 4% recurrence rate with 2 children.

### **Impact of Services to be funded by CAPIT/CBCAP/PSSF**

CAPIT and PSSF dollars are used to provide direct services to families to remediate whatever problems required them to be part of the CWS system, thereby avoiding a recurrence of abuse or neglect. The use of CAPIT/CBCAP dollars has been, and will continue to be crucial to CSOC's continued improvement in meeting the federal standard for this outcome. CAPIT/CBCAP funds are contracted to KidsFirst, the Child Abuse Prevention Council of Placer County, for direct services provided through Family Resource Centers. CSOC staff frequently refers families to services offered at the FRC's, making FRC services part of the continued support for families as they proceed through the CWS system and after their case is closed. FRC services available to families include therapy, home visitation, parenting and life skills training, health insurance enrollment, parenting education, information and referral services, case management, outreach, and often bi-lingual services. CSOC staff understands that to avoid a recurrence of abuse or

neglect, families must receive support services that address the Protective Factors of the Strengthening Families model. The FRC's address all five of these protective factors – parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. With the strong collaboration and shared understanding on the impact of strength based services between CSOC and KidsFirst, we partner and collaborate closely at all times to as best as possible assure community needs are being met.

**Summary:** Higher recurrence rates may be the result of statistical fluctuations in percentages resulting from the small number of children in this cohort. These same fluctuations also make disaggregation of the data by race or ethnicity problematic. Other possible factors are related to a combination of service cutbacks and county policies and practices (investigations policy, opening voluntary cases, differential response, more consistent supervision, implementation of SafeMeasures) which have strengthened the referral, investigations and supervision processes. Finally, recurrence is likely related to parental substance abuse and relapse. No recurrence of maltreatment may be included in the SIP.

**S2.1 No Maltreatment in Foster Care**

<b>CSOC and Probation</b>	<b>CWS</b>	<b>Probation</b>
<b>S2.1. No Maltreatment in Foster Care (Nat'l Standard – 99.68%)</b>	<b>100%</b>	<b>100%</b>

**Performance Change over Time**

The performance over time for this measure has remained virtually unchanged since the last self-assessment

**Area Anomalies/Data Entry Issues**

There may be a data reporting problems with this measure. Family and Children's Services (FACS), the crisis response unit, reports that Placer has had some reports of suspected child abuse or neglect in foster care, but, if true, those reports do not appear in data review. Per the data, Placer County has only had one (1) incidence of abuse in care. The policy for Reporting and Investigation of Allegations Regarding Children in Out of Home Placements had been updated as of August 2012 to address this issue.

**External Factors**

Birth parents may make complaints or allegations, in regards to an injury or unusual behavior they may observe during visitation. These complaints are promptly investigated by FACS and/or licensing and may be determined unfounded.

**Internal Agency Factors/Policies and Practices:**

**Internal factors include:**

- In September 2008 Placer County CSOC implemented a Policy and Procedure Regarding the Reporting and Investigation of Allegations Regarding Children in Out of Home Placements, described in S1.(Internal Factors page 37). This policy has been revised as of 10 August 2012 and distributed to intake staff to ensure accuracy of reporting.

- Placer Kids, a partnership between CSOC and Sierra Forever Families (SFF), is an integrated program that provides recruitment, training, licensing and support to foster families. The program supports the best match possible between children and families, thereby mitigating the risk of maltreatment while in care. (See systemic Factor Foster/Adoptive Parent Licensing, Recruitment and Retention.)
- Due to the integrated nature of CSOC, social workers are able to make referrals to various supportive services when the youth and foster families they are working with are struggling with maintaining the placement. The Family Support Counselor Unit provides in home supportive services to foster parents such as behavioral management training, mentoring, social skill building, Therapeutic Behavioral Services, etc. The Wraparound Program provides wraparound services to foster families. The nature of these programs is to stabilize placement and by doing so these programs mitigate risk for maltreatment.
- Probation officers partner with social work investigators when there are allegations of abuse or neglect. They make regular home inspections out of sight and sound of the treatment provider to facilitate any reporting of issues with the provider.
- Beginning in mid-2011 Youth Advocates began providing information to youth regarding their rights when placed at the Placer County Emergency Shelter, upon entry at the Juvenile Detention Facility, and to all minors receiving Foster Youth Services. This educational information may have a positive impact on maltreatment in foster care.
- Historically the Family and Children's Services Intake Unit has been staffed with Client Services Assistants whose minimum qualifications are a high school diploma. In other counties the Intake Unit is staffed with social workers with a minimum of a bachelor's degree and in some counties with their most experienced social workers. Recently Family and Children's Services was notified of the intent to replace existing Client Services Assistants with Client Services Counselors who have a minimum educational level or equivalent of a bachelor's degree. The County has just recently hired and begun the training process for these new staff, some of whom are transferring from other areas in the agency, thereby already having a familiarity of policies and practices in Placer County. It is expected that the accuracy of input of referrals with consumer confidence, will improve once training is complete.

### **Racial/Geographic/Ethnic Group Differences**

As Placer County is at 100% on this measure, it does not appear that racial, geographic or ethnic group differences are impacting the measure in a negative way.

### **Impact on Other Outcomes**

Re-entry Following Reunification (C1.4), Time to Reunification (C1.2), Placement Stability (C4), and Least Restrictive Placement (4B) may affect the rate of maltreatment in care. When children re-enter the system they are more likely to have increased emotional and behavioral challenges from the trauma of being removed from their parents on multiple occasions. In addition, the longer children remain out of the home the more likely it is that they will suffer from increased behavioral and emotional difficulties. Both of these outcomes then impact placement stability since children with more significant needs have more placements. In turn, the more children are moved the more their needs increase. A more challenging child places a higher level of stress on the foster parents and in turn increases the risk of maltreatment in care.

**Impact of Services to be funded by CAPIT/CBCAP/PSSF - Not applicable.**

**Summary:** Current data indicates that Placer currently has essentially no maltreatment of children in care, due to excellent programs including Placer Kids, and to a wide array of services available to foster parents. Further investigation is needed, however, to explore possible data reporting issues. These efforts will not be included in the SIP.

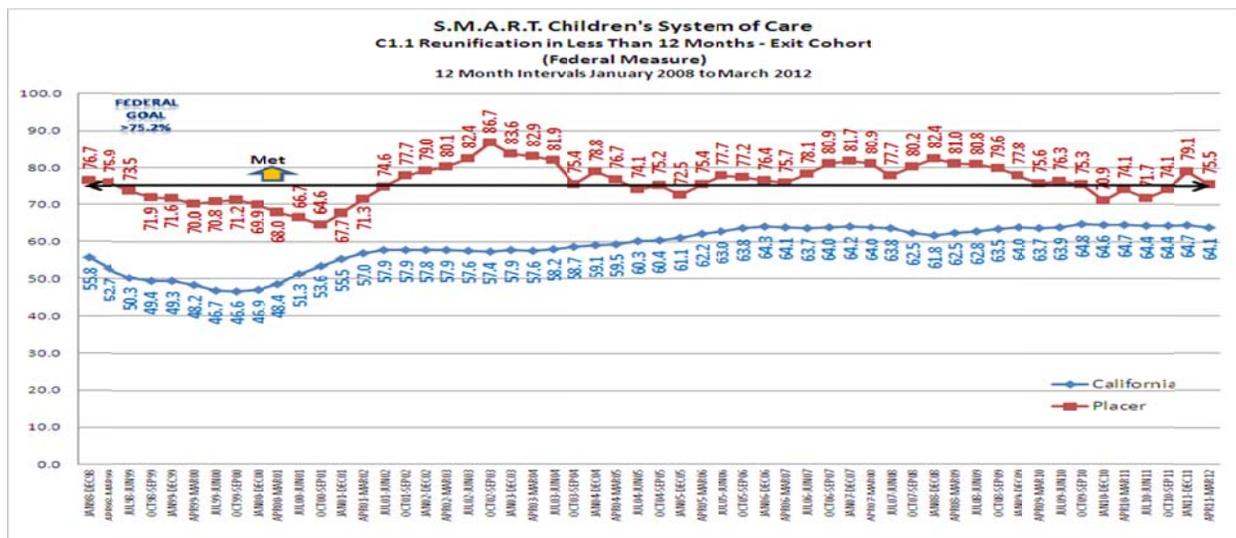
**C1.1 C1.3 Reunification Composite: Timely Reunification**

	<b>CWS Apr11-Mar12</b>	<b>Probation Apr11-Mar12</b>
<b>C1.1. Reunification Within 12 months (Exit Cohort)</b> <i>National Goal: &gt; 75.2%</i>	<b>75.6%</b>	<b>33.3%</b>
<b>C1.2. Median Time to Reunification (Exit Cohort)</b> <i>National Goal: &lt;5.4 months</i>	<b>8.7 months</b>	<b>15.1 Months</b>
<b>C1.3 Reunification Within 12 months (Entry Cohort)</b> <i>National Goal: &gt; 48.4% Last Available April20 11 to March 2012</i>	<b>46.4%</b>	<b>10.0%</b>

**Performance Change over Time**

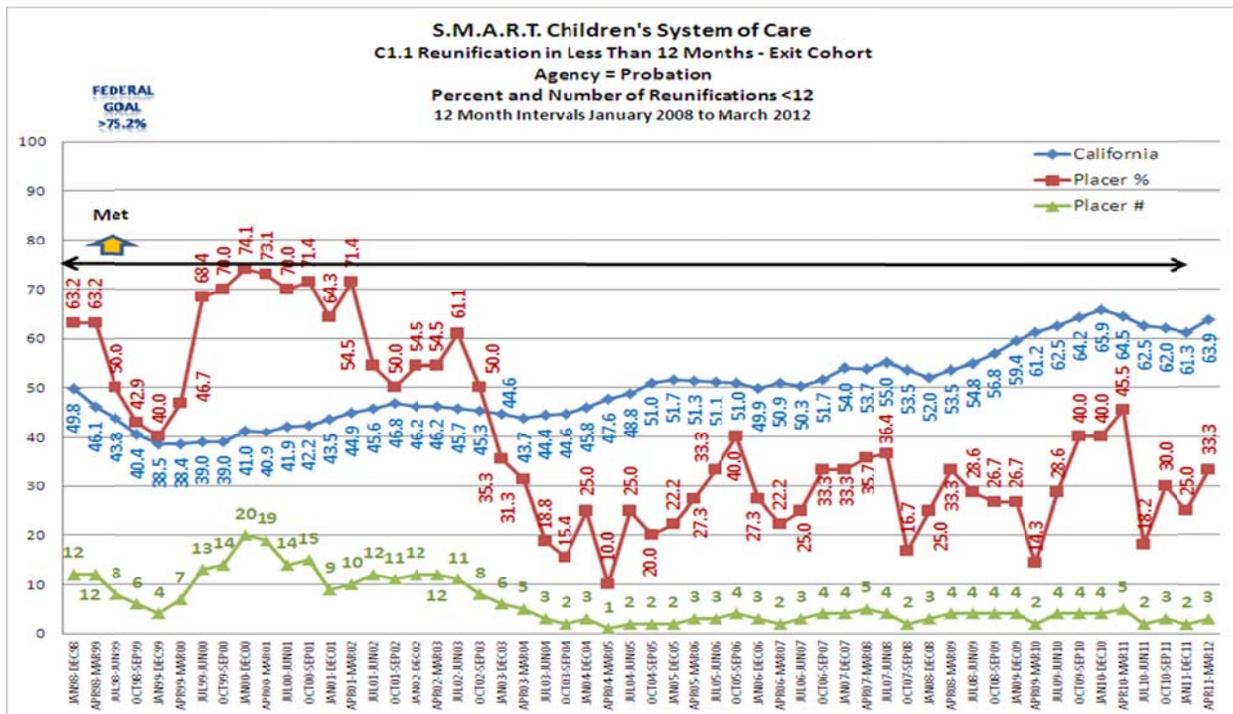
- CWS – Placer County Child Welfare measures for reunification (C1.1 Reunification in Less Than 12 Months – Exit Cohort) have continued to be relatively stable. Since the 2009 County Self-Assessment, Placer County has ranged from a high of about 81% to a low of about 71%. Through most of the measurement periods, Placer has exceeded the federal goal and has consistently performed better than State overall rates on C1.1 Rate of Reunification – Exit Cohort as well as C1.3 Rate of Reunification – Entry Cohort. **Graph 9** shows the Rate of Reunification – Exit Cohort (Measure C1.1) from January 2009 to March 2012 in 12 month cycles, for Placer and overall California rates for Child Welfare.

**Graph 9**



- In the 2009 County Self-Assessment, the median time to reunification (C1.2) for Placer County was reported as usually 6 months, well below the state median time to reunification, but above the federal goal of achieving reunification in less than 5.4 months. However, Placer County’s median time to reunification is now around the Statewide level of approximately eight (8) or nine (9) months. The increase in the time to reunification began around 2009 and has increased fairly steadily since that time.
- Placer County Probation is consistently under the federal goal and the overall state performance for reunification in less than 12 months. However, it should be noted that the number of children included in this cohort is small (three (3) children), which means that a change of one (1) child will have a significant impact on this measure. **Graph 10**, above, shows the Rate of Reunification – Exit Cohort (Measure C1.1), from FY1997-98 to FY2006-07, Placer and overall California rates for Probation.

**Graph 10**



For a complete set of graphs for the Reunification Composite, see Appendix II.

**Area Anomalies/Data Entry Issues:**

- When a family is reunified, caseworkers may not always enter into CWS that the case has gone to Family Maintenance. This could be why it appears that children may be staying longer in foster care.
- Placer County Probation uses the Federal Exit Cohort for 12-month reunification. Almost all probation placements are a minimum 12 months in length.

## CWS

### **External factors include:**

- Greater community awareness of child welfare services has resulted in some schools being more proactively involved in family reunification efforts.
- Families are taking advantage of the array of services and excellent resources offered by the Family Resource Centers and other key partners.
- The Placer County Dependency Court places a very strong emphasis on reunifying families as quickly as feasible.
- Many of the family reunification cases in Placer County involve drug use and domestic violence which often require more time to safely reunify. Moreover, there are relatively few effective drug treatment programs available in Placer County. The poor economy appears to be further reducing the quality of care as programs look for ways to reduce costs.
- Relative placements may cause birth parents to be less motivated to make necessary changes in their lives.

### **Internal factors include:**

- CSOC caseworkers carry the case from shortly after detention through family reunification and family maintenance. This continuity reduces the number of caseworkers a family must work with, and increases rapport and trust between the families and their worker.
- Team Decision Making meetings provide the opportunity to develop strong after care plans for and with families, and have allowed children to return home sooner.
- CSOC's integrated system is highly effective in serving clients. We have established good connections and working relationships by building strong collaborations with community organizations.
- More labor-intensive caseloads have caused some court reports to be late, delaying Jurisdictional/Dispositional hearings, thus keeping children in care longer. Placer County is currently in an upward spike of detentions. We are currently delving into the characteristics of the children who are not reunifying within 12 months. We are also exploring how AB12 will affect all of these numbers.
- Birth parents and panel attorneys appear to be becoming more contentious, thereby the number of continued hearings has increased.

## **Probation**

### **Internal and External Factors:**

- The single greatest factor regarding the average length of stay in placement, are those youth that are Juvenile Sex Offenders (JSO). JSO youth are the greatest risk to the community, are the greatest risk to re-offend if not treated, and therefore are committed to programs with the greatest length of stay, often 18 months or greater. JSO youth typically account for greater than 25% of all placement youth. Therefore if 25% of placement youth take greater than 18 months to rehabilitate, the overall length of placement for all minors is significantly impacted. As of 09/01/2012, 24 youth are in out of home placement with 8 of those youth being JSO.
- Additionally, youth with significant substance abuse issues tend to be placed in treatment programs with program lengths of 9-12 months. The program length is directly affected by

the youth's compliance and overall achievement. In the case of youth with substance abuse issues, there are often periods of achievement followed by relapse. In the case of a relapse the youth's completion date is directly impacted and therefore extended.

- Placer County Probation has worked diligently to have the programs it works with have a structure that can allow for completion of a program within 6-9 months. Even with this added effort the outcomes for JSO youth and youth with substance abuse issues have skewed the statistics for timely reunification within twelve months.
- In respect to the overall placement numbers for probation during this review period, it is imperative to address the significant change in data since the last review. Probation has effectively reduced the number of out of home placements by over 50%. This shift can be attributed to a systemic change in which the following has occurred:
  - Additional family finding efforts including collaboration with CWS family finding personnel
  - Additional services and community supports, notably Wraparound, Drug Court, FFT, Family Support Counselors, Youth Coordinators, Latino Leadership Counsel, Sierra Native Alliance, YEGA, WATAH, Early Intervention Officers, A2Y Mentors, and CASA.
  - Dedicated personnel that have remained with the division for 4+ years, including the Division manager, Supervisor, and Senior in the placement division.
  - Efforts to better involve the youth's family including a shift to review by FRCC (Family Resource Community Collaborative), Probation Parent Family Night, timely TILPS and Case Plans, and the tracking of overall parent involvement.
- Probation placements result from the minor's criminal behavior rather than abuse or neglect by family or guardian. Reunification with parents or guardians is the primary goal. In cases where dual jurisdiction with CWS/CPS is involved or return to the parents is not advisable, probation places minors in suitable foster care, relatives or NREFM's.
- Relatively few local group homes providing specialized services for addiction or sexual offenses are available, so that the youth must frequently wait for admission. Placer youth may also end up in placements distant from home to meet their treatment needs; closer placements are often full with minors placed from other counties. The scarcity of specialized group homes is a statewide, and likely a nationwide, problem.

#### **Impact on Other Outcomes:**

- S1.1 Recurrence of Maltreatment and C1.3 Re-Entry to Foster Care: It was hypothesized in the 2009 County Self-Assessment that premature reunification may lead to the reoccurrence of child maltreatment resulting in some social workers in delaying reunification. A study conducted on recurrence of maltreatment and re-entry into foster care for Placer County children found that a primary cause of recurrence was parental substance abuse and relapse further suggesting that provision of extended alcohol and other drug treatment and support might result in less recurrence of maltreatment and re-entry and promote earlier reunification of families.

**Racial, Geographic, or Ethnic Group Differences:**

- 78.6% of Blacks, 71.9% of Whites, 77.8% of Hispanics, 100% of Asian/Pacific Islanders, and 100% of American Indian or Native Americans were reunified in less than 12 months (Exit Cohort). The number of children reunified by Ethnic breakdown was 11 Black, 41 White, 21 Hispanic, 1 Asian/Pacific Islander, and 3 American Indian or Native American. Reunification in less than 12 months occurred at about the same rate for Blacks, Whites and Hispanics. The numbers were too small for Asian/Pacific Islander and American Indian or Native American to be conclusive.
- Placer County has a growing Spanish-speaking population. CSOC however does not have any bi-lingual ongoing caseworkers providing family reunification services, and limited bi-lingual staff in other areas. Co located bi cultural staff from Latino Leadership Counsel provide much needed liason and interpretation services. But, use of interpreters or interpreter services hampers communication and significantly affects rapport between the caseworker and family. The Promotoras program has been very helpful. It is noteworthy that reunification rates for Hispanics were about equal to both White and Black children and families.
- Placer County CSOC has been able to focus some efforts on the Native American population due to SAMHSA and MHSA grants. Additional services and staff dedicated to improving services for Native American families in Placer County, and outcomes are in place.

**Impact of Services to be funded by CAPIT/CBCAP/PSSF**

The use of CAPIT/CBCAP dollars has been, and will continue to be crucial to CSOC's continued success in meeting the federal standard for this outcome. CAPIT/CBCAP funds are contracted to KidsFirst, the Child Abuse Prevention Council of Placer County, for direct services provided by three Family Resource Centers. CSOC staff frequently refer families to services offered at the FRC's, making FRC services part of the reunification plan. FRC services available to families include therapy, home visitation, parenting and life skills training, health insurance enrollment, parenting classes, information and referral services, case management, and outreach. CSOC staff understands that to be successful at reunification, families must receive services that address the Protective Factors of the Strengthening Families model. The FRC's address all five of these protective factors – parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. With the strong collaboration and shared understanding on the impact of strength based services between CSOC and community agencies, community needs are continually addressed and other services considered and implemented as needed.

PSSF dollars are used for short-term reunification services when other funds are not available. Services include: counseling, substance abuse treatment, anger management services, and parenting education and life skills training. Continuation of the CAPIT and PSSF funded services will be crucial to CSOC's on-going success in meeting this outcome.

**Summary:** Placer CWS is doing well with re-unifying youth within twelve months. Probation has worked diligently over the past 3 years to improve this outcome, and has again focused on this outcome during the Peer Review. The outcome will be included in the SIP for Probation.

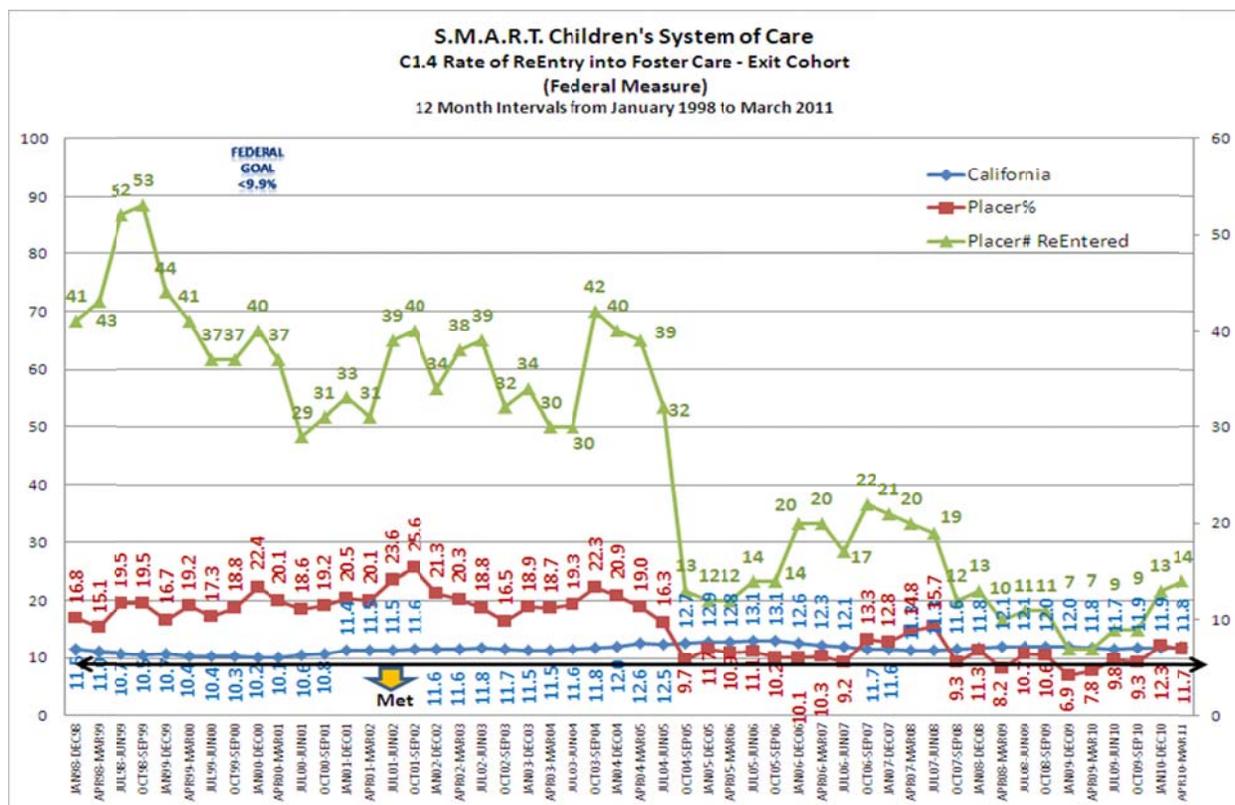
## C1.4 Reunification Composite: Reentry Following Reunification

	CWS 4/2010 – 3/2011	Probation 4/2010 – 3/2011
C1.4 Reentry Following Reunification (Exit Cohort) <i>National Goal: &lt; 9.9%</i>	11.7% (14)	18.2% (2)

### Performance Change over Time:

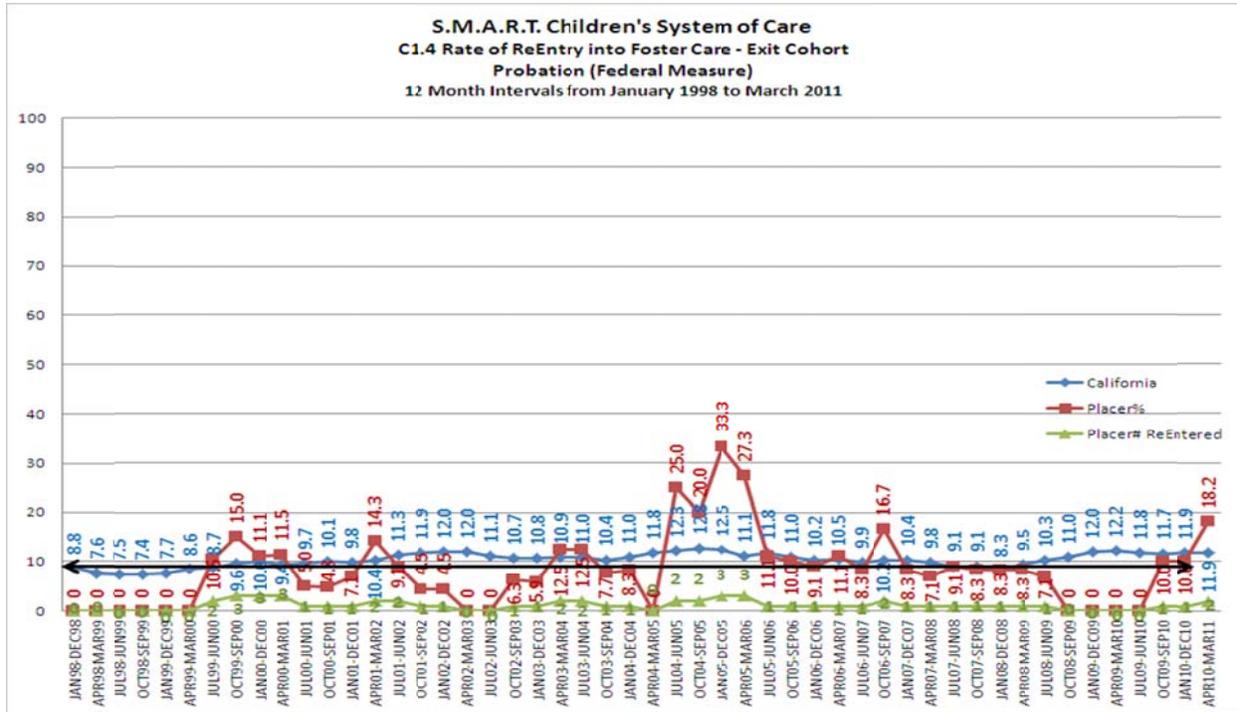
- The Federal goal for re-entry into foster care for CWS is fewer than 9.9% of the population re-entering following reunification with the family. This measure was a primary focus of the 2006 SIP and Placer exceeded the federal goal seven (7) periods including a fairly long stretch from January 2009 to September 2010. However, the re-entry rate has increased from 9.3% in October 2009 to September 2010 up to 12.3% January to December 2010 and the current 11.7% April 2010 to March 2011. The increase in the rates of re-entry appears to coincide with the elimination of focused substance abuse relapse prevention services and subsequent reduction in AOD treatment. **Graph 11** shows the Rate of Reentry into Foster Care for Placer County Child Welfare January 1998 to March 2011.

Graph 11



- Probation: **Graph 12** shows the Rate of Reentry into Foster Care for Placer County Probation from January 1998 to March 2011. The very small numbers makes it difficult to analyze.

**Graph12**



For a complete set of Placer County Graphs, See Appendix II

### Area Anomalies/Data Entry Issues

CWS percentage changes may be exaggerated by the low number of children reentering foster care and by the lower number of children in foster care. Fluctuations in the Probation percentages for reentry into foster care are exaggerated by the small number of youth represented.

### External Factors

#### External factors include:

- Even where funding is available, there are few services for either reunification or aftercare available in remote and rural areas of the county, and very little access to transportation.
- Placer County CSOC has seen an increase in the diversity of the families we serve, as noted above, and there are few culturally appropriate services available to accommodate these families although the community is making progress.

## **Internal Agency Factors/Policies and Practices**

### **Internal factors include:**

- The expansion of the Differential Response program to 5 days a week, and the subsequent increase in prevention services have likely reduced both recurrence of maltreatment and re-entry to foster care.
- As a result of a previous SIP, Placer County expanded Team Decision-Making (TDM) to include all children and youth leaving care. Current practice within Placer County CSOC uses TDMs to review and discuss in-home support and stabilize reunification, preventing reentry. Although the utilization of TDMs decreased in about the beginning of March 2011, due to staff reductions, new staff have recently been hired and the county expects to resume all TDMs soon.
- Communications between caseworkers, birth parents and foster parents has improved due to improved procedures for caseworker response to questions and phone calls.
- Placer County has implemented an After Care plan that is attached to the court report at the closing of the case. This ensures that the family knows where to go for help and support within their community. This program is fairly new so outcomes are pending
- CASA has recently implemented a family mentoring program to provide assistance with budgeting, shopping, meal planning, and parenting to families transitioning into reunification. This program is for families with children under 6 years old. Outcomes are pending.
- State budget cutbacks have reduced caseworkers and clerical staff. Currently there are nine caseworkers, two fewer than in 2009. Two more social workers have recently been hired that have some limited experience in child welfare services and adoption services. There are 3 more social work staff positions pending consideration of applications and scheduling of interviews. Staff is concerned that these cutbacks will affect re-entry in the following ways:
  - TDMs, Family Team Meetings, client support, and post-reunification support have decreased due to significant caseworker time constraints.
  - Fewer intensive services are available to families.
  - Staff may close some cases sooner to make room for new cases with higher levels of acuity needing immediate attention.
  - The reduction in clerical staff has led to increased responsibilities for caseworkers leaving less time for client support.

### **Probation Internal Factors:**

- Probation utilizes in home support services such as Wraparound, Intensive Supervision and Functional Family Therapy to keep minors stable in their homes. Outpatient treatment for substance abuse and further counseling are provided as needed. Further budget cuts and staff reduction continue to cause a reduction in availability of these services.
- Probation placement has been more active in attempting to engage parents of youth on a monthly basis instead of brief contacts to update or get information from parents. In addition, Probation conducts a monthly class for the parents and family members of youth in placement. Finally, providing wraparound services to youth and family upon reunification has increased. These services have improved this outcome as well as stability in placement.
- Probation utilizes the same services and support as CWS. The same factors apply.

## Impact on Other Outcomes

The rate of reunification within 12 months may be related to re-entry if families are reunited prematurely.

### Racial/Geographic/Ethnic Group Differences

Fourteen (14) children re-entered foster care in the April 2011 to March 2012 measurement period. Of those 14 children re-entry by ethnicity was Black 1 child (20% of Black cohort), White nine (9) children (11.8% of White cohort), Hispanic three (3) children (12% of Hispanic cohort), and Native American/American Indian one (1) child (33.3% of Native American/American Indian cohort).

### Impact of Services to be funded by CAPIT/CBCAP/PSSF

CAPIT/CBCAP dollars are crucial to this outcome. Research has shown that community support is an important factor in continued success for families with stressors. Once children are returned, county resources and juvenile law dictate that the case and county sponsored services are soon closed. CAPIT/CBCAP dollars are used to ensure FRC's capacity to provide the resources and support that families continue to need. CAPIT dollars ensure the availability of services including therapy, home visitation, parenting and life skills training, and health insurance enrollment. Availability of these services decreases the likelihood of families re-entering the CSOC system. CAPIT/CBCAP dollars ensure the availability of parenting classes, information and referral services, case management, and outreach. CAPIT/CBCAP dollars should continue to be used in this fashion.

PSSF dollars are used to purchase services from community providers for both time-limited family reunification, and family preservation once the children are reunified. Services include: counseling, substance abuse treatment, anger management, and parenting and life skills coaching. CAPIT and PSSF dollars should continue to be used in this fashion.

**Summary:** Over the past three years, Placer County has seen a rise in re-entry to foster care, although the low numbers may skew percentages. The rise may be related to state budget cutbacks, resulting in a decrease in TDMs and the elimination of focused substance abuse relapse prevention services, and subsequent reduction in AOD treatment. Recently-implemented practices, including after-care plans and family mentoring may improve this outcome. Re-entry may be included in the SIP.

## C2.1 C2.5 Adoption Composite

	CWS (4/2010-3/2011)
<b>C2.1 Adoption within 24 months (Exit Cohort) National goal &gt;36.6%</b>	<b>43.4%</b>
<b>C2.2 Median Time to Adoption (Exit Cohort) National goal &lt; 27.3 months</b>	<b>26.6 months</b>
<b>C2.3 Adoption within 12 months (17 mo. in care) National goal &gt;22.7%</b>	<b>43.7%</b>
<b>C2.4 Legally free within 6 months (17 mo. in care) National goal</b>	<b>19.0%</b>

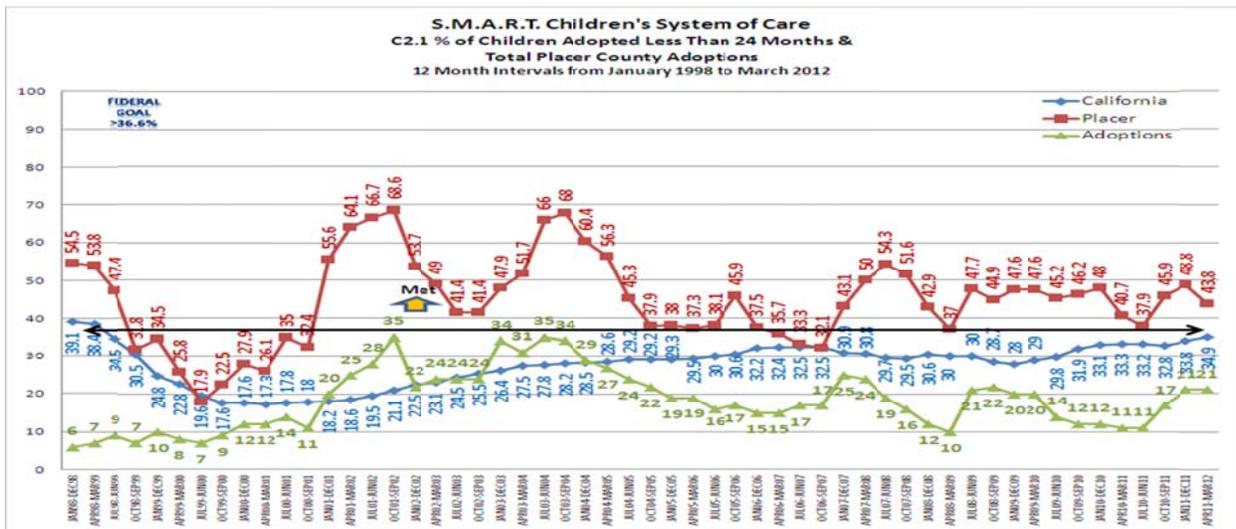
>10.9%	
C2.5 Adoption within 12 months (legally free)National goal	72.2%
>53.7%	

**Performance Change over Time:**

Five outcome measures make up the federal “adoption composite.” Placer consistently does very well on these outcomes in most time periods. Placer regularly meets federal goals, and remains above the California average.

- Measure C2.1 shows children who are adopted within 24 months from removal from the home. Placer County typically exceeds the federal goal of greater than 36.6% of children adopted within 24 months. **Graph 13** shows the percentage of children adopted within 24 months and the number of children adopted in Placer County in green. The numbers of children adopted in Placer County are fairly small resulting in some fairly dramatic changes in the percentages.

**Graph 13**



- Measure C2.2 is the median time to adoption. The Federal goal is adoption in fewer than 27.3 months. Placer County has, almost consistently, met that goal since 2001. In the April 2010 to March 2012 cohort, our median time for adoption was 26.6 months.
- The third adoption outcome (C2.3) is percentage of children in foster care for 17 continuous months or longer, who were then adopted within 12 months. The federal goal for this measure is greater than 22.7% of the children. Placer County has fairly consistently exceeded this goal and, for April 2010 to March 2011, is well above the federal goal with 43.7%.
- C2.4 computes the percentage of children who were in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period, who then became legally free for adoption within the next 6 months. Placer County varies on this measure. The federal goal is more than 10.9% of children declared legally free within the next six (6) months of placement should meet this criteria. As of the April 2010 to March 2011 cohort, Placer is at 19%.

- C2.5 shows the percentage of children who are discharged from foster care to adoption within 12 months from becoming legally free. The federal goal is 53.7%. Placer County exceeded that goal with 72.2% April 2010 to March 2011, the latest result for this measure.

For a complete set of graphs on the Adoption Composite, refer to Appendix II.

### **Area Anomalies/Data Entry Issues**

Placer has a small number of adoption cases, which may skew percentages from year to year.

### **External Factors**

#### **External factors include:**

- Appeals after parental rights are terminated, or motions to change court orders may result in delays in terminating parental rights or, in rare instances, providing parents with additional reunification services.
- When non-English speaking families require assistance of an interpreter in court, continuances frequently occur due to unavailability of interpreters, delaying adoption.
- Department of Corrections failure to produce an incarcerated parent for the court hearing leads to continuances in the court process.

### **Internal Agency Factors/Policies and Practices**

#### **Internal factors include:**

- CSOC places most children 0-5 in concurrent planning homes, and is trying to implement concurrent placements for all children. Some foster families and relatives, however, are not open to concurrent planning. Training on the benefits to dependent children of concurrent placement has helped foster families become more open to the idea.
- Concurrent planning is enhanced by fully integrated case staffing within CSOC. The permanency worker on the team is available to consult on an on-going basis with social workers regarding the family and the potential need for permanency, and to oversee children who may be moving towards permanency. The permanency workers and other members of the permanency planning team include foster care licensing, foster parent liaison, Placer Kids staff, adoptions clerk, and the adoptions program manager and supervisor, also meet twice monthly to review and discuss cases, pending hearings for termination of parental rights, and families currently in or who have completed the licensing or home study process. The permanency team and Placer Kids maintain the perspective that all children are potentially adoptable, and pursue this goal at the beginning of every case.
- Families must have an approved adoption home study before adopting a child. Cases have arisen where relatives are identified as the permanent placement for a child or children, but the family subsequently fails the home study due to circumstances that might have been identified at the time of placement. This could result in the child having to be moved to another home and delay adoption.
- Failure to provide adequate notice court hearings to parents leads to continuances in the court process, as well as late court report filing causing notification of hearing to be late to parents.

## **Impact on Other Outcomes**

### **Placement Stability**

This measure affects timeliness for permanency. An adoptive family is less likely to take a child with more placement changes who may have significant behavioral/mental health issues.

### **Racial/Geographic/Ethnic Group Differences**

Out of the 48 children who exited due to adoption between April 2011 and March 2012, 73% (35) were White, 21% (10) were Hispanic, 4% (2) were Black, and 2% (1) was Native American/American Indian. No Asian/Pacific Islander children were adopted in this time period.

Many federally recognized tribes who qualify for ICWA do not support adoption. Some of the federally non-recognized tribes in Placer County also insist on tribal home placements as a long term plan rather than adoption.

### **Impact of Services to be funded by CAPIT/CBCAP/PSSF**

The use of CAPIT/CBCAP dollars has been, and will continue to be crucial to CSOC's continued success in meeting the federal standard for this outcome. Once children are adopted, families find that there are many unexpected changes, transitions, and behavior outbursts that they are unable to address alone. With limited free or low cost resources available elsewhere, families are able to receive additional services through the FRC's. CAPIT/CBCAP dollars are used to ensure FRC's capacity to provide the resources and support families need during the adoption process, including assistance with child bonding and replacing negative behaviors with appropriate coping skills. FRC services available to families include therapy, home visitation, parenting and life skills training, health insurance enrollment, parenting classes, information and referral services, case management, and outreach.

The use of PSSF dollars has been, and will continue to be, crucial to CSOC's success in meeting this outcome. PSSF dollars used for family support and adoption promotion and support services provide for the resource/adoptive parent support group, the resource/adoptive parent liaison, adoption day, resource/adoptive parent picnic, adoption support education activities, and post-adoption mediation. All of these services provide resource, kin and adoptive parents with support and education to ensure positive care for Placer County minors, as well as timely permanency, as well as some level of continued support after permanency is achieved.

**Summary:** Placer does an excellent job on adoptions due to a strong emphasis on concurrent planning, integrated teams including permanency/adoptions workers, and the CSOC-CBO Placer Kids collaborative. This outcome will not be a focus of the 2013 SIP.

### C3.1 C3.3 Long Term Care Composite

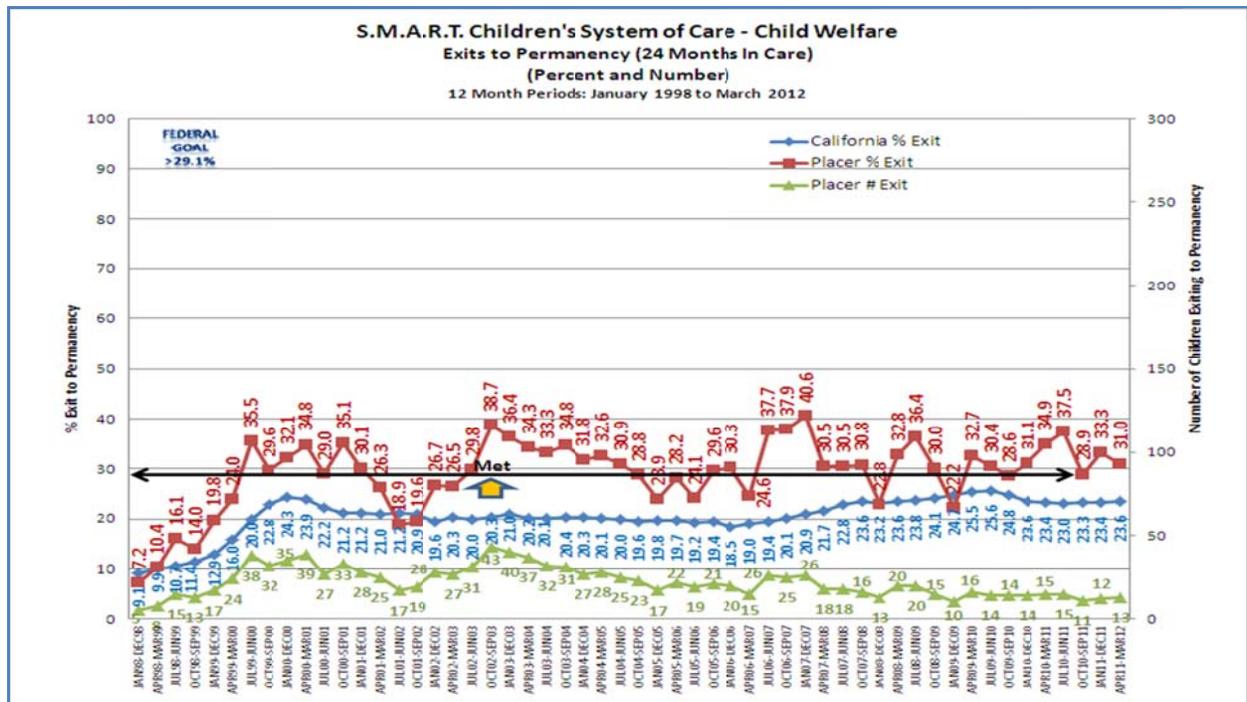
April 2011 to March 2012	CWS % and (#)	Probation % and (#)
C3.1 Exits to Permanency (24 months in care) <i>National Goal &gt;29.1%</i>	31.0% (13)	25.0% (1)
C3.2 Exits to Permanency (Legally Fee at exit) <i>National Goal &gt;98%</i>	100.0% (49)	NA
C3.3 In Care 3 years or longer (Emancipated/age 18) <i>National Goal &lt;37.5%</i>	18.8% (3)	9.1% (1)

### Performance Change over Time

The federal long term care composite consists of 3 measures of permanency:

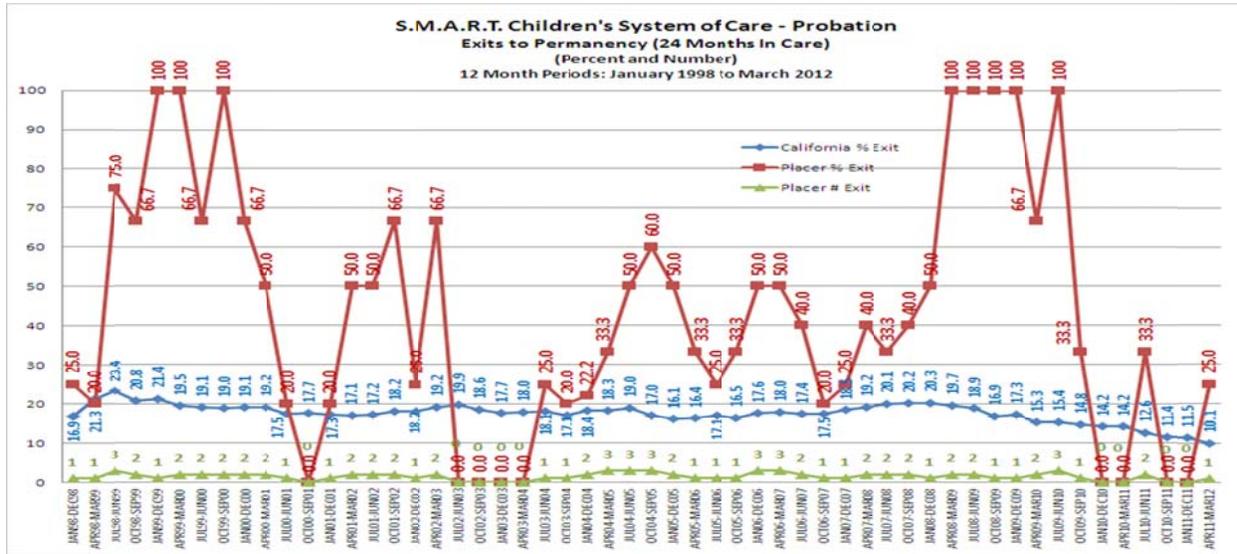
- Measure C3.1 Exits to Permanency (24 Months in Care) measures the percentage of children and youth who have been in care at least 24 months, who are discharged to permanency (reunification, guardianship, adoption) before age 18. For Child Welfare Services, Placer fairly consistently exceeds the federal goal of 29.1%. If we go back to January 2006, out of the past 22 measurement periods, we exceeded the goal in 17 of those periods. Probation did not meet the federal goal coming in at 25% in the April 2011 to March 2012 period which represented one (1) child exiting to permanency out of a total of four (4) youth in that time period. **Graph 14** shows Placer County’s performance on this measure for Child Welfare, in comparison with the overall state.

Graph 14



- **Graph 15** shows this performance measure for Probation.

**Graph15**



- Measure C3.2 Exits to Permanency (Legally Free at Exit) measures the percentage of children and youth who were discharged to permanency before age 18 and are legally free due to termination of parental rights or parental death. Although Placer CWS had a low start in FY1998-99, the numbers quickly shot up to 100% for the next 3 years, remained fairly stable in the 96 to 98% range until the October 2006 to September 2007 measurement period at which time we dropped to around 93% and then climbed back into the 96% to 100% range. 98% or greater is the federal standard for this measure. As of the last reporting period, April 2011 to March 2012, Placer County Child Welfare was at 100%.
- Measure C3.3 In Care 3 Years or Longer (Emancipated or Age 18 in Care) measures the percentage of youth who emancipated or aged out without a permanent attachment. In the April 2011 to March 2012 measurement period, fewer than 18% of Placer County’s child welfare children and 9.1% of Placer’s probation children aged out without permanent attachment. This is well below the State average for this measure for both child welfare and probation, and exceeds the federal standard of less than 37.5%. However, the number of children who meet this criterion is small meaning that small variations in that number result in fairly significant swings in percentages.

For a complete set of graphs for Exits to Permanency, see Appendix II.

**Area Anomalies/Data Entry Issues:**

All three measures represent a very small percentage of children involved in Placer County’s child welfare and probation system. Some CWS measures account for fewer than 20 children and probation measures for 0-3 youth. Therefore, even small changes in terms of numbers can cause a more dramatic change in percentage, making the percentages appear more drastic.

## **External Factors**

### **External factor include:**

- Children included in this measure frequently face severe emotional and behavioral issues. Although provided with family reunification services, many are difficult to treat after many years of poor behavior and/or mental health issues.
- Some group homes caring for this population may not support permanency.
- In some instances, children are bonded to their foster family and do not want to move. If the family does not choose to adopt or provide guardianship, the child may age out of the system still in foster care with no legal permanent connections
- Outcomes are often affected by the discretion of the judge on the bench and how they read the case law.
- The county is unsure how The After 18 legislation will affect the numbers.

## **Internal Agency Factors/Policies and Practices**

### **Internal factors include:**

- CSOC caseworkers are doing an exceptional job with children in long term care, which accounts for the low number of children included in these measures. Some older children however, are not considered for termination of parental rights and adoption, and age out of the system without permanent, stable adult connections. To address this issue, in October 2005, Placer County collaborated with Sierra Forever Families to implement Destination Family, a program designed to assist youth age 11 and over in finding permanent, stable, adult connections. A social worker from Sierra Forever Families is assigned to this program, working closely with Children's System of Care staff to assist youth in creating these connections. Destination Family has worked with a total of 33 youth. 4 cases remain in process. There are no further referrals being made as it is anticipated this program will be phased out through the beginning of the next calendar year. There is currently a part-time youth permanency worker and supervisor of those services dedicated to Destination Family.
- Placer County CSOC does not terminate parental rights without designating a permanent plan of adoption with identified prospective adoptive parent(s). Occasionally, however, these adoptive placements fail, exacerbating attachment issues for the child, and making placement that much more difficult.
- Permanency planning reviews between the ongoing social worker and the team's adoption social worker are supposed to occur at 3 months into a 6 month reunification case, 9 months into a 12 month reunification case, and 15 months into an 18 month reunification case. As noted above, although each team always has adoption social worker expertise available for assistance with permanency planning, attrition of adoption staff and increased demands on social workers have reduced this capacity.
- There are no guidelines or consistent practice among supervisors for scheduling and conducting permanency planning reviews for children still in foster care, but no longer in reunification.
- Some social workers may find it easier to leave the child in a stable environment, even if it is not an environment that is permanent.
- Youth now have an opportunity to remain in the dependency system as "non-minor dependents" or After 18 youth. Recent legislation allows continued foster care payments

after the age of 18 if a former dependent minor meets at least 1 of 5 criteria to maintain the funding stream. They may continue to stay in their current foster home of residence if all parties agree.

- After 18 youth now have options to financially sustain them following their 18<sup>th</sup> birthday other than foster care, providing that they continue to meet one of the five criteria.

### **Probation**

Probation has taken a very deliberate and consistent approach to working with transition aged youth. Most notably probation has adopted the CWS (Child Welfare Services) 90 day transition plan, complied with all TILP (Transitional Independent Living Plan) and Case Plan guidelines, and worked closely with additional resources such as Youth Coordinators. Probation has also had steady growth and success of using THPP programs as a step down in care for youth that are very close to the age of majority. This gives youth the additional skill sets needed to return home or work towards permanency. Additionally, Probation has trained extensively on the new AB12 requirements that took effect January 1, 2012. Probation sees a great opportunity in AB12 assisting transition aged youth that will not have the opportunity to return to the home of their primary caregiver. It should be noted that the vast majority of probation youth do return to the home of a primary caregiver and choose not to participate in additional programming and/or services once they return home.

### **Impact on Other Outcomes:**

- The placement stability measures impact these measures. Because of an emphasis on placement stability, children may be left in foster care homes where they are doing well and/or wish to remain without permanency through adoption or guardianship.
- The least restrictive environment measures affect these measures because children may have a considerable delay before they are placed in the level of care they need. Often, children will have to fail several foster homes before higher levels of care such as therapeutic foster care or group home placement is approved by the court as well as the Placer County CSOC.

### **Racial/Geographic/Ethnic Group Differences:**

- Out of 42 children in this measure for April 2011 to March 2012, 13 exited to permanency before age 18 and four (4) children exited care to non-permanency by the end of the year. Of the 13 exiting to permanency, 12 were White and one (1) was Hispanic. One (1) Black child and one (1) Native American/American Indian child were both reported as still in care at the end of the year.
- Permanency social workers report that finding permanent homes for African American children within Placer County is more difficult than Caucasian or Latino children as fewer families are open to these children. This may in part be due to the fact of the ethnic children fitting well into the more affluent communities of Placer County.
- Many Native American tribes do not support adoption, even if it is with a tribal family or relative. This leaves some children remaining in long term foster care as the tribe will not agree to any other permanent plan for the child.

**Impact of Services to be funded by CAPIT/CBCAP/PSSF**

The use of CAPIT/CBCAP dollars has been, and will continue to be crucial to CSOC’s continued success in meeting the federal standard for this outcome. With an emphasis on youth emancipating or aging out with a permanent placement offering stability, children would risk being left in foster care homes without permanency through adoption or guardianship without the use of CAPIT/CBCAP dollars. Families find that there are many challenges to offering stability to children being placed in their care. With limited free or low cost resources available elsewhere, families are able to receive additional services through the FRC’s. CAPIT/CBCAP dollars are used to ensure FRC’s capacity to provide the resources and support families need during the placement process, including assistance with child bonding and replacing negative behaviors with appropriate coping skills. FRC services available to families include therapy, home visitation, parenting and life skills training, health insurance enrollment, parenting classes, information and referral services, case management, and outreach. FRC staff understands that for long term care to be successful, families must receive services that address all five Protective Factors of the Strengthening Families model. CAPIT/CBCAP dollars should continue to be used in this fashion.

**Summary:** On measures C 3.1 and C3.2, Placer CSOC does an excellent job with permanency. Each team has a permanency/adoption worker, and Placer County does not terminate parental rights without designating a permanent plan of adoption with identified prospective adoptive parent(s). Destination Family has also focused on ensuring permanency. Guidelines for reviewing permanency plans might further enhance these efforts. Probation serves few youth in this category. On Measure C3.3, Placer is not doing as well. Some of these youth may have continued attachments and relationships, and therefore loyalties to, birth family members. While they do not want to reside with these birth family members and are happy in their foster care homes, they may still be reticent to sever legal ties, even if they consider their foster parents as their parental figures. These indicators will not be a focus of the SIP.

**C4.1 4.3 Placement Stability Composite**

<b>April 2011 to March 2012</b>	<b>CWS</b>	<b>Probation</b>
<b>C4.1 Placement Stability &lt;3 placements - 8 days-12 months in care <i>National Goal 86%</i></b>	<b>87.8%</b>	<b>100%</b>
<b>C4.2 Placement Stability &lt;3 placements - 12- 24 months in care <i>National Goal 65.4%</i></b>	<b>52.3%</b>	<b>88.0%</b>
<b>C4.3 Placement Stability&lt;,3 placements -at least 24 months in care <i>National Goal 41.8%</i></b>	<b>32.9%</b>	<b>50.0%</b>

**Performance Change over Time:**

The placement stability composite consists of three (3) measures based upon the amount of time that the child is in out-of-home care, eight (8) days to 12 months, 12 to 24 months and over 24 months. Placements are counted if the child remains for eight (8) days or longer. The goal for any of these periods is to have the child in 2 or fewer placements. Placer’s child welfare service has had difficulty meeting the federal goal of 86% or higher for children in care 8 days to 12 months and continuously fails to meet the other two (2) measures in this composite. Placer’s

Probation children have consistently exceeded the federal standards for all three (3) measures in this composite.

- The federal standard for placement stability for a child in placement eight (8) days to 12 months is 86% or greater. In the April 2011 to March 2012 measurement period, 87.8% of the Placer County children who were in placement for less than 12 months had two (2) or fewer placements, exceeding the federal standard for this measurement. The federal goal has now been met for two (2) consecutive measurement periods for CWS. Probation reported 100% of their children having two (2) or fewer placements.
- The federal goal for placement stability for children in placement between 12 to 24 months 65.4% or greater. Placer County Child Welfare Services exceeded the federal standard in January to December 1998 and April 1998 to March 1999 reporting periods. Since that time, Placer County Child Welfare has not met the federal standards for this measure. Placer came close in the January to December 2008 for this measure with 64%, but in the April 2011 to March 2012 measurement period, Placer County CWS was at 52.3%. 29.9% of the CWS children in this cohort had just recently exceeded the two (2) placements. As noted above, Placer County Probation consistently exceeds federal standards for this measure.
- The federal goal for placement stability for children in placement for more than 24 months 41.8% or greater. Placer County CWS met or exceeded this goal in the first four (4) measurement periods from January 1998 to September 1999. Placer CWS hit an all-time low of 15.9% in the April 2005 to March 2006 reporting period and, in general, has been improving since that time. The current reporting period, April 2011 to March 2012 shows CWS as 32.9% for this measure. 36.7% of the children in this cohort had just recently exceeded the two (2) placements. Again, as noted above, Probation has exceeded the federal standards in placement stability in this measure with 50% of the children having two (2) or fewer placements.
- During the last two fiscal years, 2010-2011 and 2011-2012, Placer probation calculates that their youth had an average stay in placement of 10.6 months.

For a complete set of graphs for the Placement Stability Composite, see Appendix II.

#### **Area Anomalies/Data Entry Issues:**

- Probation places very few youth in placement. C4.1 represents 28 youth, C4.2 represents 25 youth and C4.3 represents six (6) youth. Therefore, even small changes in terms of numbers can cause a more dramatic change in percentage, making the percentages appear more drastic.
- Placer's use of an emergency shelter and emergency shelter homes while foster or permanent placements are sought increases the number of placements experienced by children in care.

#### **External Factors**

##### **External factors for children placed through the child welfare system include:**

- There are fewer group and therapeutic foster homes available to support the diversity and acuity of needs of the children entering care.
- There is also a lack of resource families in Placer County available for older youth.
- Many foster and group homes need training on behavioral issues of foster children to better maintain placement.

- There are few concurrent homes willing to care for older children or large sibling sets. There are also very few foster homes in the Tahoe area making it difficult for these children to remain in their communities.
- The use of Ice Breaker meetings to build positive relationship between biological family and foster family can help immensely with placement stability and reduce the child's guilt about establishing relationships with the foster family. An Ice breaker is a meeting between the birth family and resource family, usually within the first 2 weeks of placement. The meeting is facilitated by a social worker and is only about the needs of the child. The FFA's that are using Ice Breakers report a significant decline in animosity, allegations and complaints about foster homes and an increase in empathy for the birth family by the resource family. Many families who have had icebreakers maintain a supportive relationship with the birth family even after reunification. The use of Ice Breakers has declined through staff attrition due to economic and budget cutbacks.
- Effective foster family agency social workers and CASA workers can have a positive impact on placement stability.

### **Internal Agency Factors/Policies and Practices**

#### **Internal factors include:**

- SIP Strategies for the last three years included expanding TDM's, including the youth in placement decisions with an interview tool, using a birth parent questionnaire at TDM's to have parents be more actively involved and assist in placing in a culturally appropriate home, and more resources and support for relatives and non related family members. All of these strategies have been implemented and are still in use.
- Shelter care may maximize placement stability for the long term given the time and efforts invested in matching the child with the best foster/concurrent family.
- Funding for placement for shelter care children does not exceed 30 days, often necessitating initial foster placement while a concurrent home can be identified.
- When children are placed in an emergency shelter care home, they may have to be moved due to emergency shelter care families' schedule or commitments.
- The Youth Empowerment Support (YES) program is notified when an older youth is placed at the shelter. YES assists these youths with a questionnaire to identify what may be important in a placement to a youth, and may further assist the youth with contacting potential placements to "interview" a potential foster family. This is a relatively new practice but may promote placement stability for older youth.
- The School Connect electronic matching program has been recently employed as a useful tool for potentially identifying successful matches between foster youth and foster homes. This should contribute to placement stability for younger and older youth alike.

### **Probation**

#### **External and internal factors include:**

- Most youth stay in a single placement. Youth placed in out of home placements are typically placed, at a judge's order, in a specific type of group home for an unspecified amount of time. Probation placements are made with specific treatment goals in the case plan, which have been developed from prior rehabilitative attempts. This allows excellent matching of treatment issues with treatment providers and results in better outcomes.

- Careful screening of the youth and placement providers has allowed Probation to far exceed both Federal and State goals for this category.
- Probation Officers supervising youth in placement have frequent contact with the youth, parents and placement provider. This provides a level of comprehensive service to maintain stability, reunification, relapse, prevention and positive outcomes.

**Impact on Other Outcomes:**

- 4B least restrictive placement
- S2.1 No Maltreatment in Foster Care
- C2 Adoption Composite measures
- C1.1 – C1.3 Reunification Composite

**Racial/Geographic/Ethnic Group Differences:**

- 8 Days to 12 Months: As of the April 2011 to March 2012 measurement period, 80% (12) of Blacks, 86.5% (96) of Whites, 91.5% (43) Hispanics and 100% Asian/Pacific Islanders and Native Americans/American Indians (three (3) children and four (4) children respectively) were in two (2) or fewer placements.
- 12 to 24 Months: As of the April 2011 to March 2012 measurement period, 60% (3) of Blacks, 53.2% (41) of Whites, 45.5% (10) Hispanics and 66.7% (3) Native American/American Indians were in two (2) or fewer placements. No Asian/Pacific Islander children were in this measure.
- At Least 24 Months: As of the April 2011 to March 2012 measurement period, of the three (3) blacks still in placement, all were over two (2) placements, as was the one (1) Native American/American Indian child. 37.9% (22) Whites still in placement had two (2) or fewer placements and 23.5% or 4 Hispanics had two (2) or fewer placements. No Asian/Pacific Islander children were in this measure.

**Impact of Services to be Funded by CAPIT/CBCAP/PSSF**

PSSF dollars are used, and will continue to be used to support resource and kin families in ensuring the stability of placements. Such services include resource/adoptive family support group, resource/adoptive family liaison, counseling, resource/adoptive family picnic, and behavioral modification/support services.

The use of CAPIT/CBCAP dollars has been, and will continue to be crucial to CSOC's continued success in meeting the federal standard for this outcome. With an emphasis on placement stability, children may be left in foster care homes without permanency through adoption or guardianship. Families find that there are many unexpected changes, transitions, and behavior outbursts that if left untreated, put the child's placement at risk. With limited free or low cost resources available elsewhere, families are able to receive additional services through the FRC's. CAPIT/CBCAP dollars are used to ensure FRC's capacity to provide the resources and support families need during the adoption process, including assistance with child bonding and replacing negative behaviors with appropriate coping skills. FRC services available to families include therapy, home visitation, parenting and life skills training, health insurance enrollment, parenting classes, information and referral services, case management, and outreach. FRC staff understands that for placement stability to be successful, families must receive

services that address all five Protective Factors of the Strengthening Families model. CAPIT/CBCAP dollars should continue to be used in this fashion.

**Summary:** Since the 2009 CSA and 2010 SIP, Placer has improved stability of placement for children in care 8 days to 12 months. Stability of placement for longer periods necessarily lags, but should improve as the first indicator improves. Policies and practices have been developed and implemented as a result of the previous SIP, but have not been in effect for long enough to make us confident that we have effectively improved placement stability. Many factors contribute to multiple placements, including use of the emergency shelter, inadequate placement matching procedures, limited use of SDMs and TDMs, cultural differences between youth and foster parents, unsatisfactory visitation procedures, heavy workloads, and others. Probation far exceeds the federal goal, due to court involvement and strong relationships between the probation officer and the youth. Placement Stability will be a CWS focus area for the 2013 SIP.

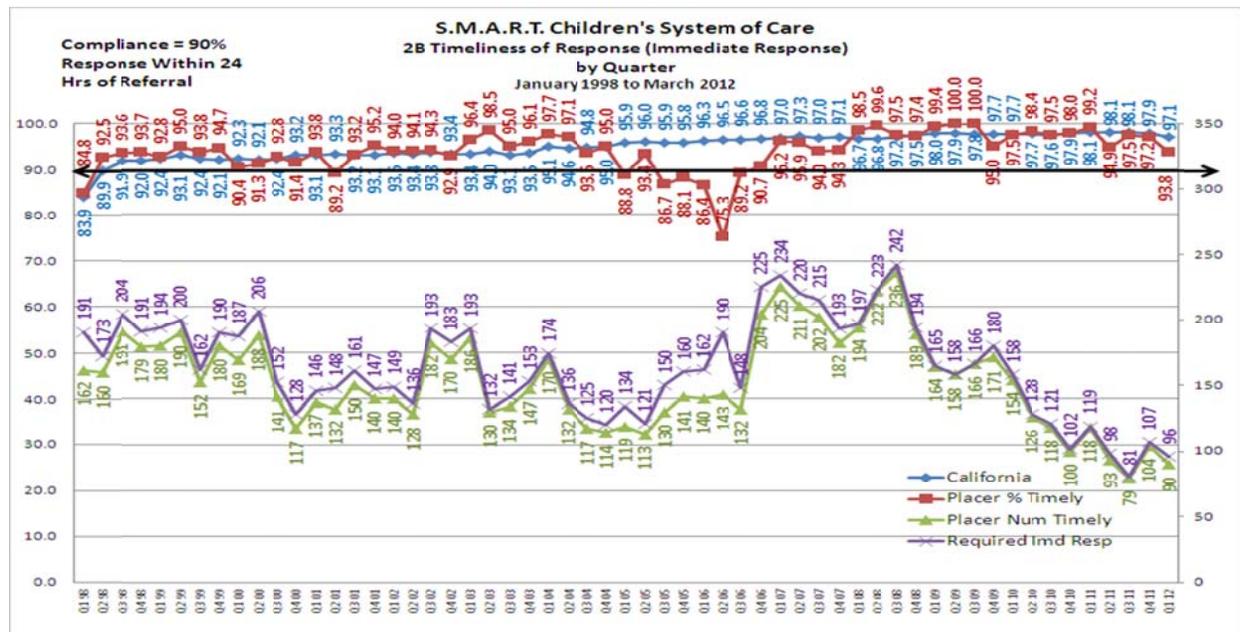
## 2B Timely Response to Immediate and 10 Day Investigations

CWS	Immediate Compliance 1/11-3/12	10 Day Compliance 1/11-3/12
2B. Timely response ( <i>State Goal: 90%</i> )	93.8%	87.1%

### Performance Change over Time

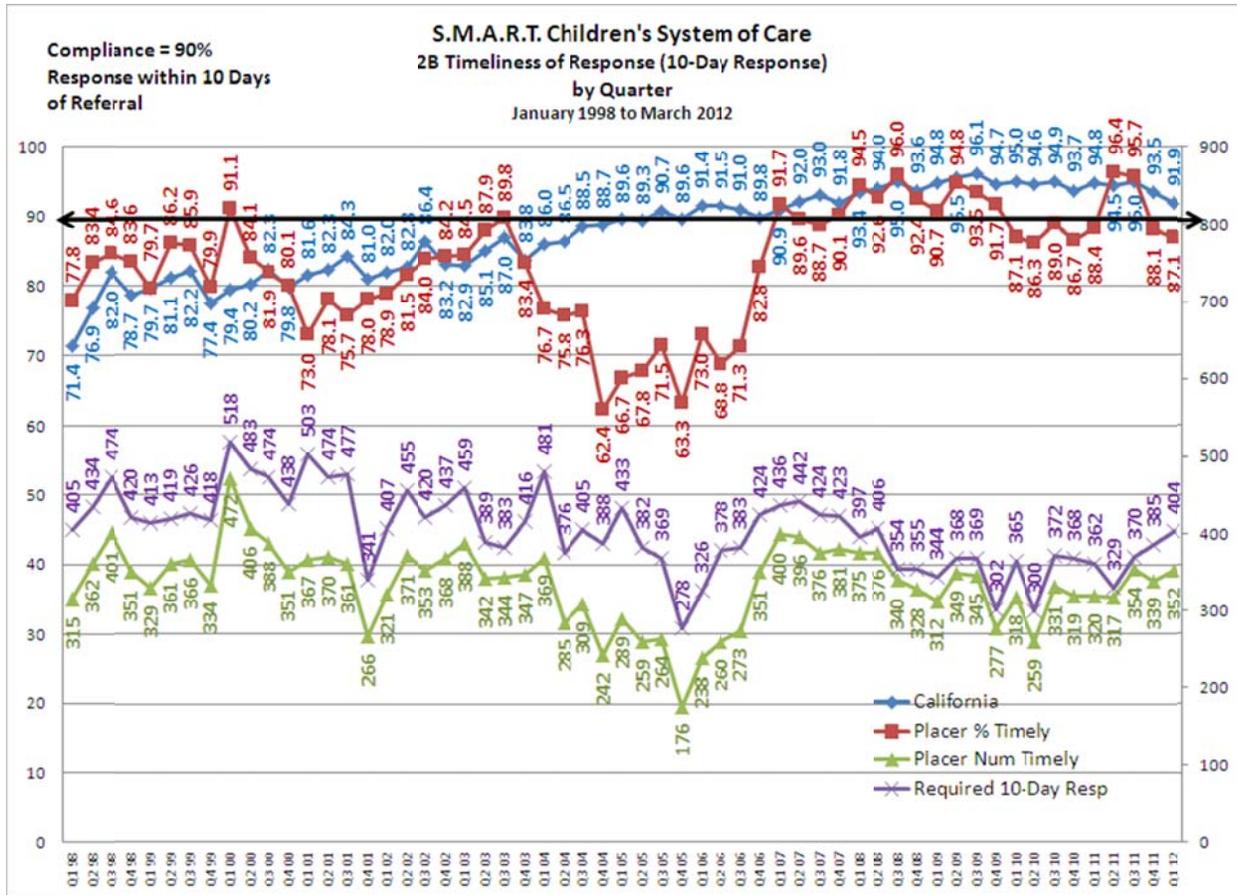
Since March of 2007, Placer County has remained above the standard of 90% on its Immediate Response Investigations. For 10 Day Investigations Placer County has been between about 86% and 96% since 2006, exceeding the 90% compliance rate about 50% of the time. **Graph 16** shows Placer County's compliance rate for immediate response, by quarter from January 1998 to March 2012.

Graph 16



**Graph 17** depicts the county’s performance for 10-day response for the same period. These performance measures are based upon the number of children receiving investigations for abuse or neglect.

**Graph 17**



**Area Anomalies/Data Entry Issues**

Performance on this measure has remained fairly stable on both Immediate and 10 Day Compliance since the last County self-assessment. The overall improvement of these measures coincides with the increased emphasis on data entry and the importance of compliance overall. Family and Children’s Services supervisors are confident that in actuality the federal mandate is met or exceeded. This measure is negatively impacted by the consistent inability of a few workers to input their contacts in a timely manner. Input is also impacted by the accidental failure of the worker to accurately backdate their contact during input into CWS/CMS.

**External Factors**

External Factors affecting performance on this measure include client cancellations, illness of the youth/family/worker, scheduling difficulties, and road closures/bad weather conditions in the mountain areas of the county during the winter season.

## **Internal Agency Factors/Policies and Practices**

### **Internal factors include:**

- The Supervision Policy and implementation of Safe Measures in supervision, described above, have also increased compliance. During supervision, the staff and supervisors use Safe Measures to review compliance and identify referrals where there may be issues with data entry.
- Placer County has continued and expanded its Differential Response (DR) Program. On Path 2 cases (10 Day investigation), family visits with CWS staff and CBO workers are scheduled by appointment. At the time of the last Self-Assessment, Path 2 investigations were assigned two days each week. Since 2010, Path 2 investigations coordinated with CBO workers are assigned five days per week. There are times, however, when scheduling a joint appointment within the ten-day time frame is not accomplished.
- The Emergency Relative or NREFM Placement Policy was revised 5/15/10 to include "...when identified ethnic or linguistic issues are present, this placement process will be completed with the assistance of community partners, and within a culturally proficient and sensitive manner. Staff will secure appropriate translation services as necessary."
- The Procedures for the Development of a Child Welfare Investigation/Assessment clearly outline timeframes and who must be contacted in an investigation.
- The Family and Children's Services Unit has implemented an internal practice of "Protected Time" for staff. Staff each have one week each quarter during which they receive no new referrals and have the opportunity to work solely on data entry and closing referrals. This enables data to be entered in a more timely manner, which in turn improves compliance.
- Since the last Self-Assessment, staff levels in the Family and Children's Services unit have fallen from 14 full time investigators to a current level of 9, increasing the number of referrals received by each worker each month through the 3-year period. There were also several supervisor assignments/reassignments over this period of time. This increase in workload and staff transitions may have a negative impact on compliance. Within the last three months all positions have been filled and the unit is now "fully" staffed at nine Investigators, three supervisors, and one senior practitioner. The lack of staff impacted the unit's ability to input contacts on ten-day investigations in a timely manner. AB2030 recommends average caseloads of no more than 13 and best practice being under ten. Currently, according to Safe Measures, the average caseload is approximately 20. Surrounding counties have average caseloads of 13-15. Being fully staffed should positively impact this measure. The best interests, safety and welfare of the minors are not well served at these levels. CSOC staff have requested that the State provide additional funding to provide social work staff so that AB 2030 recommendations may be met.
- In 2010 Family and Children's Services opened 243 court cases; in 2011, 203 were opened. During the first seven months of 2012 (through July), 192 cases were opened, including 57 detention petitions, 103 protective custody warrants, and 32 non-detained in-home dependency petitions. Family and Children's Services staff report observing an increase in the number of investigations and court cases involving alcohol and heroin. The increase in court related filings negatively impact the unit's ability to input ten-day investigation contacts due to the need to fully investigate the allegations, file and execute the appropriate paperwork, and write court documents.

- Family and Children’s Services supervisors and staff note that additional policies, procedures, forms, and mandates are frequently added to their workload and acknowledge that the goal is for the safety and best interests of the children and families in their care. However, each additional requirement, including some resulting from prior System Improvement Plans, adds an increment of time that takes away from the ability to complete core job requirements, such as data entry.

### **Impact on Other Outcomes**

No impact on other outcomes was identified.

### **Racial/Geographic/Ethnic Group Differences**

This outcome has not been disaggregated by ethnic and racial groups due to the fluctuations in the data and the inability to disaggregate the data based on referrals instead of children. For example, if we see that a certain population has a 100% compliance rate on 10-day investigations and that population had five (5) children receiving an investigation for this measurement period, then it would be helpful to know how many families that involved for that measure. Also, at the time of investigation, we have a large number of children listed as “missing” for ethnicity.

Placer County Family and Children’s Services staff are divided into geographical territories for 10 day investigations, enabling the staff to become familiar with each region’s culture, schools, resources etc. In addition, one bilingual worker in the Family and Children’s Services unit works with the Spanish speaking population. A full time supervisor was hired for our Tahoe area, in September, although CWS supervision is one of her several duties. Overall compliance rates may have been affected as the individual covering the Tahoe area is also still responsible for referrals assigned in other areas of Placer County. Placer County Family and Children’s Services also has one now full time worker designated to work with families who self-identify or are identified as Native American, regardless of their registered status. This worker responds to reports of neglect and abuse in coordination with a Native Services worker from the Sierra Native Alliance.

### **Impact of Services to be funded by CAPIT/CBCAP/PSSF**

CSOC partners with the Family Resource Centers in Differential Response which allows CWS reports that do not show evidence of high-risk safety factors in the home, and low to limited risk, to be evaluated and directly referred to the FRC for follow-up. CWS referrals which show some safety factors and higher risk require a joint response from county staff and a FRC staff, providing an opportunity for the family to engage in preventative services such as therapy, home visitation, parenting and life skills training, health insurance enrollment, parenting classes, information and referral services, case management, and outreach. These visits are done via a scheduled appointment to ensure a timely response and decrease the likelihood of re-occurrence of maltreatment. This program uses, and will continue to use CAPIT/CBCAP funds. With the strong collaboration and shared understanding on the impact of strength based preventative services between CSOC and the FRC’s, these services are crucial to continued improvement in this outcome.

**Summary:** Implementation of new county procedures has led overall to significant improvement in timely response to referrals during the past five years. Although 10-day responses have recently fallen below the federal standard, supervisors have pinpointed a few

social workers who make their contacts in a timely manner but consistently delay inputting the data. This issue is currently being addressed. Staff are concerned that improvements may not be sustained due to increases in workload and decreases in clerical support. This measure will not be a focus of the SIP.

## 2C Timely Visits with Child

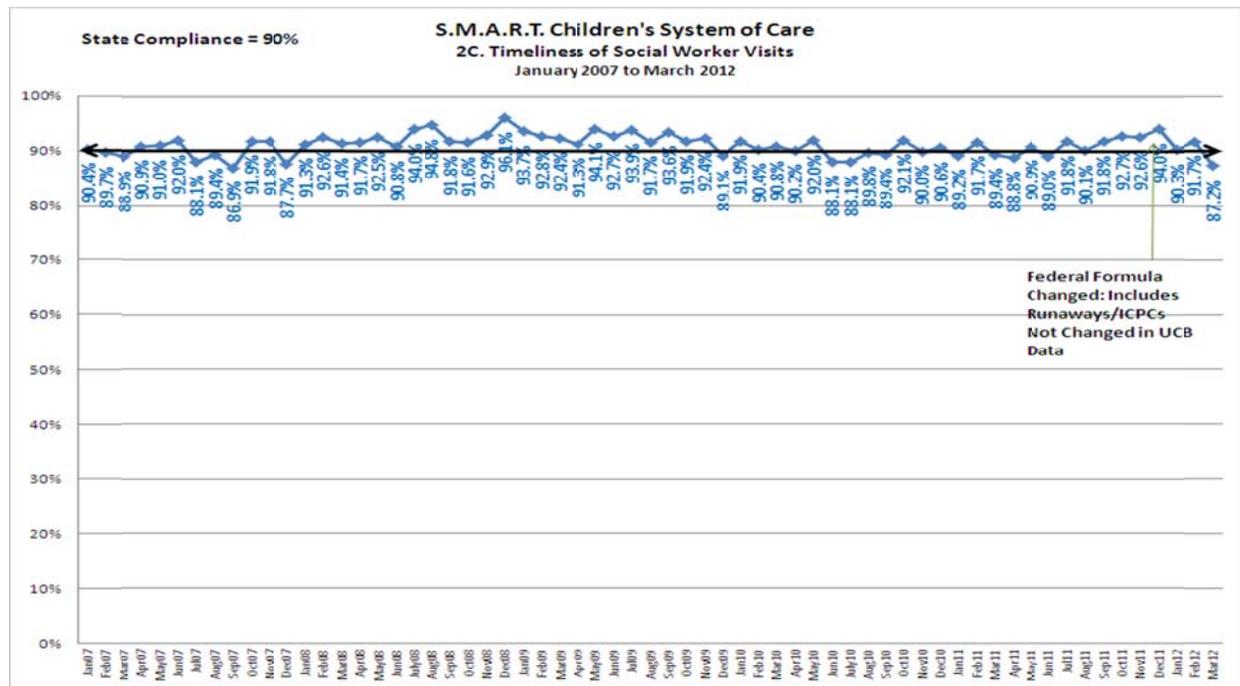
<b>2C.Timely social worker visits with child</b> <i>(State average 90%)</i>	<b>1/12</b>	<b>2/12</b>	<b>3/12</b>	<b>Average</b>
	<b>99.6%</b>	<b>91.7%</b>	<b>87.2%</b>	<b>89.8%</b>
<b>2C.Timely probation officer visits with child</b> <i>(State average 90%)</i>	<b>81.1%</b>	<b>55.3%</b>	<b>59.4%</b>	<b>65.3%</b>

### Performance Change over Time

Through about May of 2010, Placer County CWS was consistently over the 90% compliance rate. Placer dropped below the 90% compliance rate in December 2009. Since that time, Placer has achieved or exceeded the 90% compliance rate for about 65% of the measures. **Graph 18** shows the rates for child contacts for Child Welfare by month from July 2007 to March 2012. The average visitation rate for CWS was at 89.8%

Probation has an average compliance rate of about 65%. Graphs for Probation contacts are not available due to separate data management information systems for Child Welfare and Probation.

**Graph 18**



## **Area Anomalies/Data Entry Issue:**

### **Data entry issues include:**

- Staff believe that the actual performance may be understated by the data due to ongoing errors in data entry of “in person” contacts. As a part of the System Improvement Plan process from the 2009 County Self-Assessment, training was completed for all line staff and supervisors on proper data entry for this measure.
- The Federal formula for calculation of timely visits with the child changed in 2012. The new criteria includes:

### **Children under age 18 who have been in foster care for at least one full calendar month during the FFY.**

- Outgoing ICPC
- Trial home visits
- Runaways
- Responsible agencies:
  - County Welfare Department
  - County Probation Department
  - State Adoptions District Office
  - Indian Child Welfare
- Visit requirements:
  - Method – “in person”
  - Child must be listed as a contact participant
  - Contact Party Type – “staff person/child”
  - Status – “completed”

### **Excludes:**

- Partial placement months
- Non-Dependent Legal Guardianships
- It is anticipated that the additions of ICPC, trial home visits and runaways will adversely affect the contact rates once implemented. However, as confirmed with UC Berkeley, the new formulas for calculation of visitation rates have NOT been changed as of this Self-Assessment and decisions have not been made at the State level as to how to handle data in months already posted.
- Social worker workloads affect the timeliness of data entry. Staff report that they see the required youth, but due to high workload demands, the data is not always entered promptly into CWS/CMS. The Children’s System of Care (CSOC) completes a monthly report on both CWS, foster care and behavioral health productivity including a report of social worker visitations. Using SafeMeasures, a software query program for CWS/CMS that provides an almost real-time measure of CWS services, we see changes each month in the rates for child visitations as social workers are able to complete the entry of their contacts.
- During research of the outcomes for Probation pertaining to timely visits, a significant discrepancy was discovered regarding the State’s data and that which is kept by Probation. It would appear that although probation is using the CWS/CMS system the manner in which data was entered and maintained was inaccurate. Probation reassessed the data that is entered into its own Caseload Explorer system and found that during the review period

Probation was 99% compliant. Additionally, Probation has been researching the way in which data is captured and reported for timely visits. It is our understanding that the Federal guideline expects all youth to be seen face to face even if they are in a runaway/warrant status. This new information and understanding would have a detrimental effect on Probation's numbers in that probation currently has 24 youth in placement and 4 are in runaway status which would account for a 16% non-compliance rate monthly to begin with. Additional research is being conducted to confirm what the exact expectation is and how in fact the CWS/CMS system is tracking the data. During the rare exception that a minor was not seen face to face, Probation makes safe practice efforts to still communicate with youth via another medium.

- Once Probation was able to assess the cause of the errors in reporting, immediate action was taken to work on CWS/CMS data entry and compliance. Probation is working with CWS personnel to cross train Probation staff and assure that the data is correct moving forward. Additionally, Probation has created a new workflow to prevent future entry issues.

### **Geographic Placements First Entries In to Foster Care April 2010 to March 2011**

**Table 12**

		Distance from Home Address											
		< 1 mile		1-5 miles		6-10 miles		11+ miles		*Unknown		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
Placer	Kin	6	22.2	13	48.1	2	7.4	6	22.2	1	.	28	100
	Non-Kin	2	6.7	9	30	6	20	13	43.3	13	.	43	100

**Placer County Data compiled internally**

#### **External Factors**

##### **External factors include:**

- External factors affecting performance on this measure include client cancellations, illness of the youth/family/worker, scheduling difficulties, foster family and worker vacations, children who are on the run for extended periods of time, and children placed out of state through the Interstate Compact for the Placement of Children (ICPC) who must be seen by social workers in another state.
- Staff recommends that the legislative requirement for monthly visits be made more flexible. One option would be to include visits made by probation officers or other CBO's such as Foster Family Agency personnel or other professionals willing to document their contact.

#### **Internal Agency Factors/Policies and Practices**

##### **Internal factors include:**

- Supervision and Safe Measures policies described above have improved the compliance rate.
- Missed visits may be related to increased workloads and the loss of several CWS positions.
- Ongoing training and supervision is needed to input monthly contact data into CWS/CMS in a consistent and accurate manner. This work needs to be continued and reinforced.

- On-going services teams were recently allowed to hire new child welfare staff. One to two new staff will be hired. Recent approvals may yield even more staff and supervisor positions later in this fiscal year and next. After training, the additional staff will provide some relief to caseload levels.
- AB2030 recommends that Family Maintenance/Family Reunification caseloads should be about 15 and that best practice is 11. Permanent Placement caseloads should be no more than 24 and best practice is 17. Placer County caseloads are blended, which makes it difficult for comparison purposes. Typical blended caseloads are about 27. With the recent increase in court cases, caseloads are approaching 35 per individual caseworker. Supervisors and Senior Practitioners are also managing limited caseloads in addition to their leadership duties. The best interests, safety and welfare of the minors are not well served at these levels. CSOC staff have requested that the State provide additional funding to provide social work staff so that AB 2030 recommendations may be met.
- On-going services supervisors and staff note that additional policies, procedures, forms, and mandates are frequently added to their workload and acknowledge that the goal is for the safety and best interests of the children and families in their care. However, each additional requirement adds an increment of time that takes away from the ability to complete core job requirements, such as data entry.
- Monthly contact statistics are impacted by the fact that 52% of the minors in dependency are placed outside of Placer County. The additional travel time required to travel outside of the county is a factor that affects the social worker's ability to enter CWS/CMS contact information in a timely manner.

### **Probation**

The Probation Officer meets with each minor face to face at least once per month. Frequent meetings develop compliance and trust. On the rare occasion that a contact is not made as scheduled the officer makes every effort possible to maintain contact through any medium available. Additionally it should be noted that the CWS/CMS system statistics do not accurately reflect caseload contacts in that if a minor is on the run and Warrant status the officer is still expected to have a monthly face to face meeting. In practice Probation makes constant efforts to contact the minor while on the run via email, social media, letters, telephone calls, and family contact. Taking into consideration the non-compliance issue as illustrated, Probation has a 99% compliance for all youth in placement and not on Warrant status.

### **Impact on Other Outcomes**

Re-entry into foster care after reunification (C1.4), placement stability (C4) and least restrictive placement (4B) are all affected when the monthly contact compliance is not being met.

### **Racial/Geographic/Ethnic Group Differences**

- This outcome has not been disaggregated by ethnic and racial groups as it fluctuates monthly. However, it is fairly consistent to miss a monthly child visit with one (1) or two (2) of our Native American/American Indian children in placement. Due to the low number of Native American/American Indian placements each month (six (6) to eight (8)), the percentage of

non-compliance for this racial/ethnic population is consistently higher than other racial/ethnic groups.

- **Geographic Factors:** Placer County prefers to place youth with relatives or in non-related family member homes that may be distant from Placer County. Staff may not have the available time to see youth who are placed further away. Youth that are placed out of state via ICPC policies may also account for abnormalities in the data and reduce the overall compliance rate. Out of State social workers do not always report when they are seeing youth, even if the information has been requested. Without accurate information from the other state, Placer County cannot input accurate visitation data.

**Impact of Services to be funded by CAPIT/CBCAP/PSSF**

Not applicable.

**Summary:** CWS has improved compliance with Timely Visitation due to increased supervision and the use of SafeMeasures. Staff believes that contacts are almost always made, but may not be entered into CWS/CMS in a timely or always accurate manner. The probation data likely reflects data entry difficulties, due to dual MIS systems. The Probation MIS system shows a much higher rate of probation officer contacts, and is likely more accurate than CWS/CMS. This outcome will not be included in the SIP.

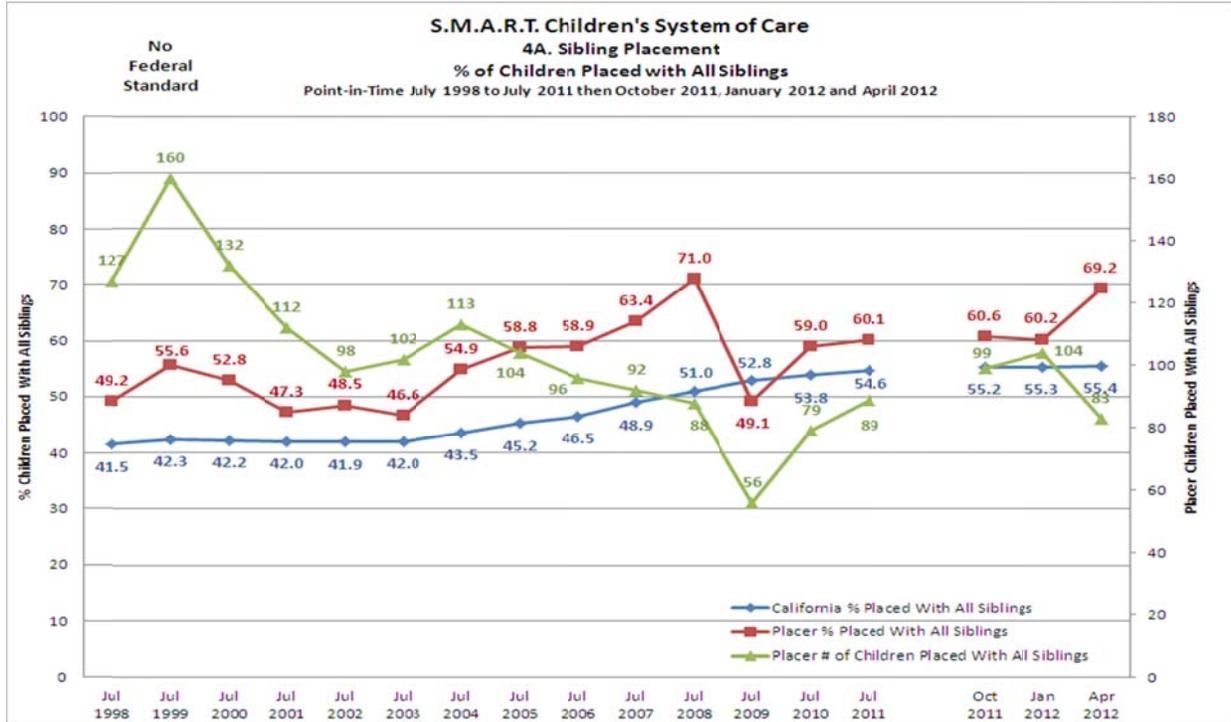
**4A Sibling Placement**

<b>CWS – PIT 1 April 2012</b>	
<b>4A Placements with all siblings</b>	<b>69.2%</b>
<b>4A Placement with some or all siblings</b>	<b>79.2%</b>

**Performance Change over Time:**

- The first outcome, Placement with All Siblings, describes the percent of children with siblings who are in out-of-home care who are placed with all of their siblings. There is no state or federal goal for this outcome. Since July 1998, Placer County has consistently exceeded the overall state performance on this measure. In the 2009 County Self-Assessment these measures were reported by point-in-time on 1 July each year. This year we have changed these measures to include the quarterly reports for October 2011, January and April 2012. **Graph 19** shows the number and percentage of children who are placed with all of their siblings (Point-in-Time, July 2004 to July 2011 then quarterly PIT measures on 1 October 2011, 1 January 2012 and 1 April 2012).
- The second outcome describes the percent of children with siblings who are in out-of-home care who are placed with all or some of their siblings. There is no state or federal goal for this outcome. Placer County has pretty much matched the overall state outcomes for this measure and has exceeded the State performance over the past one or two (2) years.

**Graph 19**



For a complete set of graphs for Placement with Siblings, refer to Appendix II.

**Area anomalies/Data Entry Issues**

No data issues were identified.

**External Factors**

Since 2008, legislation has been in place to limit the number of children in licensed home to 6 children per home. In addition, there has been a drop in the number of licensed homes, and homes willing to take older children.

**Internal Agency Factors/Policies and Practices**

**Internal factors include:**

- Placer County social workers are committed to sibling placements, and Foster Care Licensing maintains a commitment to recruiting homes for larger sibling groups. Resources for sibling groups, however, are limited and recruitment is ongoing. Placer County has had families with anywhere from five to eight siblings, and in these cases, was unsuccessful in placing all of the siblings together. Some families come in ready to take in a large sibling group but when placement is made they realize that they didn't have an understanding of the high needs of foster children and have their license reduced to 1 or 2. If a child is on probation or needs a higher level of care, he/she may need to be separated from siblings to

maintain the placement of the other children. When more than one father is involved, siblings may be placed in different homes with relatives.

- A placement team consisting of Koinonia FFA, Emergency Shelter staff, adoptions, licensing, and Sierra Family used to meet weekly to discuss possible placement matches for children in the emergency shelter and shelter care homes. This meeting ended about a year ago, as social workers were finding it did not meet their needs for placement of their children. Much effort does continue at the ongoing team level, in conjunction with an identified placement social worker, housed at the PCES, to ensure that siblings are not separated unless there is no other option or it is in the best interest of the children to be separated.
- Our Shelter Care homes primarily take children 0-5, but have the capacity to take older children to maintain the siblings being placed together. The Placer County Children's Emergency shelter has a Sibling Wing which permits children to stay together and reduce some of the trauma of removal and separation.

### **Impact on Other Outcomes**

Sibling placements are affected by measures C2.2, 2.3, 2.5 and 3.1 and 3.2., which measure length of time to adoption and permanency. Half siblings may be on a different court timeline, causing one sibling to achieve permanency prior to the other; either through adoption or guardianship. This can disrupt a placement and cause siblings to be separated.

### **Racial/Geographic/Ethnic Group Differences**

This outcome has not been disaggregated by ethnic and racial groups.

### **Impact of Services to be funded by CAPIT/CBCAP/PSSF**

PSSF funds, via family support services, allow CSOC to support resource and kin families in accepting placements of sibling groups. These services include resource/adoptive family support group, counseling, resource/adoptive family picnic, and behavioral modification/support services. The funded position of resource/adoptive family liaison is a part-time position that provides individual support to foster families through home visits and personal family contact. Resource and kin families may also benefit from Family Resource Center services funded by CAPIT dollars. CAPIT and PSSF dollars will continue to be used in this manner.

**Summary:** CSOC maintains a strong commitment to placing siblings together and to recruiting families willing to foster sibling groups. This outcome will not be a focus of the 2013 SIP.

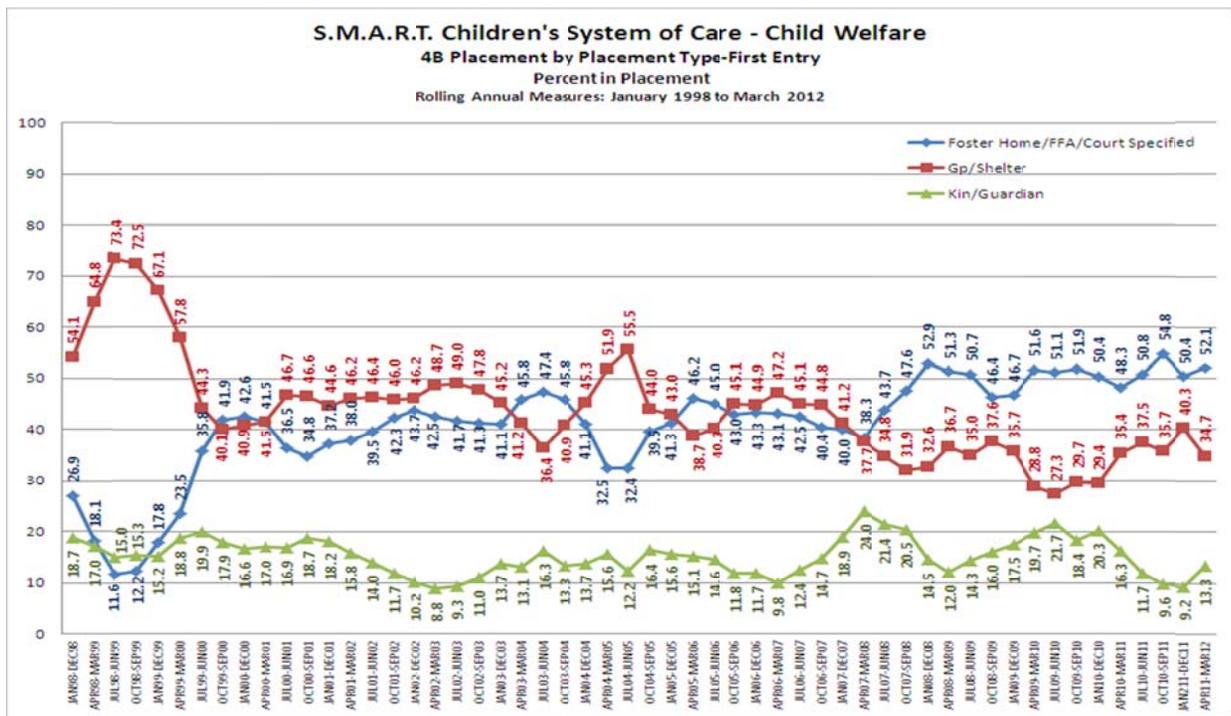
4B Least Restrictive Placement

4B: Least Restrictive Placement (by Percent in Placement)	Relative	Shelter/ Group	Foster Home	FFA	Group Home	Other
CWS: Entries: First Placement	12.8	31.7	22.0	26.8		6.7
CWS: Point in Time (1 Apr 2012)	27.3	5.8	5.4	37.2		24.4
Probation: Entries: First Placement	5.6		5.6		88.9	
Probation: Point in Time (1 Apr 2012)	2.4				40.5	57.1

Performance Change over Time

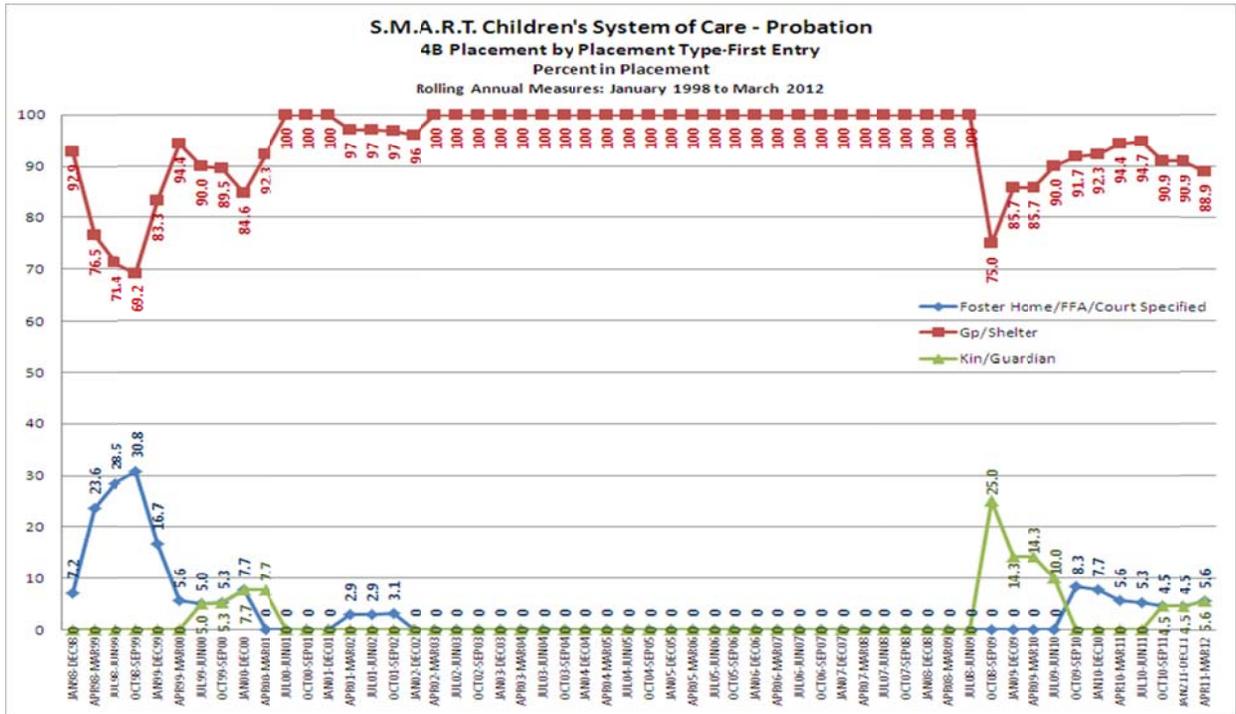
CWS: Typically, children entering out-of-home care are placed either in the shelter or foster care for their first placement with Foster Homes/FFA's/Court Specified Homes typically accounting for over 50% of placements for first entries since about 2009. In the last reporting period (April 2011 to March 2012) 12.8% of first entries were in relative placements, 31.7% Shelter and 52.1% in Foster Homes/FFA's/Court Specified Homes. **Graph 20** shows the percentage of children by placement type (first entry into foster care) for children under CWS supervision, January to December 1998 through April 2011 to March 2012

Graph 20



**Probation:** Most Probation placements are at level 11 to level 13 group homes. A small percentage of youth are placed in either relative or foster placements, accounting for one or two (2) children. **Graph 21** shows the percentage of children placed by placement type (first entry into foster care) for children under Probation supervision, January to December 1998 through April 2011 to March 2012.

**Graph 21**



child's immediate need for placement, children are often placed farther from the county than would be ideal or preferred for convenient social worker contact or family visitation.

- If relatives are not eligible for foster care funding, they may discontinue care and children will be placed in a higher level of care. Other factors in this area may include high conflict between birth parents and placement relatives, or the relative placement's that they are unable to meet the child's needs or keep them safe.

### **Internal Agency Factors/Policies and Practices**

#### **Internal factors include:**

- Therapeutic Behavioral Services are available to Medi-Cal eligible youth to help stabilize youth in a less restrictive environment (foster and NREFM)
- Staff training and support on placement procedures is inconsistent.
- Wraparound services are provided to families and youth to support placement stability in the home. Referrals for Wraparound services are primarily made to prevent removal from the home and out-of-home placement. However, this service may also be referred, and initiated, for children anticipating return home from group home/ higher level of care settings.
- Kinship Support Services Program provides support to Kin caregivers by KidsFirst, the Kinship provider for Placer County. Monthly support groups are offered in both Roseville and Auburn, in addition to quarterly family activities and a Homework Club in both Roseville and Auburn. Case Management and Therapy services are also available.
- Many youth are now placed in kinship homes due to initial efforts made by a "family-finding" part-time staff position. This worker attends detention hearing to attempt to obtain as much information as possible for birth parents about viable relative placement options. Sometimes there are no relative options or birth parents are embarrassed to share this information as their relatives will find out their children have been removed from the parents' custody for abuse or neglect issues.
- Complex Kinship/NREFM placement procedures: The "paperwork" process continues to be lengthy and tedious, at times, for placement of children with kin, for a myriad of reasons. Reasons may include but are not limited to: lack of ability to exempt for past criminal activity, living space to accommodate, delay in record receipt for clearance, etc. Some results end in actually precluding the relative for consideration of placement, after much effort is expended by the placing worker. Workers are encouraged, that if a child is in the shelter, and placement efforts with a particular relative appear to be a lengthy process with dubious results, to place the child in foster care pending the outcome. This does affect placement stability outcomes.

### **Probation**

#### **External and internal factors include:**

- Probation strives to keep youth at home but when placement becomes necessary then the youth is placed in the lowest level of placement that will meet their treatment needs.
- Probation placements are court ordered and often placement level is determined at FRCC. In addition to treatment needs, bed space and time detained in Juvenile Detention Facility are considered.

- Probation youth with mental health needs or dual diagnosis are often placed in a level 14 group home.
- Some lower level group homes will not accept youth currently on psychotropic medications.

### **Impact on Other Outcomes**

Placement stability measures C4.1 - C4.3 and Measure 5F Authorization for Psychotropic Medications affect Least Restrictive Placement.

### **Racial/Geographic/Ethnic Group Differences:**

**Table 8** (next page) shows the ethnic breakout of placements by placement type, point-in-time measure for 1 April 2012. On 1 April 2012, there were 14 Black children, 158 White children, 62 Hispanic children, 2 Asian/Pacific Islander children and 5 Native American/American Indian children in placement. 92.9% of Blacks, 94.9% of Whites 85.5% of Hispanics, 100% of Asian/Pacific Islanders and 100% of Native American/American Indians were in relative placements or foster care as of that measure.

- **Hispanic/Latino:** The number of Hispanic/Latino first entry into placement remained fairly stable around 35 from about 2006 to about 2009 and declined sharply to 18 and 19 in the January-December 2009 and April 2009 to March 2010 reporting periods. However, first entries into foster care have been increasing for Hispanic children and are currently at 39 or 32% of first entries as of the April 2011 to March 2012 measure.
- **Native American/American Indian:** First entry into placement by Native American children reached a high of 15 children (7.5% of all first entries) in the April 2005 to March 2006 reporting period and, in general, has been on the decline since that time. As of the April 2011 to March 2012 reporting period, there were 3 Native American/American Indian entries into placement accounting for 2.5% of first entries for that period.
- **Black:** First entry into placement for Black children varies. Although typically between 5 to 7 entries into placement are Black children, the range can be from as low as one (1) child to as high as 17 children. In the 2008 to 2009 reporting periods, entries into placement by Black children was around four (4) to six (6) then increased in the 2010 to early 2011 reporting periods to about 12 children and for April 2011 to March 2012 is back down to five (5) children representing 4.1% of all first entries into placement.
- **White:** First entry into placement for White children has been declining over the past two (2) years with Whites making up about 60% of first entries into foster care.
- The decrease in White children entering placement corresponds with the increase in Hispanic children entries suggesting that some of the shift may be reporting changes more than actual change in the population. Placer County has been participating in a Federal grant that focused on improving culturally specific services. As a part of that grant, staff were trained to be more aware of cultural differences. Subsequently, Placer began noticing improved reporting on race and ethnicity in most services areas.

**Table 13**

**S.M.A.R.T. Children's System of Care**  
**4B. Least Restrictive Placement by Ethnicity**  
**Children in Foster Care = Child Welfare**  
**Point-in-Time, April 1, 2012**

**Placer**

Ethnic Group	Relative		Shelter		Foster Care		Group Home		Other		Total	
	n	%	n	%	n	%	n	%	n	%	n	% of Placements
Black	5	35.7%	1	7.1%	8	57.1%	0	0.0%	0	0.0%	14	5.8%
White	65	41.1%	0	0.0%	85	53.8%	8	5.1%	0	0.0%	158	65.3%
Hispanic	28	45.2%	1	1.6%	25	40.3%	4	6.5%	4	6.5%	62	25.6%
Asian/P.I.	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	2	0.8%
Nat Amer	3	60.0%	0	0.0%	2	40.0%	0	0.0%	0	0.0%	5	2.1%
Missing	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0.4%
<b>Total</b>	<b>102</b>	<b>42.1%</b>	<b>2</b>	<b>0.8%</b>	<b>122</b>	<b>50.4%</b>	<b>12</b>	<b>5.0%</b>	<b>4</b>	<b>1.7%</b>	<b>242</b>	<b>100.0%</b>

- In the 2009 County Self-Assessment the lack of culturally specific homes for foster Latino and Native youth was noted as having a possible effect on the level of care for children. Since that report, the number of ICWA eligible and Multi-Ethnic American Indian placements in Indian SCP homes has increased, but remains below the demand for culturally specific homes.
- Please see information under Measure 4E on the Annie E. Casey Disproportionality project and the federal SAMHSA grant to provide culturally specific services to Latino, Native American, and transition age youth populations.

**Impact of Services to be funded by CAPIT/CBCAP/PSSF**

PSSF funds, via family support services, allow CSOC to support resource and kinship families in maintaining children in least restrictive environments. Such services include resource/adoptive family support group, resource/adoptive family liaison, counseling, resource/adoptive family picnic, and behavioral modification/support services. Resource and kinship families may also benefit from Family Resource Center services funded by CAPIT

**Summary:** Although there has been a recent emphasis on relative and NREFM placement during the past three years, CSOC staff is concerned with the effects of recent budget constraints affecting the number of staff available to serve families. They noted that with an increase in workload, child welfare workers may not be able to focus on the time consuming process of finding least restrictive placements. This outcome will not be a primary focus of the 2013 SIP except as it relates to placement stability.

**4E Placement of American Indian Children**

<b>CWS (Point-in-Time, April 2012)</b>	<b>Relative- % and #</b>	<b>Non-Relative Indian SCP</b>	<b>Non-Relative Non-Indian</b>	<b>Non-Relative Ethnicity SCP</b>	<b>Group Home - % and #</b>	<b>Other - % and #</b>
<b>4E (1) American Indian Children Eligible for ICWA</b>	<b>41.2% (7)</b>	<b>23.5% (4)</b>	<b>23.5% (4)</b>	<b>5.9% (1)</b>	<b>5.9% (1)</b>	<b>0</b>
<b>4E (2) Multi-ethnic American Indian Children</b>	<b>41.4% (24)</b>	<b>6.9% (4)</b>	<b>36.2% (21)</b>	<b>8.6% (5)</b>	<b>6.9% (4)</b>	<b>0</b>

**Performance Change over Time:**

- Placer County has made excellent progress in placing Native American or American Indian children in either relative placements or non-relative Indian SCP placements. Placer typically exceeds the overall State placement rates for ICWA eligible relative and non-relative Indian SCP placements and for Multi-Cultural American Indian relative placements.
- The data for Multi-Cultural American Indian Children (Non-ICWA) reflects all who have reported Indian or Native American heritage who are in placement that are not ICWA eligible
- No federal data exists for these measures.

For a complete set of Placement of American Indian graphs, refer to Appendix II.

**Area Anomalies/Data Entry Issue:**

- Placer County has been participating in a Federal grant to improve cultural accessibility to services and sensitivity to cultural needs within County and community based services.
- The total number of ICWA eligible children is very low so that percentages fluctuate widely.
- Probation is unable to chart an accurate percentage because there has only been 1 to 2 identified ICWA youth in the last 2 years.

**External Factors**

**External factors include:**

- United Auburn Indian Community is the only federally recognized tribe in Placer County and with casino revenue dollars are able to provide their own support services to families.
- Some Native families do not identify their tribal heritage for fear of discrimination by system and courts.
- In the past, there were few culturally specific community based organizations to assist with early intervention and prevention services.
- Some Native American families may not benefit from TDM/FTMs due to lack of culturally appropriate services/assessments/homes

## **Internal Agency Factors/Policies and Practices**

### **Internal factors include:**

- Not enough Indian Substitute Care Provider homes have been licensed.
- Placer County is building stronger relationships with the local tribal (non-ICWA) in hopes of better serving the family and children entering the child welfare system.
- Placement process may not take cultural needs or identity into consideration so there are fewer multi-cultural homes that meet approval criteria.
- Tribes that are not federally recognized do not receive ICWA protections in court (tribal notice of child welfare case, voice in court, waiver of stringent requirements for native homes).
- Since 2006, Placer County has participated in a program first initiated by a federal SAMHSA grant. The primary focus of the program is to provide culturally specific services to Latino, Native American, and transition age youth populations. In 2009, a Native Family Services policy and a Native Family Service team were developed through a partnership with the Sierra Native Alliance (SNA). SNA provides advocacy for Native youth and families involved in CWS for the life of the case. Working with the Native Services Team, SNA facilitates family team meetings in a community setting for Native families using the National Indian Child Welfare Association (NICWA) model to assess family strengths and challenges and develop a culturally responsive care plan. SNA provides culturally relevant counseling, case management, and parent education; and coordinates services with resource agencies to achieve positive outcomes for families. Families who receive these services are reporting high levels of satisfaction.
- In October 2011, CSOC revised a Native Services Policy which establishes a native family services team to reduce long-term foster care placements and other negative consequences and help Native American families remain intact and independent. By working in partnership with specially trained Native Skills Workers and other CSOC staff, the role of the Native Family Liaison(s) improve the quality of relationships between Native families and CSOC by facilitating communication, trust and working partnerships with families; serve as a bridge, advocate, support and voice for Native families; facilitate the development of culturally appropriate care plans; and connect Native families to culturally relevant support services. The policy also includes development of culturally relevant service plans, referrals to Native Family Services and monitoring outcomes of culturally relevant services and care plans.
- Placer is still facing challenges getting Native American families identified and referred across the system of care. The Native Services Team recommends developing a strategy/goal for strengthening ongoing collaboration as outlined in the Native Family Services Policy. The Team continues to work on strategies for enhancing the collaboration that we have in place. While working relationships are going much smoother for those who are oriented to the Native Service Team, social workers are still having trouble with identification and referrals (as with the Latino community). The Team is in the process of surveying placements for Native children and are finding that a large majority of foster homes were not informed of the child's Native heritage, were not aware of the cultural needs of the child, and were not informed of the resources available for support.
- This measure was included in the 2010 SIP. Activities included :
  - Training social workers to correctly identify American Indian children in CWS/CMS
  - Reviewing and improving data entry of American Indian children in CWS/CMS

- Developing an assessment tool to rate cultural appropriateness of placements.
- Increasing efforts to recruit, train and certify new American Indian foster homes and non-American Indian foster homes serving American Indian children.

**Impact on Other Outcomes**

These measures represent a subset of Least Restrictive Placement, Measure 4B

**Racial/Geographic/Ethnic Group Differences**

- Placer County participated in the Annie E. Casey Disproportionality project. The goal is to reduce number of children in placement (regardless of ICWA status) and improve outcomes: termination of parental rights, placement with non-native homes, and adopting out. There is strong emphasis to keep children connected to their culture and tribe. It is anticipated that this approach would eventually transfer to other distortional groups in the foster care system as well.
- Training on cultural awareness/competence to Placer County staff has been provided by cultural brokers from the Native community. This training occurs on a periodic basis.

**Impact of Services Funded by CAPIT/CBCAP/PSSF**

Not applicable

**Summary:** Placer has made significant progress in identifying Native American children (ICWA and non-ICWA) and providing culturally sensitive services to this population. Most Native American children now are placed with relatives or within the tribe. Additional work is needed on recruiting and licensing Indian substitute caregivers. In addition, more training is needed to adequately identify Native children at intake. Probation serves very few Native youth. These measures will be included in the 2013 SIP.

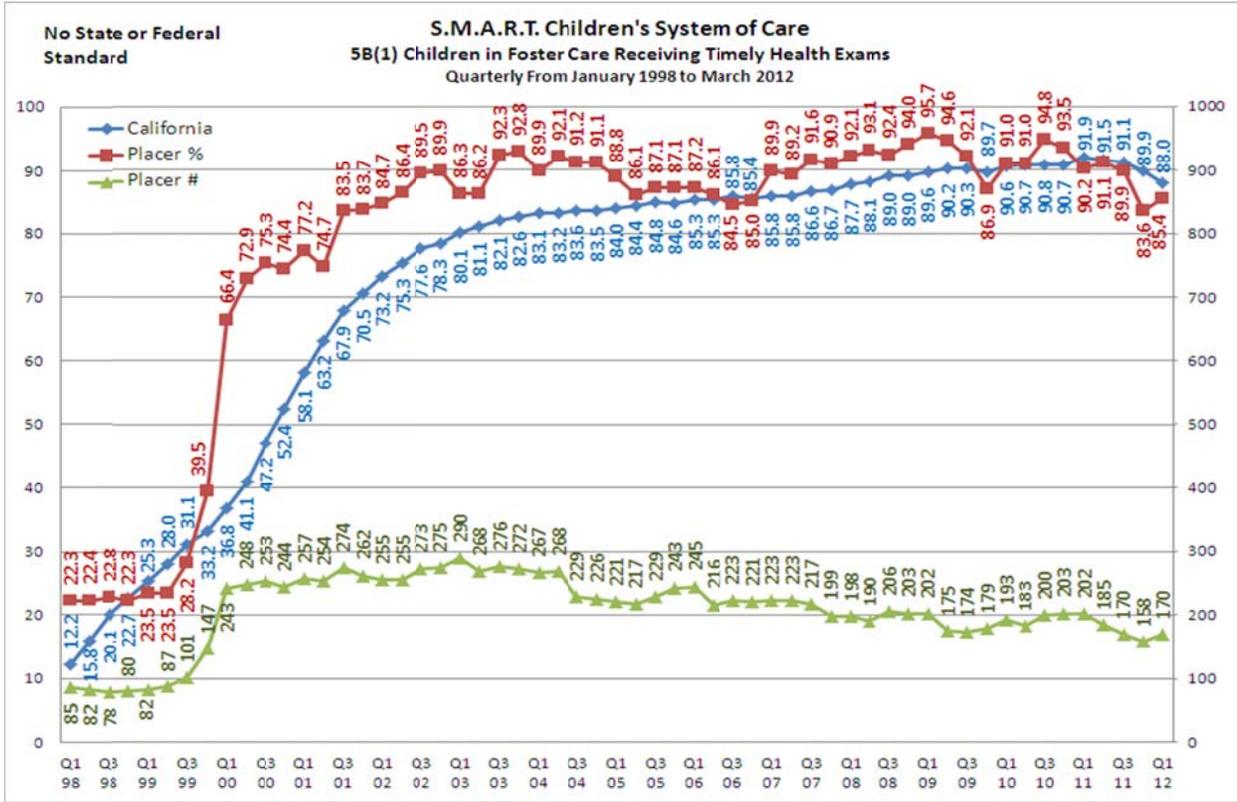
**5B Children in Foster Care Receiving Timely Health and Dental Exams**

	<b>CWS</b>	<b>Probation</b>
<b>5B (1) Children in Foster Care Receiving Timely Health Exams</b>	<b>85.4%</b>	<b>N/A</b>
<b>5B (2) Children in Foster Care Receiving Timely Dental Exams</b>	<b>50.3%</b>	<b>N/A</b>

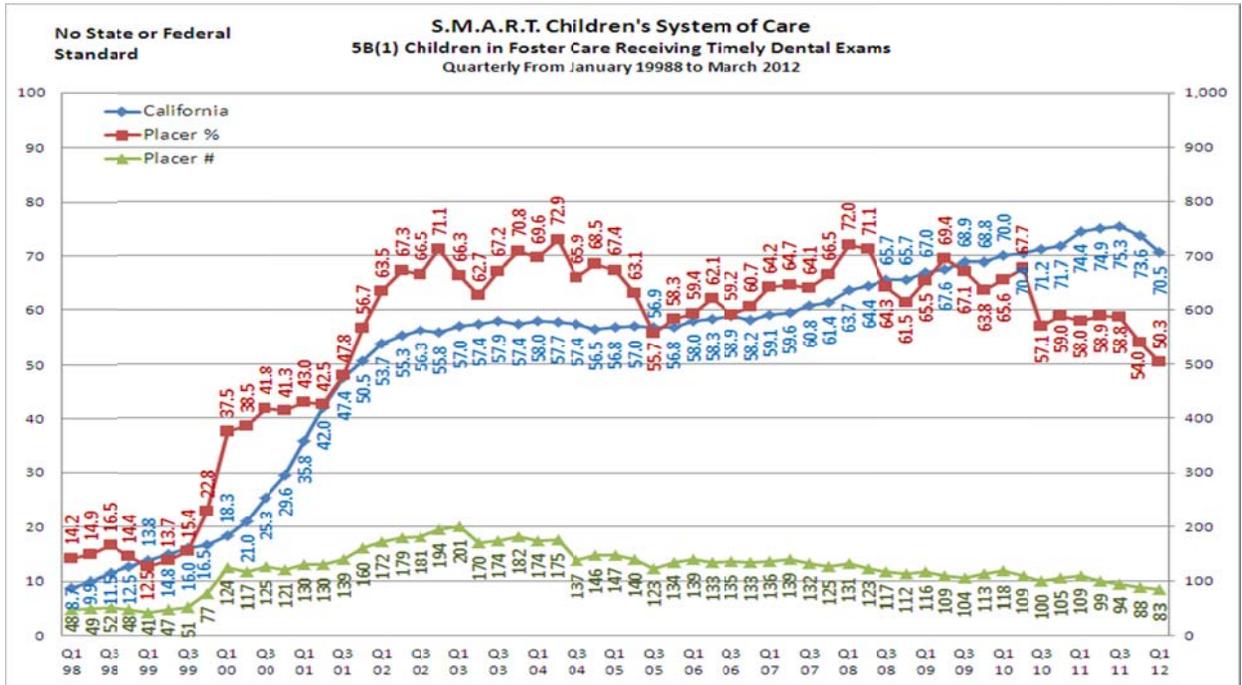
**Performance Change over Time**

Placer County has operated as a Children’s System of Care since 1995, combining a number of children’s services including public health into a team approach. Three (3) full time public health nurses were employed as a part of the teams to provide health and dental services to children in foster care. As indicated in **Graphs 22 and 23**, performance for both timely health and dental exams improved remaining fairly consistently in the 90% range for children in foster care receiving timely health exams and in the 60% to even 70% range for timely dental exams. However, in 2010, all three (3) nurses retired and, due to the inability to fill these positions, performance measures for both health and dental exams declined.

Graph 22



Graph 23



**Data Anomalies/Data Entry Issues:**

- Some medical and dental exams may not be reported to Public Health Nurses, resulting in timely exams not being recorded.

**External Factors****Internal Agency Factors/Policies and Practices:**

- Discussions with social workers indicate exams are likely not timely due to lack of caregiver follow through. Caregivers are cooperative, but need reminders from either social workers,
- Public Health Nurses report that they would like to do more case management to ensure exams are getting completed, but are prevented from doing so due to inadequate staffing.

**Racial/Geographic/Ethnic Group Differences**

Out of 165 children in foster care who received a timely medical exam in quarter one (1) of 2012, eight (8) were Black, 121 were White, 29 were Hispanic, two (2) were Asian/Pacific Islander and five (5) were Native American/American Indian. This breaks out to 88.9% of Blacks received a timely medical exam, 88.3% of Whites, 70.7% of Hispanics, 100% of Asian/Pacific Islanders and 100% of Native Americans/American Indians. 83.7% of females and 85.7% of males received a timely medical exam.

Out of 82 children in foster care who received a timely dental exam in quarter one (1) of 2012, two (2) were Black, 59 were White, 16 were Hispanic, one (1) was Asian/Pacific Islander and four (4) were Native American/American Indian. This breaks out to 18.6% of Blacks received a timely dental exam, 52.7% of Whites, 43.2% of Hispanics, 50% of Asian/Pacific Islanders and 80% of Native Americans/American Indians. 50% of females and 50.7% of males received a timely dental exam.

**Impact on Other Outcomes**

None identified

**Impact of Services to be funded by CAPIT/CBCAP/PSSF**

**Summary** Until recently, three full time public health nurses on CSOC teams ensured children in foster care received timely health and dental exams. Within the last two years, however, all three nurses retired, and, due to budget restrictions, were not immediately replaced. There were several nurses assigned on a part time basis. Two additional part-time nurses were added in November 2011. The timing of the decline of these measures, particularly for dental exams, can be associated with reduced staffing. Other factors may include difficulties in finding providers who accept Medi-Cal, and inadequate follow-through by social workers and caregivers. With now having 4 part-time nurses, and permission to hire two full-time permanent positions, our nurse partners will now be able to provide improved case management services, and provide the follow-up with caregivers in a timely manner to improve this outcome. The timing of the decline of these measures, particularly for dental exams, can be associated with reduced staffing. Other factors may include difficulties in finding providers who accept Medi-Cal, and inadequate follow-through by social workers and caregivers. This outcome will not be included in the 2013 SIP.

## 5F Children in Foster Care Authorized for Psychotropic Medication

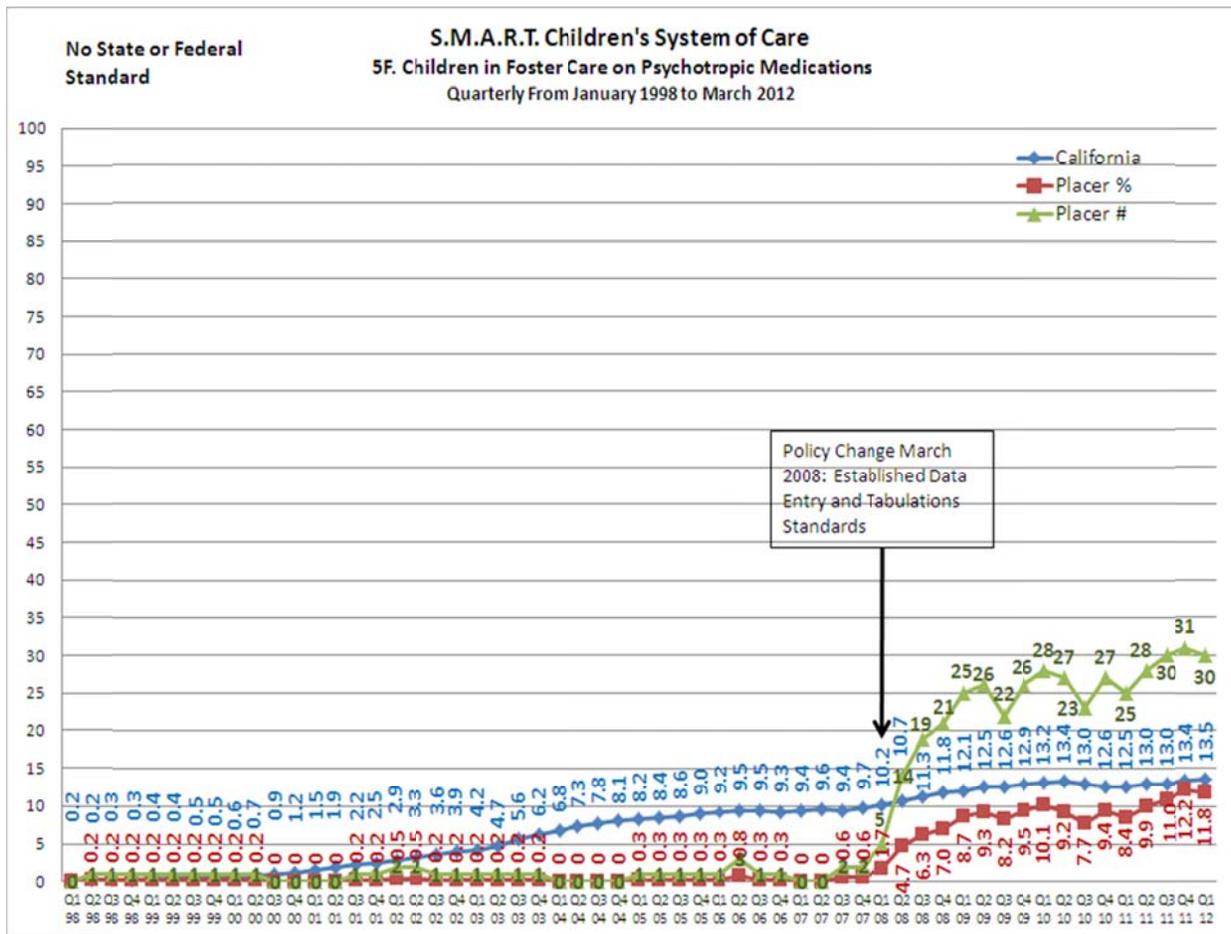
	CWS Jan – Mar 2012	Probation
5F – Children in Care Authorized for Psychotropic Medication (% and #)	11.8% (30)	NA

### Performance Change over Time

Data for this outcome has been collected only since April 2008. Although data on the UC Berkeley website provides data back to 1998, data entry and tabulation standards were not established until March 2008. Subsequently, the graph for this measure **Graph 24**, gives an artificial appearance of a significant increase in the number of children who are on psychotropic medications beginning around April 2008. More recent data for this measure suggests that approximately 10% to 12% of the children in foster care receive psychotropic medications.

Probation did not track this data prior to 2009. On 1/01/09 the law was changed which now requires Probation and Juvenile Detention Facility to complete a JV 220 for medication changes. This affects fewer than 10% of youth in probation placements.

Graph 24



### **Area Anomalies/Data Entry Issues**

Staffs were trained on data entry but there are lags in entering data due to workload issues and loss of clerical staff.

### **External Factors**

#### **External factors include:**

- Children may need medications due to familial issues, anxiety and stress of being removed from home, and depression.
- Children have diagnosable conditions upon entering the system. These conditions may be exacerbated due to the multiple stressors of system involvement, ie out-of-home placement, change in school, unfamiliar peers, etc.
- Some placements will not take youth who are prescribed psychotropic medications.
- Care providers do not always provide information to child welfare workers about medications.
- Care providers may make their own decisions about administering a prescribed and court-ordered medication based on their “analysis” of the child’s functioning and need for medication. The social worker may not find out about this decision until later.
- Medications are lost, thereby discontinued, until a prescription can be re-filled.
- Group homes may not send psychiatric assessment for medication forms to child welfare workers in a timely manner so that the worker may complete the JV 220.
- Few child psychiatrists are available who treat our Medi-Cal eligible youth.

### **Internal Agency Factors/Policies and Practices**

#### **Internal factors include:**

- Due to staff re assignments and some reductions, it can take longer for youth to get referrals to counseling or mental health programs, potentially causing mental health issues to escalate.
- The process to track and monitor medication for youth in placement is time consuming. The social worker and the Public Health Nurse perform this function. Workers may be less consistent in providing timely updates due to workload increases. CSOC would like to align medication paperwork requirements for child welfare and probation youth with the regularly scheduled six-month status review court hearings. This is not always possible or feasible.
- Public Health Nurses used to track psychotropic medications and had created a list of “due” dates to facilitate the social workers’ follow-up. Nursing staff have not been able to maintain this list, due to the above-referenced reasons. The use of the list should resume following the addition of nursing staff.
- The recent increase in nursing staff will improve the ability of the nursing team to perform case management functions, including tracking and monitoring psychotropic medications.

#### **Probation:**

- This is not a measure tracked by Probation Placement. However, as of 1/01/09 new State laws require JV220 be completed on all youth in placement, including probation youth. This has caused a slight impact while procedures were implemented to deal with youth in Juvenile Detention as well as youth in group homes. Prior to this probation could authorize med changes as long as parents/guardians approved. Psychotropic Medications have an effect on

Probation Placements since many group homes and boot camps will not accept minors on psychotropic meds.

- Youth sent to the Juvenile Detention Facility are re-assessed for medication and may be prescribed new medications. If a youth has been "on the run" and suspected of using illegal substances, psychotropic medications will be re-assessed.

**Other Outcome Impact**

Measure 5F is affected by Placement stability, Measure C4-C4.3 and Least Restrictive Placement, Measure 4B. Measure 6B may also be affected in the respect that timely prescription and administration of psychotropic medication might serve to avoid an IEP for a child.

**Racial/Geographic/Ethnic Group Differences**

The numbers of children who are authorized for psychotropic medications in Placer County are too small to be able to provide any true analysis by race. Initial analysis by gender suggests that a higher percentage of males (14.4%) than females (9.4%) are authorized for psychotropic medications, but actual numbers are 17 males and 13 females. This is a relatively small number as compared to the number of children Placer has in out-of-home placement.

**Table 14**

**S.M.A.R.T. Children's System of Care**  
**Children Authorized For Psychotropic Medications**  
**Child Welfare Services**  
**Agency Type=Child Welfare**  
**1 January 2012 to 31 March 2012**

Placer

COUNT	Ethnic Group						Total
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
	n	n	n	n	n	n	
Authorized for psychotropic medications	1	19	9	0	1	0	30
Not authorized for psychotropic medications	16	148	54	2	5	1	226
Total	17	167	63	2	6	1	256

PERCENT	Ethnic Group						All
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
	%	%	%	%	%	%	
Authorized for psychotropic medications	5.9	11.4	14.3	0	16.7	0	11.7
Not authorized for psychotropic medications	94.1	88.6	85.7	100	83.3	100	88.3
Total	100	100	100	100	100	100	100

**Impact of Services funded by CAPIT/CBCAP/PSSF**

Not applicable

**Summary:** The percentage of Placer Foster children on psychotropic medication is slightly lower than the state average. Although the numbers are small, making percentages volatile, it appears that slightly higher rates of males and Hispanics are authorized for these medications than other groups. This outcome will not be included in the 2013 SIP.

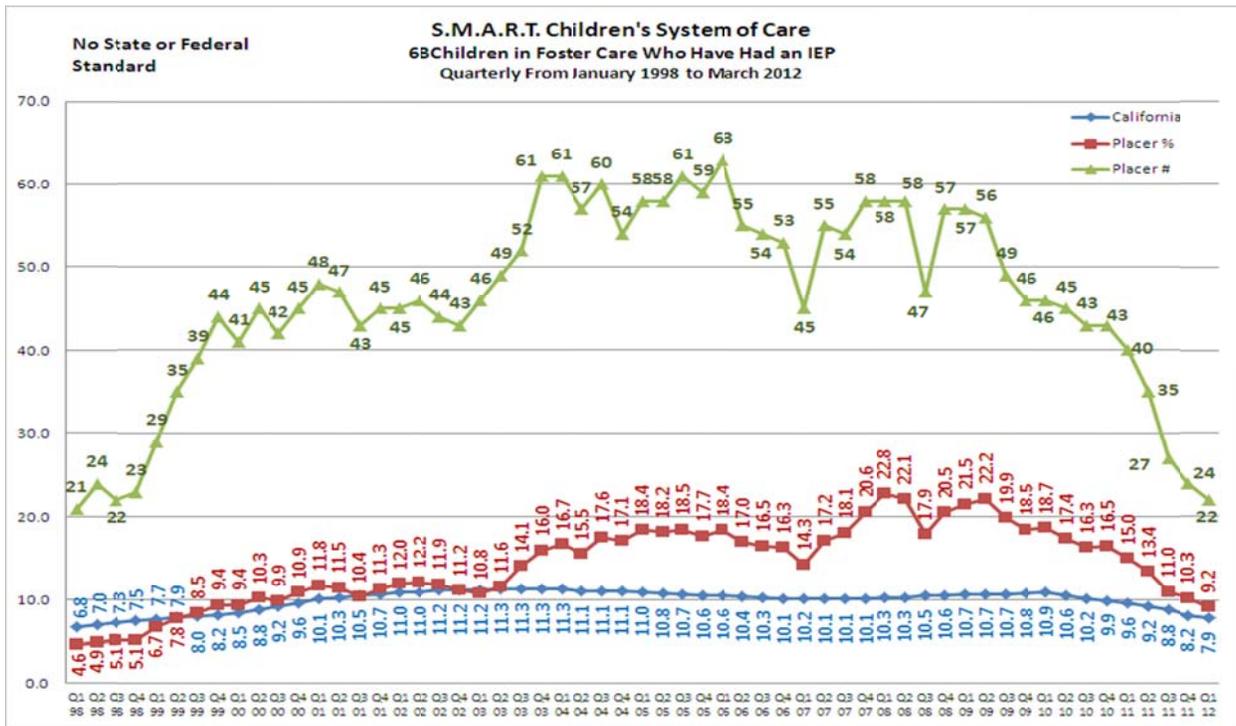
**6B Children in Foster Care Who Have Had an IEP**

		<b>CWS</b>	<b>Probation</b>
<b>6B</b>	<b>Children in Foster Care Who Have Had an IEP</b>	<b>9.2%</b>	<b>N/A</b>

**Performance Change over Time**

The Placer SELPA has worked collaboratively with Placer County Children’s System of Care for many years. For a number of years, the Placer County contract with SELPA outlined a joint commitment to a child-centered, family-focused continuum of care and guided mutual problem solving and accountability for meeting the needs of children, youth and families eligible for special education. Over this time, Placer County witnessed an increase in the number of children in child welfare services also receiving educationally related mental health services (ERMHS). However, changes implemented through the California budget redirected funding and the responsibility for providing ERMHS services to the local county school districts. Subsequently, accessibility to IEP services by children involved in child welfare services has declined since those changes started in 2010.

**Graph 25**



**Data Anomalies/Data Entry Issues**

Since the recent state law shifting responsibility for mental health services for students from Placer County to the Placer County Office of Education, it has become unclear who enters data on IEP status; therefore, there could be missing data.

**External Factors:**

- Social workers may not be notified of the scheduling of an IEP, until after the fact, or not notified in a timely manner.
- With children in multiple placements over the years, issues of school district of origin/ responsibility become blurred.
- There is some conflict in laws about school of origin.
- Birth parents may create significant delays for the holding of an IEP meeting.
- Birth parents may create significant obstacles in what the IEP team of professionals agree to be in their child’s best interests.

**Internal Agency Factors/Policies and Practices:**

- Foster youth services (FYS) workers were placed on teams to assist coordination of the IEP process. These services, for the most part, have been pulled back by the District Office of Education, therefore social workers to not have the support once had by FYS workers.
- FYS workers entered data into CWS/CMS. This support no longer exists. Their data entry functions were dispersed over several clerical staff.
- Social workers are not necessarily trained in the IEP/ Special Education process. They may have difficulty “maneuvering” through the process.

**Impact on Other Outcomes**

None identified

**Racial/Geographic/Ethnic Group Differences**

The number of children in foster care who have ever had an IEP for quarter one (1) of 2012 is low (22) and varies widely between cohort groups for this measure. Subsequently, analysis by race offers little discernment. Eight (8) females and 14 males had IEP’s which breaks out to 6.3% of females and 12.4% of males.

**Table 12**

**S.M.A.R.T. Children's System of Care**  
**Children in Foster Care who have ever had an IEP**  
**Child Welfare Services**  
**Agency Type=Child Welfare**  
**1 January 2012 to 31 March 2012**

Placer

COUNT	Ethnic Group						Total
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
	n	n	n	n	n	n	
Have had an IEP	2	13	6	0	1	0	22
Have never had an IEP	14	141	54	2	5	1	217
<b>Total</b>	<b>16</b>	<b>154</b>	<b>60</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>239</b>

PERCENT	Ethnic Group						All
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
	%	%	%	%	%	%	
Have had an IEP	12.5	8.4	10.0	0	16.7	0	9.2
Have never had an IEP	87.5	91.6	90.0	100	83.3	100	90.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

**Impact of Services to be funded by CAPIT/CBCAP/PSSF**

Not applicable

**Summary:** The recent State policy change shifting responsibility for educationally related mental health services away from the county CSOC to school districts, as well as reduced staffing levels, may account for the decline in IEPs. In addition, confusion over who enters data on IEP status could result in missing data. This outcome may be included in the 2013 SIP.

**8A Services for Youth in Transition from Foster Care**

	<b>CWS</b>	<b>Probation</b>
<b>January 2012 to March 2012</b>	<b>CWS</b>	<b>N/A</b>
<b>8A Youth in foster care who have ever had an ILP (% and #)</b>	<b>0% (0)</b>	<b>N/A</b>
<b>8A Youth Completing ILP services who obtained high school diploma (% and #)</b>	<b>0% (0)</b>	<b>N/A</b>
<b>8A Youth Completing ILP services have housing arrangements (% and #)</b>	<b>0% (0)</b>	<b>N/A</b>
<b>8A Youth who received ILP services prior to aging out</b>	<b>0% (0)</b>	<b>N/A</b>

**Performance over Time**

The measures for 8A are incorrect. They do not reflect what Placer’s internal records show as being forwarded to the State for these measures. The data collection and entry process for these measures consists of social workers completing the information on youth who age out of services, forwarding this information to an administrative support person who completes a form consisting of a composite of the answers for each of the youth, then forwarding a hard copy of that composite form to the State for data entry. The most recent measures from CWS/CMS show that no data was forwarded to the State during the Quarter 1 of 2012 period. Placer County records show that information was forwarded to the State on four (4) children for that time period, one (1) child welfare child, two (2) probation children and one (1) legal guardian child. Two (2) children completed high school and were planning on attending college and one (1) child was enrolled in a program to continue their high school education. Three (3) children were reported as having housing arrangements.

**Area Anomalies/ Data Entry Issues**

Discussed above

**External Factors**

**External factors include:**

- Placer County is traditionally an area that emphasizes and promotes higher education. This should affect the number of ILP students that have completed high school and who are attending college.
- There are no mandates or controls for host counties to report or provide feedback to Placer in regards to Placer youth placed in other counties.

- The passage of AB 12 has afforded “After 18” youth to remain in the foster care system and a variety of other independent placement options. The youth must meet one of five criteria to remain eligible for support and services.

For a complete set of Independent Living Program graphs, see Appendix II.

### **Internal Factors**

#### **Internal factors include:**

- SMART policy works in collaboration with Office of Education to determine best practice for ILP services. Education is highly esteemed
- Recently reported by Unity Care Program Manager is that Placer is right about 95% compliance with ILP referrals and subsequent services.
- Unity Care dutifully forwards referrals and TILPS to other counties where Placer youth are placed.

### **Probation**

Probation uses ILP services for almost every youth 15 ½ and older that is or was in placement. Referrals are incorporated into the case plans and made within 30 days of placement. The group homes also implement these ILP plans with each youth. Probation has the same concerns as CSOC and plan to continue to focus on providing youth this opportunity.

### **Impact on Other Outcomes**

None identified.

### **Key Racial/Geographic/Ethnic Differences**

This outcome has not been disaggregated by ethnic and racial groups due inaccurate data.

### **Impact of Services to be funded By CAPIT/CBCAP/PSSF**

Though not identified as a CAPIT service population, CSOC After 18 youth will likely use the support services offered through the Community Family Resource Centers funded by the program.

**Summary:** The data collected by UC Berkeley is incorrect and does not include data on ILP outcomes forwarded by Placer. Placer County data will be strongly affected by the challenge of getting NYTD documentation from other counties for Placer youth placed out of county resulting in a huge challenge directly related to missing NYTD data. Failure of the State Department of Social Services to take the lead in coordination of NYTD reporting requirements has resulted in a “hit or miss” cross reporting of ILP services between counties. Counties serving Placer youth should send quarterly reports but do usually do not. Without those reports, the County does not have the data, and cannot enter it into CWS/CMS. This outcome will be included in the SIP.

**Data for this section is from:**

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). *Child Welfare Services Reports for California*. Retrieved 7/25/2012, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

## **Analysis of Systemic Factors**

### **A. Management Information Systems (MIS)**

#### **1. MIS System**

Placer County Children's System of Care relies on various software applications to ensure the service they render their clients is done in a timely and efficient manner. Eight primary software applications currently support CSOC:

- Child Welfare Services/Case Management System (CWS/CMS)
- Microsoft Outlook and Microsoft Office Product Suite: MS Word, MS Excel, MS Power Point, MS Access
- Business Objects: WEBi, DESKi
- School Connect
- SMART
- Structured Decision Making (SDM)
- Safe Measures
- MEDS
- AVATAR Cal PM, AVATAR EMR and MSO (Behavioral Health)
- Legal Solutions
- Tapestry
- CalWIN

### **CAPIT/CBCAP/PSSF**

CAPIT and CBCAP data is captured by the contracted provider, KidsFirst, and relayed to CSOC via quarterly reports. Reports are sent both electronically and via United States Postal System. PSSF data is captured mainly through CWS/CMS.

KidsFirst uses two web-based tools: Tapestry, which is a comprehensive case management tool; and Family Development Matrix, which measures outcomes. Additionally, their Client Satisfaction Survey is calculated and stored in a data base format.

### **CWS/CMS**

The Child Welfare Services/Case Management System (CWS/CMS) is the primary system of record for most of CSOC's day to day activities. CWS/CMS is a federally mandated, statewide information system that supports a variety of Child Welfare Services and allows the sharing of information between counties. The system assists social workers in managing referrals and cases,

and permits supervisors to monitor social worker caseloads. Approximately 120 CSOC personnel currently use the application.

The primary issue about CWS/CMS reported in the 2006 Self-Assessment was resolved in 2008 when Placer County migrated off of the “dedicated” CWS/CMS network to the County network (“co-existent”). Placer County was the first county in California to officially make this transition. The “dedicated” network was expensive and cumbersome, requiring about half of the CSOC staff to use a switch box and 2 monitors required staff to have two computers on their desk. The transition to the “Co-Existent” environment provided many advantages to Placer County, including:

- One workstation per staff
- Access to the County email system
- Access to other applications: AVATAR, CalWIN, SMART etc.
- Ability to print on local network printers
- Standardization of our technical environment (software, hardware, image)
- Local support through the IT help desk
- Federal/State funding for EDP equipment utilized by CWS/CMS staff (APD process)

In 2011 the HHS/MIS Division, serving the CWS staff in CSOC, was merged with Placer County Administrative Services- IT Department. Historically 3 Information Technology Technicians were working full time in CSOC to provide technical support and training. These positions have been transitioned to the IT department. One position remains embedded into the Children’s System of Care. There is currently 1 half time ITT located in the IT department, to provide Technical and Training support for CWS and related applications in use in Children’s System of Care. The third ITT position was defunded due to budget constraints. There is also an analyst in the IT department performing CWS/CMS functions as required (Advanced Planning Documents, TAC meetings etc.)

### **Improving CWS/CMS**

While the move to a “Co-Existent” environment has helped tremendously, it is important to monitor the system and work with the project to address system issues as they arise. Existing challenges include the immense size and scope of the business and legal process it attempts to mirror, the design layout and overall age of the application. Many of these shortcomings hopefully will be addressed in the new CWS WEB application that is being sought to replace the current CWS/CMS application by 2014. Placer County participated in multiple forums and technical teams to help develop the RFP for the new system. On an as required basis IT staff are participating in the technical and functional review of proposed systems and providing feedback to the State. Other legislative, legal, technical, reporting and data collection requirements cannot wait for the new system to be developed. For these type of issues Placer County program and technical staff work in close cooperation with the State project office through user forums such as the TAC (Technical Advisory Committee), Mountain Valley, CAD and other user groups. To handle these types of functional enhancements to the current system the State project office releases a major CWS/CMS application release to the Counties approximately once a year. The CWS project has shifted to software releases on a 3 per year cycle, with interim releases as needed for minor changes and forms release updates to help with required enhancements.

## **Business Objects**

Business Objects is the primary query language used for data analysis of CWS/CMS. Currently, Placer uses a number of “canned” reports from IBM, business object reports from California and other counties, and Placer generated business object queries to download data for analysis. Recently, we have received notification from DSS that a new version of CWS/CMS will be pushed out that will change a number of the tables and field names in the database. The changes may be extensive enough to require a re-write of all queries currently used by the County, which will also require validity checks to ensure accuracy.

### **Microsoft 2010 Office Suite and Windows 7 Support**

Currently CWS/CMS application and HHS/MIS support the Microsoft 2003 Microsoft Word product. This version is becoming obsolete with the release of the Microsoft 2010 Office suite. Placer continues to work with the project office on the issues associated with the older version of the product. Most Placer employees use Microsoft Office 2010, so staying compatible with CWS/CMS requires processes to ensure that documents are saved in the older format when interacting with CWS/CMS staff. There is an ongoing effort through the TAC user community and the State project office to prepare the current CWS/CMS application to provide support for the newer version of MS Office and for Windows 7 Operating System.

## **Replace Obsolete Equipment**

It is important to replace workstations, printers and portable computers that are at the end of their life cycles. Failure to replace obsolete equipment causes performance issues over time and constrains CWS workers’ ability to perform their duties. Moreover, as warranties expire, failure to replace the equipment may result in higher costs associated with on-going repair and maintenance. In addition new software releases require more memory and enhanced processing speed. New PCs arrive with Windows 7 and it’s currently not supported by CWS/CMS. Most hardware vendors are phasing out drivers for older operating systems. Placer is testing Windows 7 PC’s in XP compatibility mode for use with CWS/CMS to avoid the expense and labor of reimaging new PC’s with old operating systems.

## **Document Management and Chart tracking Improvements**

The IT department is currently reviewing products to assist with the tracking of physical charts for CWS/CMS cases. The goal is to ensure that charts can be updated in a timely manner, stored and archived as deemed appropriate and easily retrieved. In addition, Placer County uses SIRE document imaging software. An assessment of Placer business practices was initiated to determine if documents related to referrals that did not become a CWS/CMS case, could be stored securely in the SIRE document management system, therefore eliminating a need for a paper chart that may not be needed again.

## **Effects of the MIS on Outcomes**

Placer County Children’s Systems of Care is a truly consolidated service delivery system consisting of a single agency providing child welfare services, mental health and substance abuse services, probation services, public health services, and education services. This single agency

approach provides CSOC with access to service data for each of these various functions, and partnerships within the County provides access to family court service data, eligibility data and service data for our physical health clinics. As a result, data analysis and outcome and performance reporting has become an integral part of Placer's service delivery system. Having the data from each of the various service functions within the County provides CSOC with the opportunity to measure impacts of decisions in one service function, such as reductions in alcohol and other drug treatment, on other systems. For example, we were able to see a reduction in the rate of recurrence of maltreatment when we increased drug treatment services for parents of children in child welfare. Currently, Placer County Children's System of Care has data on most of its service functions back through FY1997-98.

Effective FY2002, Placer County began tracking the county's performance in its child welfare services through the Federal Performance Indicators for CWS. These five (5) measures include:

- Percent of children in foster care experiencing two (2) or fewer placements;
- Percent of children re-unified with families in less than 12 months;
- Percent of children adopted in less than 24 months;
- Percent of children re-entering foster care through age 18;
- Percent of children experiencing no recurrence of abuse or neglect.

Each year, the county performance on these measures is evaluated in terms of compliance with national set standards and in comparison with 10 surrounding counties and the state indicators.

Placer County completed the accountability process, conducting a review of the System Improvement Plan goals as previously set and has submitted our 2009 System Improvement Plan to the State as it relates to AB 636 requirements. The findings from the review indicated that:

- S1.1. No Recurrence of Maltreatment 91.0 %
- S2.1. No Maltreatment In Foster Care 99.8 %
- C1.1. Reunification Within 12 Months (Exit Cohort) 81.1%
- C1.4. Re-Entry After Reunification (Exit Cohort) 14.8%
- C2.1. Adoption Within 24 Months (Exit Cohort) 33.3%
- C4.1 Placement Stability (Less Than 3 Placements), 8 Days to 12 Months 81.7%

Currently, Placer is in the process of completing the County Self-Assessment for 2012. As of the 1 July 2012 Data Extract from the University of California, Berkeley<sup>26</sup>, Placer's findings from this assessment indicates that:

- S1.1. No Recurrence of Maltreatment 98.2 %
- S2.1. No Maltreatment In Foster Care 100.0 %
- C1.1. Reunification Within 12 Months (Exit Cohort) 75.5%
- C1.4. Re-Entry After Reunification (Exit Cohort) 11.7%

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<sup>26</sup> Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). *Child Welfare Services Reports for California*. Retrieved 7/25/2012, from University of California at Berkeley Center for Social Services Research website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

- C2.1. Adoption Within 24 Months (Exit Cohort) 43.8%
- C4.1 Placement Stability (Less Than 3 Placements), 8 Days to 12 Months 87.8%

Establishing data entry standards, a 2006 County Self-Assessment (CSA) goal, for each of the AB636 performance measures helped to ensure the validity of the data being entered, sampled and reported through CWS/CMS. The ability to disaggregate the data to these Federal Performance Indicators, a 2009 CSA goal has allowed the County to conduct research down to the case level offering the opportunity to find correlations between outcomes that previously could not be considered. Currently, performance measures for child welfare, foster care and behavioral health services are presented to management and supervisory staff monthly.

In 2011 the Probation Department staff began entering data into NON County Welfare Department probation cases. County and CSOC Information Technology staff have been conducting training for CSOC assigned Probation Officers and have created new reports to assist measuring the performance on these measures.

### **Ongoing Issues with CWS/CMS Inefficiencies and Software**

It is critical to increase the effectiveness of the CWS/CMS application. For example, as noted above, SafeMeasures is currently used as advisory data for monthly social worker visits. However, due to the delay in entry of contacts and visitation notes, figures on the number of face-to-face contacts that are included in a monthly managers report must be updated up to six (6) months after the contacts should have been entered. With increased workloads due to budget constraints, some social workers have come to view data entry as a lower priority than directly assisting families. As a result, data entry necessary to receive payment and “credit” for visits to each family, or to measure key indicators may not always be completed.

## **2. Concerns about County Data Report**

Placer County has an excellent outcomes and data analysis process. The ability to disaggregate the data as noted in the 2004 Self-Assessment, allowed the County to validate the data and look for correlations between outcomes. Plans for improvement in practices were better able to target the actual cause of the outcome instead of an assumed cause. In Placer County, this improved level of analysis provided the opportunity to examine cases in greater detail to determine that substance abuse relapse played an important part in recurrence of maltreatment and, subsequently, to modify the County’s plan on how to address one of the SIP goals.

The improved ability to analyze the data identified another problem with data entry. Now that counties could validate the information in the performance queries, it became apparent that California lacked a standard for data entry which, in turn, affected the outcomes on those measures. The 2006 Self-Assessment addressed the need to change Placer County data entry processes and set standards for each of the AB636 performance measures. Those standards were set and CWS staff was trained on how to enter data for all referrals, investigations and child visits.

The goal for the 2009 Self-Assessment was to maintain a standardized data and outcomes reporting system that would provide close to real time analysis of performance measures

allowing workload assignment changes to occur to meet shifts in service demand. Currently, a monthly report is distributed to all CSOC manager and supervisors that provides performance data on behavioral health services, placement services and child welfare.

This standardized reporting has assisted Placer to identify several data concerns that will become a focus for the 2012 Self-Assessment and SIP.

The first concern is the accuracy of information from the National Youth in Transition Database (NYTD), a database set up to track Independent Living Plan (ILP) services and outcome information for youth who are transitioning out of foster care. Placer County has implemented a data collection process for ILP services that pretty much insures accurate reporting for children who are placed in Placer County. However, getting documentation from other counties for Placer youth placed out of county is difficult and directly related to missing NYTD data. Failure of the State Department of Social Services to take the lead in coordination of NYTD reporting requirements has resulted in a “hit or miss” cross reporting of ILP services between counties. Counties serving Placer youth should send quarterly reports but usually do not. Without those reports, the County does not have the data, and cannot enter it into CWS/CMS. Another problem with NYTD reporting is the SOC 405E **Exit Outcomes for Youth; Aging Out of Foster Care Quarterly Statistical Report**. When running the outcomes for Section 8, Exit Outcomes for Youth Aging Out of Foster Care, it became apparent that there is a discrepancy between what Placer is reporting for youth and what is being entered into the database. Our records indicate that we have sent, via registered mail, the forms to the California Department of Social Services as directed. However, the report shows different results.

Second, as of 2011 Probation is now required to enter child data on into CWS/CMS. Since Caseload Explorer by Automon (CE) is Probation’s primary management information system and CWS/CMS is a secondary system, data entry into CWS/CMS is often lacking.

Subsequently, reports for Probation children out of CWS/CMS are not an accurate reflection of what is occurring in practice. For example, the monthly performance reports for CSOC list Probation visitations with the child at 45% to 55% when run out of CWS/CMS. Since Probation contacts are court ordered contacts, the actual contact rate, as recorded in CE, is almost always 100% for children on Probation.

Third, California will be migrating to the new Web based systems approach. The change will require modifications to business practices within the County child welfare system. It will be imperative that Placer participate in as many technical and functional workgroups as possible to ensure that their strategic planning meets our needs and influence appropriate changes so that we can be compliant and successful in our business model. Modification of the State approach will also impact data analysis. Placer has been successful in addressing areas of improvement largely due to the ability to disaggregate and analyze data. Delays in query modifications, testing, and validation will impact performance reviews and, subsequently, potentially adversely impact child outcomes.

### **3. Recommendations**

Recommendations for the 2012 Self-Assessment includes:

1. Migration to Web Based System: With California migrating to the new Web based systems approach, Placer will need to participate in as many technical and functional

workgroups as possible to ensure that their strategic planning meets our needs and influence appropriate changes so that we can be compliant and successful in our business model.

2. National Youth in Transition Database (NYTD): Entry of incorrect or incomplete data into NYTD can result in fiscally punitive outcomes for California and, subsequently, Placer County. It is prudent that Placer work with the State to ensure a more accurate accounting of Transitional Independent Living Plan (ILP) and Exit Outcomes for Youth Aging Out of Foster Care. Goals will be to assist the State to implement a standardized reporting system between counties to address ILP services delivered to children in out-of-county placements and to improve reporting and data entry of Exit Outcomes.
3. Probation Data Entry into CWS/CMS: The primary management information system for probation youth is the Caseload Explorer by Automon (CE). It is also a State requirement that data for probation youth be entered into CWS/CMS. As a result, data entry for probation youth is duplicative and tedious. Placer needs to train Probation Officers on time-efficient methods of completing the dual data entry requirements.

### **Probation**

As noted above, on December 7, 2007 the Placer County Probation department implemented a new data base system, Caseload Explorer by Automon. (CE) This data base includes all data on youth and adults in Probation. Several upgrades have been made to correct operating errors. All paperwork, orders, placement agreements, case plans, etc. are scanned in; hard copies are kept in the physical file. With this web based data base, Officers are able to access vital information in Court, office and field during visits. This program also allows easy supervision of compliance of placement and compiling of statistical data. The overall advantage has been to allow Officers to enter information in a very timely manner and more effectively manage their caseloads. Other Officers can also access information on any youth from any terminal to quickly answer and meet their needs in case the supervising Officer is unavailable.

However, a major disadvantage of the CE is that it now requires duplicate data entry into two (2) separate data systems. As of 2011 Probation is now required to enter child data into CWS/CMS. The inefficiency of this duplicative data entry process means that data is often missing from CWS/CMS. As a result, reports for Probation children out of CWS/CMS are usually not an accurate reflection of what is occurring in practice.

### **B. Case Review System**

The assessment of the Case Review System includes a review of the systems, policies and processes used by Placer County CSOC, the Probation Department and the courts for assessment of risk; development of case plans which ensure least-restrictive placement; timely visitation; regular case reviews; proper notification of reviews and hearings; and permanency planning. In reviewing this System, the team focused specifically on the structure of the Dependency and

Delinquency Courts in Placer County, and their relationships and joint efforts with CSOC and the Probation Department. The team also examined processes for timely notification of hearings; parent, child, and youth involvement in case planning; and the overall case planning and review system.

## **1. Court Structure and Relationships**

Overall, working relationships between CSOC, the Probation Department and the Courts are positive and effective, aimed at ensuring that children are moved to reunification or permanency in a timely manner.

### ***Dependency Court***

In Placer County, a single judge, referee or commissioner, hears all law and motion matters, contested hearings, detentions, and other dependency business unless the presiding officer has a conflict or the parents do not stipulate to a commissioner or referee hearing their case. There are no court facilities in Tahoe except for Juvenile Drug Court, which presents substantial transportation problems for local residents who must travel to Auburn. The Court addresses this by setting hearings in the afternoon to accommodate travel time by parents. Cases are typically moved quickly, to avoid extending the statutory time frame necessary to reach reunification or permanency. Mandated timeframes are followed for uncontested cases: detention hearings are held within three Court days; pre-trial conferences occur within one week from detention, and combined Jurisdiction/Disposition Hearings are held within five weeks of detention. Jurisdiction/Disposition Hearings for ICWA cases are held six weeks after detention. About half of the contested cases are heard within the 60-day mandate; heavy court schedules and the high volume of contested matters delay the remainder. Hearings for termination of parental right (TPR) are normally set as soon as services have been terminated, usually within 90-120 days.

### ***Juvenile Delinquency Court***

The Juvenile Delinquency Court also follows mandated time frames to move minors through the court process so they can begin receiving needed supervision. In his/her first appearance before Juvenile Delinquency Court, the minor enters a plea, an attorney is appointed, and the court determines the need for detention. A pre-trial conference sets the matter for disposition. Any adjustments to the mandated time frames are done through "time waivers," postponements agreed to by the youth and his/her attorney. If there is no agreement for a time waiver, the hearings proceed as required by law. Matters that are not settled are referred for a contested hearing. Minors found responsible for the offense are sentenced at a dispositional hearing.

### ***Probation Citation - Hearings***

In addition, youth that have been cited for lesser offenses may have the opportunity to appear before a Probation Officer for a Citation Hearing. At this hearing the officer can make a determination on the facts in the case to dismiss, perform community services, pay a fine, refer to a class for a specific need (i.e. anger management, Diversion, etc.), place on Informal Probation or refer the youth to the DA for formal prosecution. Juvenile Traffic Court handles possession of marijuana and traffic related offenses.

## **Efforts to Enhance Relationships Between CSOC and Probation**

The Juvenile Courts, the Probation Department and CSOC work closely to ensure that children and families receive coordinated needed services. Staff meets frequently to discuss cases and working relationships, and the Juvenile Dependency and Delinquency bench officers participate in the SMART policy team meetings and CSOC training sessions. The Delinquency judge meets weekly with the Chief Probation Officer.

### ***Dual Jurisdiction***

Placer County continues to have a model 241.1/Dual Jurisdiction protocol for minors who may come under the jurisdiction of both the Dependency and Delinquency Courts. To determine jurisdiction, manager representatives of Probation and CSOC confer to develop a 241.1 recommendation to the court as to which agency status would best serve the needs of the minor. Since May 2, 2006, when Placer County implemented the 241.1/Dual Jurisdiction model, a total of 84 Dual Jurisdiction conferences have been completed. If a minor is adjudged both a dependent and a ward of the court, either Probation or CSOC is designated as the lead agency. Staff from Probation and CSOC is expected to have ongoing communication regarding children who are designated as “Dual Jurisdiction” children. Difficulties remain regarding court reports for youth who have been deemed Dual Jurisdiction. In 2008, Placer County implemented new protocols regarding Dual Jurisdiction court reports to address disparities among separate reports submitted by Probation and CSOC and a court request for submission of a single collaborative report. Regardless of which agency is designated as the lead agency, CSOC is now responsible for filing all dual jurisdiction reports and service plans with the court. Probation has designated one officer to carry all Dual Jurisdiction cases. CSOC is responsible for communicating with the designated officer and obtaining the information needed for the probation portions of the court report. CSOC then formats the information into a dual report and service plan and subsequently files the report with the court. While all parties agree that the concept of a dual jurisdiction is beneficial to children and families, some challenges remain. Statutes inadequately address timelines, and parental rights and confidentiality in the delinquency matter. In addition, the Court has experienced difficulty getting cooperation and coordination from all participants (District Attorney, Public Defender, Probation, County Counsel, etc.). Some participants were arriving to Court late and neglecting to staff cases prior to the hearing. Finally, not all parties are receiving copies of court reports, or receiving notice of the hearing. These issues are being actively addressed and improvements have occurred.

### **Joint Court/CSOC Efforts**

The Self-Assessment examined four specific issues pertaining to joint Court/CSOC efforts:

#### ***Continuances***

Continuances for jurisdiction/disposition hearings, regular plan reviews, contested cases and termination of parental rights hearings (TPR) may extend services beyond the required 6/12/18 months, potentially delaying reunification, permanency or adoption for the children in care. In Dependency Court, continuances for jurisdiction/disposition hearings are granted for improper notice, attorney/court/parent unavailability, illness, and late staff report filings and for Tahoe families when inclement weather make travel impossible. Delays are granted

in contested cases, when witnesses or attorneys are unavailable, or when the court calendar is congested. TPR hearings are continued less frequently, and primarily for notice problems or other appealable issues. The Juvenile Delinquency Court typically grants continuances only when parents miss appointments or more time is needed to gather information. It is important to note that recent budgetary cuts may impact the number of continuances and, as a result, the court calendar. In addition the Placer County Courts has implemented layoffs which may also have an impact on how quickly families move through the court process.

### ***Termination of Parental Rights (TPR)***

Under specified circumstances, state law permits counties to recommend to the court that reunification services not be offered. In these cases, CSOC assesses the child and family to determine if adoption and termination of parental rights is appropriate. If so, before the court rules on the Termination of Parental Rights, the process for identifying adoptive homes has already begun and a prospective permanent family is specifically identified in the court report so as to terminate parental rights, so as not to create a status of “legal orphan” for the child. TPR and adoption occur relatively quickly in Placer County, in compliance with state and federal timelines.

### ***Facilities for Parents and Children***

Court facilities for parents and children are inadequate, and may compromise confidentiality as cases are called out loud by the child’s name in the hallway. There are no separate facilities available for dependency cases and juvenile delinquency cases, or facilities for children to wait separately from parents. Parents and children are required to wait in the hallway for their case to be heard. Videoconferencing is available to facilitate court appearances for Delinquency Court, particularly for Tahoe residents. Teleconferencing may be used for Dependency Court when parents reside a distance from Placer County or are otherwise unable to physically attend.

### ***Alternative Dispute Resolution***

Placer does not regularly use alternative dispute resolution in dependency cases. Exceptions include occasional mediation of exit orders upon termination of a dependency by family law mediators or occasionally by the ongoing social worker, and post adoption agreements prior to TPR hearings. Mediation for post adoption agreements typically addresses parental contact with the child after adoption, and can shorten the court adoption process by eliminating the need for a contested hearing. These agreements are usually mediated by the Consortium for Children, but may also be handled informally by permanency planning workers.

In the past, Placer County has operated a Peer Court Program for delinquent youth. Minors who were cited for lesser offenses and did not contest citation could participate in the program, composed of students assuming the roles of prosecuting attorney, defense lawyer and jury members. Available in Auburn and Tahoe, Peer Court conducted trials to determine consequences for offenders, including fines, restitution, work projects and community service. Upon successful completion of the task, the case was dismissed. Due to budgetary cuts, Peer Court lost their funding and has closed operations.

## **2. Process for Timely Notification of Hearings**

In 2006, notification of dependency hearings was occurring as required by law -- 15 days prior to review hearings, with reports due 10 days prior to the hearing. In 2006, late reports for review hearings resulted in a continuance approximately 20% of the time. Currently 75% of reports are late and 95% of notices are late. This is due in a large part to budgetary cuts which has resulted both in the loss of CWS social workers, but possibly more importantly in the loss of clerical staff in the Court Unit, the unit responsible for processing notices and court reports. In 2006 the Court Unit had 6.5 full time clerical staff, including a Senior. Currently there are two full time clerical staff; however, for the better part of the last two years there has been one full time clerical staff with periodic temporary office support. Although the percentage of late notices and reports is currently very high, it is estimated that only 10% of those cases are actually continued in Court. This is due in large part to the good working relationships between the Department, the bench officer, and the contract attorneys. Care providers are notified of hearings, and allowed to attend and provide information to the court. Typically, social workers talk with the caregivers on a monthly basis and include pertinent information in reports to the court. Alternatively but rarely, a Caregiver Information Form may be provided by the social worker to the caregiver and filed directly with the court. Federal and state laws require that all families be asked regarding any potential Native American Heritage. In Placer County, this is done by the judge or referee at the detention hearing. If either parent identifies native heritage, investigative staff meet with them to ascertain more details. Notice is sent to the tribe to learn if the children are eligible to be enrolled as members, and if the tribe is federally recognized. If the tribe is federally recognized, and the child(ren) are members, then the tribe is considered a party to the proceedings. The tribe is given notice of all hearings, as well as a copy of all documents filed with the Courts.

In Delinquency Court, when youth are out of custody and petitions are filed, parents and the minor must be notified at least ten days before the hearing. For review hearings, the Probation Department informs the minor and the group home provider approximately two weeks prior to the hearing, and solicits information from the group home to prepare reports.

## **3. Process for Parent-Child-Youth Participation in Case Planning**

### **CSOC**

Research and best practices indicate that parent, child and youth involvement in case planning may improve placement, reduce more restrictive and multiple placements and reduce the time to reunification. CSOC has continued to involve parents and children through Family Team Meetings (FTM) and Team Decision Making (TDM) during initial case planning and placement decisions. These programs have reduced the need for Department intervention with families who do not yet have critical protective issues necessitating the removal of the children. This is especially evident in the Family and Children's Services unit where social workers have held many FTM's and TDM's which have resulted in the family and their supports coming up with their own solutions and thereby avoiding the need for formal system intervention. Although the Court informs the parents of their right to

participate in initial case planning for child welfare cases, CSOC does not have its own formal procedures.

### ***Family Team Meetings***

During the past year, CSOC partnered with KidsFirst to hire a Community Engagement Specialist to schedule and coordinate Family Team Meetings. CSOC continues to convene Family Team Meetings for 25% of the families entering the CWS system prior to Disposition meeting a goal established in the 2004 SIP. The meetings which include the family, the social worker, treatment providers, and other support individuals for the family, result in family service plans that address family strengths and concerns. Feedback from families and social work staff continue to indicate that this process is helpful and validating for all participants. In the Tahoe area, Family Team Meetings are convened on a regular basis through collaboration among Juvenile Probation, RAFT, North Tahoe Family Resource Center and CSOC. Any service provider or family can convene an FTM. In Tahoe, the convener/team leader is responsible for coordinating schedules and meeting locations, and communicating with the family to determine who should be invited to serve as members of the Family Team. North Tahoe Family Resource Center provides interpreters/translators and one of their Family Advocates upon request. Although Family Team Meetings have become a valuable part of practice, due to budgetary and staffing difficulties CSOC has been unable to expand the program beyond 25% of the families. Three years ago Placer County had five full time FTM Facilitators. Currently, due to budget cuts and staffing shortages there is one full time and two part time FTM facilitators who are responsible for providing meeting materials, communicating the purpose and procedure of the FTM, and ensuring that FTM procedures are followed.

### ***Team Decision Making (TDM)***

Since 2005, CSOC has also convened Team Decision Making. Specially trained facilitators convene meetings of CSOC social workers, family members, support individuals, and parents to make placement decisions for children detained in the system. These decisions are made through a structured process focusing on family assets and concerns. To ensure that the safety needs of the child are fully addressed, placement decisions must be endorsed by the social worker assigned to the case.

Initially, TDMs were required only prior to reunification. In early 2006, they were extended to placement moves, and in early 2007, they were extended, via a pilot program, to Initial Removal TDM's. These TDM's were to be held immediately following the actual removal of children from their homes or when removal appears imminent, and prior to the filing of any court documents.

The pilot program found that due to Family and Children's Services' obligation to write the petition and the Detention Hearing Report, it was not possible to mandate Initial Removal TDM's at that time. Through surveys of counties that have successfully implemented Initial Removal TDM's, it was discovered that those ER units are not responsible for the petition and detention reports. Subsequently their time and resources are devoted to the TDM process. CSOC Management explored shifting the responsibility for petitions and detention reports to the Court Unit, but staffing shortages in court investigation personnel precluded the shift. Several participants in the Youth focus group reported that they did not feel

comfortable in TDMs, that they felt they were outnumbered and lost in a large group of adult participants. Additional time spent preparing the youth for TDMs might mitigate this issue. Despite the results of the Initial Removal TDM pilot program, the Family and Children's Services unit has increased the number of FTM's and Non-Emergent TDM's convened when it appears that families would benefit from the intervention. CSOC believes that this practice has led to a reduction in cases needing to be opened, and have clarified goals and increased family engagement for families when a case is necessary.

CSOC has also adopted Structured Decision Making tools and structure. One tool is the Family Strengths and Needs Assessment, (FSNA). The FSNA is designed to be completed with the family to identify the most pressing needs of the family, as well as their strengths which can be used to help meet those needs. The case plan is to be written based on the information in the FSNA.

### **Caregiver Involvement**

Although CSOC encourages participation of caregivers in FTMs and TDMs, there is no formal procedure to ensure their involvement. However, attendance by caregivers is at a voluntary 50%.

### **Youth Involvement**

CSOC has implemented new strategies to increase the involvement of youth in placement decisions. Currently, youth entering the Placer County Emergency Shelter are interviewed by placement staff and fill out a questionnaire regarding their wishes and ideas for placement. In addition, in recent years there has been increased emphasis from the State and the Placer County Juvenile Court on the requirement that youth 10 and older be clearly informed of their right to attend hearings, especially Termination of Parental Right Hearings. The Department is responsible for ensuring that the youth attends any hearing that pertains to their case if he or she desires.

Child Advocates of Placer County (CASA) – Placer County's Court Appointed Special Advocate agency has built a strong working relationship with Placer County CSOC. This agency trains and manages community volunteers to advocate for the best interest of children in dependency court.

These volunteers work closely with the child, attorney, CSOC worker, teachers, therapist, and any other professional who is involved in the child's life. There are currently 130+ volunteers in this program. Additionally, CASA has recently established an Advocate Mentorship program. The mentors generally work with young mothers and fathers with children 6 and under, on basic life skills, protective and safety issues, teaching them to be as self-reliant and self-sufficient as possible.

### ***Youth Input to Self-Assessment***

Youth participated in 2 focus groups for the CSA. Their comments are included in the Summary of Focus Groups.

## **Probation**

Timely reunification, as related to family and youth engagement, was the focus area of the 2009 Peer Quality Case Review for Probation. While the PQCR identified key issues and areas of improvement pertaining to family engagement, it found that engagement of youth in placement was positive and frequent.

### ***Family Engagement***

Overall, the PQCR found that probation engagement with the families of youth in probation, has been very limited. The PQCR found that families were typically interviewed only during the case investigation stage, and had little input to the case plans. In addition to case reviews and interviews with probation placement staff, focus groups with parents, group home administrators, Court staff and a Probation supervisor identified a variety of family issues. Specific issues identified by parents regarding engagement with probation included:

- No parent in the focus group had been involved in case planning; most did not know what a case plan was. About half of the parents in focus groups reported that they were rarely contacted during placement, and had few or no face-to-face meetings with the placement officer. The others, however, commented that communication with Probation had recently and substantially improved due to staffing changes.
- Almost all participants felt Placer County was not open and receptive to their needs; Probation did not typically meet with the family to explain the probation and court system and expectations, parental rights, or the probation process. They were rarely informed about what was happening with their child, particularly when he or she was in placement, and inquiries were rebuffed. Many parents noted that a parent advocate or parent support group would help parents understand the system and their role in advocating for and supporting their child.
- Most participants said that they were not offered services to help them address their child's and family's issues.
- Family visits to group homes are difficult due to long distances or restrictive months-long "black-out periods" on family visits imposed by some group homes.
- Some younger siblings were not permitted to visit, or to visit only through a Plexiglas window.

Since the PQCR, Probation Placement Officers have begun to focus on improving parent contacts.

The goal was to develop a parent meeting as a monthly service provided by Probation Officers to teach parents different methods of dealing with parenting issues, inform parents of different services available to them, answer questions and generally develop case plans and better understanding of what is going on.

### ***Youth Engagement***

In contrast, the PQCR found that probation engagement with youth was positive and regular. The placement Probation Officer met with the youth and talked to family members to assess the youth's needs. Case plans with monthly goals for reunification are clearly outlined and explained to the youth.

To avoid placement, Probation attempts to leave youth at home with general supervision, some counseling, diversion and work release. If indicated, wraparound, family counseling and in-home

support are provided to build family support systems.

Officers meet with youth monthly, working to build rapport and motivate them to address goals and reunify as quickly as possible. Informal ongoing assessment of the youth is made during monthly visits and documented in Placement Review reports. In some cases, probation officers develop a special agreement with the youth, providing incentives for more rapid reunification if the youth makes acceptable progress during a specific time period.

#### **4. General Case Planning and Review**

The Self-Assessment examined three aspects of the overall case planning and review system, including written case plans, concurrent planning, and termination of parental rights.

##### **Written Case Plans**

A unique aspect of the Placer County Children's System of Care is the Unified Service Plan (USP), a comprehensive, outcomes-based case plan, based primarily on the SDM Family Strengths and Needs Assessment (FSNA). While the Placer County Outcome Screen is helpful in identifying broad areas of need for a family by assessing the CSOC Outcomes of: Safe, Healthy, At Home or most home-like environment, In School/Work/Contributing, Out of Trouble and Economically Stable, the FSNA identifies the top three specific needs of the family which need to be identified in the CWS case plan. (See Part D, Quality Assurance System, Evaluating Positive Outcomes). This case plan incorporates all services and systems included in the Children's System of Care. These broad-based case plans are filed with the original dispositional report. Subsequent status reports show progress toward meeting the CSOC outcomes in addition to progress as measured on additional FSNA's.

The product of the case planning process is a plan aimed at increasing the likelihood of reunification and tailored to each parent, child, and situation. The social worker assigned to the case provides basic educational information such as minimum standards, stresses the importance of participating in services, and offers support, encouragement and coping skills. Other services, typically provided by contractors and funded by CSOC, may include parenting classes, drug/alcohol rehabilitation/ testing, psychiatric services/access to medication, parent training, and, where poverty is an issue, food, shelter, and medical care.

The Probation Department uses a state-approved case plan for their clients, and updates the plan every six months. Both Probation and Juvenile Drug Court plans reference the SMART outcomes and incorporate services provided through the Children's System of Care.

Placer County works to ensure fairness and equity toward ethnic and racial groups in the case planning process by addressing family preferences for ethnically diverse placements; training staff in cultural competency; coordinating services with Family Resource Center staff working in diverse communities; and providing language translators. CSOC continues to collaborate with the United Auburn Indian Community, Colfax Todd's Valley Tribe and the Mexican Consulate on placement and service delivery decisions.

##### **Concurrent Planning**

Concurrent planning, which involves planning simultaneously for reunification and permanency, is ideally built into every step of the case. Immediately after detention, workers attempt to find relatives who may be willing to foster or adopt the child. If relatives are not located or are not

approved for placement, CSOC makes an effort to place the child in a concurrent planning family, particularly when reunification appears unlikely. Concurrent planning families agree to actively participate in and promote reunification while also committing to potentially provide permanency and/or adopt the child.

CSOC strives to place all children under 3 with their siblings in concurrent planning families because the parents are only statutorily entitled to six months of reunification services. During the PQCR, workers reported that concurrent planning is a focus at the front end of the case, but not necessarily throughout the life of the case. When a child is initially removed, the Court investigator informs the parents of concurrent planning and permanency. They solicit the parents' feedback as to the appropriate permanent plan, should reunification efforts fail, and ask for viable family members that might potentially provide the permanency. A focus on concurrent planning beyond the initial stages of the case has shown to be mostly consistent system-wide, though somewhat dependent on the individual staff members. All Probation placements should have concurrent plans. Although most youth are expected to return to the home from which he or she was removed, plans are also in place to develop relatives, NREFM or foster care for where the youth may reside. Some youth are old enough to plan on transitional living and age out of the system with services. The PQCR found that formal plans are often not completed and filed in the youth's file.

### **C. Foster/Adoptive Parent Licensing, Recruitment and Retention**

The Self-Assessment team examined foster/adoptive parent licensing, recruitment and retention, and placement resources. They looked at the practices for approval of relative and non-relative extended family member (NREFM) placements.

#### **1. General Licensing and Compliance**

CSOC is responsible for maintaining licensing standards for and approving all county-licensed foster and adoptive homes. All caregivers, other adults regularly left to care for the children, as well as anyone in the home over 18 must have criminal record background checks. In addition, every home receives regularly scheduled inspection to ensure that they meet all approval standards and licensing regulations.

Licensing and adoptive home study services are provided in collaboration with Placer Kids, a public-private partnership between Placer County and Sierra Forever Families. Placer County licenses foster and adoptive homes. If a family chooses to adopt, their home study is usually completed by Sierra Forever families. Sierra Forever Families assigns a social worker to oversee placements with the family, visit the family and child weekly, or as needed, and provide other services to support the family and child.

If a family wishes to provide foster care services only, they are generally associated with Sierra Forever Families as well. Placer County licenses the home, the family agrees to take placements only through Sierra Forever Families, who assigns a social worker to provide weekly visits and supportive services. Foster families who choose not to be associated with Sierra Forever Families operate their homes as independent providers and work directly with CSOC.

## **2. Recruitment, Retention and Resources**

Recruitment of adequate and appropriate resource and concurrent families is critical to reducing multiple placements, avoiding recurrence of maltreatment and to timely placement in permanent homes. CSOC and Placer Kids continue to collaborate in recruitment efforts. First priority for placement is always relative care, to maintain family identity and connection to the child's family of origin. For children who cannot be placed with relatives, resource families must be recruited and supported. CSOC always attempts to keep the child in his/her own community and school.

### ***Recruitment***

There are a wide variety of recruitment efforts undertaken by Placer County and our community Partners.

PlacerKids and Sierra Forever Families continue to have a consistent presence in recruitment of resource parents and the North Gold Country Parents Resource Guide. The Recruitment Committee continues to identify new outlets and opportunities for recruitment, including media and social media, participation in many community events, and through the distribution of materials in high profile places in the area. Sierra Forever Families and Placer County collaborate on outreach consistently.

- Through a grass-roots effort, PlacerKids has partnered with several pizza restaurants and the Papa Murphy's Pizza chain to promote the need for families. Each pizza location places branded fliers on each take-out pizza box.
- Through the distribution of materials in the community, PlacerKids is creating many opportunities for awareness building. Bookmarks and brochures are distributed throughout the community at locations with high traffic.
- With the addition of the PlacerKids page on Facebook, we are spreading our reach and engaging the community through conversational and informative posts. The Facebook page is slowly gaining fans and these fans are beginning to share and re-post our messages. Social media creates an additional point of contact and an outlet for information for prospective families. The goal is to become an online resource for current and prospective families.
- PlacerKids and Sierra Forever Families will launch a YouTube channel and will produce short videos pertaining to our services, orientation, but most exciting, testimonials from families, former foster youth, and those connected to our mission. Six videos will be created for the launch. The goal again is to establish Sierra/PK as *the* online resource for youth permanency.
- The Ambassador Family Program continues to recruit and work with our finalized families for the intent of recruiting additional families through their networks in the community. PlacerKids is currently working with three finalized families who provide actively recruitment on our behalf. The families are volunteering at community events, speaking at community functions, and seeking additional opportunities for our mission to be shared. These families also distribute materials in the community and share our messages via social media. PlacerKids continues to reach out to our finalized families to enlist their support through becoming an Ambassador Family.
- If Placer Kids is unable to find an appropriate placement match with a Placer Kids concurrent family within sixty days, CSOC and Sierra Forever Families representatives

meet with peers from other counties in the Valley Exchange to identify out-of-county placements while continuing to search in Placer County.

***Other General Recruitment Efforts:***

- National Adoption Day is November 17 – PlacerKids and Placer County Children’s System of Care continue to create a memorable event at the historic courthouse in Auburn. This day, not only features the finalizations of multiple adoptions, but it also serves as a tremendous community event that is covered by local media, generating articles and news reports focused on informing the community about the need for families while highlighting those who have made the commitment to transform a child’s life and provide a permanent home through adoption.
- Media: Although, we have discontinued our radio presence on KAHN, we are successfully working with The Auburn Journal to build awareness in the community through the sharing of stories of our adoptive families and former foster youth.
- Placer County Web page: The Placer County web page includes information about licensing, foster parenting, adoption, orientation dates, applicable trainings and special events regarding foster care and adoption.
- In May of 2012, Placer Kids joined with 4 other foster agencies to do a Rapid Results recruitment campaign through a grant-based program called Project Chrysalis. The goal of this project was to recruit in 100 days, 16 families for school age youth. To date, at least 14 families have begun the application process.

***Focused Recruitment Efforts:***

- A recruitment and training event was held to generate interest for becoming a Foster Home for Native American Children. Most of the children with Native American heritage have had to go out of county to be placed in an ICWA certified home. There has been some success connecting with FFA’s to find culturally matched homes in the community that are self-identified, but the county is still lacking homes with parents who are tribally enrolled. In the last SIP effort, this need was identified, but the plan was lacking a strategy due to the lack of staffing available for recruitment.
- The School Stability Project, started in Fall 2011, aimed to find homes for youth attending school within the Roseville Joint Union High School District, to enable them to continue in their current school. The key approach involved inquiring of teachers and staff of the school if they were interested in providing care for a foster youth. Presentations were made to staff in all of the High Schools in the district which generated a great deal of interest in foster care. Early results have not yielded the quantity of placement options hoped for, but work continues in this area. Historically, many children have had to move from their schools and neighborhoods to be placed in foster care outside of their communities. It is our ultimate intention that the referral and placement processes piloted by The School Stability Project will be able to eventually be used in all county schools to keep all children in their communities and schools.
- Placer County is now using the School Connect software for placement matching. This program is intended to do better matching of foster parents to children, thus helping with

placement stability. We are finding that FFA's are not keeping the information as current as needed and there are some data entry lags. It is hoped through practice of all parties, that this system is able to provide up to date and consistent information.

***Recruitment Issues:***

- Families are usually available for babies and very young children. Finding placements for children over ten years old often presents challenges.
- Placer County has very few African American, Hispanic, or Native American foster/adoption families, and struggles to find appropriate placements for children of these ethnicities.
- There is also a shortage of out-of-home placement options for sibling groups.
- The county continues to need therapeutic foster homes willing to care for children with challenging behaviors and of all ages.
- A unique challenge in Placer exists in our Kings Beach and Carnelian Bay communities in North Lake Tahoe. Although workers have been very successful in placing children with relatives and non-related extended family members in the Tahoe area, foster families are in very short supply. Children removed from their homes in the Tahoe area must be transported to Auburn for shelter placement. If relatives or non-related family members cannot be found in the Tahoe area, the children are usually placed in the Auburn area.

***Retention, Training and Support of Foster and Adoptive Parents***

Sierra Forever Families employs a former foster parent as a foster/adoptive parent liaison. The liaison assists families through the process of becoming a foster parent, visiting their homes, helping them navigate the paperwork, answering questions and supporting the families throughout their various placements. The liaison is also the training facilitator, offers semi-monthly support groups for foster/adoptive parents, and supports families in a variety of other ways. Her outreach to community organizations has netted much-needed volunteers for our events and substantial monetary and gift donations to assist in supporting our resource families.

The level of direct support of resource families by social workers varies with the type of home. Children (and caregivers) in county-licensed foster homes generally receive only monthly visits from their caseworker, while children in foster homes with exclusive use agreements with Sierra Forever Families usually receive weekly visits and services depending on the needs of the families and children.

A contract was arranged between the County and PlacerKids early in 2012 currently called Permanency Support Services (PSS). This program models a less-intensive wraparound model and serves Medi-Cal eligible children in permanency plans or post-adoption. This program was instituted as the observation was made that Placer adopted children were being placed by their adoptive parents in out-of-home care, and had inadequate resources to work through issues to maintain their child in their home.

In addition, the following services are available to caregivers through the county or community partners:

- KidsFirst Family Resource Centers, located throughout the county, offer information and referrals to counseling, parenting classes, assistance with insurance applications, WIC, home visiting and many other services.
- Parenting support is offered by Placer County Resource Library, Placer County Foster/Adoptive Parent Support Group and Association, the foster parent liaison, family resource centers and Sierra College Foster and Kinship Education Program.
- Agency-based Public Health Nurses, for in-person or telephone questions and needs
- Foster Youth Services, offering school-related services and enrichment activities to children in care
- A list of physicians and dentists willing to take Medi-Cal patients
- Referrals to local therapists for behavioral health services
- Classes in child development, CPR, first aid, parenting skills and “burn-out prevention” are offered through the Foster/Kinship program at Sierra College. This program provides resource parents with more than an entire year of state mandated foster parent training.
- Referrals to Alta California Regional Center Services for children with special needs such as speech therapy, physical and occupational therapy, wheelchairs, etc.
- Free Childcare during most training classes.
- Assistance to families in need, from Peace for Families and Tahoe Safe Alliance.
- Behavioral intervention, substance abuse, and mental health specialty services for foster/adoptive parents and birth parents for children with mental or physical disabilities are offered by Sierra Mental Wellness Group , PRIDE Industries, Caring about Kids mentor program, and Kaleidoscope of Employment for Youth Success
- Placer County Foster/Adoptive Parent Association.
- Featured Family: Gift or gift certificate donated by the community to honor a family for distinguished service.
- Adoption Day and Adoption Picnic Day.
- CASA: Court Appointed Special Advocate.
- FFT: Functional Family Therapy.
- Wraparound Services Training for foster parents. Foster parents are also welcome to attend many CSOC staff training programs. (See table below)
- Lighthouse Counseling and Family Resource Center
- North Tahoe Family Resource Center
- Sierra Native Alliance

The geographically separate Tahoe area offers fewer services and little training for foster parents, other than two training days per year offered through Sierra College’s Foster/Kinship program. There are also few dentists and physicians in the Tahoe area willing to serve Medi-Cal patients.

## Training for Foster and Adoptive Parents

<b>Type of Training</b>	<b>Topics</b>	<b>Participants</b>	<b>Frequency</b>
<b>Adoption Training (Placer Kids)</b>	Home study process, legal and financial issues; challenges facing adoptive families; resources and support = six (6) hour training.	Potential and New Adoptive Parents - Mandatory	Quarterly
<b>Reunification and Concurrent Family Training</b>	Training around unconditional commitment, court processes, importance of supporting the reunification process, and easing birth family fear= three (3) hour training	Resource Parents with children in Family Reunification and/or permanency/adoption - Mandatory	Quarterly
<b>Shelter Care Training</b>	Licensing, county needs, children's needs, effective ways to work with children, medical information and record keeping.	Resource Parents exploring providing shelter care – Mandatory for all Shelter families	As needed
<b>Foster Parent Support Group</b>	Networking, mentoring, coping with problems and the stresses of foster parenting- 1 hour training component.	Foster Parents - Voluntary	Twice a month with Foster Parent Liaison
<b>Pre-service Foster and Adoptive Parent Training (PRIDE)</b>	Initial Training, 2 Saturday classes, 8 hours each, with 12 additional hours required annually. Initial Training: Licensing regulations, Five Competencies: protecting and nurturing children, meeting developmental needs, supporting relationships with birth families, connecting children to safe, nurturing, lifetime relationships, and working as members of a professional team.	Resource Parents – Mandatory initially	Training is now held 4 times per year, Families are able to take their training at Sierra Forever Families in Sacramento if more convenient for them.
<b>Events, Training opportunities through Sierra College Foster and Kinship Care Education Program</b>	Twelve hour training requirement; numerous trainings offered related to foster parenting with additional events available for foster families A variety of classes offered for parents.	Resource Parents	Two (2) evenings and one (1) Saturday per month

<b>Type of Training</b>	<b>Topics</b>	<b>Participants</b>	<b>Frequency</b>
<b>Northern California Training Academy, U.C. Davis</b>	Various topics related to Medical, Behavioral and Developmental issues of children	Resource Parents, Social Workers, and others working with children at risk.	As scheduled.
<b>Orientation</b>	Different ways to serve youth as foster parents. Licensing process and requirements, Adoption information, home study process, AAP	Community members who have an interest in fostering or adopting.	Once a month every 3 <sup>rd</sup> Thursday evening.
<b>TDM: Team Decision Making</b>	Understanding the TDM process, roles, goals and outcomes	Resource Parents, Social Workers. Mandatory 1 time for all Resource Parents during first year of licensing.	Twice a year

#### **D. Quality Assurance System**

The Quality Assurance System refers to an identifiable system in the county that maintains standards to ensure that quality services are provided to children receiving services via Child Welfare, Probation and CBCAP/CAPIT/PSSF.

##### ***CAPIT/CBCAP/PSSF***

PSSF funds are utilized both internally within CSOC as well as under contract with Sierra Forever Families (SFF) for foster parent liaison services. The foster parent liaison acts as liaison between CSOC social work staff, SFF social work staff, and resource/adoptive parents, and represents the Placer Kids collaborative in the community at a variety of community and service groups and activities. A CSOC program manager is assigned to the program, and together with the analyst/supervisor there is assurance that funds are spent in the manner designated by State guidelines; such activities include time study analysis, billing oversight, and evaluation of Placer's performance relative to AB636 outcomes.

CAPIT/CBCAP funds are contracted to KidsFirst, formerly Child Abuse Prevention Council, with direct oversight responsibility by CSOC. A CSOC program manager is responsible for monitoring each program for accountability.

CSOC leaders meet face-to-face with the KidsFirst Program Director or FRC site managers at least quarterly and more often if problems arise or special projects need to be addressed. In addition, KidsFirst submits a quarterly report on all program activities. These reports include all of the data identified by OCAP as necessary elements in the annual report, and ensure services for children who are at risk of abuse and neglect, such as Differential Response, and for children with special needs. This assures that the data required by OCAP is tracked accurately from the beginning of the reporting period. KidsFirst is currently using the Family Development Matrix to determine efficacy of services/interventions.

More detail about quality at KidsFirst is highlighted in prior sections of this report.

### ***Client Recruitment & Outreach***

Recruitment is fundamental to establishing and maintaining successful programs. KidsFirst's five principles of recruitment are: Maintain high program standards (to be confident participants are recruited to a program that is effective); organize before recruiting, make contacts with families well worth their time; the best recruitment is word-of-mouth, satisfied parents will do the best marketing in the community

Staff time is dedicated to raising awareness about the availability of services and enrolling participants. Outreach/education activities will include dissemination of information at school and community events, through public and private partnerships, to parent-teacher groups, information tables at small, medium and large events, media, newsletter articles, printed materials, and using informal opportunities to establish relationships, build trust, raise awareness, and promote parent involvement. KidsFirst's relationships in a number of community collaboratives provide additional opportunities to recruit participants.

KidsFirst invests substantial resources in reaching underserved populations and disseminates information through outreach activities year-round using a culturally and linguistically skilled approach. Monthly outreach touches a wide array of agencies, churches, service groups, schools, businesses, and community events. KidsFirst's bilingual/bicultural staff collaborate with numerous public and private providers to identify underserved populations, including Latinos, Native Americans, and the disabled. Ongoing assessment of promotion/recruitment activities will ensure that efforts are effective and successful.

The Placer County Probation Department utilizes multiple processes to monitor quality within placement. The probation department utilizes a web-based case management system called Caseload Explorer (CE). Probation Officers are assigned specific caseloads within CE and designated compliances. The Placement Officers adhere to a compliance standard of making a monthly face-to-face contact with probation youth at their group home or other placement. If this standard is not met, the youth's name will appear red in the CE system. The probation Supervisor and Senior monitor compliance and engage Probation Officers in weekly supervision. The Probation Supervisor and a Senior staff member also review CE event entries to ensure that Placement Officers are meeting with parents monthly and that all case plans and TILP's are being updated and included with all court reviews. The Placement Senior Officer also meets with Eligibility staff monthly to ensure all placement information is accurate. In addition, placement data is captured by the Probation Supervisor through a Quarterly Report which identifies the number of youth in placement, number of placements and number of placement failures.

The Children's System of Care and integration of Probation within this collaborative system affords youth and families with special needs many services. Much detail about this collaborative is available in prior sections of this report.

The Self-Assessment examined the structures in place to assure quality control for critical child welfare systems and juvenile probation placements, including measurement of systemic and client outcomes, documentation of services provided by non-county providers, and policies for

monitoring the Indian Child Welfare Act (ICWA) and the Multi-Ethnic Placement Act (MEPA) compliance. The assessment reviewed how mental health needs are addressed within the child welfare system, as well as compliance with child and family involvement in case planning.

The Health and Human Services Quality Improvement Committee (QIC) is fully engaged in review of these services. Detail about this integrated QIC process is highlighted earlier in this report. The county has long supported comprehensive and integrated evaluation and quality assurance systems. Since 1997, Placer County has tracked outcomes for children at multiple levels, within both county systems and contract and partner agencies. In 2002, evaluation of outcomes was incorporated into the county budget process, strengthening the use of outcome measures in county-wide policy development. Placer County has continued the processes for program development and evaluation through implementation of the Breakthrough Series in Child Welfare Services Redesign and the redesign of the Mental Health Quality Assurance program. CSOC has implemented monthly productivity reporting for child welfare services, mental health services and out-of-home placements. Reports are distributed to the Director and all managers and supervisors for review and action.

## **1. Evaluating Positive Outcomes, County and Non –County Services Providers:**

### ***Child and Family Outcomes***

Placer County believes that the broad dissemination of outcome data is critical to promoting a quality improvement culture. In 1997, the Children’s System of Care, in consultation with the Placer Collaborative Network, developed the Placer County Outcome Screen to evaluate family strengths and service needs. The screen, used by county family-centered service teams as well as many community providers, assesses family needs in a holistic fashion, measuring success in six (6) outcome areas: keeping the family safe, healthy, together (at-home), in school or at work, out-of-trouble, and culturally supported. At the systems level, information is collected for children and families participating in behavioral health, child welfare and probation services provided through both the Adult and Children’s Systems of Care. This outcomes data is used to evaluate and analyze services, resources and effectiveness. Through thorough testing, the instrument has been shown to have face validity and significant measures of family-based outcomes.

The Placer County Outcome Screen has become the performance or evaluation measure for all Children’s System of Care county and county contracted programs. In FY2006-07, Placer increased reporting on the outcome indicators of safe, healthy, together (at-home), in school or at work, and out-of-trouble through the implementation of a quarterly reporting process. In FY11-12, culturally supported was added as the sixth measure of self-sufficiency.

Currently, outcome reports are done annually and distributed to staff. However, to ensure and improve continued validity, CSOC will be conducting a rater reliability training for all CSOC staff and contractors in FY12-13.

### ***AB636 and Federal Performance Indicators – Child Welfare Services:***

Although the measures have transitioned, Placer County has tracked five Federal Performance Indicators for child welfare services since FY2001-02. Performance measures that are regularly tracked include:

1. Percent of children in foster care experiencing two (2) or fewer placements. (Composite Indicator C4)
2. Percent of children reunified with families in less than 12 months. (Composite Indicator C1)
3. Percent of children adopted in less than 24 months. (Indicator C2.1)
4. Percent of children re-entering foster care through age 18. (Indicator C1.4)
5. Percent of children experiencing recurrence of abuse or neglect. (Indicator S1.1)

Each year, the county performance on these measures is evaluated in terms of compliance with national standards and in comparison with 10 surrounding counties and the state indicators. Federal Performance Indicators are reported by percentage of children meeting the requirement, as generated by University of California, Berkeley under contract with the Department of Social Services.

In addition to the above Federal Performance Indicators, Placer County regularly tracks several of the AB636 California Performance Measures including monthly reporting on:

1. Timeliness of Response (Immediate and 10-day Response) (Indicator 2B),
2. Timely Social Worker Visits with Child (Indicator 2C), and
3. Participation Rates (Referrals, and In Care Rates)

Semi-Annual and Annual reporting is completed on all of the above Federal and AB636 Performance Measures as well as:

1. Participation Rates (Substantiation Rates and Entry into Foster Care),
2. Placement with Siblings (Indicator 4A),
3. Least Restrictive Placement (Indicator 4B),
4. ICWA Placements (Indicator 4E), and
5. ILP Participation Data (Indicator 8A).

### ***County Performance Reviews***

In FY2003-04, the Placer County Board of Supervisors adopted a series of performance measures as an ongoing part of the county budget process. In the Children's System of Care, performance measures were implemented in four (4) primary service areas: emergency or crises response services, behavioral health, child welfare, and system integration. Although use of performance measures for budget reviews was subsequently discontinued, CSOC expanded performance reporting to a monthly process to demonstrate the progress made in completion of goals and provision of services. These monthly performance reports are distributed to all management and supervisory staff. Annual reporting is completed in September and distributed to all staff, supervisors, and managers.

### ***Multiple Level Service Analysis***

In addition to strategic or outcome measures of performance, Placer County uses operational data to review the extent of program use and client flow across the Adult and Children's Systems of Care. Service use is measured to inform policy and priority development for services and resources. It also measures team and staff performance to promote optimal assignment of staff resources, and provides information on family service participation for use in developing family service plans.

Placer County's evaluation system is fully integrated, providing both strategic and operational information and tracking for all services provided through the Children's System of Care. The Systems of Care Statistical Review and Analysis Process links four program-level management information systems, including AVATAR (a county mental health billing and services tracking system), the California Alcohol and Drug Data System (CADDs, a statewide substance abuse information system), the Child Welfare Services/Case Management System (a state data reporting system) and Tiberon (a county designed law enforcement system). In the past, information was provided on five levels of service reporting in a standardized format, including a broad overview of services, a breakout by county/private providers, an internal team report, staff case and workload activity, participant or client profiles, and analysis of services.

In FY2008-09, Placer moved from a "levels" based reporting system to a monthly evaluation of key performance issues with a semi-annual and annual reporting of broader issues such as participant outcomes and the Federal and AB636 Performance Measures noted above. As a result of the integral evaluation and data management system utilized in the Children's System of Care, information on services is now available for analysis back through FY1996-97 on most system level programs.

### **2. Indicate the County Policies for Monitoring ICWA and MEPA**

Compliance with the Indian Child Welfare Act (ICWA) and the Multi-Ethnic Placement Act (MEPA) is monitored at three levels. First, at the decision-making level, Placer County's QIC addresses issues of accessibility to services and the quality of care for services provided through the county and by network providers. The QIC monitors accessibility of services for cultural specific, language specific or disabled populations, including ICWA and MEPA compliance, and recommends systems change to improve the quality of care provided through the Placer County Systems of Care.

Secondly, the PlacerKids team of county and non-county members is responsible for the service level of review for MEPA compliance.

Finally, Placer County believes that the best method of assuring sensitivity to family and culturally related issues is through family involvement and participation at every level of our organization. Families participate in Family Team meetings (FTM's), and Team Decision Making (TDM's), and parent, consumer and community participation is incorporated into the county advisory and decision-making committees or boards.

### **3. Assess the Efficacy of the Monitoring System**

CSOC provides a full range of "deep end" services for children and their families, including psychiatric, behavioral health, protective services, foster care, as well as public health and probation services. The authorization of these services, however, is being more closely scrutinized due to budget constraints. ASOC provides a similar range of services for adults,

including vocational services, public guardian and In-Home Support Services. ASOC services are also being provided on a more limited basis with emphasis on adults with a higher level of need.

The county's efforts to assess the need for mental health services, as well as to inform and solicit input from the community is highlighted earlier in this report. These efforts focused on reaching current clients, individuals, families, and groups who are under-served or not receiving services, community partners, and stakeholders.

### ***Promotora***

A Promotora is a Latino community member who serves as a cultural and linguistic liaison between our health care providers and our service families, assisting families in case planning conferences, making referrals to needed services, breaking down barriers to services and offering support to the family. Currently, Placer County has eight (8) Promotoras. One Promotora has been assigned to CSOC 20 hours per week to work alongside our social work staff in our Emergency Response and ongoing child welfare units to help educate the families, and teach CSOC staff how to better engage and provide services to the Latino families. We are seeing much improved relationships and outcomes for families receiving these services.

### ***Sierra Native Alliance***

The Sierra Native Alliance (SNA) provides cultural education, family resources and environmental preservation activities in the Sierra Nevada Foothills region with a goal of helping to preserve the Native American culture. Currently, SNA offers a number of programs and community education services including family advocacy through the Native Family Wellness Program, in-home support for families with children ages 0-5 through Community Health-Home Visitation, recovery services through the White Bison and Warrior Down Recovery Groups and youth services including an after school tutoring program, mentoring and the Native Youth Council. Cultural and linguistic classes and workshops promoting awareness of the Native American culture are also offered including an annual community Pow Wow that is attended by over 3,500 people yearly.

### ***Accessibility to Services in Kings Beach***

In 2010, Placer County HHS completed a progress report on achieving Latino accessibility to services in Kings Beach, a small community on the North Shore of Lake Tahoe. As of the 2010 census, 55% of the community is Hispanic. Although the findings regarding service penetration rates for Latino's was mixed, overall, the community reported increased bilingual and bicultural professional service staff, increased bilingual and improved bicultural awareness in child welfare services and increased bilingual and bicultural family advocacy, education and outreach services.

### ***Assessing Behavioral Service Needs of Probation Children***

In the 2009 CSA, Placer reported that Probation was reviewing two (2) assessment tools for use in the Juvenile Detention Facility and possibly in the field to assess service needs of children participating in Probation. Currently, the MASHI II is used for services provided through the Juvenile Detention Facility and the Behavioral and Emotional Rating Scale (BERS II) is used in the Diversion process.

### ***Special Education Local Planning Areas (SELPA)***

The Placer SELPA has worked collaboratively with Placer County Children's System of Care for many years. For a number of years, the Placer County contract with SELPA outlined a joint commitment to a child-centered, family-focused continuum of care and guided mutual problem solving and accountability for meeting the needs of children, youth and families eligible for special education. Over this time, Placer County witnessed an increase in the number of children in child welfare services also receiving educationally related mental health services (ERMHS). However, changes implemented through the California budget redirected funding and the responsibility for providing ERMHS services to the local county school districts. Subsequently, accessibility to IEP services by children involved in child welfare services has declined. The system used to ensure children with special needs and their families receive effective services.

The integrated approach to the Children's System of Care enables planning that addresses all service needs including mental health services, alcohol and drug treatment needs, medical or dental care, probation services, education needs and child welfare services designed to reunify the family or provide for the permanency needs of the children.

A key to providing the special needs that children and their families possess includes engagement of families in the service delivery process. Engaging families early in the service delivery process through active assessment and planning can better enable the Children's System of Care to meet the specific needs of the children, parents and family members. In FY1996-97, Placer County adopted a family centered service system designed to engage parents and families in services from the direct services level to administration. Areas of participation include:

### ***Parent Involvement Coordinator/Manager***

In FY1997, Placer County Children's System of Care began development of a Parent Involvement Coordinator/Manager. The position was designed to provide consultation, training and policy guidance on involvement of consumers and families in our child welfare, probation, special education and behavioral health programs. The success of this program in encouraging parent participation has been excellent and has led to requests by staff and parents for additional expansion of this highly effective approach at engaging families and staff in a change process. Currently, S.M.A.R.T. Children's System of Care contracts with Mental Health America to provide family advocates with lived experience within the scope of child welfare or mental health. These advocates are an integral part of the Wraparound team. The parent advocacy staff is comprised of one (1) Parent Advocacy Program Director and nine (9) Family Advocates. The Parent Partner Program Director, or designated Family Advocate, also offers direct advocacy services for families and serves on the SMART Management Team (SMT), the Family Resource Community Collaborative (FRCC) Team, Reorganization Workgroups and Quality Improvement Committee (representing four (4) decision-making teams), CSOC Management Meetings, and attends regularly scheduled staff meetings.

### ***Youth Empowerment Support (YES) Program***

The Youth Empowerment Support (YES) Program was developed through the SAMHSA cooperative agreement and was initially housed under the Parent and Youth Advocacy Program. In 2009 CSOC contracted with Whole Person Learning for the necessary services provided through the YES Program. YES staff provides Youth Coordinator services to youth receiving wraparound services and older Transition Age Youth (TAY) age 18-24 years eligible to receive

MHSA TAY services. The youth coordinator staff is comprised of one (1) Youth Coordinator Program Manager and two and one-half (2.5) youth coordinators who also have lived experience.

### ***Family Team***

Parent or consumer participation starts with the involvement in a family team process for the determination of services. The family team uses a family centered approach to encourage the parents' active connection in the development of the services plan and involvement in the service process. Besides offering an active role in the determination of goals and services, these family team plans also provide feedback on the process through review by supervisors and program management. Family involvement in treatment is recognized as an important issue, and cultural competence training will promote understanding of clients' family roles, and the ways in which varying degrees of acculturation within a clients' family can impact on his/her responses to treatment. Knowledge of the clients' culture, language, and spiritual beliefs will enhance treatment and assist in maximizing strengths.

### ***Family Resource and Community Collaborative (FRCC)***

Prior to June 2012, CSOC operated a SMART Management Team (SMT) and a Placement Review Team (PRT) (a subcommittee of SMT). SMT was designed to provide management level review of intensive cases and provide assistance to the Family Teams in securing services that may be needed. PRT provided a review of all placement recommendations for RCL levels above a foster home or all changes in placement levels. Effective June 2012, SMT and PRT was combined into a single process and the team was renamed the Family Resources and Community Collaborative (FRCC) to reflect a greater commitment to family participation in case planning and placement decisions. Membership in SMT included managers from Adult and Children's Systems of Care, Placer County Office of Education (PCOE), Community Health. Representatives from both the Family Advocacy Team and the Youth Empowerment Services Program are permanent members of FRCC.

### ***S.M.A.R.T. Policy Executive Advisory Committee (SPEAC): SPEAC***

As of FY05-06, the Parent Program Director serves as a member of the S.M.A.R.T. Policy Executive Advisory Committee (SPEAC), the executive committee for the S.M.A.R.T. Policy Board (discussed under Goal 1, above).

### ***Quality Improvement Committee***

Consumer or parent participation in the Placer County quality improvement process is through the Quality Improvement Committee. Placer County's Quality Improvement Committee serves as a decision making board to the Adult and Children's System of Care, addressing issues of accessibility to services and the quality of care for both our directly provided services as well as for our private provider network.

### ***Placer Collaborative Network***

Finally, the concept for Placer County's Systems of Care and the emphasis on integrated services for our families developed in conjunction with the Placer Collaborative Network (PCN). The

PCN is a community wide partnership of public and private providers, organizations and groups, including county parent and consumer representatives. Its purpose is to provide a cooperative and coordinated planning process for health and human services throughout the county. Recommendations for the delivery of services are brought back to the S.M.A.R.T. Policy Board for consideration towards Placer County policy.

***County's Policies and Procedures for Documenting and Monitoring compliance with child and family involvement in case planning process***

As discussed above, Placer County implemented a family centered model for service participation in Fy1996-07 through the development of family team and creation of a parent involvement coordinator to promote family participation.

In FY2004-05, Placer County implemented Family to Family (F2F) sponsored by the Casey Foundation, and adopted Team Decision Making (TDM) for review of placement related case needs. Effective FY12-13, a full time social worker has been assigned to complete and track participation in TDM's in order to increase family participation in this process.

***Concurrent planning in every case receiving reunification services***

Placer County's goal is reunification of families as soon as it is safe to do so. Services can be designed to support families through in home supervision and interventions, enabling the family to better ensure that the family's health and safety needs are met, allowing early and permanent return of the children. However, it is important to help ensure that the permanency needs of the children are met if, for some reason, reunification is not achievable.

***Meeting TPR timelines and documentation of compelling reasons***

During the detention process, parents are informed of the need to start concurrent planning and are informed of at multiple times the requirements and implications of termination of parental rights (TPR). Permanency plans for children are discussed as including guardianship, long term foster care or adoption. Timelines for TPR are specified in all court documentation noting that parental rights can be removed at six (6) months for children under three (3) years of age, or siblings who are older but in placement with a child under three (3), or, for children over age three (3), at 12 months.

Permanency needs of the children are included as a part of the family planning process, which includes identification of relatives or any extended family members who may be willing and/or eligible to meet the permanency needs of the child in the event that reunification is not possible. Workers in the Court Unit for Children's System of Care are assigned to locate "missing" relatives to assess their eligibility for long term care of the children. A part-time family finding social worker is present at detention hearings to inquire of the family potential viable relatives for placement.

Permanency needs of the children, including TPR, is discussed as a part of the court hearing process and documented in all transcripts. In addition, Placer County courts encourage the continued participation of relatives through generally allowing continued contact with the children during placement.

### ***Development of a Transitional Independent Living Plan for each child age 16 and over***

The Children's System of Care uses an internally created form, CARE 143, TILP Referral for ILP services. Each quarter, a list of all youth in foster care who are turning 15.5 years of age is sent to the Client Services Program Manager in charge of ILP services and forwarded to the County ILP program. The ILP program matches that list with referrals completed and the names of children who have not been referred for services is forwarded to the CWS/CMS – Informational Technology Technician located in Children's System of Care to identify the ongoing social worker assigned to the case. Once identified, social workers for those children who have not completed referrals to ILP are contacted and tracked to ensure that the referrals for eligible minors are completed and returned for entry into CWS/CMS.

### ***Placer Youth Placed Out-of-County***

When the ILP Program receives a referral for a Placer youth who is placed out of county, they verify with Eligibility that the youth qualifies for ILP services and then completes a one page form called the "Out of County Referral Form" which is faxed or emailed to the ILP Coordinator in the county of placement along with a copy of the current TILP. A confirmation of receipt is requested and filed with a copy of the referral, TILP, fax cover sheet or copy of email if scanned and emailed, in a binder specifically for out of county referrals. Any updated TILP's from the social worker or probation officer is faxed or emailed to the county of placement and added to the file in the binder. The binder is organized alphabetically for easy access for finding a youth. Previously, on a quarterly basis, a National Youth in Transition Database (NYTD) Services Report Form was sent to each county serving a Placer youth, along with a request that the form be completed and returned for NYTD documentation. However, due the very low response rate, these NYTD Services Report Forms are no longer sent. Counties either did not respond or responded and said they had no record of the youth referred to ILP.

### ***Placer Youth Placed in Placer County***

When a referral is received for a Placer youth who is placed in Placer County, Eligibility is contacted to verify that the youth qualifies for ILP services and then the youth is entered into a data system. An ILP Coordinator is assigned, usually the same day, but always within a week of receipt. The referral and TILP is then given to the assigned Coordinator for contact. The Coordinator creates a binder for the case where all documentation, except for case notes, will be contained. Policies and Procedures for Contact include the following:

1. Coordinator shall make initial phone contact attempt to youth within 5 business days of receipt of new case.
2. Coordinator shall make initial in person contact within 10 business days of receipt of new case.
3. Coordinator shall attempt/complete phone contact a minimum of once monthly with youth.
4. Coordinator shall attempt/conduct face to face contact a minimum of once every 6 weeks with youth.
5. Contact shall consist of a minimum of 3 attempts made via phone (text or call), email, and Facebook, as evidenced by documentation.

6. If Coordinator cannot locate youth via phone (text or call), email, or Facebook, Coordinator will seek out CWS worker, Probation Officer, CASA/Mentor, or any other known person involved in the youth's case, to obtain current contact information.
7. All contact must be documented in ETO.
8. Ongoing contact frequency will be determined by Action Planner and needs of the youth.

A case is kept open until one of the following happens:

- 1) The youth ages out
- 2) The youth moves out of Placer County (whenever possible a referral to the county where the youth is moving is made)
- 3) The youth requests to no longer receive services
- 4) The youth cannot be located and there has been no contact on the case

A youth may come back at any time and the case can be reopened provided the youth is under 21.

Monthly, per NYTD requirements, a report is submitted to the county CWS/CMS - Information Technology Technician, which includes the NYTD services provided to all youth served in the program for the previous month. The report contains both Placer County of origin youth and out of county youth. The county requested all names on the report to get a larger picture of the number of youth served, although only data can be recorded of the Placer County of origin youth.

### ***Strengths of the Current ILP System***

The CSOC contract for ILP services allows ILP to be very individualized in order to better meet the needs of the youth, recognizing that each child is unique and has their own needs and goals. Because Placer has adopted the 1:1 case management model; ILP services are not confined to cookie cutter style workshops. Staying within the contact guidelines, the ILP Coordinator can meet with youth the minimum amount of times required or more frequently, depending on their level of need. This allows the ILP program to provide high quality services. The other strength is that the contract allows for broad interpretation of incentive money. Many counties have a predetermined list of how incentive monies can be spent, which can place limitations or expectations on what is considered an incentive. However, something that may be motivating to one child may not be motivating to another, so it is inherently more beneficial to have the freedom to use the incentive money based on individual motivation. This funding flexibility also allows the program to host educational and fun events throughout the year, which motivates youth to participate and gives them a wider range of services.

### ***Challenges of the Current ILP System***

Transportation remains a challenge for the ILP program. Buses do not run late, so any evening activities are challenging for youth to attend and daytime activities can be difficult with school and/or employment. Transportation to events is often limited to personal vehicles of the ILP Coordinators and, with only 3 ILP Coordinators, transportation is restricted to a maximum of 8 youth. If these youth live in outlying areas, the amount of time for pickups and drop offs can be extensive and foster families are often not willing to assist with transportation. Subsequently, the program is not always able to get these youth to events.

Another challenge is getting NYTD documentation from other counties for Placer youth placed out of county resulting in a huge challenge directly related to missing NYTD data. Failure of the State Department of Social Services to take the lead in coordination of NYTD reporting requirements has resulted in a “hit or miss” cross reporting of ILP services between counties. Counties serving Placer youth should send quarterly reports but usually do not. Without those reports, the County does not have the data, and cannot enter it into CWS/CMS.

***Family to Family Self Evaluation initiative and assess the success of the implementation***

CSOC is a Family to Family site. CSOC has adopted Differential Response, Team Decision-Making, Resource Family Recruitment and Support, Icebreakers, and Destination Family. Data bases and tracking procedures have been developed for all F2F strategies, but with workload increases and budget cuts, follow-up to ensure compliance has decreased. Staff are required to convene TDMs at several points in the case: if a child has been at the emergency shelter for more than a week without a placement identified, if a placement appears to be at risk of failure, for every placement change, prior to returning home, and three months prior to emancipation. Additionally, a minimum of 25% of all Court cases have a formal Family team meeting prior to disposition in order to develop a case plan. CSOC has one full-time facilitator and several part-time facilitators for both TDM’s and Family Team Meetings.

**E. Service Array**

**Available Services**

***Respite Care:***

There are few resources for respite care in Placer County. Alta Regional Center helps with respite for severely handicapped children and adults. Due to budget cutbacks, Alta regional is very strict about the criteria of clients for their services as meeting very distinct criteria. Health for All provides day time activities for adults with memory loss and head trauma. Families with children receiving wrap-around services and foster families often are in need of respite care for the children. Placer County does not have an active crisis nursery for children, however the Crisis Resolution Center can provide a temporary place for teens. Sometimes the foster parents are able to arrange with other foster parents for respite, but for children with challenging behaviors respite services may be difficult to locate and arrange.

***Housing and Shelter***

Placer County has a number of places to help with housing; however shelter resources are extremely limited in relation to the need and most are full with waiting lists. They include:

- Placer County Housing Office: Subsidized rent to low-income households through housing assistance. Available to eligible families, senior citizens, and disabled persons.
- Homeless drop in centers: New Beginnings and the Gathering Inn (recently back in operation) in Roseville offers emergency overnight shelter with some prerequisites.
- Family Resource Centers offer housing counseling.
- City of Roseville offers low cost housing counseling.
- Foothills Habitat for Humanity has offices in Roseville.

- Section 8 housing voucher program provides rental assistance to very low income families through the HUD program. Locations in Auburn and Roseville.
- Seniors First offers services and resources for Senior Housing.
- Advocates for Mentally Ill Housing- offers permanent and transitional living for adults with mental illness.
- Acres of Hope is transitional housing for homeless women and children. Residents can stay for up to 2 years to save money, gain employment, and participate in various services.
- Salvation Army and St. Vincent de Paul offer housing assistance.
- Salvation Army: Emergency housing for up to one week.
- Peace for Families offers shelter for women and young children escaping violence.
- Lazarus Project has 3 transitional homes for homeless men
- Home Start: Transitional home for homeless and families with certain restrictions Families can stay for up to one year. General support and counseling is offered.
- Transitional Living programs for families and individuals in recovery include: New Leaf, Re-entry, Recovery Now, and Victory Outreach.
- Some hotels in Auburn do work with SOC to provide short-term shelter for families.

Some of the gaps identified are low-cost/transitional living in the Auburn area, transitional living for men with children, transitional living for women with older male children. Most transitional programs in Placer are Christian-based which can limit accessibility to diverse populations.

### ***Substance Abuse***

Placer County residents have a wide range of substance abuse treatment services available through the county's system of care as well as over 20 community based organizations. Services range from AA to residential treatment.

Placer County Adult System of Care provides substance use services through out-client treatment, for indigent and uninsured, information and referral services and gambling addiction services. In addition the County provides services to Placer County residents for Drug Court and PC1210 Recovery Court programs. Screening clinics are offered free to County residents for alcohol and drug issues. Recommendations regarding resources, referrals, services and treatment options are provided.

Several populations are served in various treatment settings throughout the county and surrounding area. The residents of Placer County can receive Residential, Transitional, Intensive Out-client, Out-client, Perinatal, DUI, Co-occurring, Native American perspective and Resource/Referral services. Adult services are provided by 30 community based organizations and by Placer County Adult System of Care. Of the 30 providers in the area, 10 are in Placer County and 6 have are contracted by Placer County. Adolescent services are provided by 10 community based organizations. Of the 10 providers in the area, 2 are in Placer County and both are contracted by Placer County. Funding for adolescent services however has not been and continues to be unavailable for treatment services. Perinatal services are provided by 9 community based organizations. Of the 9 providers in the area 4 are in Placer County and all 4 are contracted by Placer County. DUI services are provided by 6 community based organizations. Of the 6 providers in the area, 1 is in Placer County and is contracted by Placer

County. Transitional Housing services are provided by 13 community based organizations. Of the 13 providers in the area, 6 are in Placer County and 4 are contracted by Placer County.

### ***Support Groups***

There is a wide variety of support groups available, though some are transient and difficult to locate as they start and stop frequently. They include:

- Spanish language support groups occur weekly through the Latino Leadership Council in conjunction with Kids First and the Lincoln Lighthouse. These groups in Roseville, Lincoln and Auburn are led by a Promotora and help women and their families cope with issues and learn skills to overcome challenges.
- Post Adoption support groups are held monthly in Auburn.
- Foster Care support groups are held monthly in Roseville.
- Kinship support groups are held monthly in Roseville, Auburn and Granite Bay.
- Alcoholics Anonymous support groups are held throughout the county.
- Narcotics Anonymous support groups are held throughout the county.
- Al-anon, support groups for families and individuals affected by a relative or friend's alcoholism are held through the county at various locations and times.
- Alateen, a support group specifically for teenagers who have been affected by a relative or friend's alcoholism are held weekly in Roseville.
- Gamblers Anonymous support groups are held North Lake Tahoe, Truckee, Auburn and Roseville.
- Grief and Loss, Widow and Widower support group held through Sutter Hospitals in Auburn and Roseville. Groups also held for children.
- Geriatric support groups held through Seniors First in Auburn and Roseville, offer senior peer counseling.
- Domestic Violence support groups held through Peace for Families in Auburn and Roseville. Peer Domestic Violence support groups are held in Kings Beach and Tahoe City through Tahoe Safe Alliance.
- Breast Cancer support group and Ovarian Cancer Support Groups meets in Auburn and Roseville through Sutter Hospital as well as in Granite Bay and Rocklin through Bayside Church.
- Prostate Cancer support group is held in Roseville through Sutter Hospital.
- Breastfeeding support group are held in Roseville, Granite Bay, Loomis and Auburn through La Leche League.
- Stay at Home Mothers support Group held in Granite Bay, Rocklin and Roseville through MOMS Club.
- Single Parent support Group held in Lincoln.
- Parents, Families and Friends of Lesbians and Gays support group held monthly in Auburn through PFLAG.
- Support groups for eating disorders are held in Roseville at various locations through Overeaters Anonymous.
- Autism Spectrum Disorders and Learning Disabilities support group held monthly in Auburn.
- Down Syndrome support groups held monthly at rotating locations in Placer County.
- Support groups for caregivers are held in Auburn and Roseville.

- Alzheimer's/Dementia support groups held in Truckee, Roseville, Rocklin, and Auburn.
- Multiple Sclerosis support group held in Roseville.
- Parkinson's disease support group held in Auburn and Roseville.
- Stroke support group held in Roseville.
- Traumatic Brain Injury support group held in Granite Bay.
- Caregiver support groups provided by the Hospice Program.
- Father's support group held in Auburn and Roseville through Golden Sierra Life Skills.
- Veterans support Groups offered through Veteran's Services.
- Smoking support Groups are offered through Kaiser and Placer County Tobacco Prevention Program.
- Support groups for family members with a mental illness are held throughout the county through NAMI.
- Depression/Mood Disorder support group for seniors, men and women held weekly at Placer Independent Resource Center.
- Disability support group offered at Placer Independent Resource Center.

### ***Youth/Teen Support Services***

In addition to the many programs available through various school districts, community-based resources are also available, and due in part to MHSA funding, have been created or expanded.

- The Youth Empowerment Support Program is a collaborative between Adult System of Care, Children's System of Care, and Whole Person Learning. To meet the needs identified by Placer County Systems of Care and feedback received from youth and young adults in the community, we developed four components of the YES Program:
- The Youth Transition Action Team (YTAT), Transitional Age Youth and Transitional Housing Program Plus (THP) are all services for transition age youth exiting the foster care system; helping with job, college, budgeting, housing, and mentoring. YTAT's mission is to integrate youth voice into systems of care, education, employment and the community to provide youth a smoother transition into adulthood. YTAT brings all community resources to one table to better assist youth in transition.
- Boys and Girls Club in Auburn and Tahoe offer leadership, youth empowerment, to age 18.
- The Coalition for Placer Youth is a coalition of providers seeking to help change the social environments that impact the availability of alcohol and drugs for youth. They were actively involved in creating a youth commission to lead youth development projects.
- Transition to Independence Process (TIP) - Unity Care Group is a community-based, non-profit youth and family development agency. Founded with the goal of developing educational and social programs to enrich the lives of at-risk youth, our mission is to provide quality youth and family programs for the purpose of creating healthier communities.
- Sierra College Transition Support Team (CTST) is a partnership between Community Foster Youth Services professional and Sierra College Faculty and Staff addressing the needs, concerns, and issues that affect the success and retention of Former-Foster-Youth Students attending Sierra College.

- Sierra College Puente Program is designed to link college students of color with various opportunities and supports to help them experience academic achievement.
- **Linkage to Education:** Mission is to help foster and probation youth in the transition from one system into another, college. They help youth in this important passage through peer support, help with textbooks and class information, on-campus guidance, while promoting resiliency so they may have the ability to learn.
- **Foster Youth Services:** Tutoring and enrichment activities for foster youth.
- **Placer County Foster Youth Services (FYS)** program provides support services to youth who have been displaced from family, friends and school due to physical and emotional abuse, neglect or abandonment. FYS staff is dedicated to: provide school stability and academic success, secure and maintain accurate school records, provide youth access to supplemental educational opportunities, and facilitate transitional services. FYS staff are employees of the Placer County Office of Education, co-located within the Children's System of Care. They act as educational liaisons on multidisciplinary teams comprised of public health nurses, probation officers, and mental health and Child Protective Services social workers in order to provide more comprehensive support and services to children and families who are at highest risk.
- **Native Youth Services, Sierra Native Alliance** offers a variety of culturally-based services to meet the needs and interests of developing youth and young adults. **Indian Education Afterschool Tutoring, SNA** offers tutoring and academic support through the Title VII Indian Education program, from 3-6pm Monday through Thursdays at the SNA Cultural Education Center. Students in the tutoring program are also able to participate in cultural arts activities Monday through Thursday, including drum/dance, cultural arts, hand games, and Nisenan language classes. **Youth Council/Leadership Group:** The Native Youth Council is a youth-motivated leadership program. The Native Youth Council plans trips, cultural and environmental activities, hosts presentations and service projects with Native youth in the region. Native Youth Council meets the 2nd and 4th Wednesdays 4:30- 6:30. Meal provided. **White Bison- Medicine Wheel for Youth,** The Medicine Wheel and 12-step Program is a culture-based substance use prevention and recovery program for Native American youth. Based on the White Bison teachings, this peer-led program uses the medicine wheel to address underlying causes to promote wellness.
- **Youth Advocate:** CSOC hires a youth advocate to work directly with young people in the mental health and foster care systems.
- **Independent Living Program:** Youth are educated and prepared to make the transition to adulthood and toward self-sufficiency. They receive the necessary resources and information needed to be independent, navigate systems, and be advocates for themselves in order to make progress toward their goals. ILP serves youth aged 16-21 who are current/former foster/probation youth, and are either preparing to exit foster care or are already aged out of care.
- **California Youth Connection** is guided, focused and driven by current and former foster youth with the assistance of other committed community members. CYC promotes the participation of foster youth in policy development and legislative change to improve the foster care system, and strives to improve social work practice and child welfare policy. CYC Chapters in counties throughout the state identify local issues and use grassroots

and community organizing to create change. Placer County's Local Chapter is working on improving ILP services.

- Crisis Resolution Center provides a wide variety of residential and out-client services at no cost to Placer County. The purpose of this program is to provide brief solution-focused family intervention that will resolve family crises and establish reunification of children ages 12-17 with their families.
- Youth Employment Opportunity Program: Youth age 14 to 21 help to finish school and find a job. Provided by EDD and Golden Sierra Job training.
- Workability provides secondary students with an understanding of job seeking and job keeping skills. The employability of students improves through occupational class training and on-the-job subsidized or unsubsidized work experience. Each high school has a counselor at their site.
- Crossroads Employment Services works directly with youth who are 17-21 deficient in basic literacy skills, school dropout, homeless or former foster youth, pregnant or parenting. Youth are assisted in completing an educational program and/or help to find employment.
- TAPP provides service for teen pregnancy prevention education.
- There are also high schools throughout the county that provide education for pregnant and parenting teens and male involvement programs.
- The Lords Gym: Abundant Life Fellowship (Youth Outreach Sports Center) A youth outreach sports center that offers Weights, Exercise Equipment, Basketball, Boxing, Break Dancing and more. Fees by the month. Reading and Learning Center open after school for tutoring.

### ***Translation Services***

Placer County has contracted with Language World for on-site interpretation (verbal) services and translation of documents for Spanish speaking families.

The Latino Leadership Council has provided some translations of non-court documents and forms as requested by county staff, but does not have the current funding to continue this service. Additional challenges occur when families who go to court do not receive Spanish reports, but are instead provided with an English copy, which is read on-site by an interpreter. This can leave the family with no written documentation and results in confusion about court outcomes. Placer County uses the language line when necessary, but a continual challenge is the lack of knowledge by employees in using this service. Oftentimes, they will seek services from a promotor/a (cultural broker), but this challenges the primary role of the promotor/a who is meant to advocate for the family.

Due to resource constraints, the Spanish speaking county employees who are "certified" to provide translation or interpretation services are not available to assist, which often leaves the family with little support.

### ***Law Enforcement:***

Placer County HHS collaborates with Law Enforcement Agencies throughout Placer County to ensure the safety and well-being of children and families. Placer County has an agreement with

local law enforcement agencies that all incidents of child abuse, to include domestic violence, will be reported to Placer County Children's System of Care for thorough investigation and appropriate placement of children. These Law Enforcement Agencies include Placer County Sheriff's Department, Roseville, Auburn, Rocklin, and Lincoln Police Departments.

### ***Legal Services***

When necessity of court intervention is deemed necessary, the parents and or legal guardians are given notice of the court hearings. At the parents or guardians first court appearance they are considered for court appointed legal representation. The parent or guardian is eligible for such representation based on their monthly financial income. If the caretaker's income exceeds \$2000.00 monthly the parent is responsible for obtaining their own legal counsel. Bilingual court officials are provided for non-English speaking individuals. Several services are available:

- Placer County Children's System of Care has County Counsel representatives who reside in house with the employees of Children's System of Care. They are available to provide legal advice to the employees regarding child welfare cases over the five day- eight hour work week.
- Peace for Families offers a 12-month supportive housing program, household establishment assistance, court accompaniment, assistance with temporary restraining orders and custody orders, therapy for significant others of individuals who have been assaulted, support groups, parenting classes, advocacy, information and referral, and community education on the issues and prevention of domestic violence and sexual assault.
- The Santucci Family Court Clinic offers support to parties who seek court intervention to solve their family issues. Judges hear and decide cases involving divorce (marriage dissolution), paternity, domestic violence/abuse, child custody, support and visitation. The court also provides mediation services to help parents resolve child support, child custody and visitation problems. There is also a legal help center at this location that offers workshops on divorce and restraining order issues as well as a walk in clinic, instructional DVDs, and computer forms assistance
- KidsFirst has information for legal assistance for seniors and kinship caregivers.
- The Sparks Law Library in Auburn offers assistance in research, computer assistance, and holds a legal clinic one day a week

### ***Mental Health Services***

Placer County has in-house qualified therapists available for mental health assessments who make recommendations as to the level of services each client should receive. Sierra Mental Wellness Group, private providers and psychologists are also utilized for these recommendations.

Placer County Children's System of Care contracts with Private Providers in various geographical locations in California, which include bilingual private providers for non-English speaking individuals. These providers are authorized and funded by Placer County to provide individual and family therapy with clients. Placer County also contracts with agencies for these services. Placer County has historically had a large contract with Sierra Mental Wellness Group who provides extensive therapeutic services to children and families.

Placer County also provides therapeutic services both in-house and with partner agencies. These services include the Wraparound (WRAP) Services, and Functional Family therapy, Therapeutic Behavioral Services (Medi-Cal eligible clients) Kids First, Peace for Families and the Lighthouse Counseling & Family Resource Center. Several of these in-house and partnering agencies can accommodate Spanish speaking clientele and adjust the client fees on a sliding scale dependent upon individual income.

### ***Mentoring Programs***

*Programs include the following:*

- Auburn Hip Hop Congress provides youth in Auburn with art, music, and leadership programs, community service opportunities, cultural awareness activities, performance opportunities, and a wide variety of quality events, including concerts, all age shows, workshops, and trainings.
- Family Support Counselor Team: A group of support counselors whose services may include specialized intervention, and behavioral planning, to address the needs or issues families may experience when a child is predicted to return home, at home, is placed in foster care or in a relative or non-relative family member's care.
- Latino youth Promotoras – Latino youth at risk or already on probation or incarcerated can be connected to a youth Promotora/a (cultural broker) to help engage them in services and support them through the process.
- Native Youth Mentoring/Advocacy Program: Connecting with Native youth through cultural activities, traditions and values; the SNA Mentoring Program promotes healthy relationships with positive role models in the Native community. For Native youth involved with child welfare, juvenile justice and/or special education services, SNA provides advocacy and support services to help youth understand their rights and resources.
- CASA Placer A2Y Adult to Youth - Launched in March 2010, our A2Y Mentors program is a partnership with the Placer County Office of Education (PCOE), and is part of a comprehensive system of support for at-risk youth in Placer County. The "upstream" intervention and prevention approach is meant to help these youth re-engage in school and their natural community support systems. We also assign a portion of our mentors to former foster youth (up to age 22) who have aged-out of the child welfare system without familial support and youth on probation. Our goal is to help these youth/young adults transition into life as successful and independent adults – a goal that often eludes former foster youth.

### ***Youth Coordinator Program:***

A group of former foster youth who have lived experience with the system serve as advocates to foster youth and assist them in navigating the system and encourage involvement in case decisions. Promotoras are trained paraprofessional community members who work with Latino youth and families across the system. They advocate and support youth with positive enrichment and guidance. Sierra Native Alliance provides advocacy and support to youth in both the child welfare and juvenile justice system to help educate them about their rights, resources and community supports.

### ***Court Appointed Special Advocates (CASA)***

Community volunteers who are passionate about protecting the best interests of abused and neglected children in his or her community and work as advocates and representatives for these children.

### ***Nutritional Program/Pregnancy Support:***

A variety of services are available:

- Clients are often referred to Foster Care Nursing - a group of specialized Foster Care Nurses who provide support to social service workers and probation officers, as well as to the children they serve in the foster care system. These nurses assure that all foster children's health care and needs are being addressed. These nurses also serve children who are placed on in-home dependencies with their parent or guardian and assist in ensuring that all health care needs are met.
- Clients of Placer County Children's System of Care are often referred to the Women, Infant and Children (WIC) Program for nutritional needs.
- TAPP (Teenage Pregnancy and Parenting Program) assists age 18 and under youth in obtaining Medical care, low or no cost food, financial help, legal counseling, child care, housing, nutritional education, family planning, family counseling, immunizations, educational and vocational services and health education.
- Planned Parenthood Program is the nation's leading sexual and reproductive health care provider and advocate. The agency provides services to improve women's health and safety, prevent unintended pregnancies, and advance the right and ability of individuals and families to make informed and responsible choices.
- New Life Pregnancy Center offers free pregnancy test, limited ultrasound referrals, education and support to those facing unplanned pregnancy.
- The Effort currently provides Healthcare in community Health center. They offer pregnancy and Midwife services. They accept some medical insurance, including Medi-Cal and Medicare.

### ***Occupational Vocational Programs***

Independent Living Program (Unity Care): Through workshops, individual coaching and goal setting, ILP prepares Youth for transition to self-sufficiency. The youth participate in establishing their own goals/plan for adulthood and ILP supplies the resources and support necessary to obtain the goals.

Placer County Cal Works provides Welfare to Work Program for a parent, which is designed to provide work skills and job placement. The following organizations provide services geared toward helping individuals with occupational and vocational goals within Placer County; 49er Regional Occupational Program (ROP), Shingle Springs Tribal TANF, California Dept. of Rehab. – Auburn & Roseville Branches, NorCal Center on Deafness, and Pride Industries Youth Services Dept.

### ***Recreational Programs***

Many services are available:

- Adventure Risk Challenge (ARC) is an innovative literacy and leadership program for high school youth, linking wilderness to academics, adventure to leadership, environmental science to literacy and confidence to activism. Our transformative year-round program improves academic skills, exposes youth to a range of natural environments and wilderness experiences, and inspires the confidence they need to envision and accomplish goals, succeed in high school, attend college, and become engaged, empowered citizens.
- Placer County Partners with Foster Youth Services provide short term funding for extra-curricular activities for children involved with the Placer County Children's System of Care. The most common of these activities include music lessons and karate lessons. These programs are typically funded for a three month period. Currently, these activities are less available due to budget constraints.
- The Lincoln Youth Center and The North Roseville Youth Center provide youth with access to a variety of safe and positive recreational activities including a pool table, basketball, computer games, Sony Playstation2, and a variety of card/board games.
- Many specialized recreation activities are available as well as opportunities to participate in regular recreational programs. Some Roseville area schools offer Adventure Club which is an after school program. In addition, some Parks and Recreation Departments and non-profit agencies offer special therapeutic recreation opportunities as well as standard recreational programs. Many of the programs in which youth are referred are as follows: Boys and Girls Club, Boy and Girl Scout Programs, Kovar's Karate Center, Gold Country Gymnastics, Lords Gym, R Pals, as well as various other seasonal recreational programs that are offered by City Recreational Programs.

### ***Differential Response Program***

In an effort to prevent children and families at risk of abuse and/or neglect from entering into the system, and to ensure they are linked with preventative services, Placer County partners with community Family Resource Centers throughout the county in a Differential Response program. The three partners are KidsFirst, Lighthouse Counseling and Family Resource Center, and North Tahoe Family Resource Center. When a referral is received by a CWS office, it is evaluated as to which type of response would be most beneficial. For those referrals which do not indicate safety issues are present in the home (Path 1), the referral can be closed with no formal CWS response, and the family can be referred to an FRC for a follow-up contact. This contact will consist of a phone call and/or home visit, the family's strengths and needs are assessed, and appropriate referrals and/or services recommended at that time. Another way of responding includes the CWS staff partnering with FRC staff to respond to the home together. This occurs when there may be some minimal safety issues, and clear risk factors detailed in the referral (Path 2). At this visit it is hoped that the family will engage with the FRC in obtaining services so that a formal CWS case will not be necessary, but the safety and risk factors will be mitigated. In engaging the families in services, each family is given the Protective Factors survey in an effort to gauge where they are terms of family strength. The Protective Factors model is used in assessing each family's needs and goals.

Emergency Response situations (Path 3) are handled strictly by the county with no involvement on the part of Family Resource Center.

For Native American Indian Families, the Differential Response program is handled by the Sierra Native Alliance for Path 1, Path 2, and Path 3.

***Services for the Disabled:***

Placer County has a variety of service providers to assist those with physical and developmental disabilities. These services include:

- Alta California Regional Center, a state funded program offering services and advocacy for individuals with developmental disabilities and disabilities related to brain injuries;
- Pride Industries, an agency whose mission is to provide jobs for individuals with disabilities;
- Consolidated Transportation Services Agency, (CTSA) an agency that provides transportation for disabled individuals;
- Health Express, provides transportation assistance to medical appointments.
- A Touch of Care, an agency that provides education and advocacy for the needs of the disabled;
- Placer Independent Resources Services, (PIRS) an agency which provides advocacy, education and services for the disabled so that they may live independently;
- Placer County Office of Education and 17 individual school districts provide services to children from birth through graduation to ensure they receive a free and appropriate public education; such services include resource specialists, special day classes, speech/language therapy, adaptive physical education, occupational therapy, audiology, orientation and mobility, and other itinerant/teacher support services as needed.
- SELPA- ensures the delivery of high quality special education services to students with disabilities.
- Sierra College Disabled Student Programs and Services, assists students with disabilities in the pursuit of post-secondary education.
- Warmline Family Resource Center provides assistance to families with special needs. The gap identified for individuals with disabilities are services that are culturally relevant and accessible for diverse communities.

***Services for Native American Children and Families***

CSOC supports local non federally designated tribes to form a tri-county native alliance. The SNA offers a variety of programs which include substance abuse programs White Bison, Warrior Down and White Bison for Youth. Other youth programs include the Youth Mentoring/Advocacy Program, Indian Education Afterschool Tutoring, Youth Council/Leadership Group, Youth Drum/Dance Group, cultural arts classes, Nisenan Language Class Series, and the Sierra Native Youth Conservation Corps. Family focused activities include the Annual Auburn Big Time Pow-Wow and the Annual Family Culture Camp. The SNA also offers other valuable family programs which include the Native Family Wellness Program, Community Health-Home Visitation Program, Positive Indian Parenting and Sierra Native Alliance Service Teams.

The local federally recognized tribal organization, United Auburn Indian community, provides a variety of services to tribal members, to include a school in the Auburn area. Auburn also has a Native health clinic, Chapa De, which provides both physical and mental health services. Also in Auburn is an office which administers Native American TAFF funds and related services to eligible Native Americans.

### ***Faith-Based Organizations***

There are numerous faith-based organizations throughout Placer County that provide social services to the community. They provide services such as assistance with food, clothing, shelter, counseling and support groups, recreational sports, youth Hip-hop dancing ( Peacemakers) and Gym through Abundant life. Victory Outreach has recovery homes for Men. Gathering Inn provides services for Homeless population in Placer County.

### ***Family Support Services***

Placer County has several Family Resource Centers which are located in Roseville, Auburn, Lincoln, Kings Beach, South Lake Tahoe, and Truckee. The locations in Roseville and Auburn are called KidsFirst, and the location in Lincoln is called Lighthouse Counseling and Family Resource Center. North Tahoe Family Resource Center is located in Kings Beach and covers the North Tahoe area. The Family Resource Center of Truckee covers the Truckee area. These agencies are neighborhood “hubs” offering a wide range of information, education, and services for children, parents and caregivers including relatives. They provide information and referrals for a variety of services designed to assist families in need, including: food, clothing, housing, employment, counseling, classes, health insurance enrollment assistance, and parent training and support. The Family Resource Centers use the Family Strengthening Protective Factors model in working with families.

### ***Financial Support Services***

Placer County has a few agencies throughout the County that provide financial support services for families in need. Due to the current economy, many local agencies who once were offering financial assistance are no longer able to offer the assistance. Some of the agencies still offering Placer County residents’ assistance are W.I.C, who provides vouchers once a month to supplement healthy foods for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. The Cal Works program provides temporary financial assistance and employment focused services to families with minor children who have income and poverty below State maximum limits for their family size. Non-Profit agencies such as Salvation Army and Project Go provide crisis financial assistance, as well as Faith based organizations in the community for families in need.

### ***Food Assistance***

There are several food closets/banks throughout Placer County available to families in need; however, due to the current economy donations have reduced. Salvation Army has locations in Auburn, Roseville and Colfax. There are also several food closets/pantries including: St. Vincent De Paul in Roseville and Auburn; Adventist Community Services in Auburn; Auburn Interfaith Food Closet in Auburn; Elijah’s Jar in Foresthill; Harvest Community Church in Roseville; Sierra Reach Ministries in Applegate; Sierra First Baptist Church in Alta; Village

Presbyterian Church in Incline Village; The Salt Mine in Lincoln; the Loomis Basin Food Pantry in Loomis; Friendly Neighbors in the Auburn area; Abundant Life Fellowship in Roseville; North Roseville Recreation Center in Roseville; What Would Jesus Do, Inc. in Roseville; Calvary Chapel Truckee in Truckee; Project MANA: Incline Village; and Project MANA: Kings Beach. In addition, KidsFirst has food vouchers available for families in need.

In addition, WIC is available to eligible families. WIC is a federally-funded health and nutrition program for women, infants, and children. WIC helps families by providing checks for buying healthy supplemental foods from WIC authorized vendors, nutrition education, and help finding healthcare and other community services. Participants must meet income guidelines and be pregnant women, new mothers, infants or children under age five. In California, 82 WIC agencies provide services locally to over 1.4 million women, infants and children each month at

### ***Foster Care/Adoption Services***

Placer County CSOC provides foster care and adoption services to families in crisis. Placer County's intake department is called Family and Children's Services, and their goal is to meet the special needs of children who may be at risk, and their families. This integrated team offers comprehensive services, including staff from Children's Mental Health, Child Welfare, Probation, Education, Substance Abuse Services, Public Health, Probation, and Education. In addition, Placer County works in partnership with Sierra Forever Families to operate the Placer Kids program. This program recruits and educates new foster and adoptive parents, and provides foster care licensing and adoptive home studies to families who are interested in opening their homes. The program maintains an active list of 65 homes and provides ongoing support for families to better deal with issues the children face. Placer County also works with an additional twenty Foster Family Agencies in the area for placement of children. Gaps in foster care and adoption services include therapeutic homes, homes for Native American and Latino children.

### ***Health Care Services***

There are three community clinics available to Placer County residents for health care services. The Placer County community clinics are located in Auburn, Roseville, and Tahoe. They provide high-quality primary medical, dental, and pharmacy care on an out-patient basis to adults and children, regardless of the source of payment. They accept MediCare, Medi-Cal, other insurance and private pay, and provide health care for the county's residents with no other source of health care. The services provided include: family planning, sexually transmitted disease testing and treatment, HIV testing, pregnancy testing and counseling, physical exams for infants, children, and teens, and occupational health exams.

There are also other health care clinics including Chapa-De Indian Health Program, which is a small community medical and dental clinic for non-emergencies located in Auburn. Services are free for documented Indians, and they offer limited services to non-Indians when available. The Salvation Army offers a weekly medical clinic and the Effort is just opening a location that provides basic medical care and perinatal services. A team clinic is also offered at the Lincoln Lighthouse, providing STD prevention and family planning services. The Latino Leadership Council is available to connect the Latino community with resources for vaccination clinics. In addition, the Gathering Inn in Roseville offers medical and dental clinics on Saturdays.

Placer County also has public health nursing available which works to meet the preventive health needs of families and individuals, and promote positive health behavior. Specific services include: providing health screening and physical assessment, nutrition assessment and referrals, new baby care and bonding, referrals for medical care and other resources, service coordination, health counseling; assessments and plans of care, assessing the family as a whole for needs, strengths, and resources, fall assessments and safety in the home, exercise and wellness program referrals. Public health nursing also provides emergency immunization clinics within the community when critical communicable medical emergencies are identified.

In addition, California Children's Services (CCS) is a state program for children with certain diseases or health problems. Through this program, children up to 21 years old can get the health care and services they need. CCS will connect you with doctors and trained health care people who know how to care for your child with special health care needs. Alta Regional Services are also available to provide assessment and services for developmentally challenged youth.

### ***Immigration Services***

Many countries have Consulates, and individuals from other countries are referred to their respective Consulate as they are entitled to legal representation from their home country. Placer County CSOC finalized a policy and procedure regarding Mexican citizens and the Mexican Consulate as both parties desire to work together in the best interest of the children and families of Placer County that are involved with CSOC and are eligible for services from the Mexican Consulate. Under this agreement, the Mexican Consulate is to be notified of a child welfare case if either parent is a Mexican National and court ordered or voluntary services are to be provided to the family, regardless of the citizenship of the child. However, we know that this is not consistently done for the Mexican families and having a better way of connecting with the consulate and training staff to provide this linkage is critical.

Placer County CSOC also assists children involved with CSOC under the age of 18 with obtaining a green card for legal residency if there are no adults in their home country available to take care of them or if they have no ties to their home country.

With the roll-out of the Deferred Action mandate signed into federal law in 2012, we know that many of our undocumented Latino youth may qualify for this service. The most effective way of ensuring families are connected appropriately is to work with the Latino Leadership Council who can make referrals to attorneys to prepare and file the paperwork.

### ***K-12 Education***

The Placer County Office of Education (PCOE) oversees public education in Placer County for children in grades K-12. The PCOE believes that quality education is a vital priority for the students and citizens of Placer County. The PCOE, along with 16 individual school districts and one community college district, work to strive that every child be equipped with a first-class education to succeed in a global economy, to appreciate the cultural, social and historical resources of their community, and to be active participants in civic responsibilities. There are 64 elementary schools, 9 charter schools, 13 middle schools, 24 high schools, and 5 alternative schools in Placer County. In addition, there are several private schools throughout Placer County.

## **F. Staff/Provider Training**

### **Placer County Children's System of Care Training Policy and Plan 2012-2013**

#### ***Program Statement***

The Placer County Children's System of Care (CSOC) is an integrated team of approximately 170 child welfare, mental health, juvenile probation and public health nursing professionals, who partner with families and community providers to deliver a full continuum of social services to approximately 1800 children and families in Placer County each year.

The system of care is based on a set of values and principles which include families as experts, collaboration, shared accountability, respect and open communication. The goals of the system of care include assuring that families and children are safe, healthy, employed or in school, out of trouble, economically stable, and culturally responsive. This training plan, which meets the requirements of the State Department of Social Services and State Department of Health Care Services, outlines the role of staff orientation and training in reaching the larger system goals. It also integrates the county's major improvement initiatives in all sectors including Child Welfare, Mental Health, and Probation.

Partnerships are integral to the success of training. CSOC shares training resources with a host of key local and state partners including community based organizations, private providers, resource families, and the general public. Most training is delivered via approved contracts with state and local partners. These include CALSWEC, the Training Academy at UC Davis, California Institute of Mental Health (CIMH), California Standards Authority (CSA), Placer County Office of Education (PCOE), and the California Mental Health Services Authority (CalMHSA).

#### ***Training Values***

CSOC leaders seek to establish and reinforce a culture of learning for all staff. The unique nature of the county's system of care and the ability to work within its flexible structures requires a deep and broad understanding of many principles and practices. This training plan is based on a core set of beliefs about training and the relationship between staff, their supervisors and agency leaders. These beliefs include:

- *Each staff member is whole and unique, and possesses assets and strengths which contribute to the team's success.*
- *Each staff member is the architect of his/her own development, and training is essential to that development.*
- *The nature of the coaching and supervisory relationship is primary to the growth of the staff and the success of the team.*
- *The coach is the facilitator of the worker's development, not the director.*
- *Objective assessment and self-appraisal is necessary for continued growth.*
- *Knowledge transfer, from person to person, and team to team is the essence of organizational growth and stability.*

### ***Training Goals:***

CSOC has a host of training goals and desired outcomes, including:

- Deliver orientation and ongoing training to staff and community partners, of all key practices of the county's children's system of care.
- Family-centered, strength-based practices that are; culturally responsive and supported, comprehensive, incorporating a broad array of services and supports, individualized, provided in the least restrictive appropriate setting, coordinated at all levels, emphasize early identification and intervention.
- Wherever possible, Evidence-Based or Best Practices will be the focus of trainings and program development.
- Increase staff knowledge of all applicable state and federal regulations.
- Provide on-going training opportunities for supervisors in supervisory and leadership best practices, with a focus on the use of the agency's **Guidelines for Leadership and Supervision**.
- Development of a training package that will enhance staff skills in cross system case management and direct service delivery to complex family challenges.

### ***Transfer of Learning***

No training, by itself will generally change or improve the quality of a particular service delivery or the quality of a staff member's performance. The **transfer of knowledge** or skill acquired in formal training to actual practice is what makes this training methodology effective. Effective transfer of practice is accomplished by facilitating the practice of the new skill in appropriate clinical settings, with timely review and disclosure by the staff member's supervisor. To that end, CSOC supervisors are required to report on, and maintain awareness of the didactic trainings attended by staff, by using appropriate attendance sheets. The Training Supervisor will maintain a database, and assure that quarterly reports are available to all agency leaders.

The principle tool used in this process is the New Employee Training Checklist, which provides a comprehensive listing of all requisite skills, knowledge sets, and competencies. These checklists drive the delivery of orientation and training according to two main timeframes—**Orientation Series and Ongoing Series**. The acquisition of and verification of Core Competencies is ultimately rooted in the need for leaders to be able to answer the question...How do we know that staff are capable of delivering the scope and breadth of needed and required services?

### ***Orientation Series (0 to 3 months)***

At the time of hire, staff is oriented to their core duties by their assigned supervisor and/or by identified senior staff members who possess expertise in the assigned areas. An orientation checklist is used in each job class, and is signed and forwarded to the Director's office with the Performance Appraisal documents when complete. Much of this period is spent in on-the-job training, and acquiring basic skills sets via observation, mentoring, or other acceptable practice. Some components of the orientation series are available to non-clinical staff as assigned by supervisors.

Key components of the orientation include:

- Disaster Methods
- Safety and Emergency Response

- Privacy and Confidentiality
- Compliance
- CSOC System Organization

Core Series (0 to 24 months)

CSOC staff and assigned partners possess a core set of assumed knowledge when they are recruited. These assumed knowledge sets are added upon via orientation, during their probationary period. These basic knowledge and skills sets include how to establish basic helping relationships, how to communicate with consumers, basic law and ethics requirements, and other fundamental knowledge based competencies. These core areas meet state and federal regulations for both content and frequency, and are comprised of two areas—**General and Specialty** tracts.

General Core Competencies for Staff include:

- Strength Based Interventions
- Social Skills Training Basics
- Fundamental Psychosocial Assessment
- Family Engagement and Relationship Building
- Documentation and Record Keeping
- HIPAA and Confidentiality Regulations
- Co Occurring Services
- USP Formulation and treatment Planning
- Customer Service/Welcoming Behaviors
- Cultural Responsiveness
- Family Advocacy Services
- Law and Ethics

Specialty Core Areas, depending on assignment:

- Child Welfare Practices (UC Davis)
- Child Welfare Services/Case Management Systems (CWS/CMS)
- Wraparound Practices/Strength Based Service Modules
- Assessment of child abuse and investigations
- Education
- Mental Status Examination
- Biopsychosocial Assessment
- Short Doyle/EPSDT/Medi-Cal Services
- Therapeutic Behavioral Services
- Dependency Court Practices
- Protective Custody Warrants and Detentions
- Nurtured Heart
- Team Decision Making
- Structured Decision Making
- Differential Response
- CWS CORE Program (Phase 1 completed within 12 months, Phase 2 completed within 24 months of hire)
- Probation Placement CORE Program

- Functional Family Therapy
- Teaching Pro-social Skills
- Foster Care Health Related Activities

***Ongoing Series:***

Staff must continually maintain their core skill sets in order to deliver the thoughtful and effective services required. A minimum of 20 training hours for all CSC/CSP and for CSA assigned to the Emergency Shelter, and 40 training hours for Probation staff per year is required, applicable to work assignments. Other staff members will complete training hours appropriate to their professional development and to the extent the content is relevant to their assigned duties. Although some laterality is allowed in consultation with the immediate supervisor, staff will complete the following refreshers each year, applicable to their job scope, at the conclusion of their core series (or otherwise required):

- HIPAA/ Confidentiality
- Patient's Rights (Beneficiary Protection)
- Cultural Responsiveness
- Documentation and Record Keeping
- Clinical Assessment and Treatment
- Protective Custody Warrants and Detentions
- Compliance
- Translation and Interpreter Services
- Safety Practices
- Law and Ethics
- Harassment (2 hours every 2 years)
- Computer Ergonomics
- Driver's Improvement
- Force and Weaponry
- Use of Force
- Range Qualification
- CPR/First Aide
- Arrest, Search and Seizure
- Juvenile Probation Practices (e.g., Juvenile Assessment Intervention System, Forward Thinking, Motivational Interviewing, etc.)
- Child Welfare Practices (e.g., Non-Minor Dependency, Adoption Services, Independent Living Program Services, Motivational Interviewing, etc.)

***Administrative/Support Series:***

The following training programs are planned for a target audience of Administrative and Support Personnel, but are open and available to all staff. They are in-service functions provided by HHS-Children's System of Care, Management of Information System and Office of Organizational Development.

- Computer Ergonomics
- Harassment (2 hours every 2 years)
- CWS/CMS Application
- AVATAR Application
- Documentation (mental health and CWS) Workflow

- Effective Writing Skills
- Microsoft Office (Word, Excel, and PowerPoint)
- Microsoft Outlook
- Administrative Support Certificate Program
- Safety Practices
- Driver's Improvement
- Customer Service
- Assertive Communication Skills
- HIPAA/Confidentiality
- Compliance
- Customer Service/Welcoming Behaviors

***Leadership Series:***

Additional training for agency leaders (staff members whose job requires the supervision of others) is delivered in collaboration with the county's Office of Organizational Development and UC Davis Regional Training Academy. The key leadership processes for CSOC which require training include:

- Coaching and Mentoring
- Personnel Management
- Motivation
- Teamwork
- Performance Appraisal and Progressive Discipline
- Organizational Skill Building
- CWS Supervisor Core
- Probation Supervisor Core
- Probation Manager Core

***Training Assessment:***

Assessment of the efficacy and value of any training is not an easy task. Trainings will include a pre and post training assessment of the participant. These tests should be brief, but able to establish levels of knowledge acquisition which establish capacity to perform the related functions of the training (competency). The training coordinator will maintain a database with the outcomes of this process for all trainings delivered by the agency. Additional assessment of staff is conducted via annual appraisal, and by 90 day and semiannual appraisals of new staff during their probationary periods.

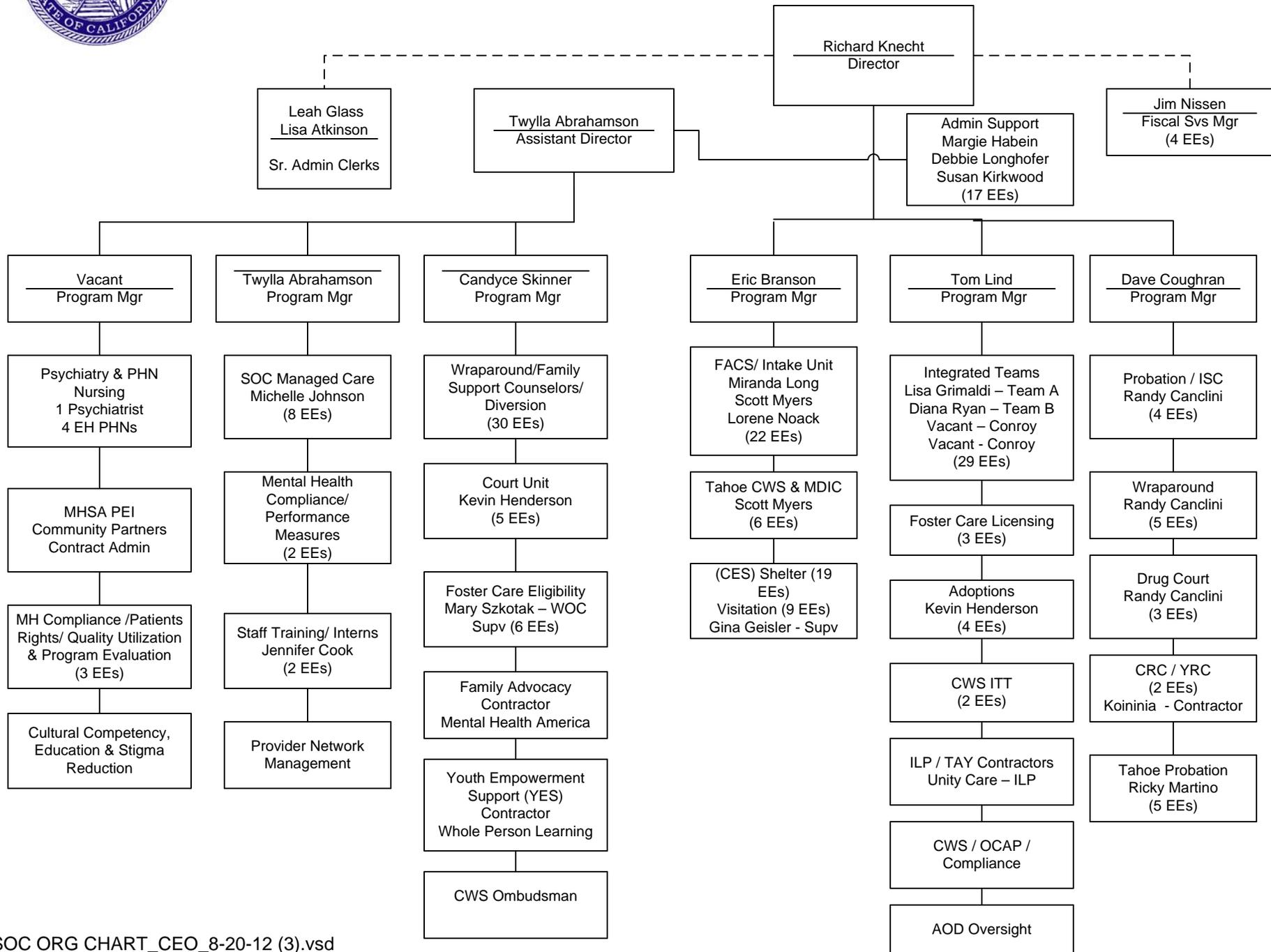
***Training Database:***

The training coordinator or designated clerical support staff will be responsible to maintain an active database of the training attended and completed by each CSOC staff member. This database is capable of reporting on the actual training delivered, date of attendance, number of hours, and post-test outcomes. The database will be accessible by supervisory staff to complete appraisals and for ongoing supervisory and coaching processes.

# Appendix I



**Placer County  
HHS - CSOC  
August 20, 2012**



# Appendix II

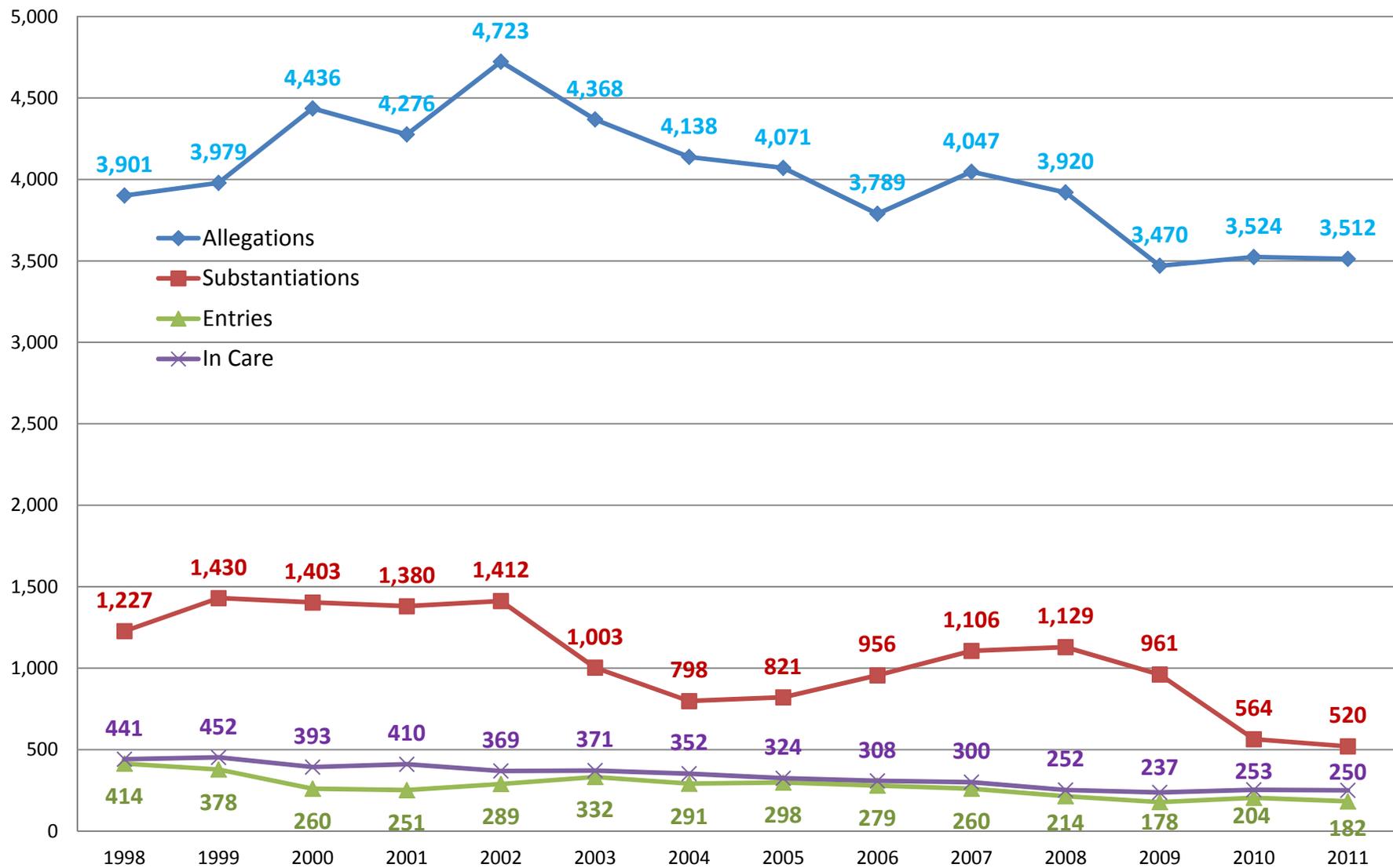


# Placer County Children's System of Care

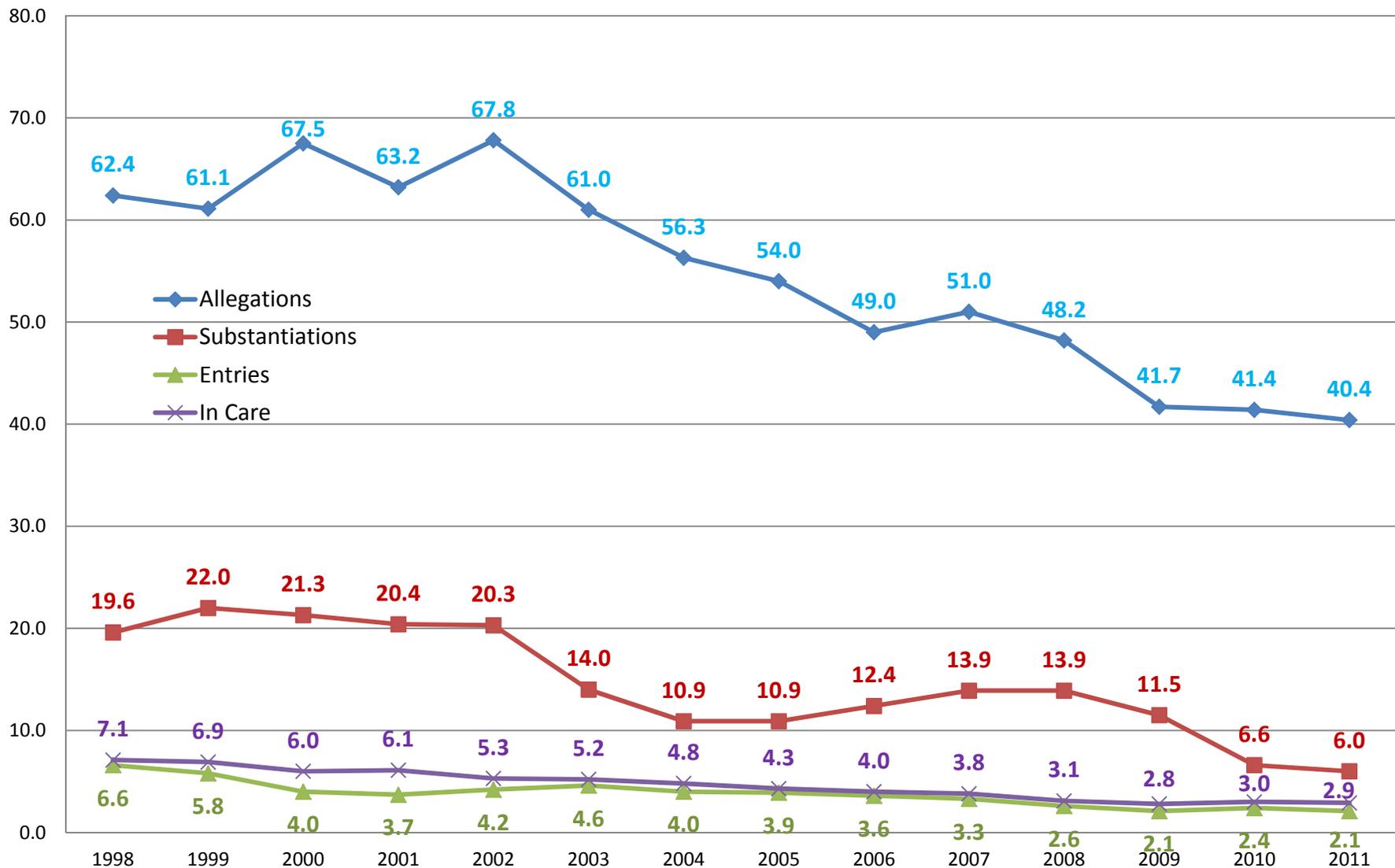
System Improvement Plan  
Self Assessment – Updated Data  
July 2012

Steven L. Martinson, Supervisor/Evaluator  
File Created: July 2012

**S.M.A.R.T. Children's System of Care**  
**PR\* Referrals, Substantiations, Entries into Foster Care and In Care**  
**for Child Abuse or Neglect**  
**Calendar Year 1998 to 2011**



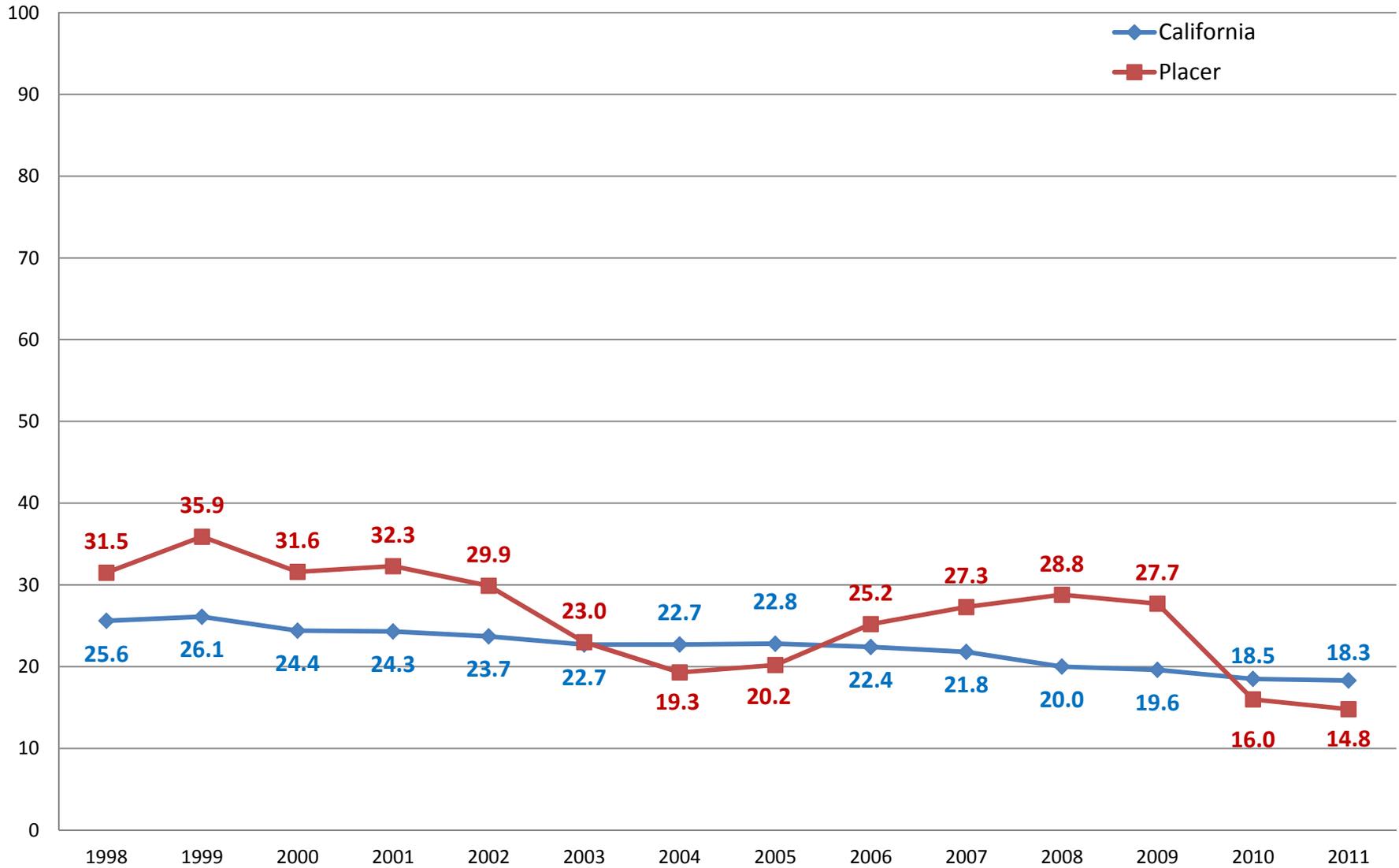
**S.M.A.R.T. Children's System of Care**  
**PR\* Rates of Referral, Substantiation and Entry into Foster Care for**  
**Child Abuse or Neglect**  
**Calendar Year 1998 to 2011**



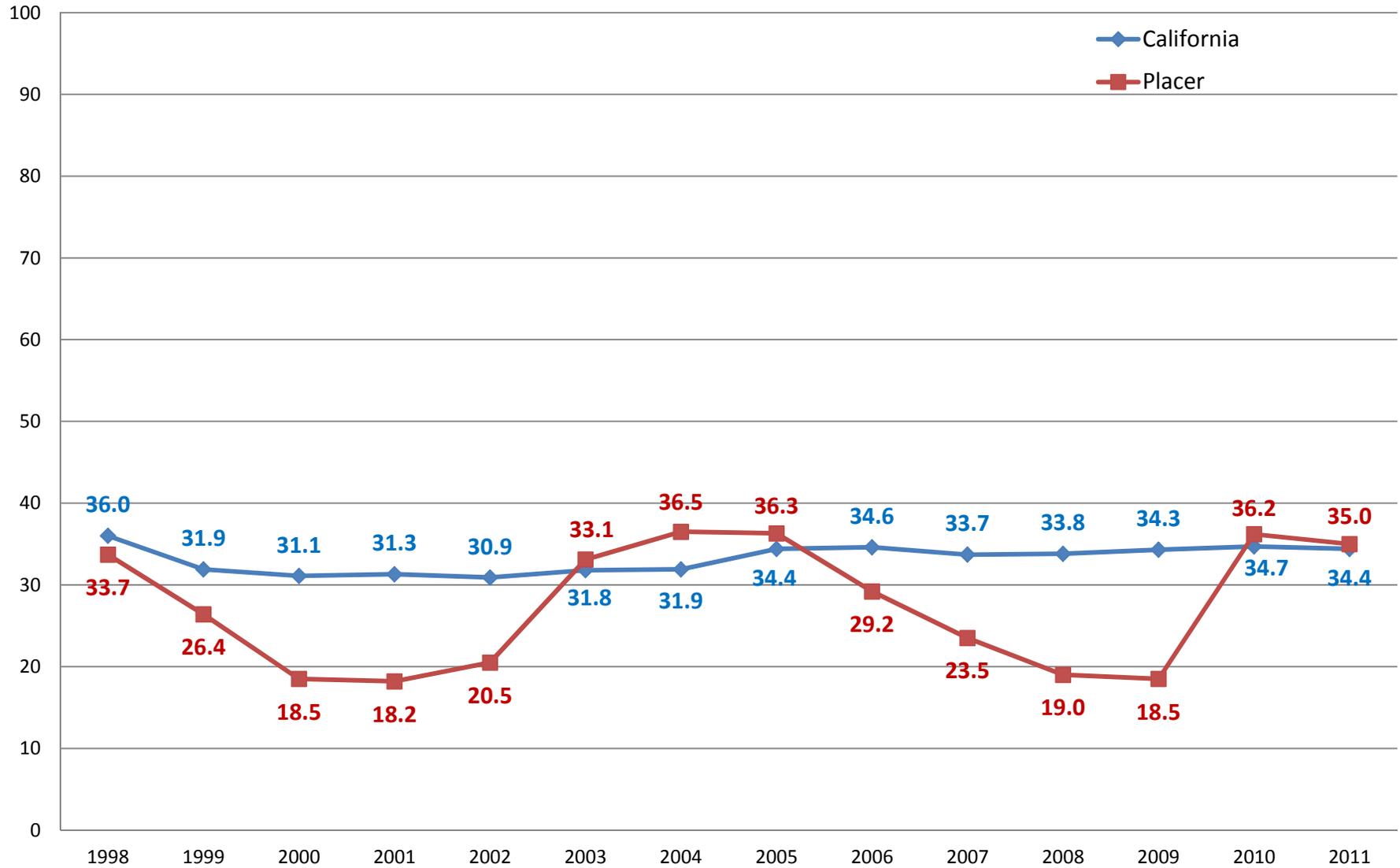
**S.M.A.R.T. Children's System of Care**  
**PR\* Rates of Referral, Substantiation and Entry into Foster Care for**  
**Child Abuse or Neglect by Ethnicity**  
**Calendar Year 2011**

Ethnic Group	Total Child Population	Children with Allegations	Incidence per 1,000 Children	Children with Substantiations	Incidence per 1,000 Children	% of Allegations	Children with Entries	Incidence per 1,000 Children	% of Substantiations
Asian/P.I.	5,466	97	17.7	7	1.3	7.2	2	0.4	28.6
Black	1,094	105	96	13	11.9	12.4	8	7.3	61.5
Hispanic	16,937	599	35.4	126	7.4	21.0	56	3.3	44.4
Nat Amer	494	51	103.2	5	10.1	9.8	4	8.1	80.0
White	57,450	2,063	35.9	333	5.8	16.1	112	1.9	33.6
Missing	5,583	597	106.9	36	6.4	6.0	0	0	0.0
Total	87,024	3,512	40.4	520	6	14.8	182	2.1	35.0

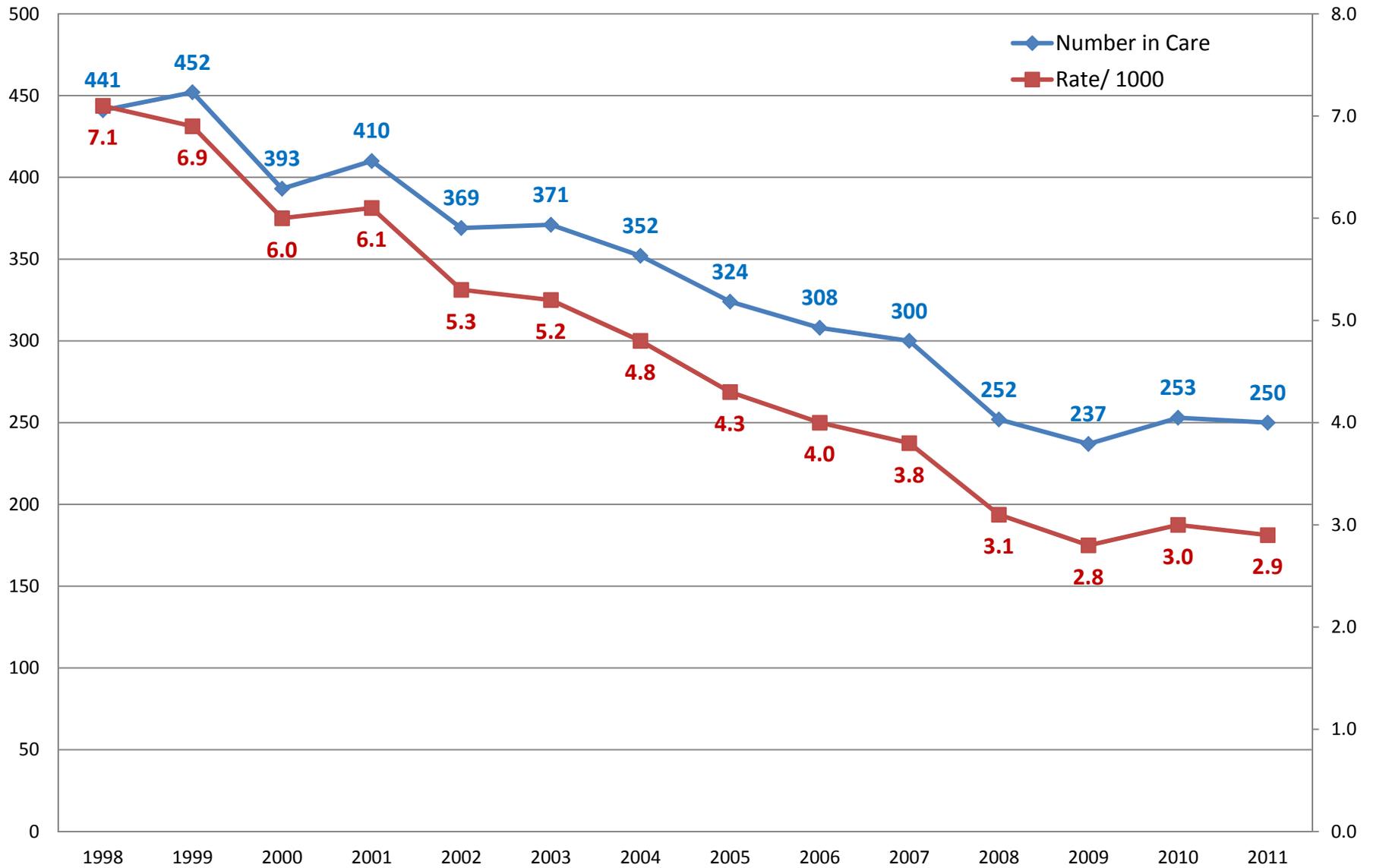
**S.M.A.R.T. Children's System of Care**  
**PR\* Substantiations of Abuse or Neglect**  
**as Percent of Referrals**  
**Calendar Year 1998 to 2011**



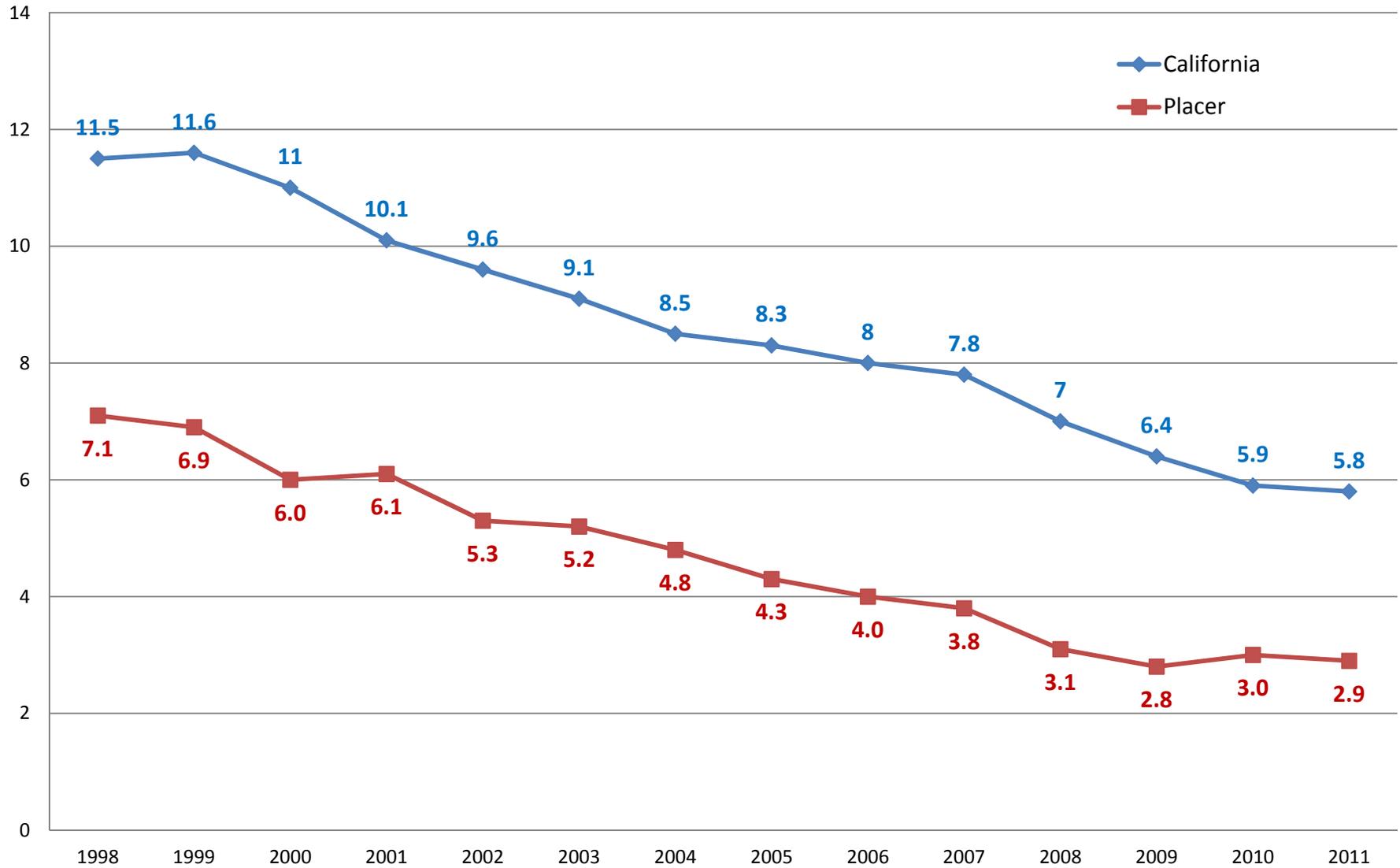
**S.M.A.R.T. Children's System of Care**  
**PR\* Entries into Foster Care**  
**as Percent of Substantiations**  
**Calendar Year 1998 to 2011**



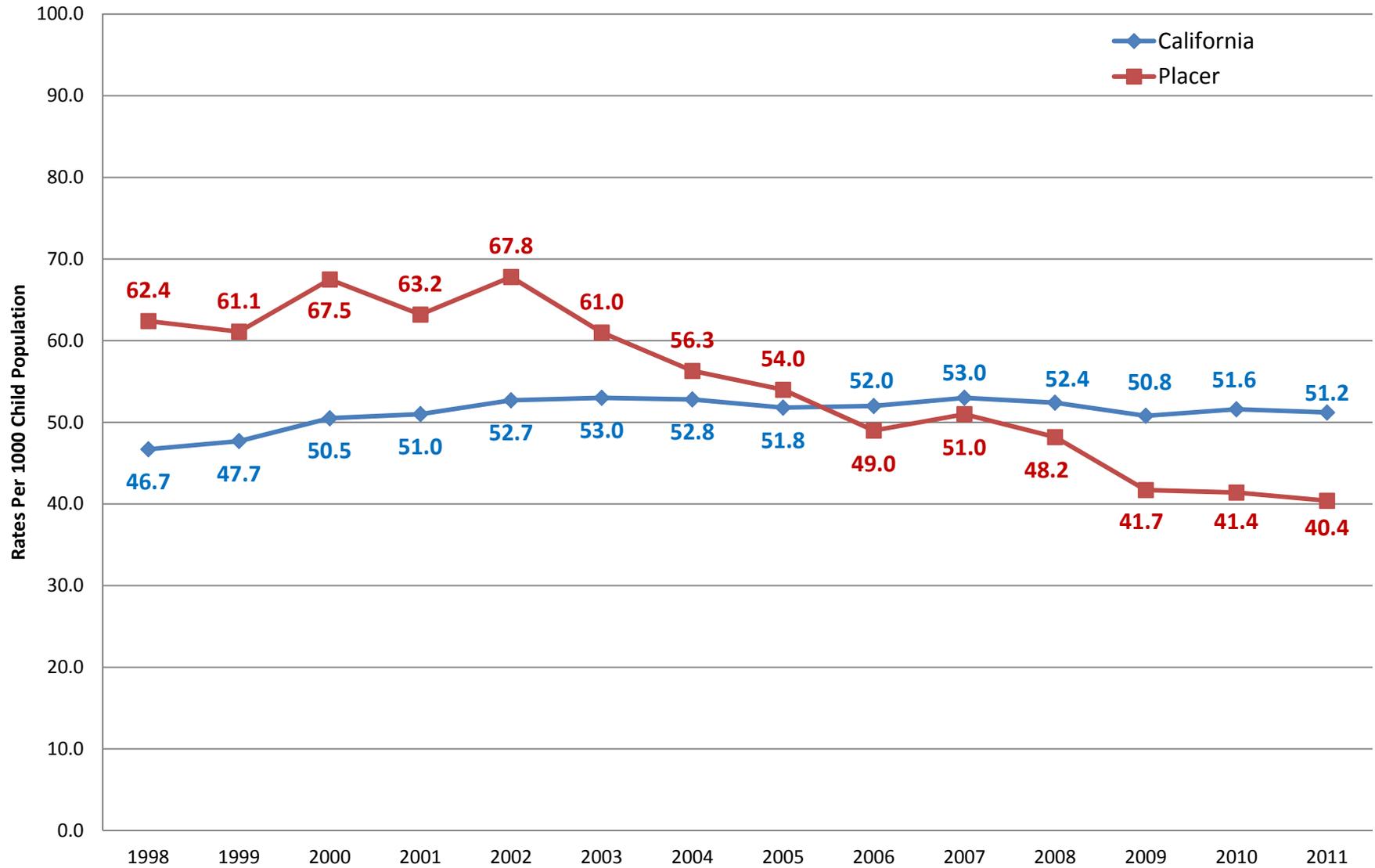
**S.M.A.R.T. Children's System of Care**  
**PR\* Children in Placement**  
**Point-in-Time 1 July 1998 to July 2011**



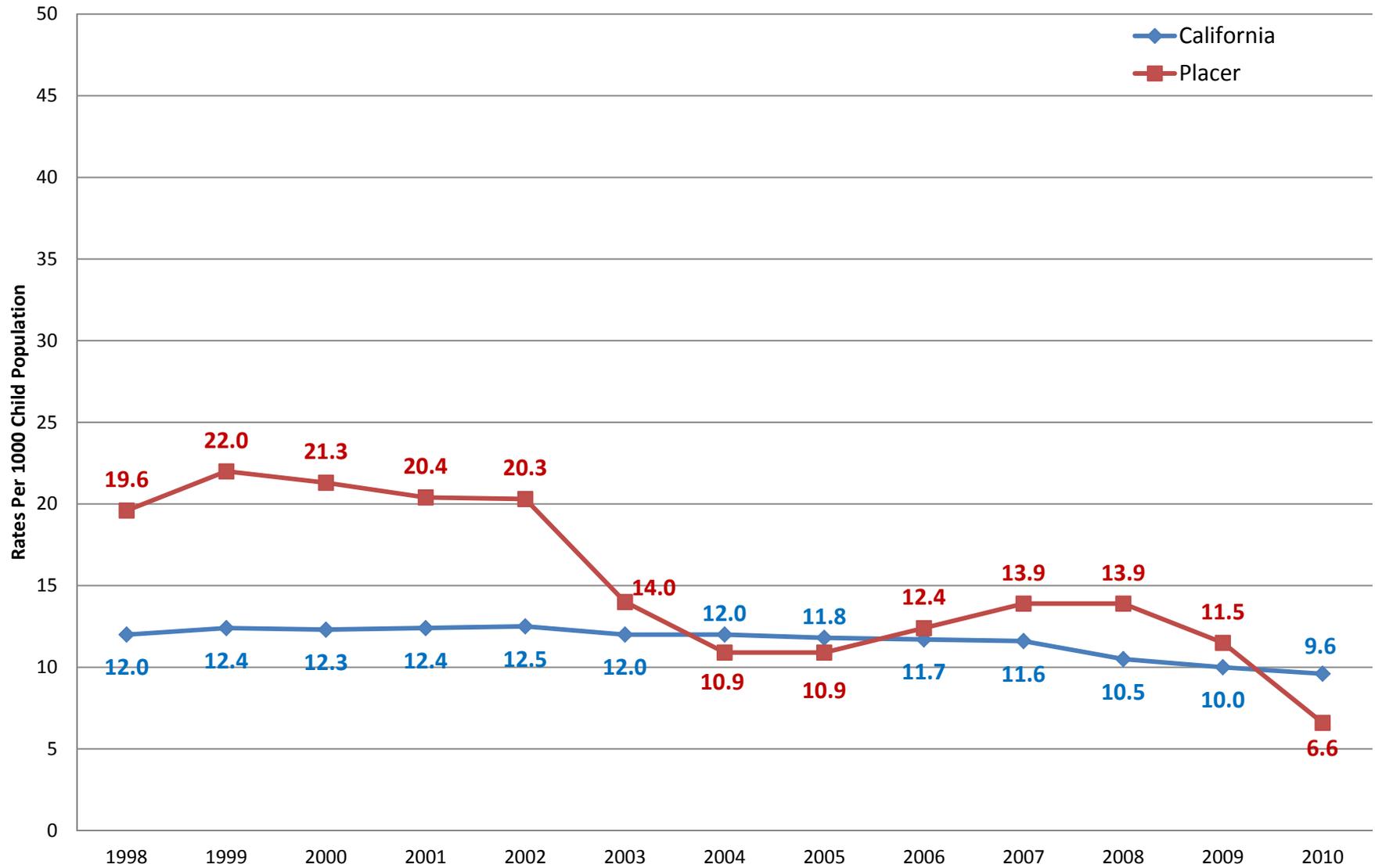
**S.M.A.R.T. Children's System of Care**  
**PR\* Rates of Children In Care for**  
**Child Abuse or Neglect/ 1000 Population**  
**Point-in-Time 1 July 1998 to 1 July 2011**



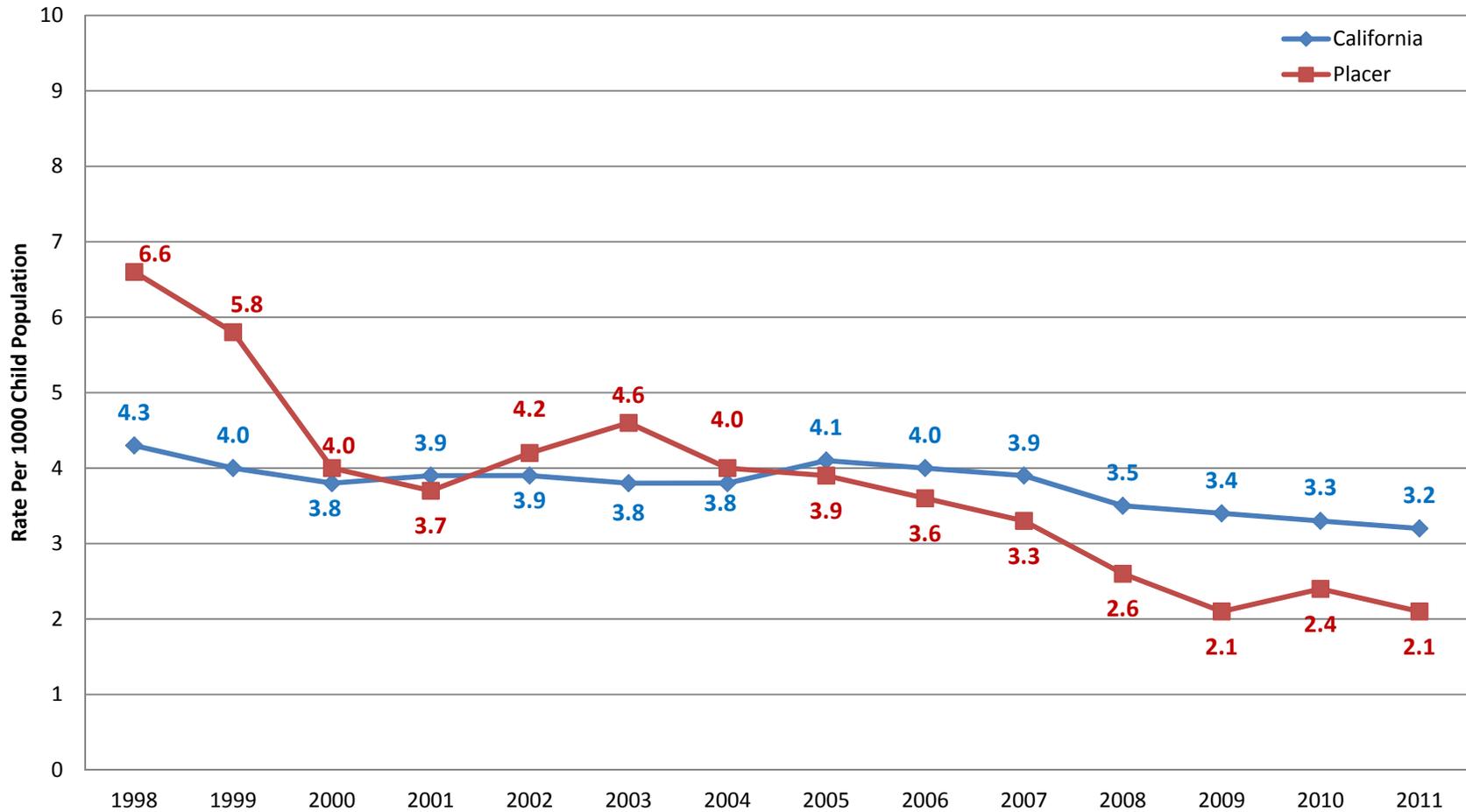
**S.M.A.R.T. Children's System of Care**  
**PR\* Rates of Referral for**  
**Child Abuse or Neglect**  
**Calendar Year 1998 to 2011**



**S.M.A.R.T. Children's System of Care**  
**PR\* Rates of Substantiation for**  
**Child Abuse or Neglect**  
**Calendar Year 1998 to 2011**



**S.M.A.R.T. Children's System of Care**  
**PR\* Rates of Entry into Foster Care for**  
**Child Abuse or Neglect**  
**Calendar Year 1998 to 2011**

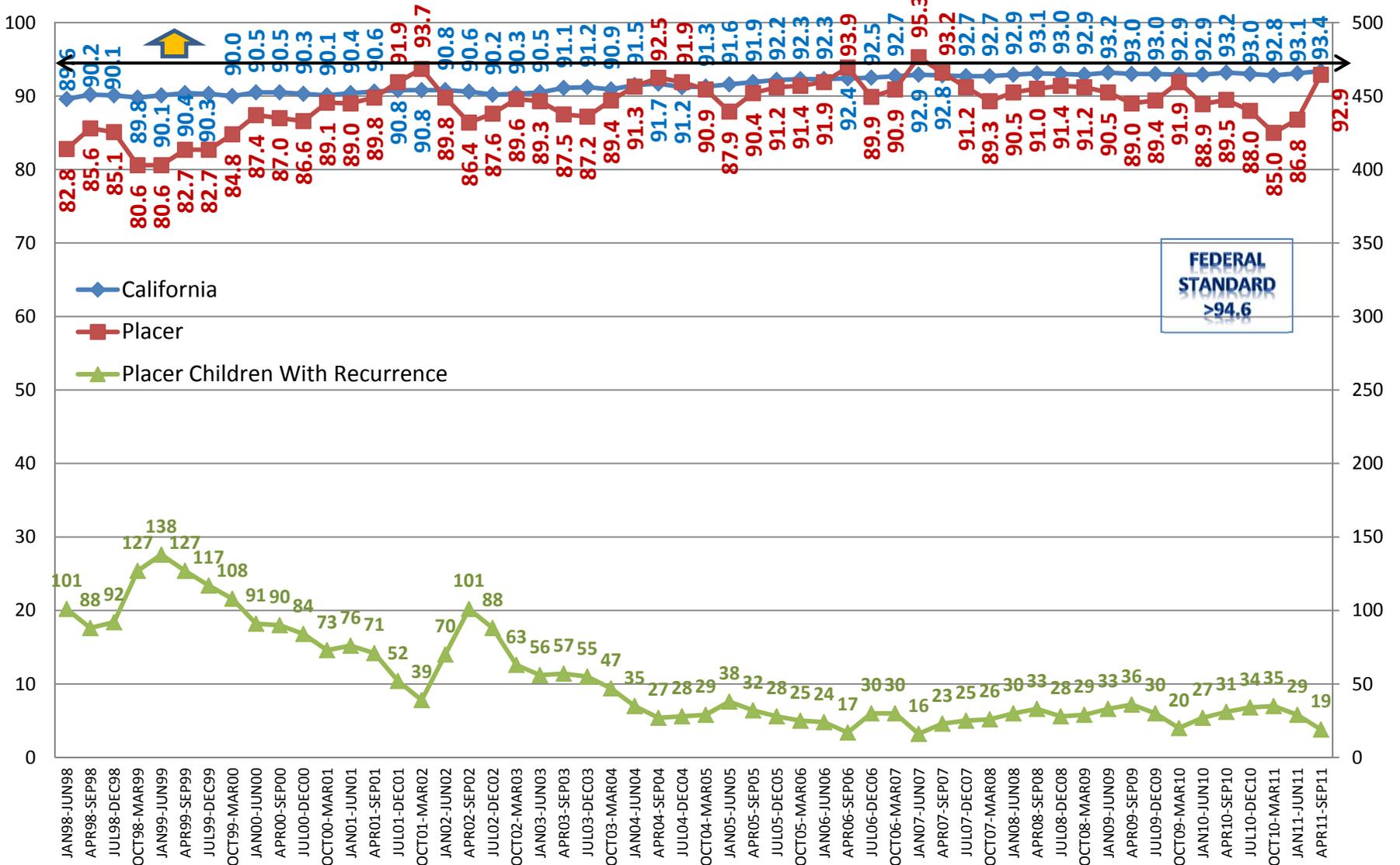


# S.M.A.R.T. Children's System of Care

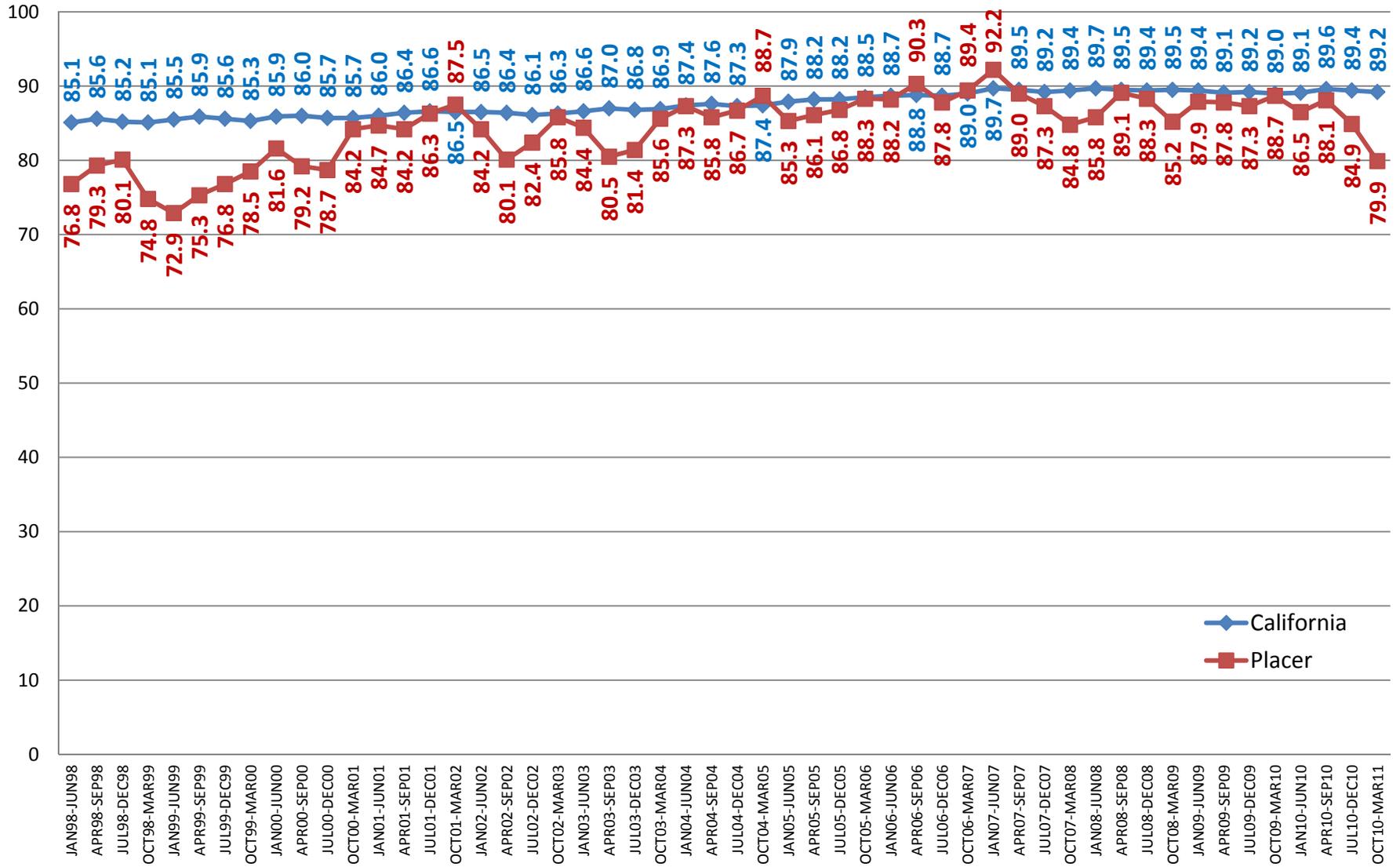
## S1.1 No Recurrence of Maltreatment - 6 Months

### Percent by 6 Month Periods

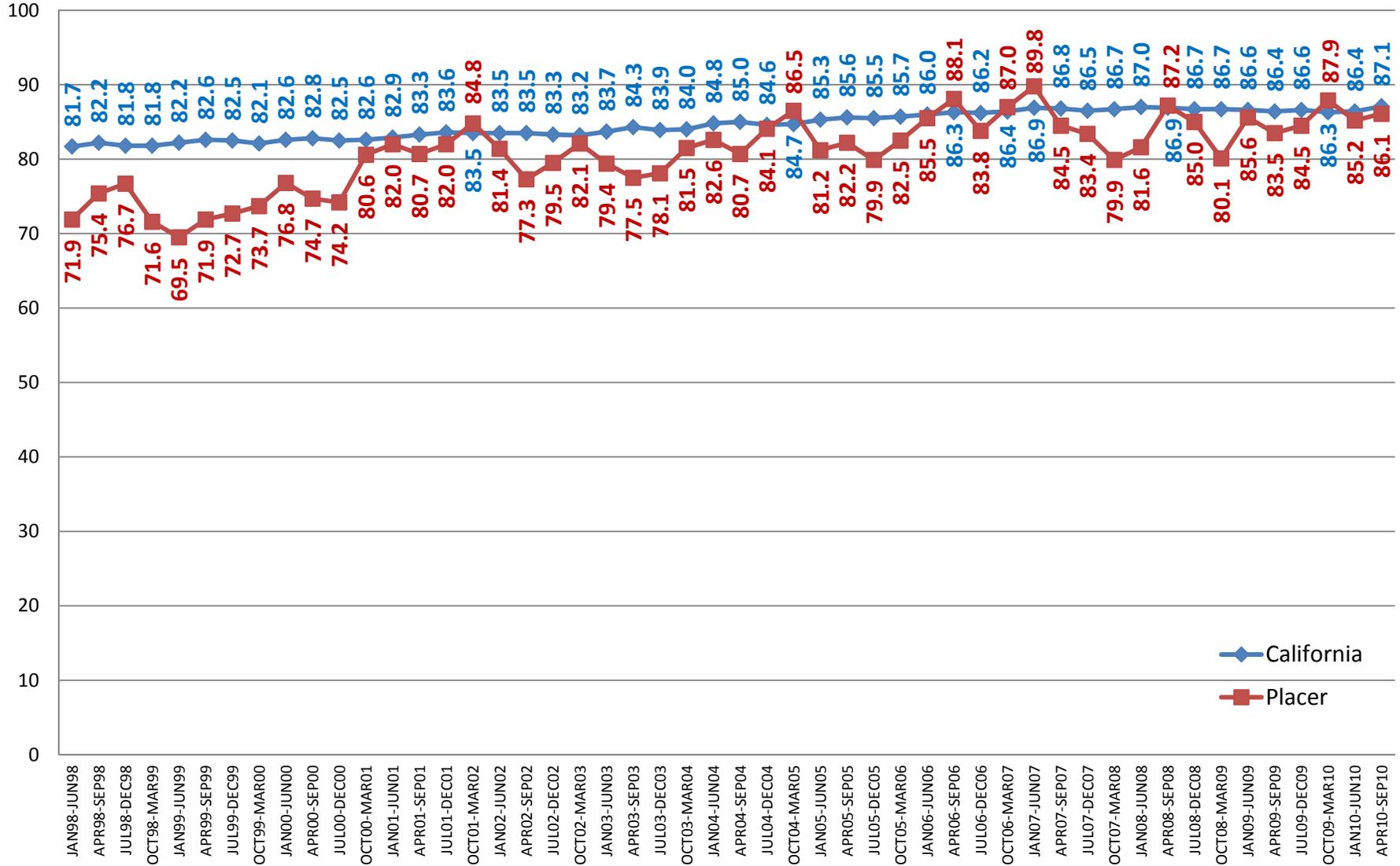
#### January 1998 to September 2011



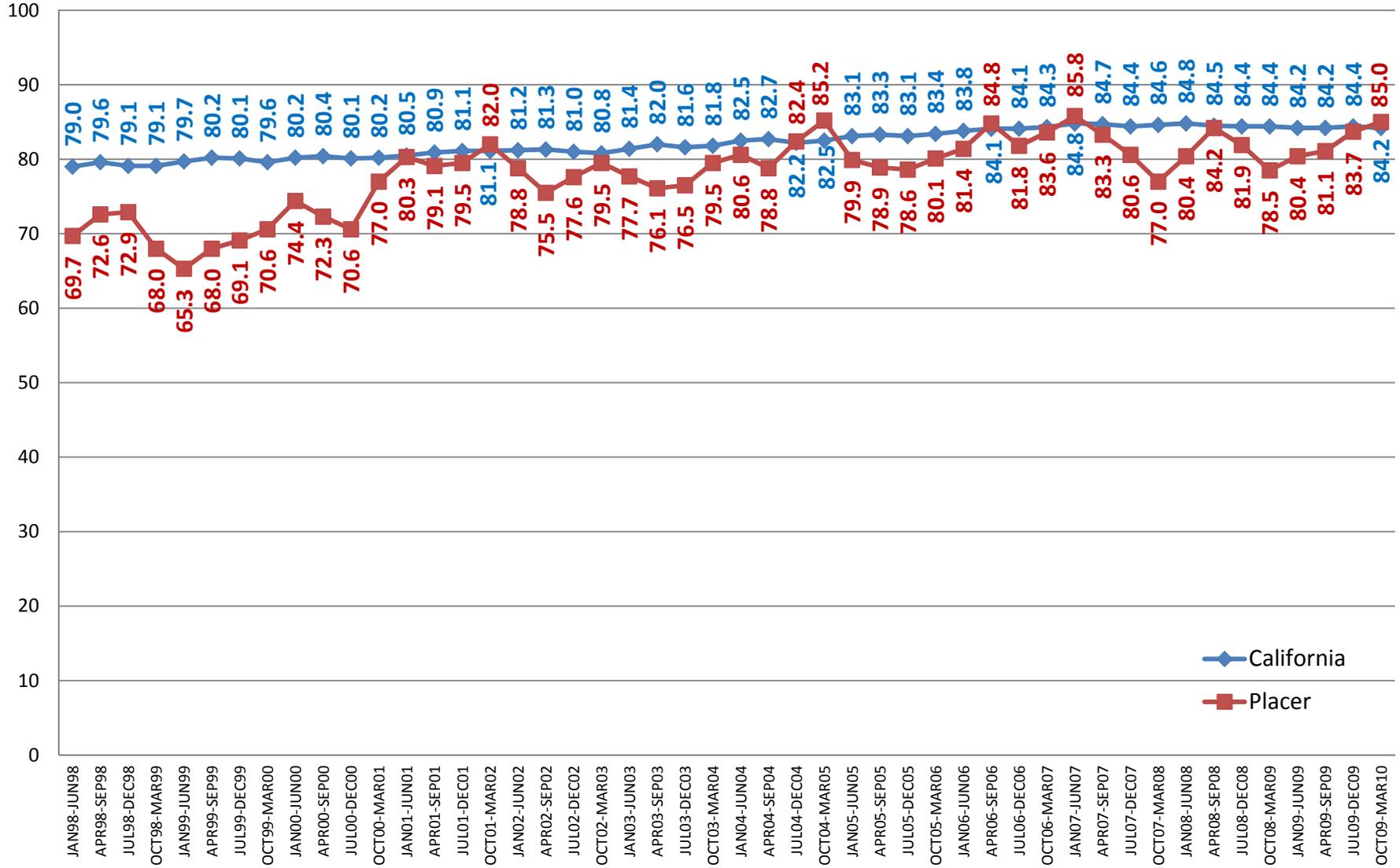
**S.M.A.R.T. Children's System of Care**  
**S1.1 No Recurrence of Maltreatment - 12 Months**  
**Percent by 6 Month Periods**  
**January 1998 to March 2011**



**S.M.A.R.T. Children's System of Care**  
**S1.1 No Recurrence of Maltreatment - 18 Months**  
**Percent by 6 Month Periods**  
**January 1998 to September 2010**



**S.M.A.R.T. Children's System of Care**  
**S1.1 No Recurrence of Maltreatment - 24 Months**  
**Percent by 6 Month Periods**  
**January 1998 to March 2010**

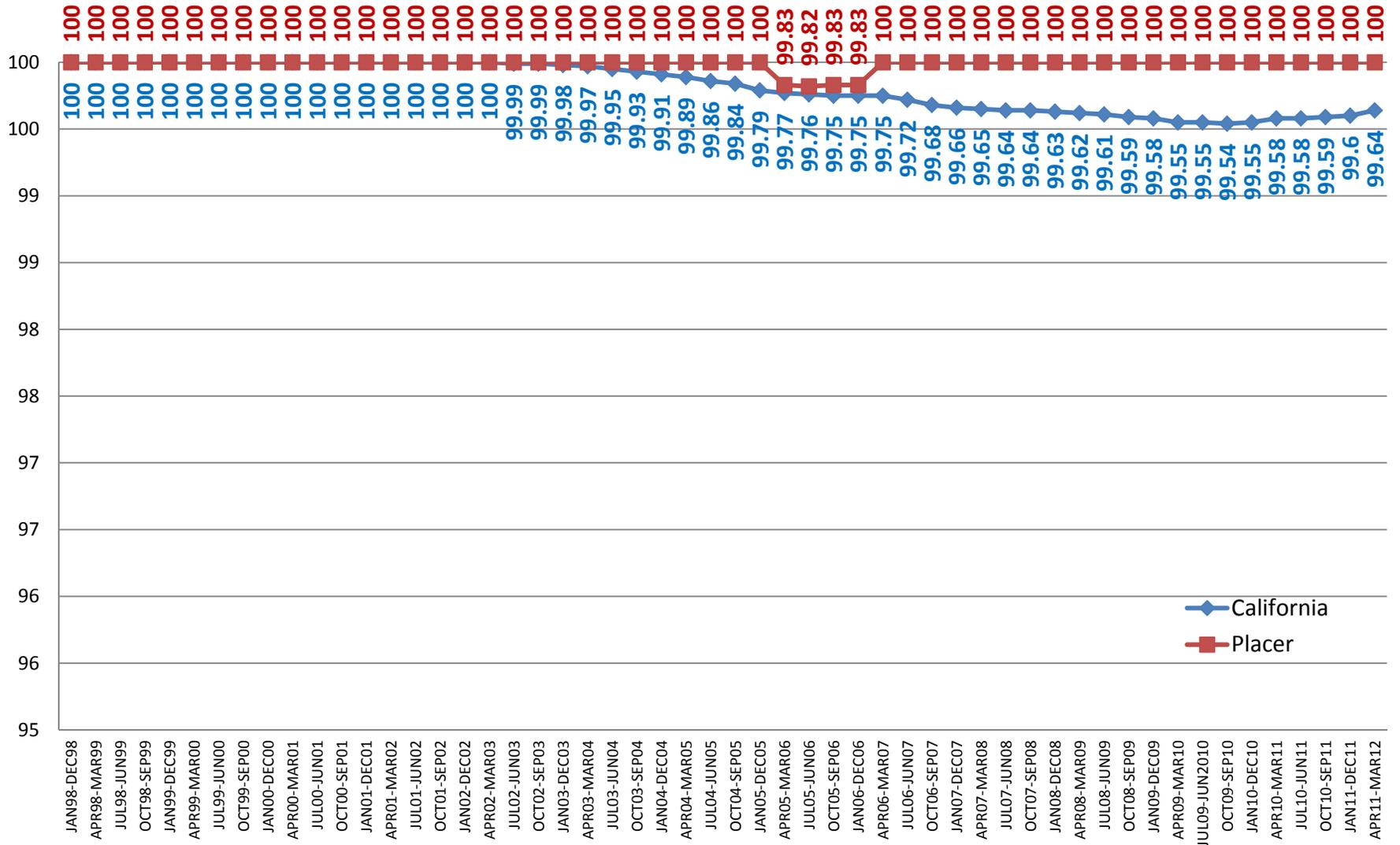


# S.M.A.R.T. Children's System of Care

## S1.1 No Maltreatment in Foster Care

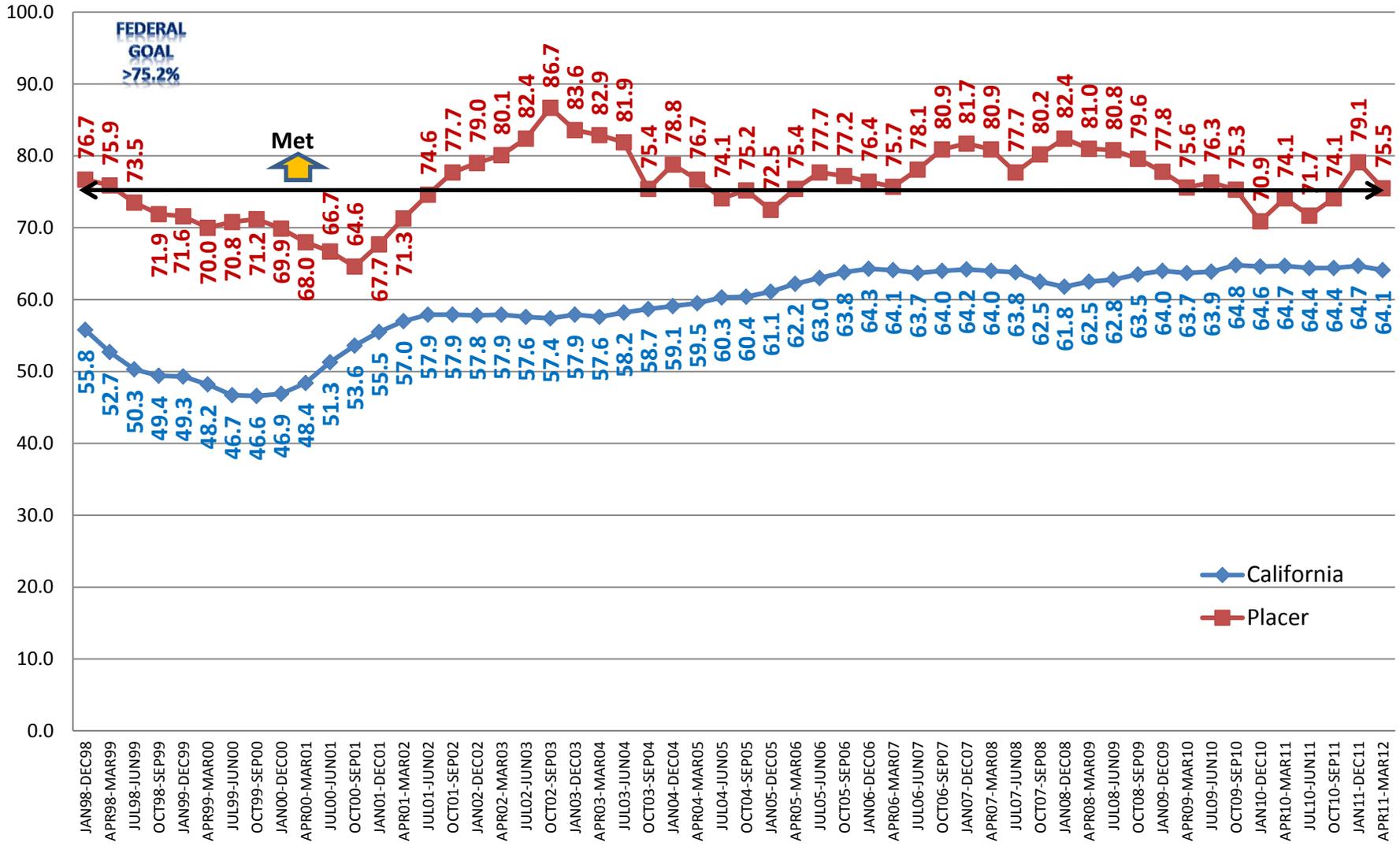
Percent by 12 Month Periods

January 1998 to March 2012



**S.M.A.R.T. Children's System of Care**  
**C1.1 Reunification in Less Than 12 Months - Exit Cohort**  
**(Federal Measure)**

12 Month Intervals January 1998 to March 2012

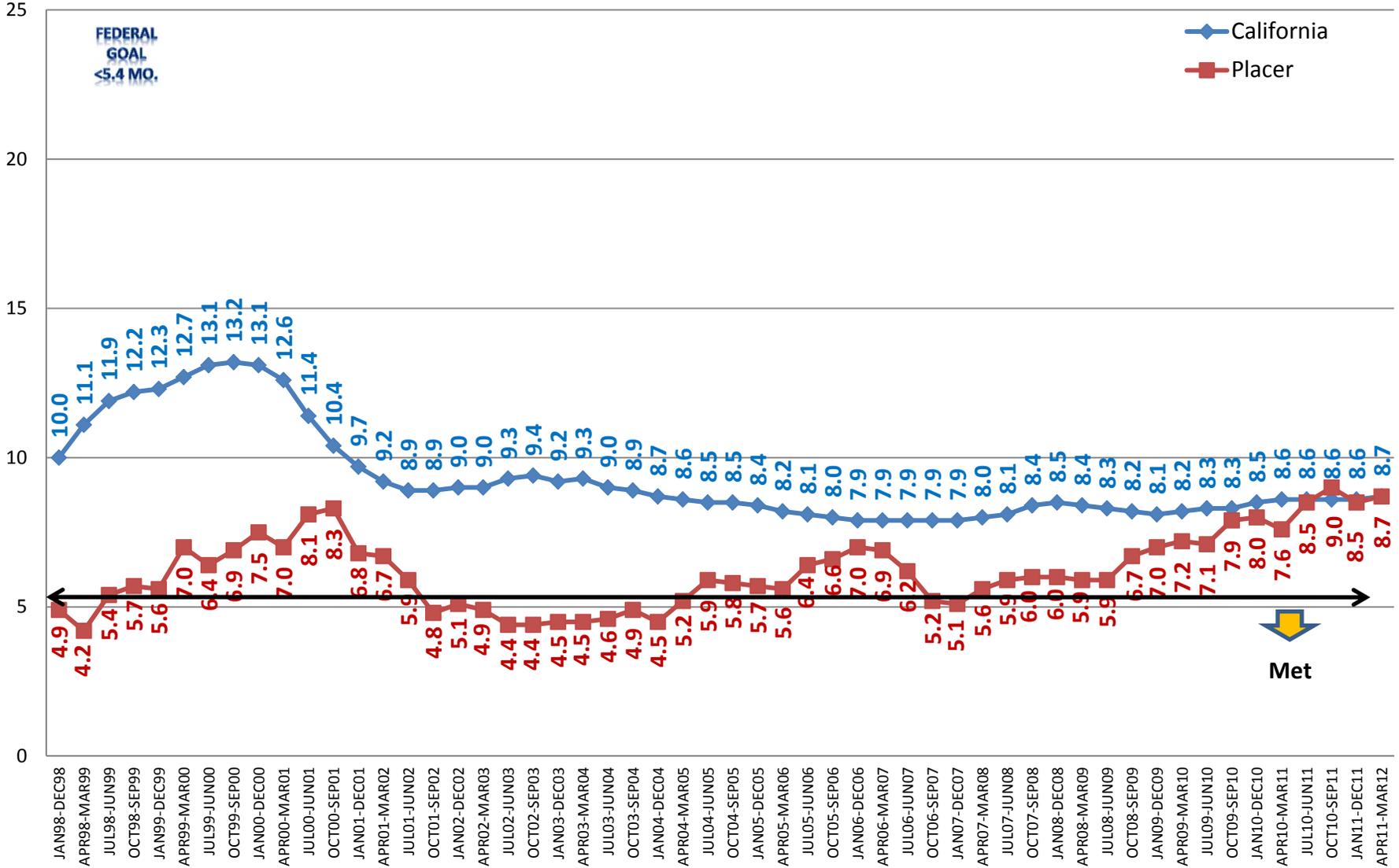


**S.M.A.R.T. Children's System of Care**  
**C1.1 Reunification in Less Than 12 Months - Exit Cohort**  
**(Federal Measure) – By Ethnicity**  
 April 2011 to March 2012

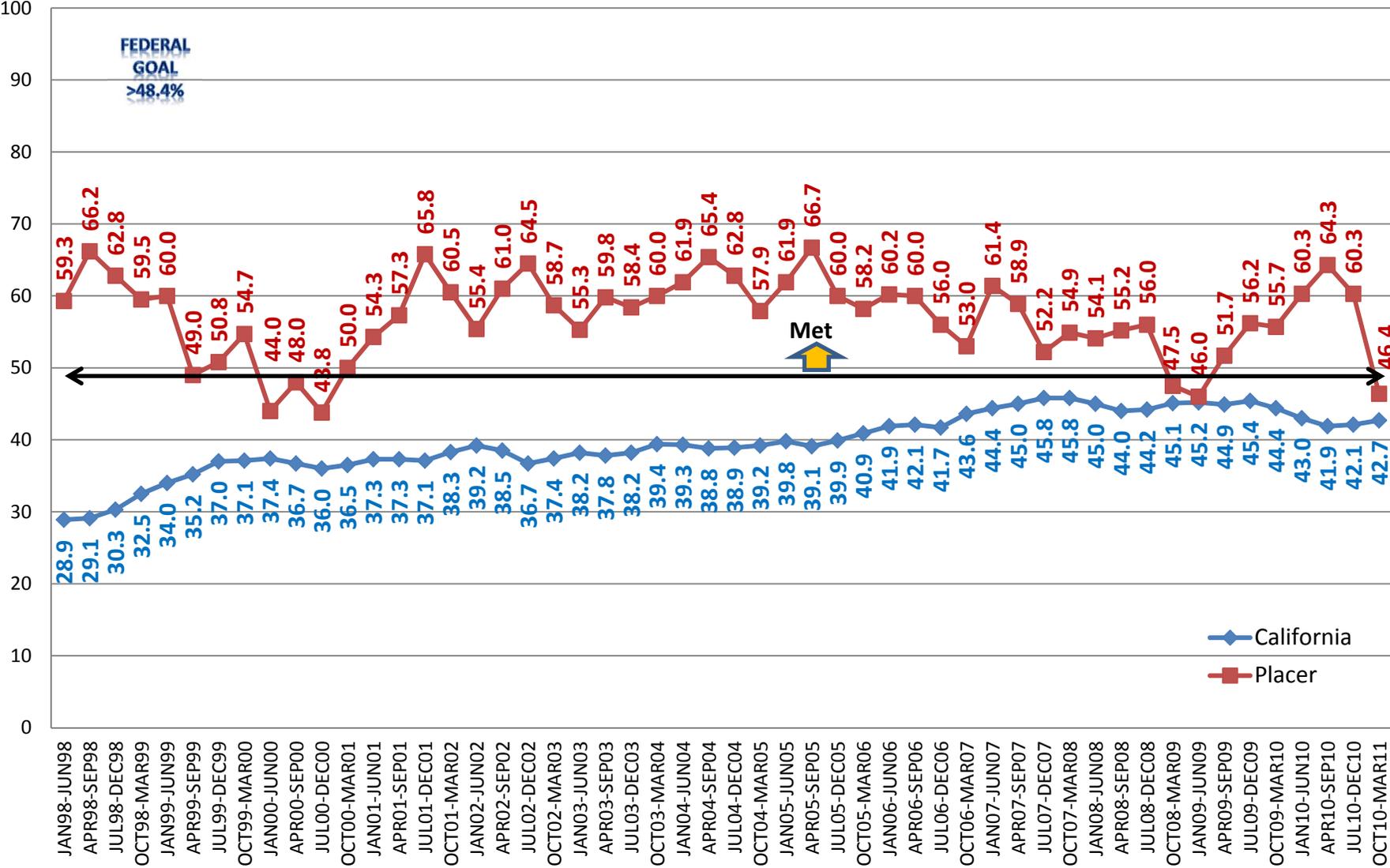
PERCENT	Ethnic Group						All
	Black	White	Hispanic	Asian/P.I.	Nat Amer	Missing	
	%	%	%	%	%	%	%
Reunified in less than 12 months	78.6	71.9	77.8	100	100	.	75.5
Reunified in 12 months or more	21.4	28.1	22.2	.	.	.	24.5
<b>Total</b>	100	100	100	100	100	.	100

COUNT	Ethnic Group						Total
	Black	White	Hispanic	Asian/P.I.	Nat Amer	Missing	
	n	n	n	n	n	n	n
Reunified in less than 12 months	11	41	21	1	3	.	77
Reunified in 12 months or more	3	16	6	.	.	.	25
<b>Total</b>	14	57	27	1	3	.	102

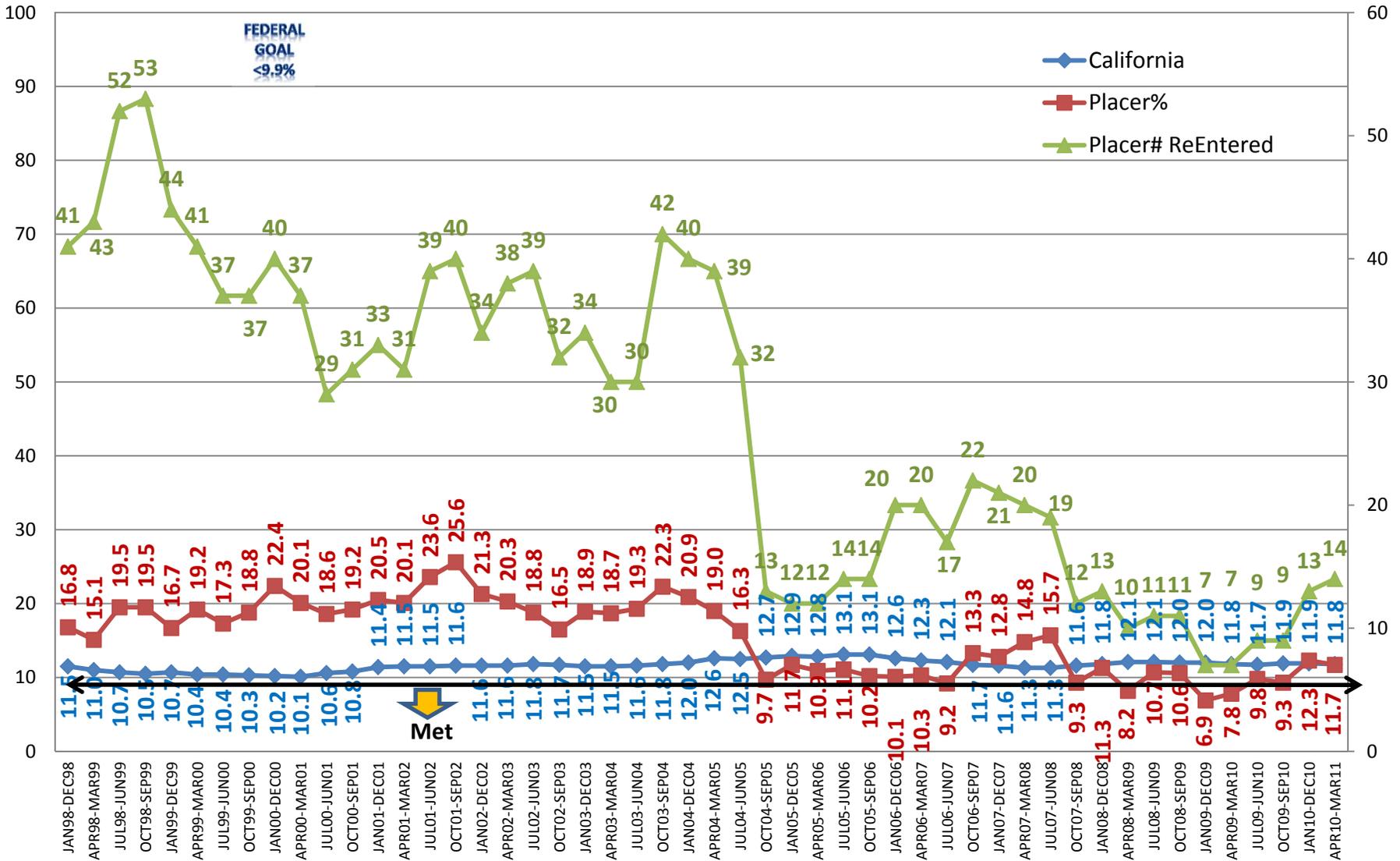
**S.M.A.R.T. Children's System of Care**  
**C1.2 Median Time to Reunification in Months - Exit Cohort**  
**(Federal Measure)**  
**12 Month Intervals January 1998 to March 2012**



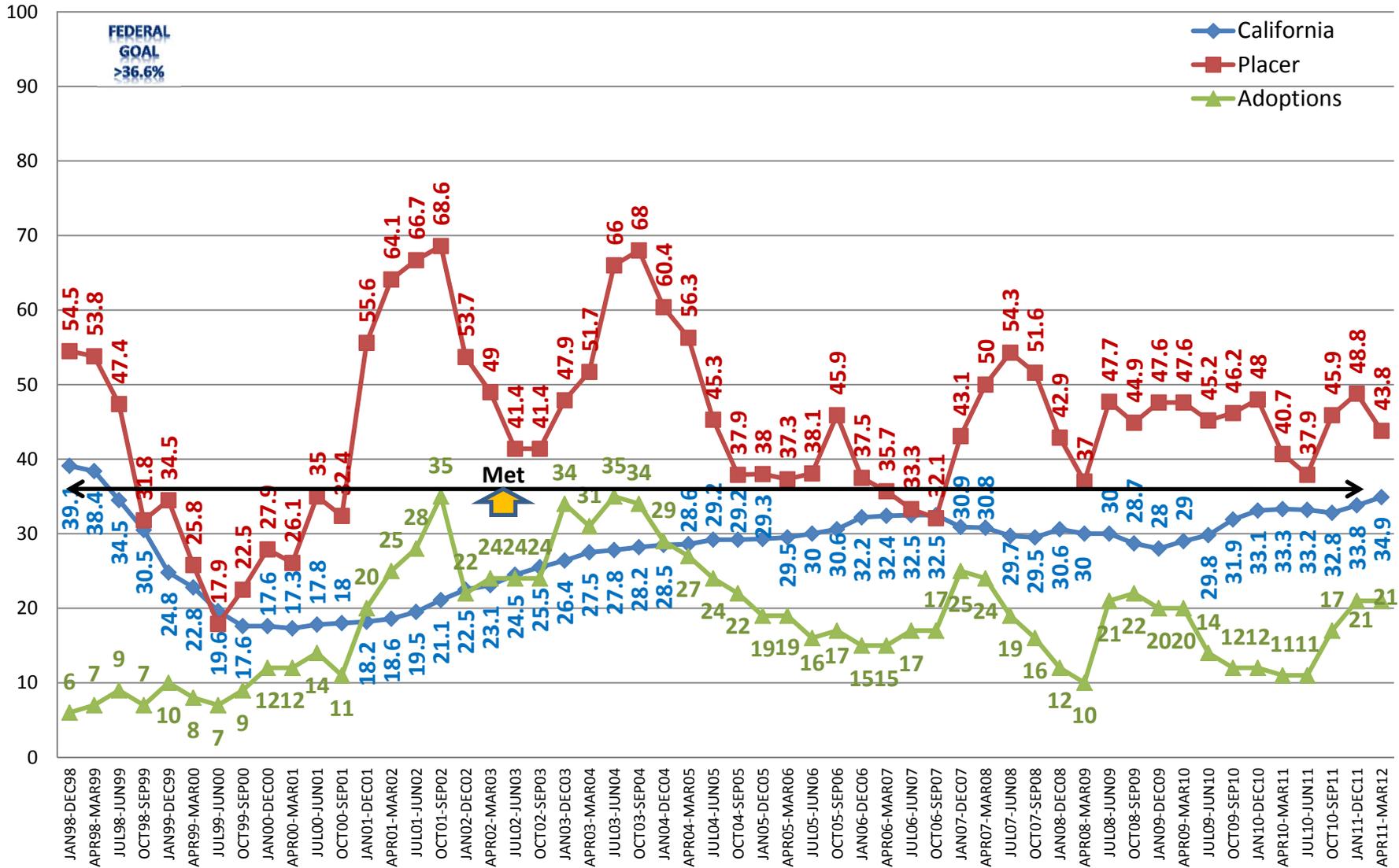
**S.M.A.R.T. Children's System of Care**  
**C1.3 Rate of Reunification - Entry Cohort**  
**(Federal Measure)**  
**6 Month Intervals January 2008 to March 2011**



**S.M.A.R.T. Children's System of Care**  
**C1.4 Rate of ReEntry into Foster Care - Exit Cohort**  
**(Federal Measure)**  
**12 Month Intervals from January 1998 to March 2011**



**S.M.A.R.T. Children's System of Care**  
**C2.1 % of Children Adopted Less Than 24 Months &**  
**Total Placer County Adoptions**  
**12 Month Intervals from January 1998 to March 2012**



## S.M.A.R.T. Children's System of Care

### Adoption Within 24 Months (Exit Cohort) by Ethnicity

Child Welfare Services

Agency Type=Child Welfare

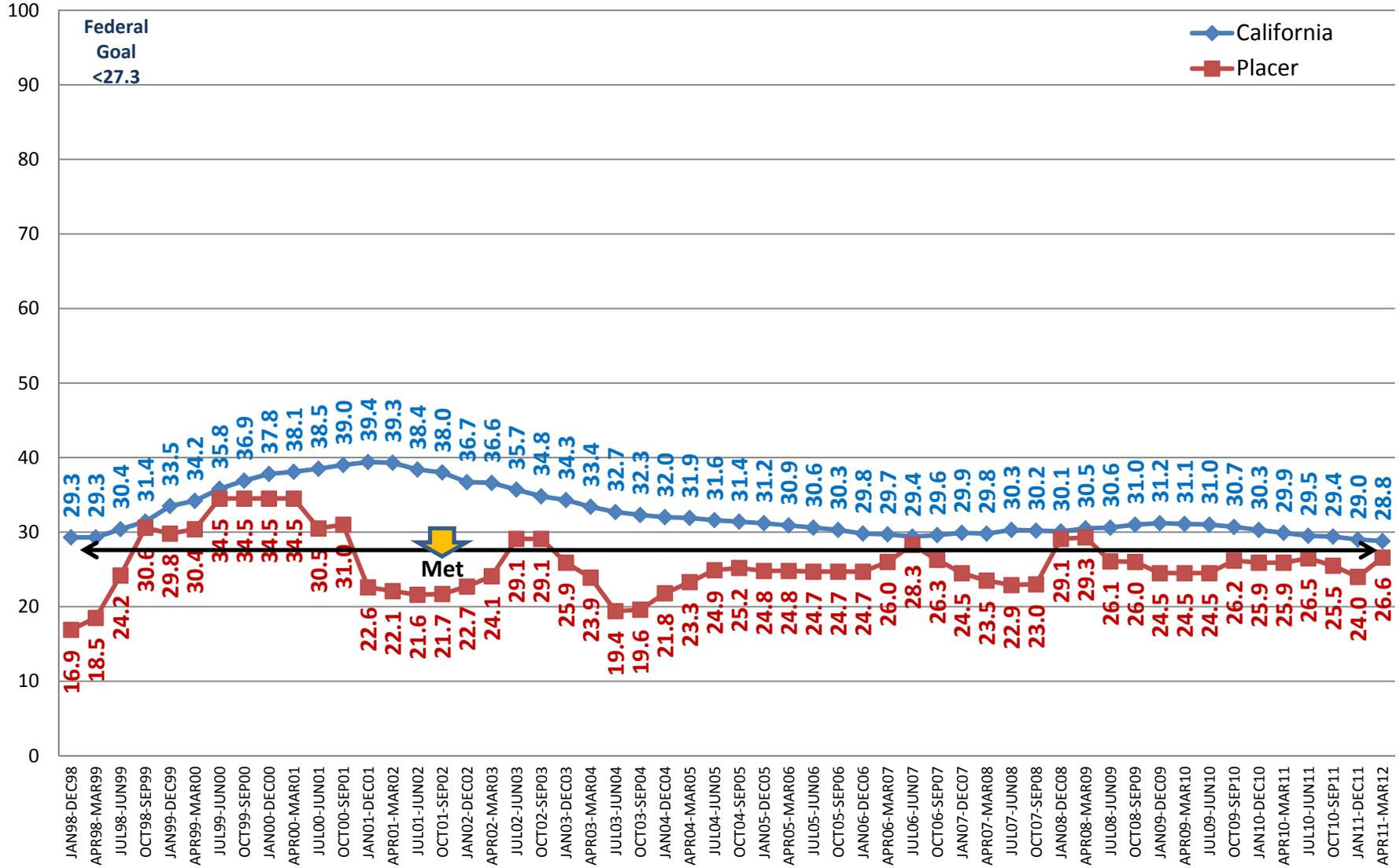
Apr 1, 2011 to Mar 31, 2012

Placer

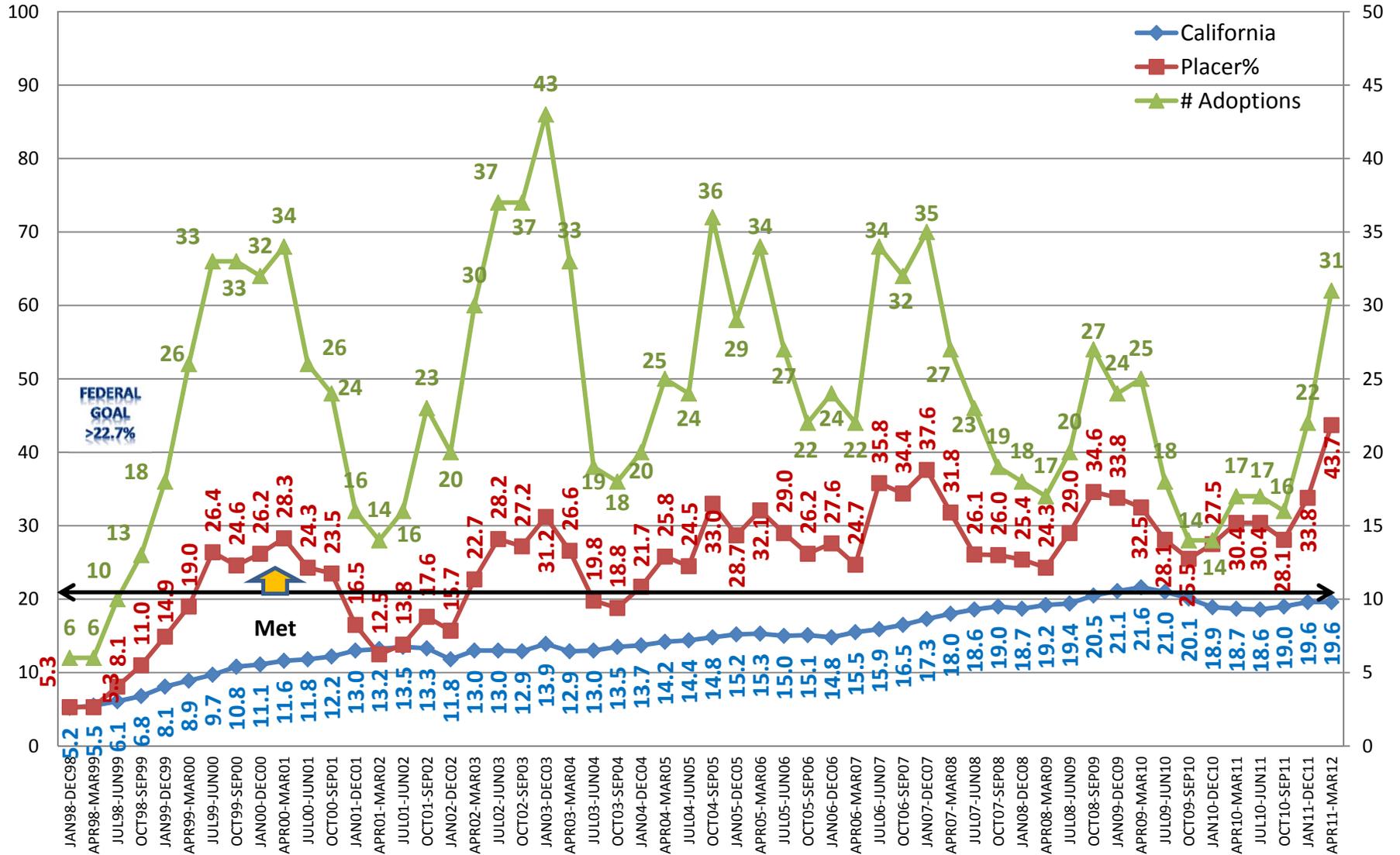
COUNT	Ethnic Group						Total
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
	n	n	n	n	n	n	
Adopted within 24 months	0	19	1.		1.		21
Not adopted within 24 months	2	16	9.		0.		27
<b>Total</b>	2	35	10.		1.		48

PERCENT	Ethnic Group						All
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
	%	%	%	%	%	%	
Adopted within 24 months	0	54.3	10.0		100		43.8
Not adopted within 24 months	100	45.7	90.0		0.		56.3
<b>Total</b>	100	100	100.		100.		100

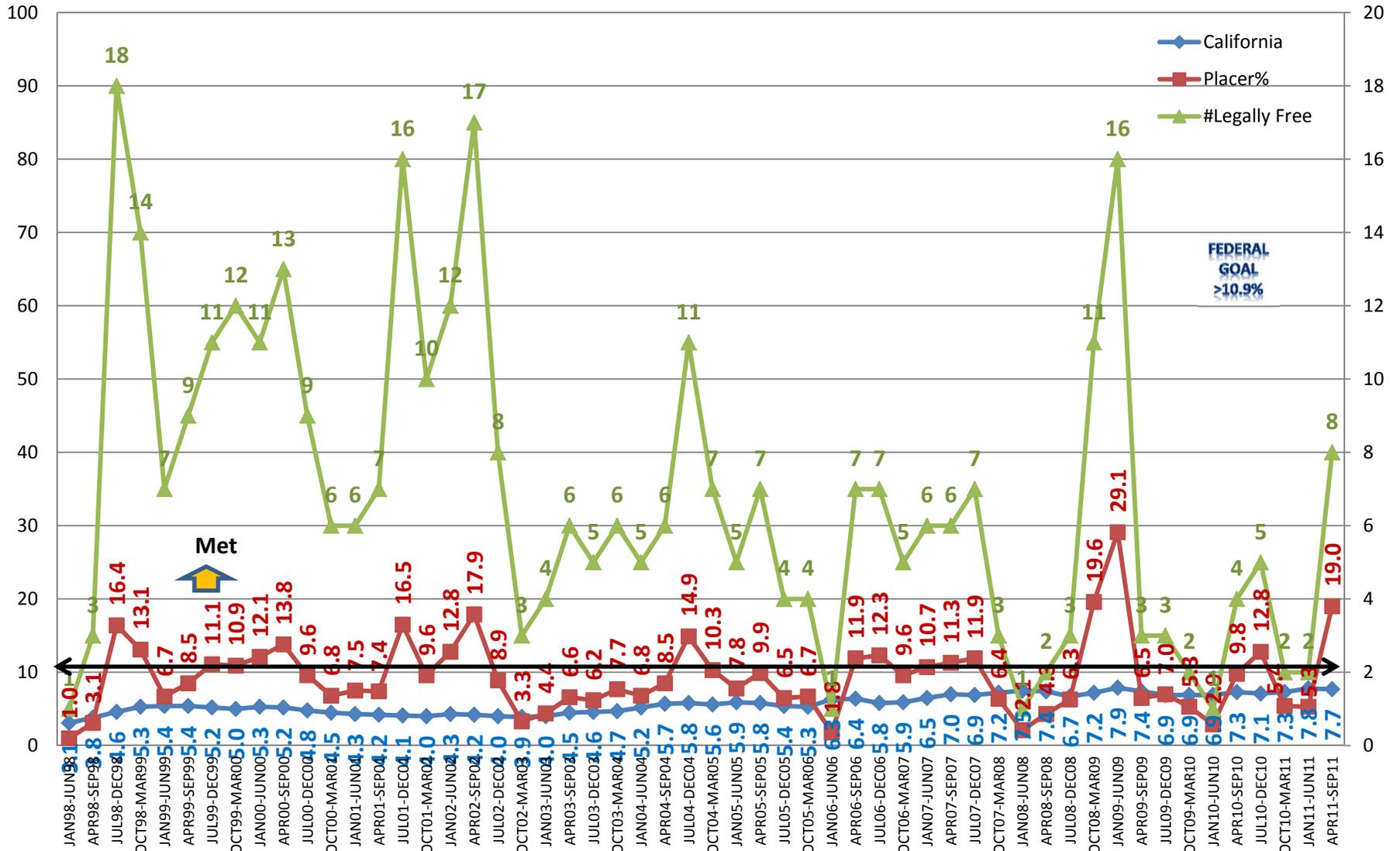
**S.M.A.R.T. Children's System of Care**  
**C2.2 Median Time to Adoption**  
**(in Months)**  
**12 Month Intervals From January 1998 to March 2012**



**S.M.A.R.T. Children's System of Care**  
**C2.3 % and Number of Children Adopted <12 Months**  
**With 17 Months in Care**  
**12 Month Periods: January 1998 to March 2012**



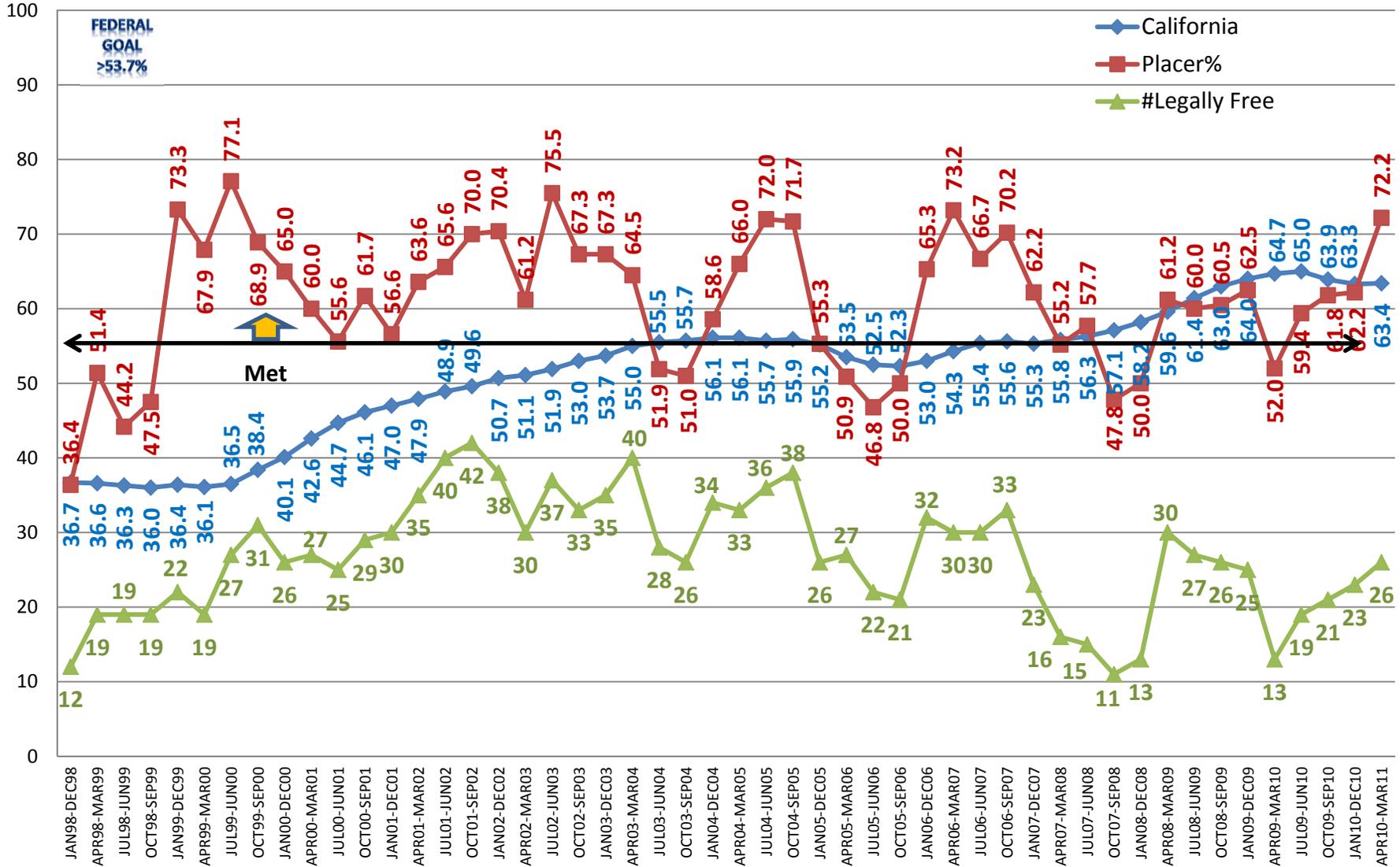
**S.M.A.R.T. Children's System of Care**  
**C2.4 % and Number of Children Legally Free Within 6 Months**  
**With 17 Months in Care**  
**6 Month Periods: January 1998 to September 2011**



# S.M.A.R.T. Children's System of Care – Child Welfare

## C2.5 % and Number of Children Adopted Within 12 Months (Legally Free)

12 Month Periods: January 1998 to March 2011

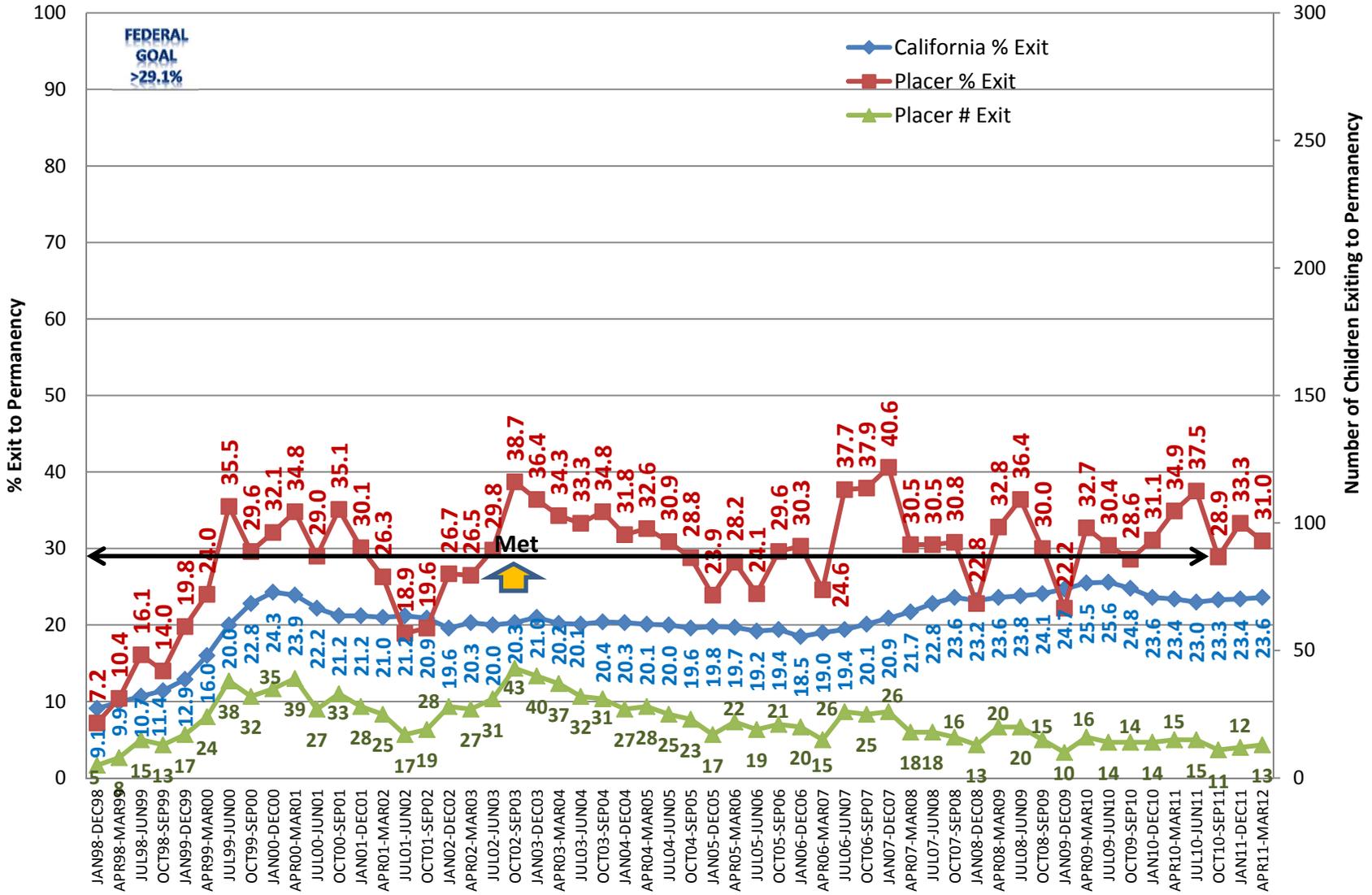


# S.M.A.R.T. Children's System of Care - Child Welfare

## C3.1 Exits to Permanency (24 Months In Care)

### (Percent and Number)

12 Month Periods: January 1998 to March 2012



## S.M.A.R.T. Children's System of Care

### Exits To Permanency by Ethnicity - Child Welfare

In care on the first day of the year (24 months or longer): Exit to permanency by the end of the year and before age 18  
 April 2011 to March 2012

#### Placer

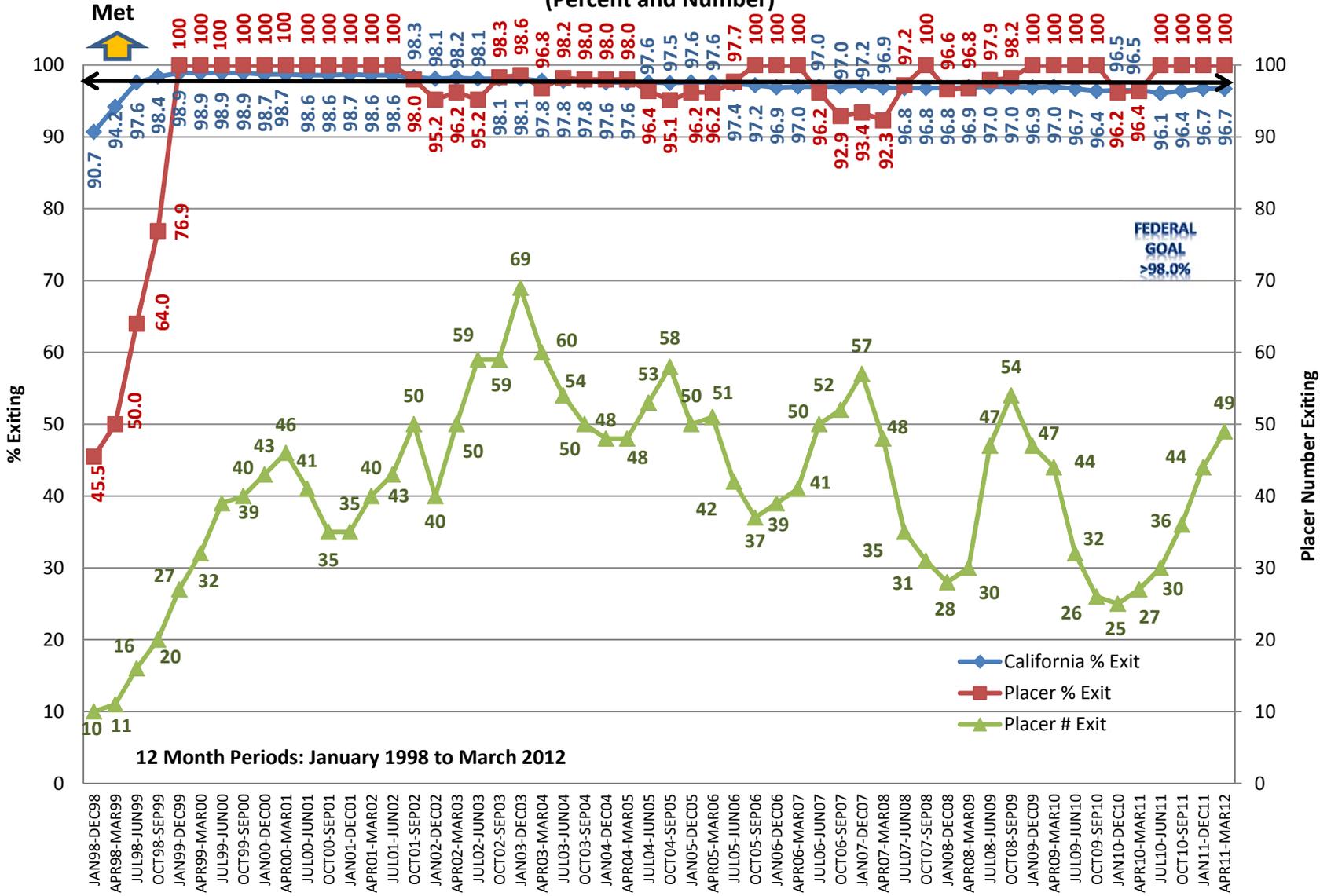
COUNT	Ethnic Group						Total n
	Black	White	Hispanic	Asian/P.I.	Nat Amer	Missing	
	n	n	n	n	n	n	
Exited to reunification by end of year and before age 18	.	2.	.	.	.	.	2
Exited to adoption by end of year and before age 18	.	10.	1.	.	.	.	11
Exited to guardianship by end of year and before age 18	.	.	.	.	.	.	.
Exited to non-permanency by end of year	.	3.	1.	.	.	.	4
Still in care	1	20.	3.	.	1.	.	25
<b>Total</b>	1	35.	5.	.	1.	.	42

Percent	Ethnic Group						All %
	Black	White	Hispanic	Asian/P.I.	Nat Amer	Missing	
	%	%	%	%	%	%	
Exited to reunification by end of year and before age 18	.	5.7.	.	.	.	.	4.8
Exited to adoption by end of year and before age 18	.	28.6.	20.0.	.	.	.	26.2
Exited to guardianship by end of year and before age 18	.	.	.	.	.	.	.
Exited to non-permanency by end of year	.	8.6.	20.0.	.	.	.	9.5
Still in care	100	57.1.	60.0.	.	100.	.	59.5
<b>Total</b>	100	100.	100.	.	100.	.	100

# S.M.A.R.T. Children's System of Care

## C3.2 Exits to Permanency (Legally Free At Exit)

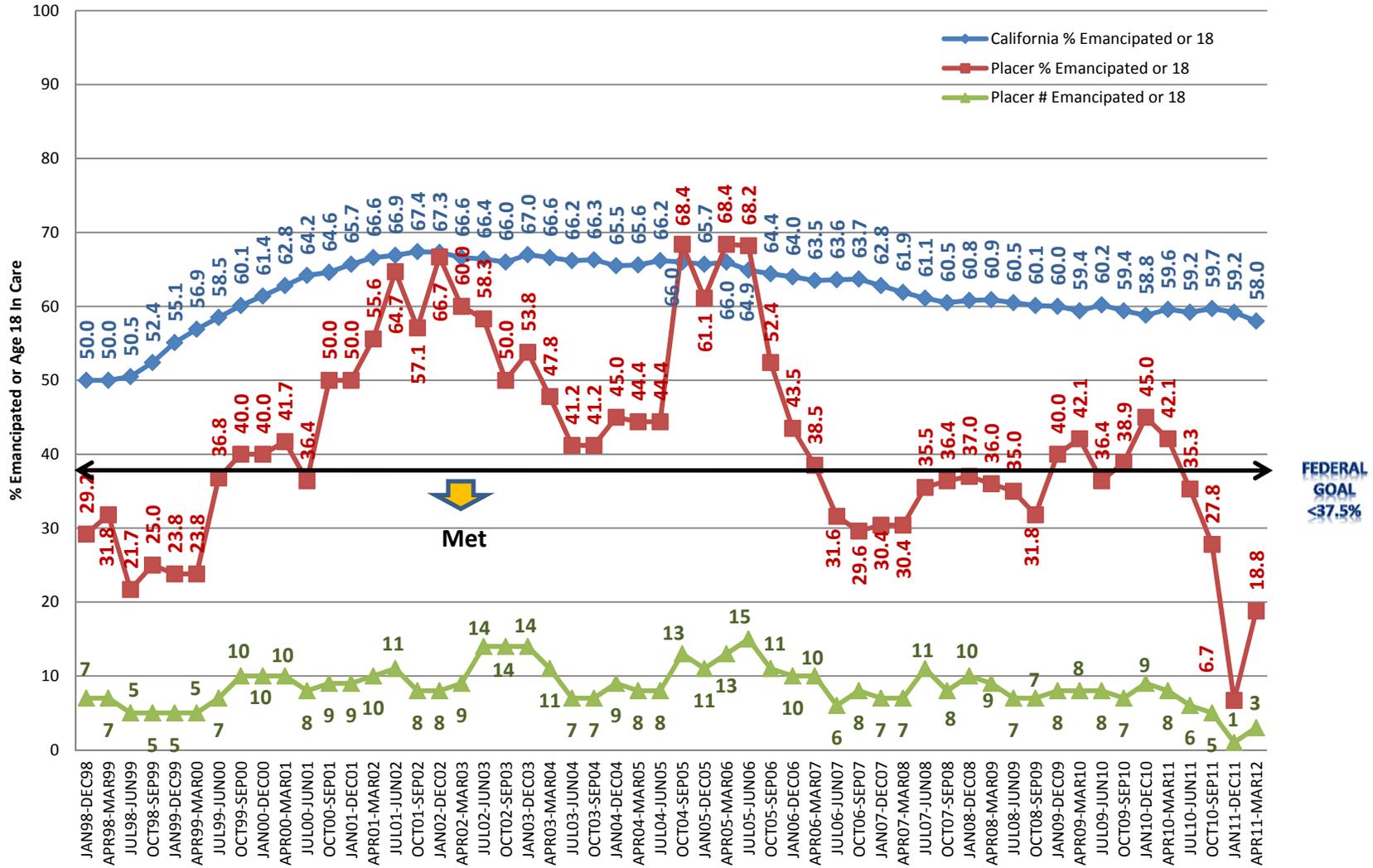
(Percent and Number)



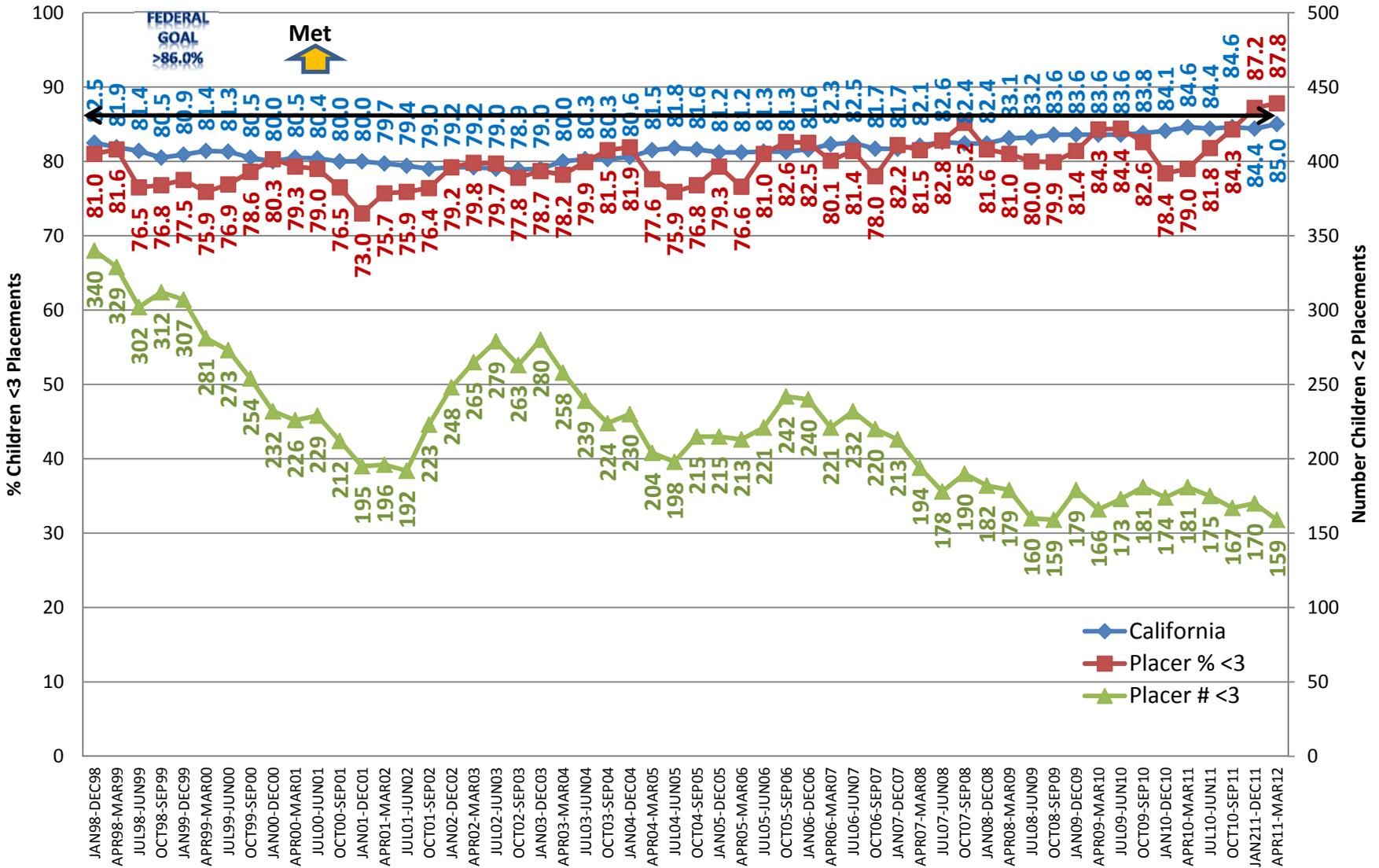
# S.M.A.R.T. Children's System of Care

## C3.3 Exits to Permanency: In Care 3 Yrs or Longer (Emancipated or Age 18 In Care)

12 Month Periods: January 1998 to March 2012

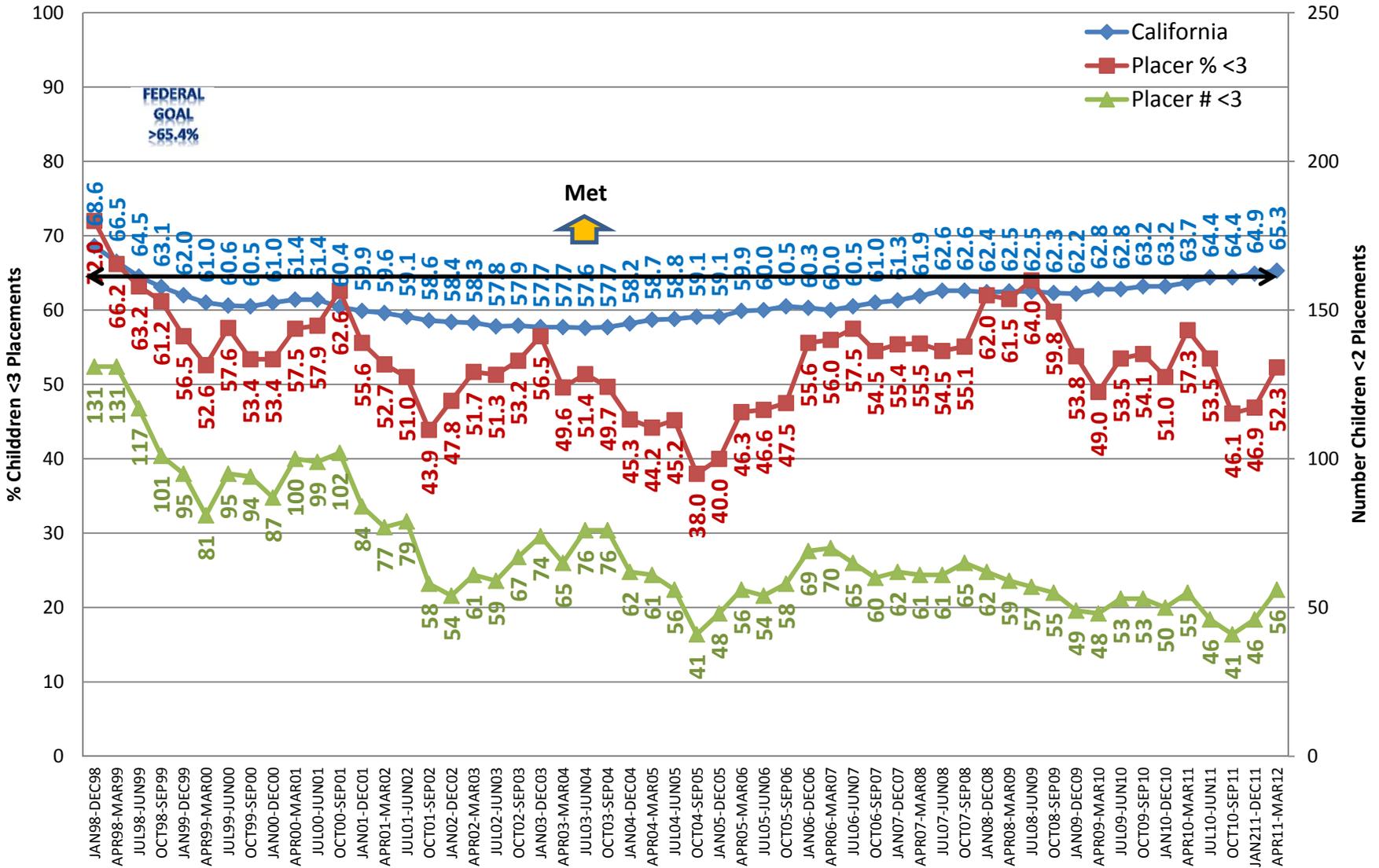


**S.M.A.R.T. Children's System of Care**  
**C4.1 Placement Stability (Less Than 3 Placements)**  
**8 days to 12 Months**  
**January 1998 to March 2012**





**S.M.A.R.T. Children's System of Care**  
**C4.2 Placement Stability (Less Than 3 Placements)**  
**12 to 24 Months In Placement**  
**January 1998 to March 2012**



## S.M.A.R.T. Children's System of Care

### Placement Stability (12 To 24 Months In Care) by Ethnicity - Child Welfare

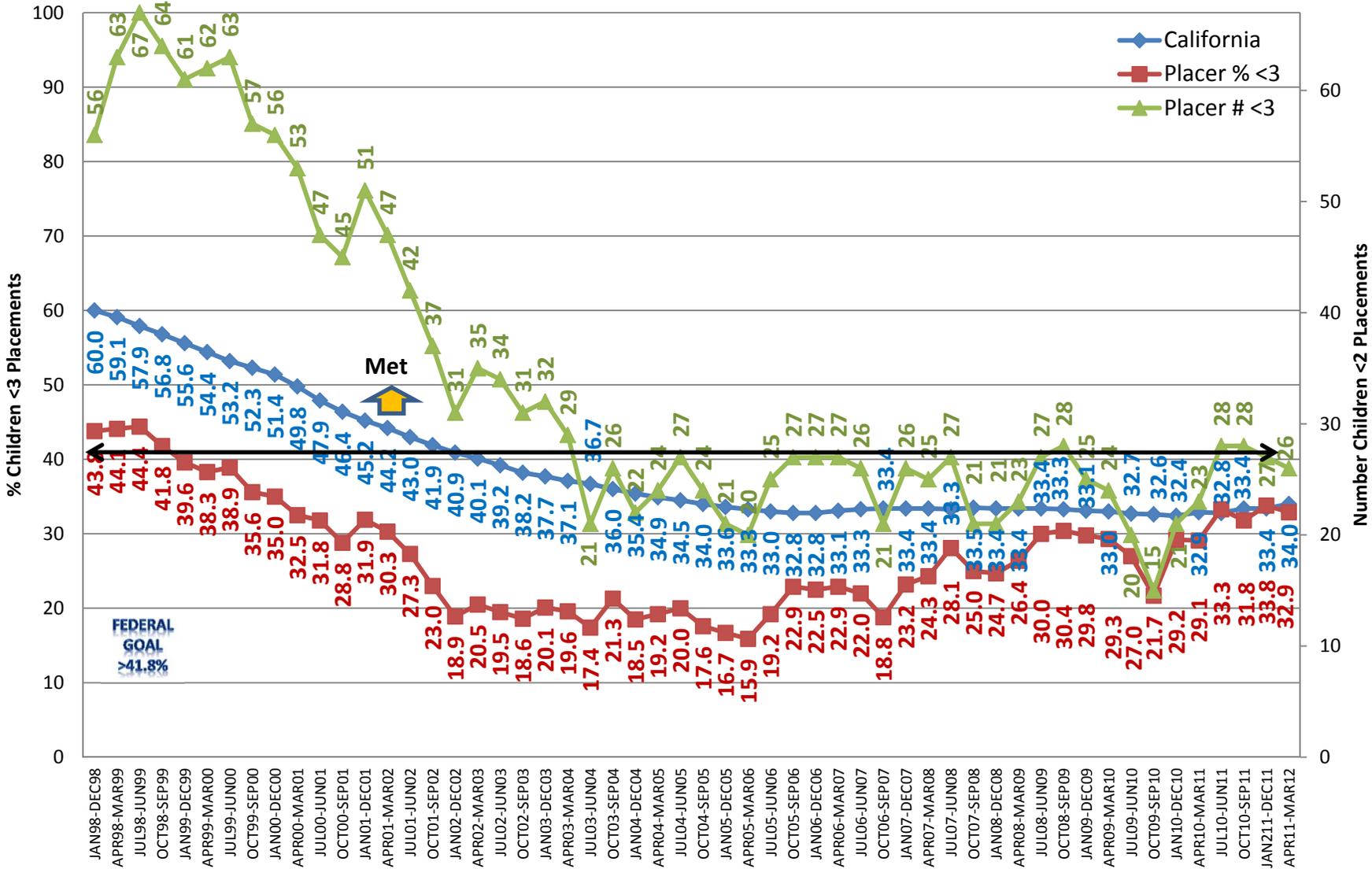
April 2011 to March 2012

Placer

COUNT	Ethnic Group						Total
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
	n	n	n	n	n	n	
<=2 placements	3	41	10		2		56
>2 placements (prior)	2	12	5		0		19
>2 placements (recent)	0	24	7		1		32
<b>Total</b>	5	77	22		3		107

COUNT	Ethnic Group						Total
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
	%	%	%	%	%	%	
<=2 placements	60.0%	53.2%	45.5%		66.7%		52.3%
>2 placements (prior)	40.0%	15.6%	22.7%		0.0%		17.8%
>2 placements (recent)	0.0%	31.2%	31.8%		33.3%		29.9%
<b>Total</b>	5	77	22		3		107

**S.M.A.R.T. Children's System of Care**  
**C4.3 Placement Stability (Less Than 3 Placements)**  
**In Care More Than 24 Months**  
 January 1998 to March 2012



**S.M.A.R.T. Children's System of Care**  
**Placement Stability (At Least 24 Months In Care)**

April 2011 to March 2012

Placer

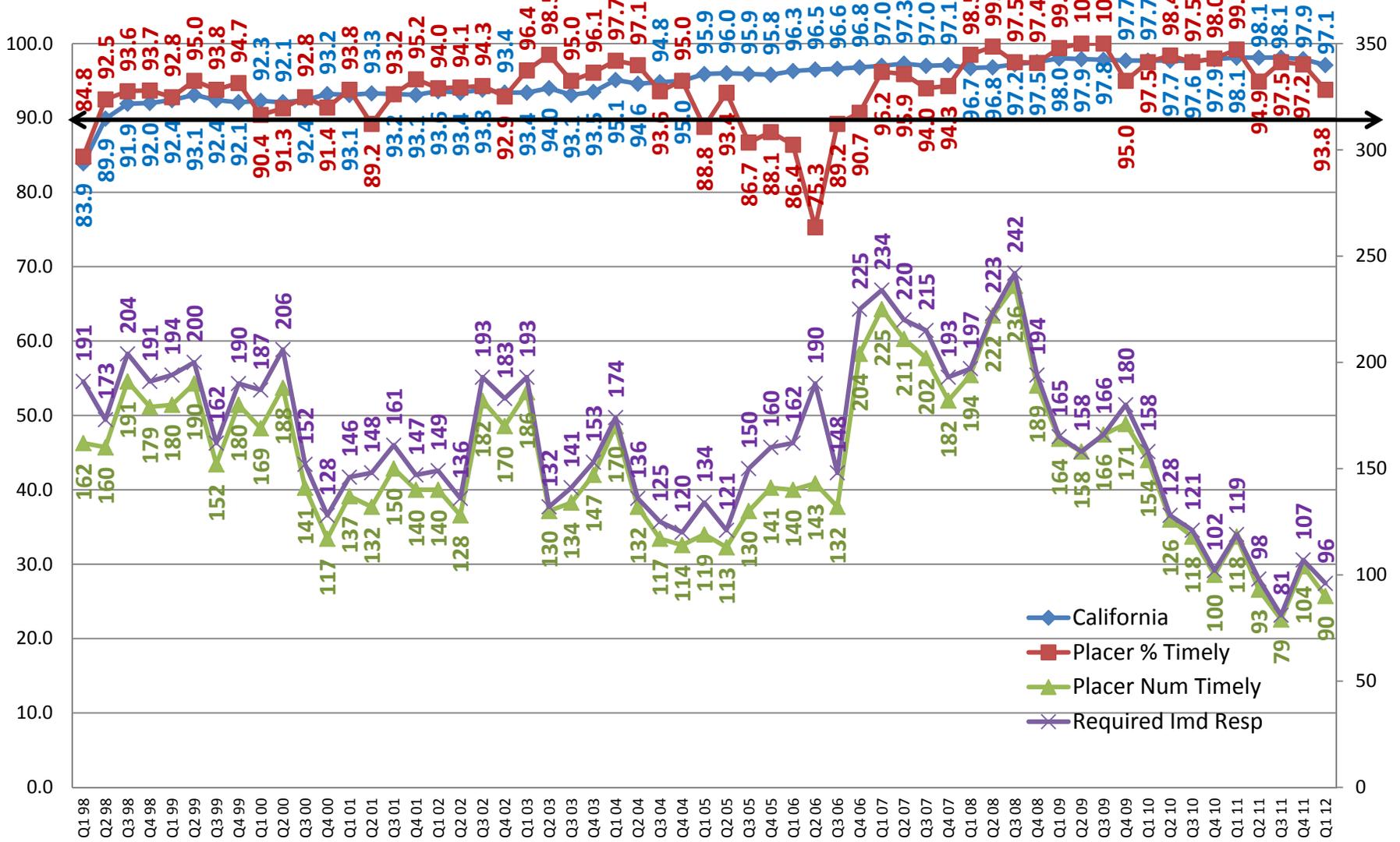
COUNT	Ethnic Group						Total
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
	n	n	n	n	n	n	n
<=2 placements	0	22	4		0		26
>2 placements (prior)	3	16	5				24
>2 placements (recent)		20	8		1		29
<b>Total</b>	3	58	17		1		79

PERCENT	Ethnic Group						All
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
	%	%	%	%	%	%	%
<=2 placements	0.0	37.9	23.5		0		32.9
>2 placements (prior)	100.0	27.6	29.4				30.4
>2 placements (recent)		34.5	47.1		100		36.7
<b>Total</b>	100.0	100	100.0		100		100

## S.M.A.R.T. Children's System of Care 2B Timeliness of Response (Immediate Response) by Quarter

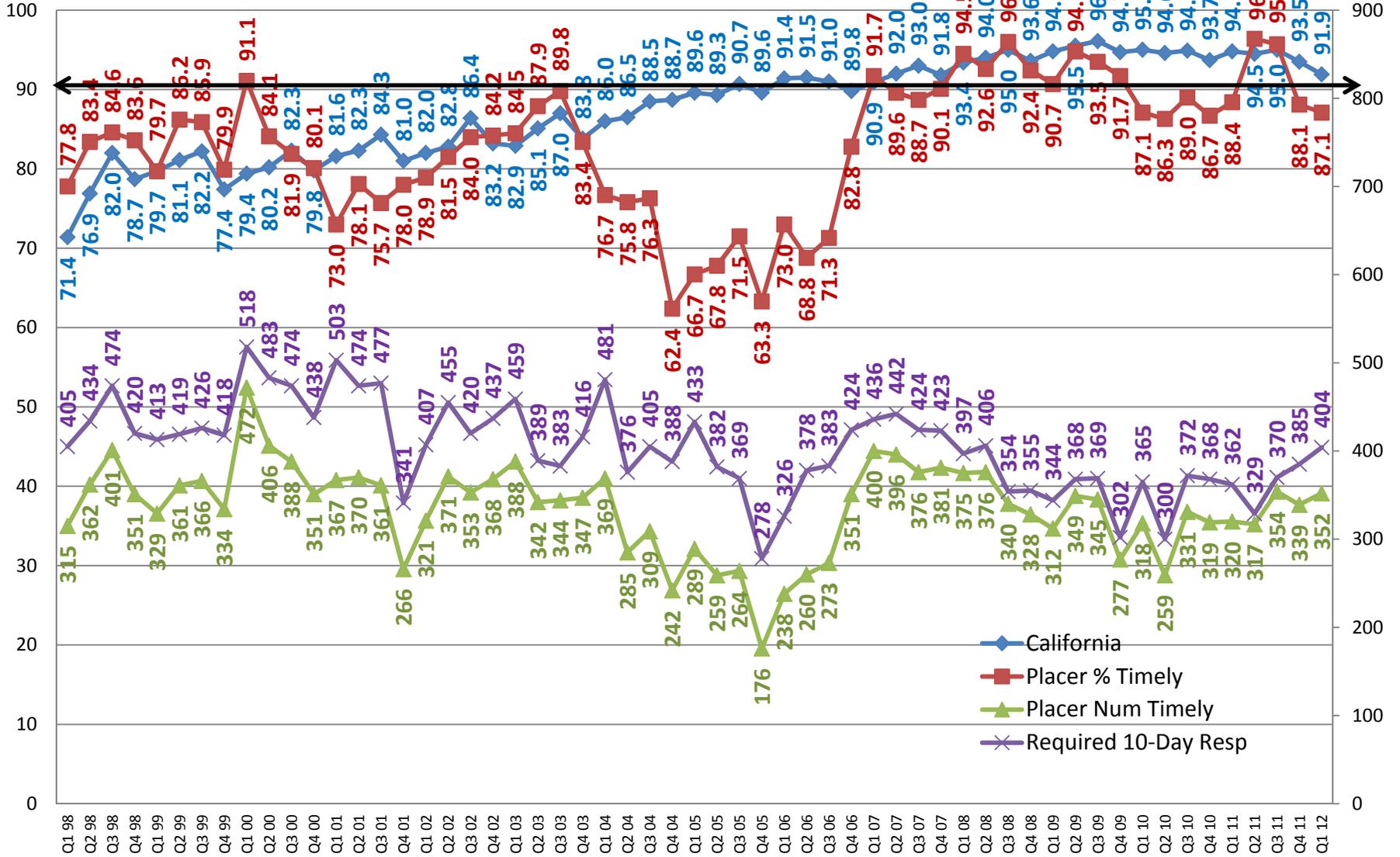
**Compliance = 90%**  
**Response Within 24  
Hrs of Referral**

January 1998 to March 2012



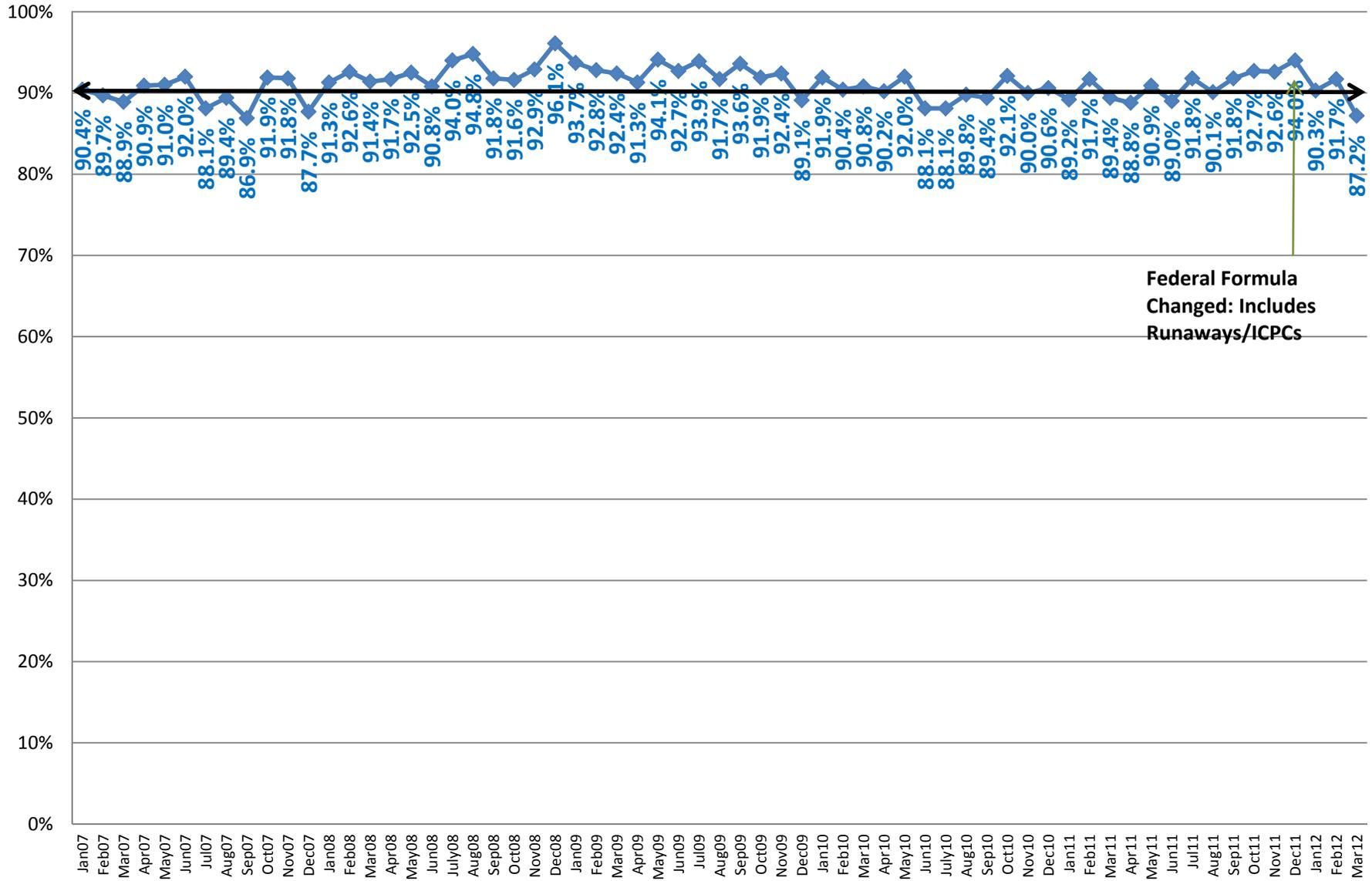
Compliance = 90%  
 Response within 10  
 Days of Referral

### S.M.A.R.T. Children's System of Care 2B Timeliness of Response (10-Day Response) by Quarter January 1998 to March 2012



State Compliance = 90%

### S.M.A.R.T. Children's System of Care 2C. Timeliness of Social Worker Visits January 2007 to March 2012



Federal Formula  
Changed: Includes  
Runaways/ICPCs

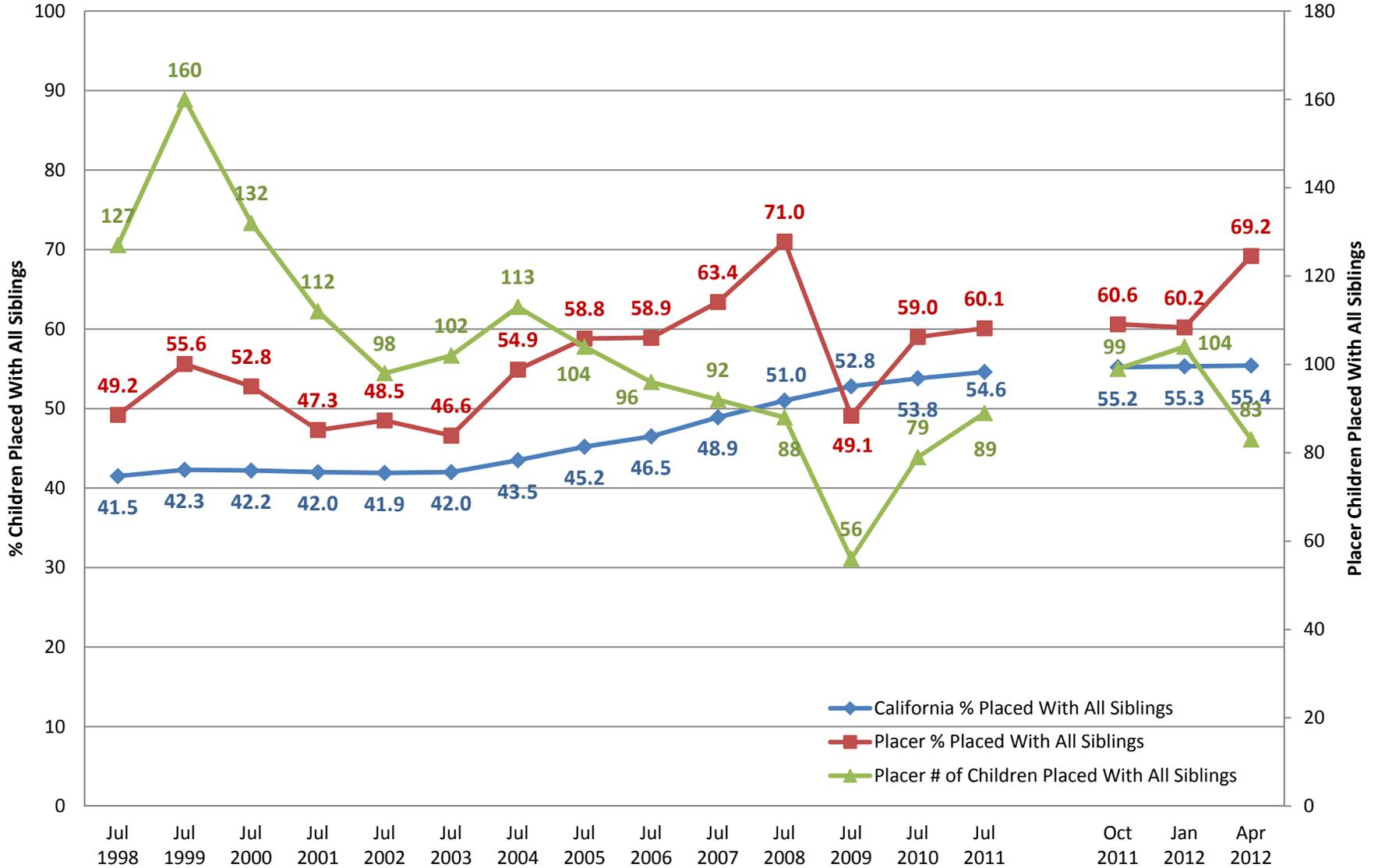
# S.M.A.R.T. Children's System of Care

## 4A. Sibling Placement

### % of Children Placed with All Siblings

Point-in-Time July 1998 to July 2011 then October 2011, January 2012 and April 2012

No  
Federal  
Standard



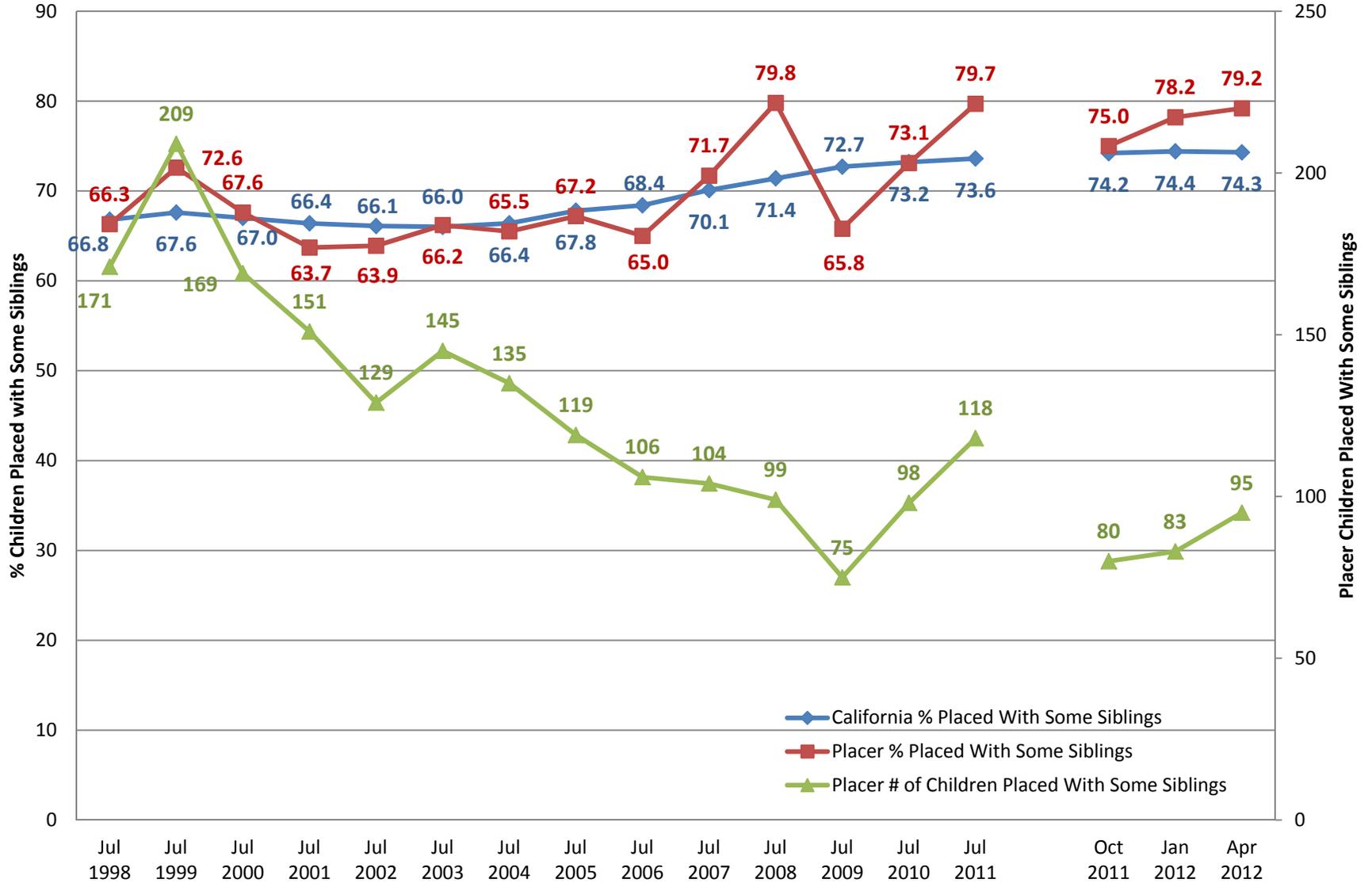
# S.M.A.R.T. Children's System of Care

## 4A. Sibling Placement

### Children Placed with All or Some of Their Siblings

Point-in-Time July 1998 to July 2011 then October 2011, January 2012 and April 2012

No  
Federal  
Standard

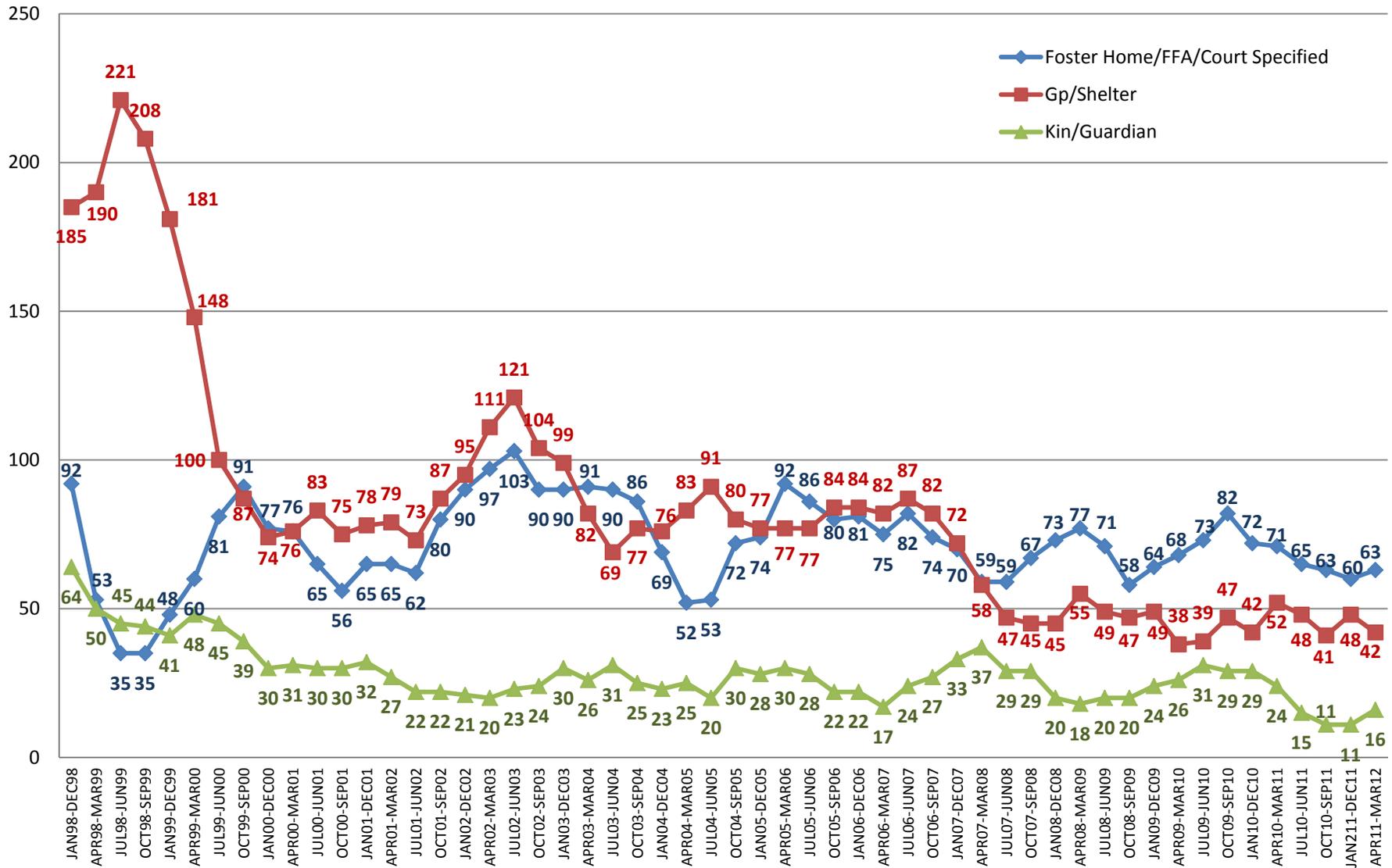


# S.M.A.R.T. Children's System of Care - Child Welfare

## 4B Placement by Placement Type-First Entry

Number in Placement

Rolling Annual Measures: January 1998 to March 2012

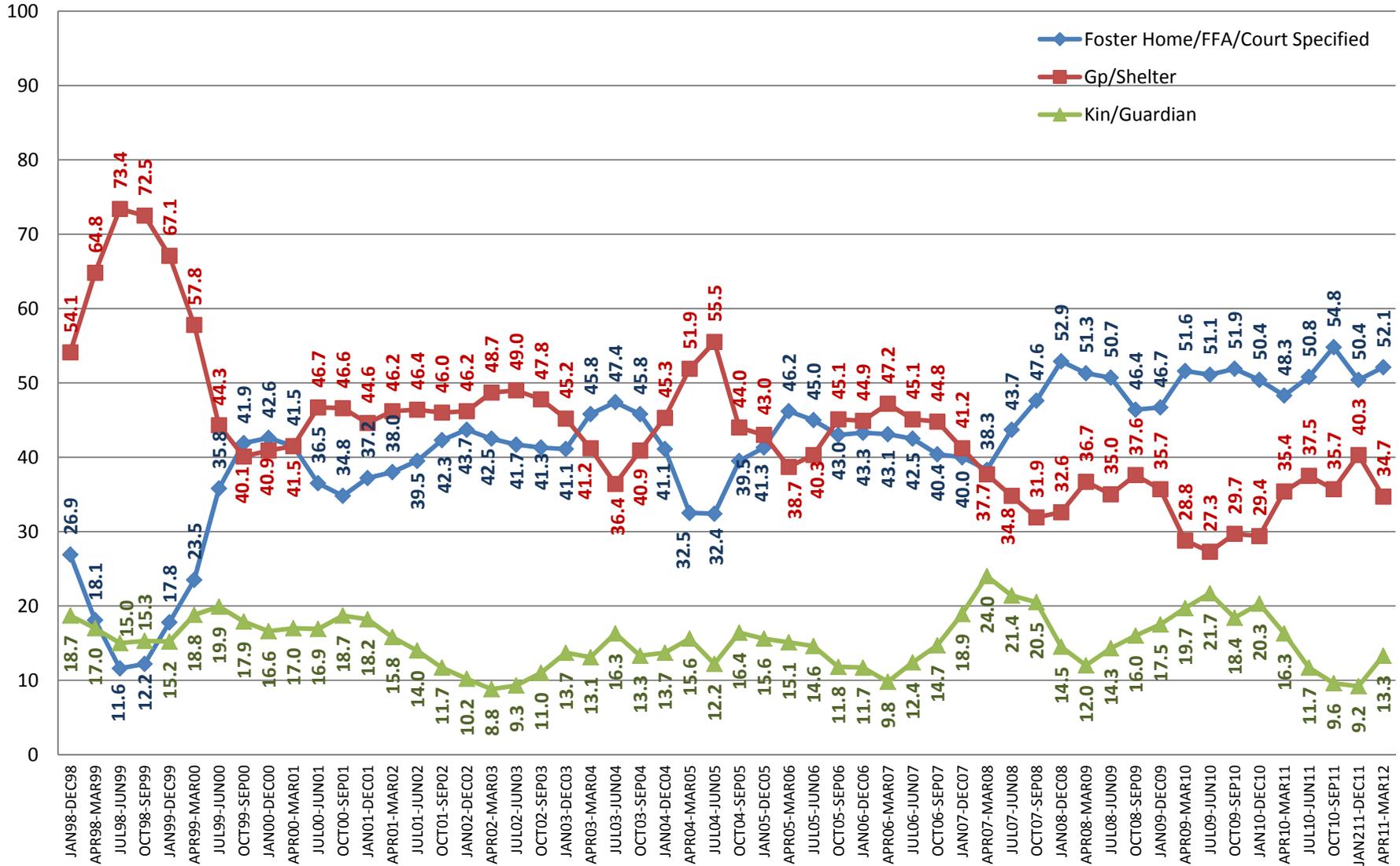


# S.M.A.R.T. Children's System of Care - Child Welfare

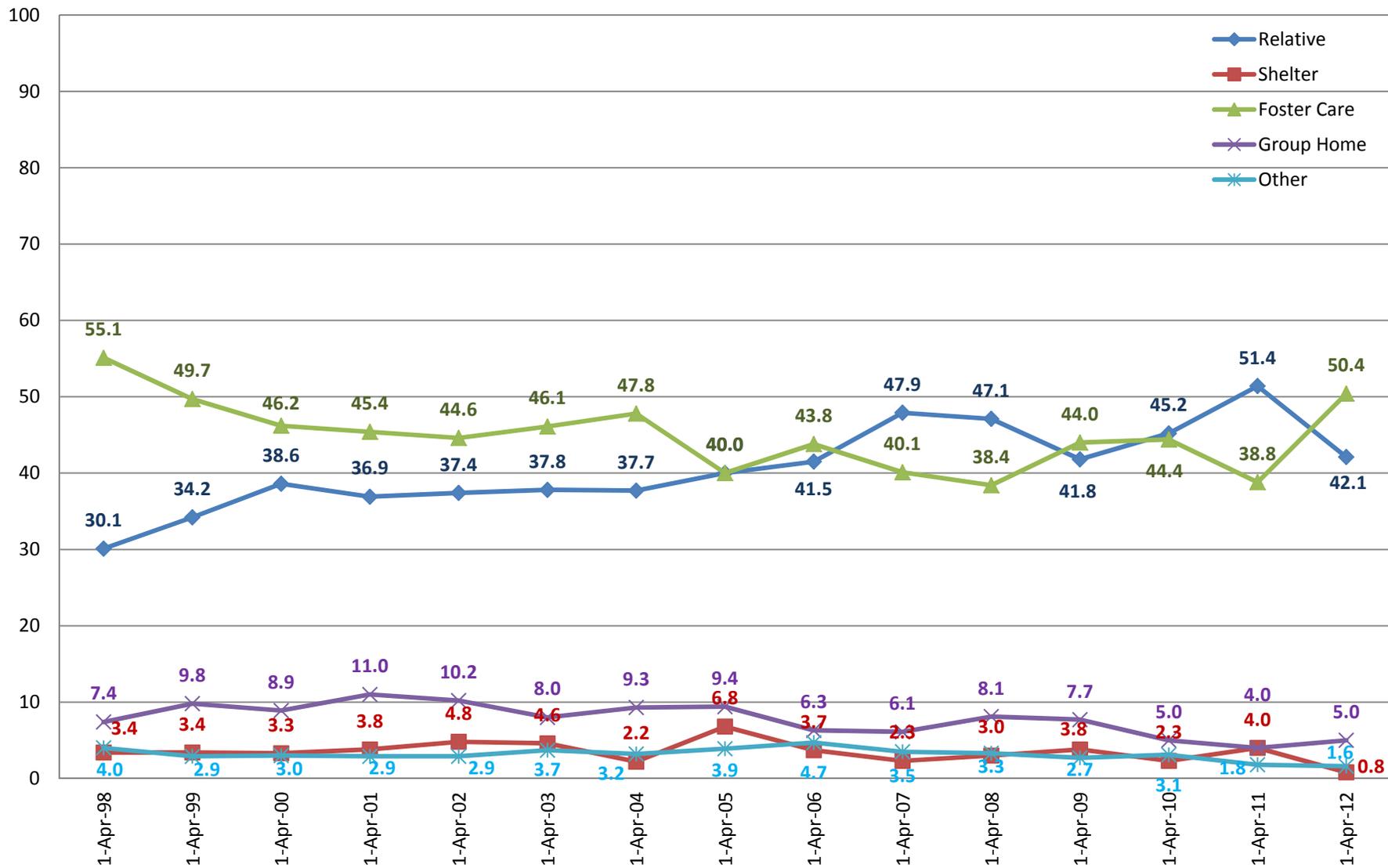
## 4B Placement by Placement Type-First Entry

Percent in Placement

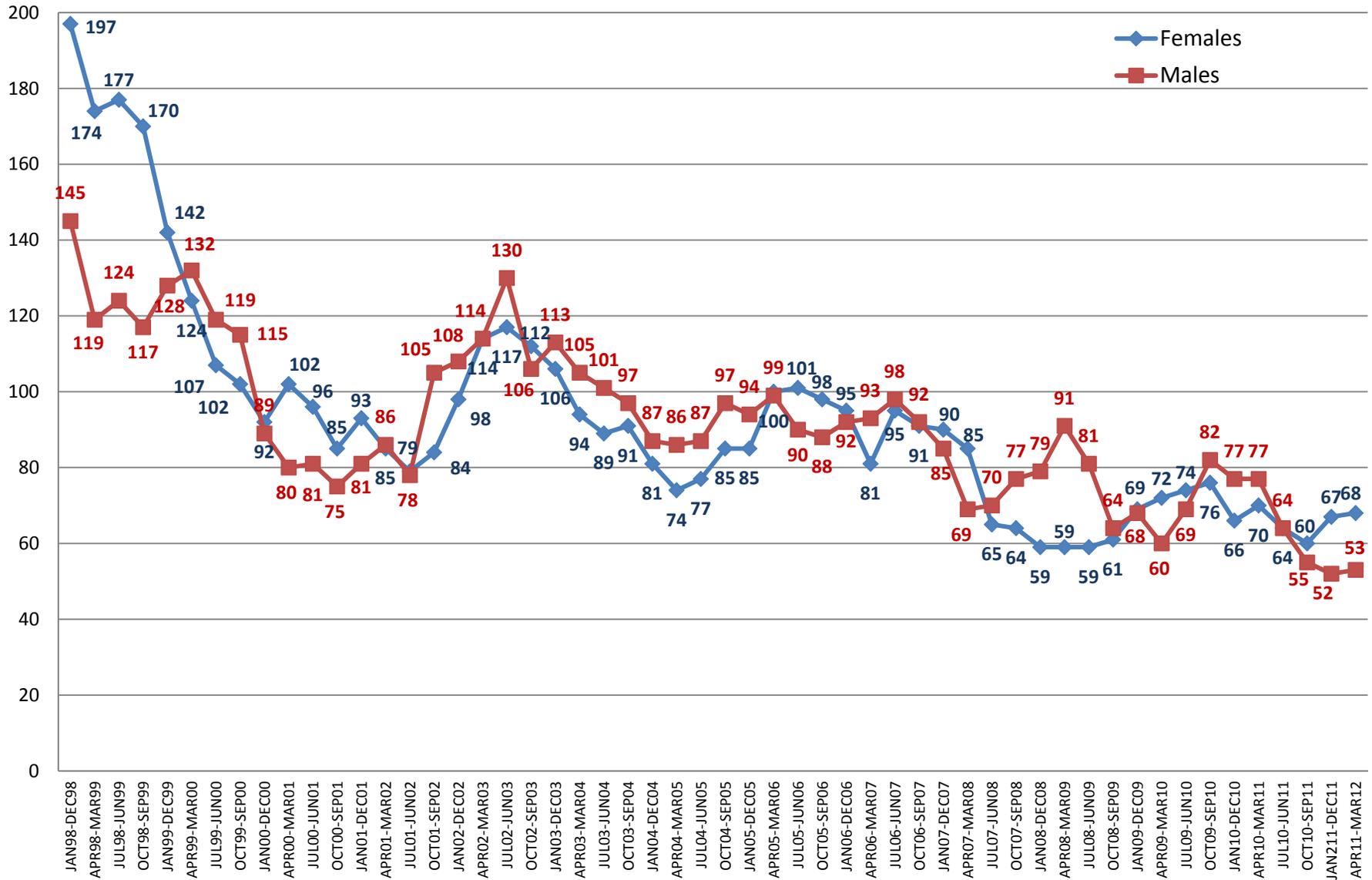
Rolling Annual Measures: January 1998 to March 2012



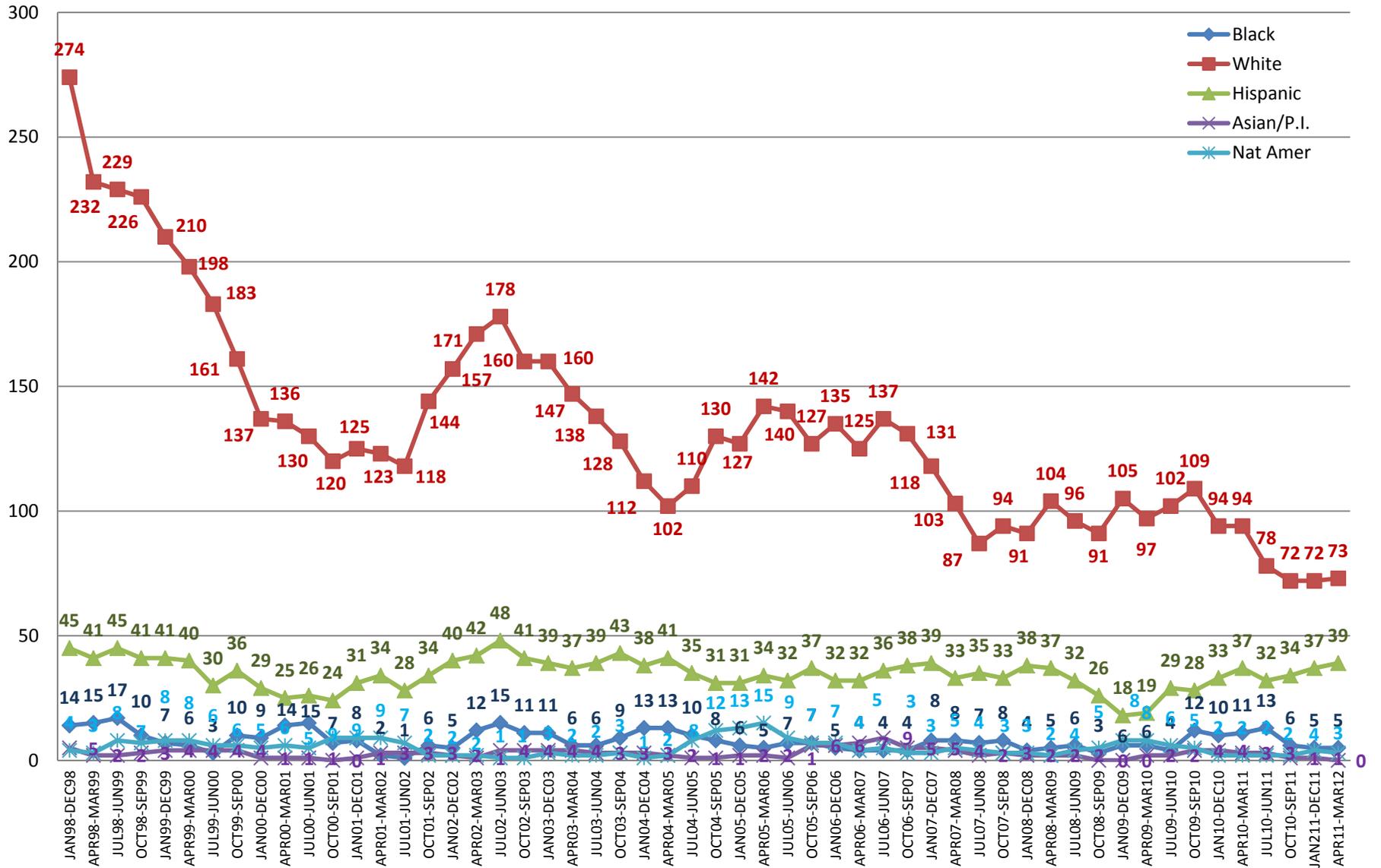
**S.M.A.R.T. Children's System of Care - Child Welfare**  
**4B Placement by Placement Type**  
**Percent in Placement**  
**Point-in-Time (1 Apr) 1998-2012**



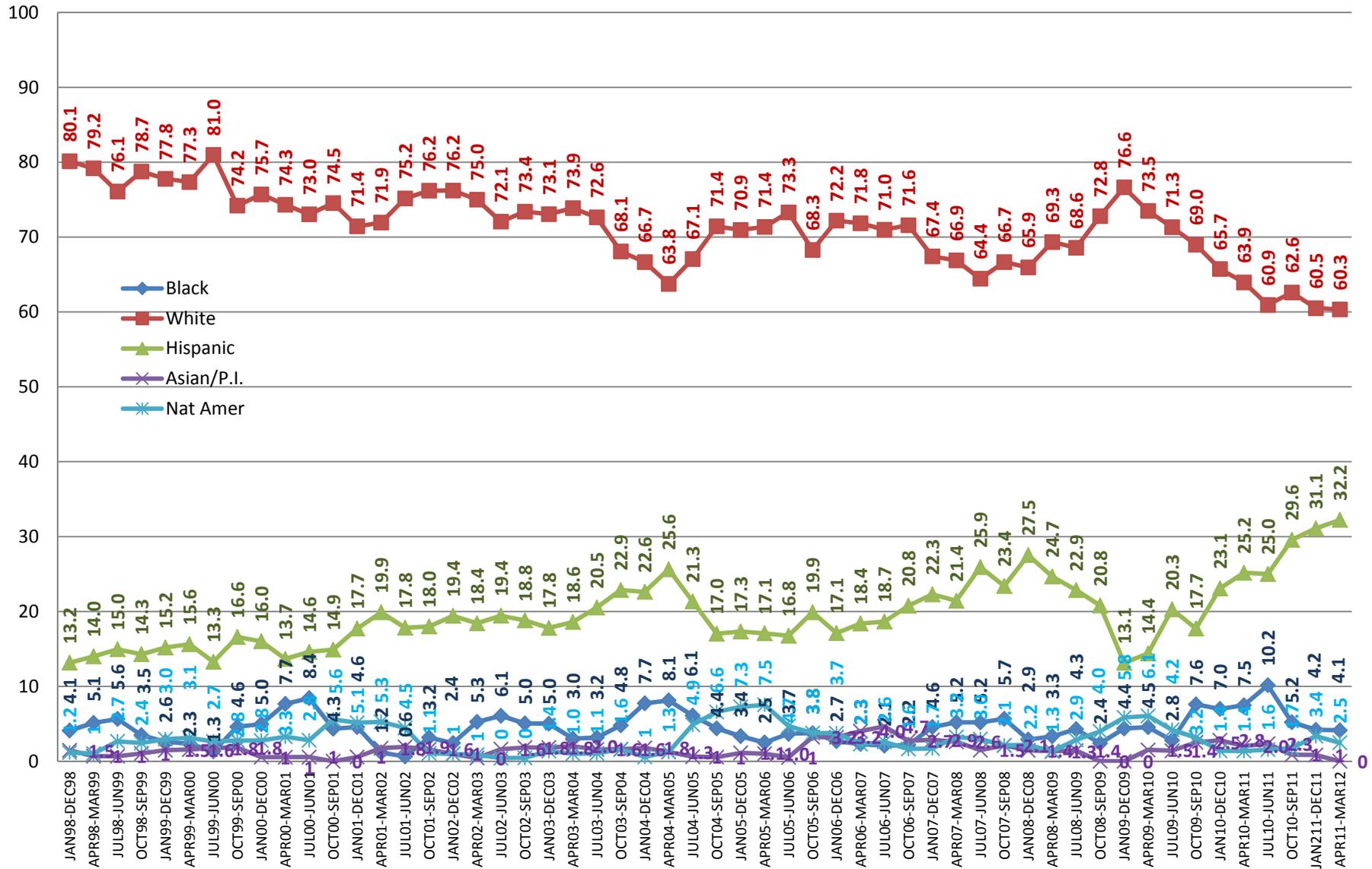
**S.M.A.R.T. Children's System of Care  
4B Placement by Gender (# Male/Female)  
Rolling Years Starting January 1998 to March 2012**



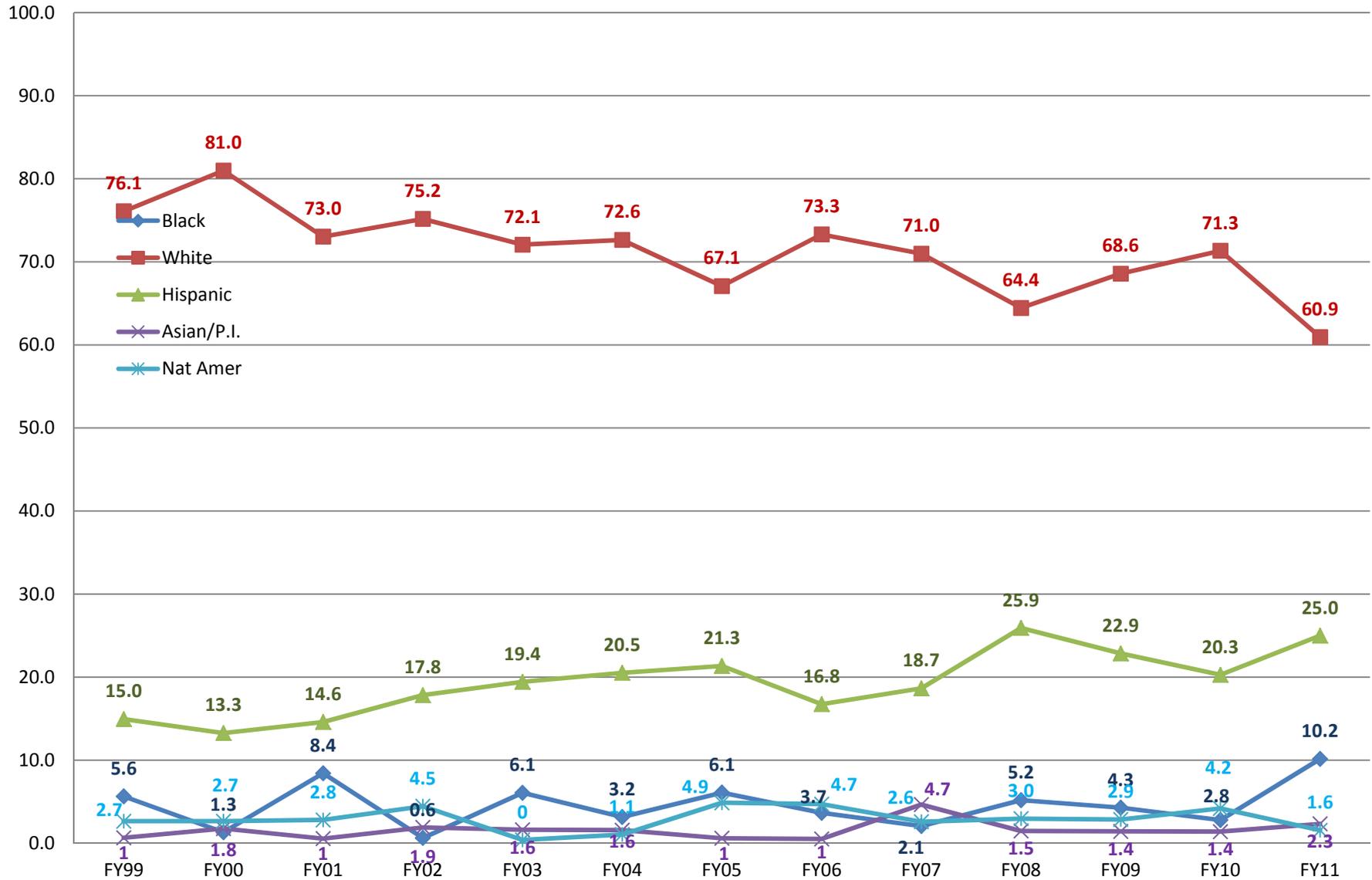
**S.M.A.R.T. Children's System of Care – Child Welfare  
4B Placement by Ethnic Group (First Entries # of Placements)  
12 Month Periods: January 1998 to March 2012**



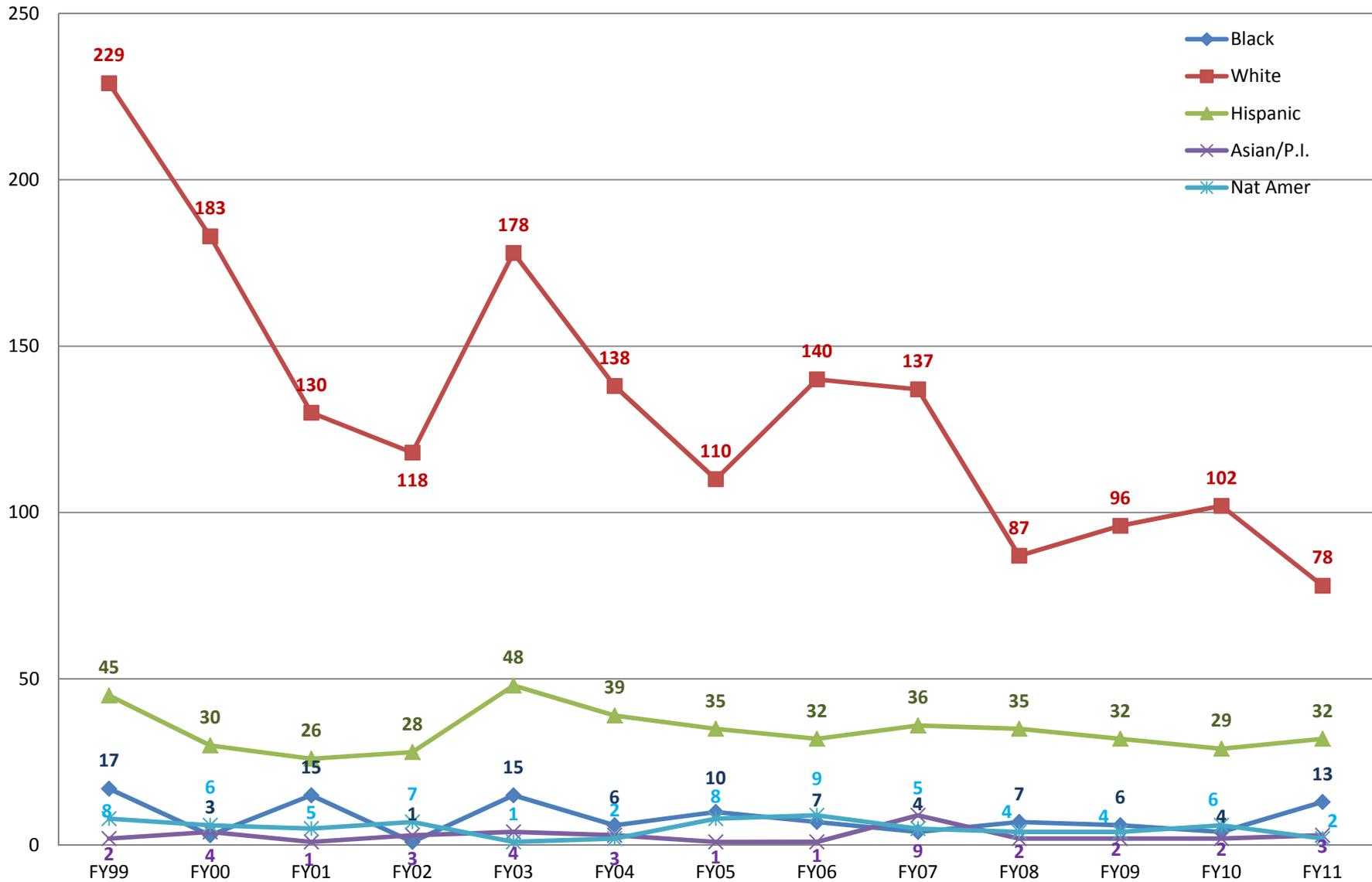
## S.M.A.R.T. Children's System of Care – Child Welfare 4B Placement by Ethnic Group (First Entries % of Placements) 12 Month Periods: January 1998 to March 2012



**S.M.A.R.T. Children's System of Care – Child Welfare**  
**4B Placement by Ethnic Group (First Entries % of Placements)**  
 Fiscal Year: FY1998-99 to FY2010-11



**S.M.A.R.T. Children's System of Care – Child Welfare**  
**4B Placement by Ethnic Group (First Entries # of Placements)**  
 Fiscal Year: FY1998-99 to FY2010-11

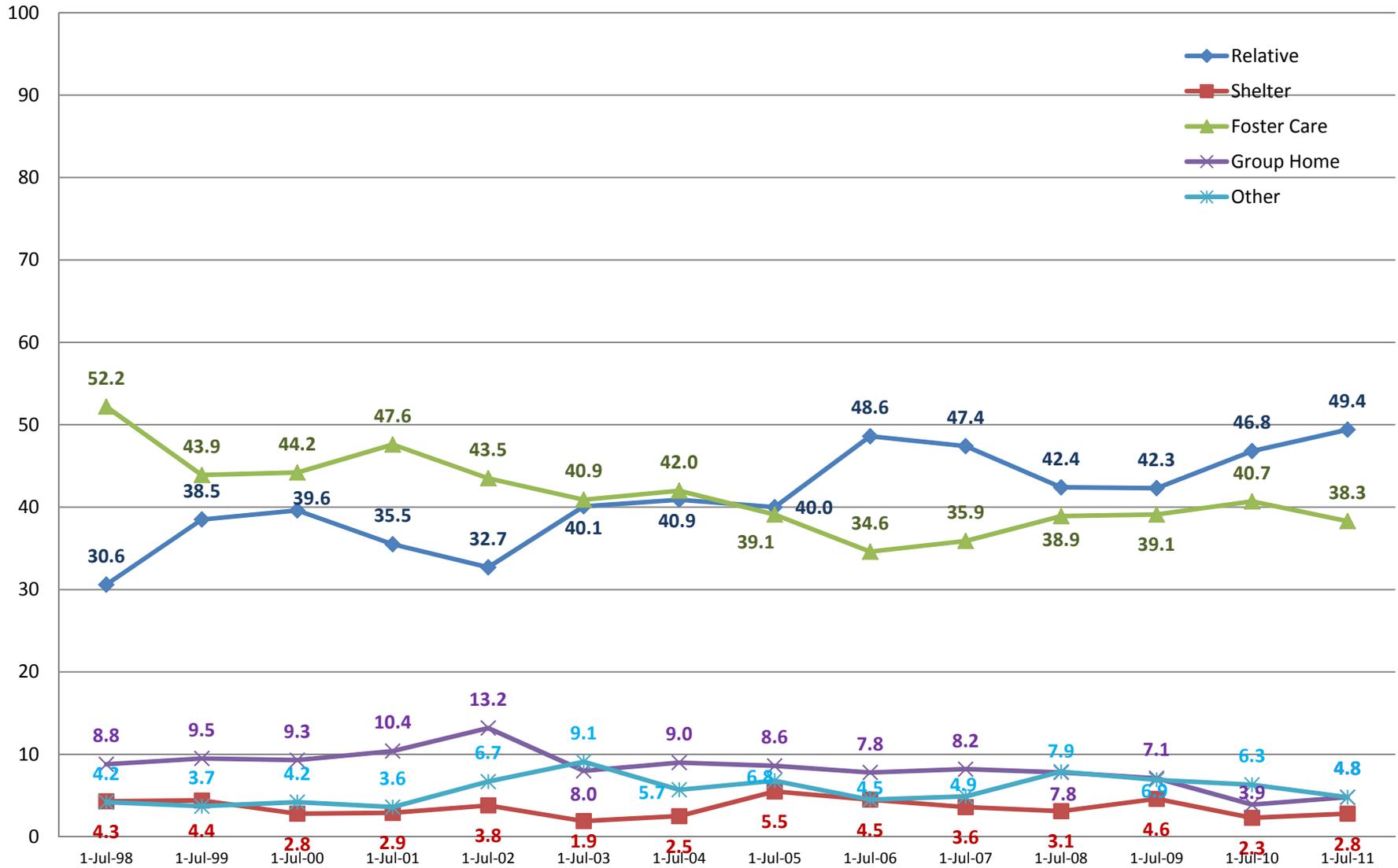


**S.M.A.R.T. Children's System of Care**  
**4B. Least Restrictive Placement by Ethnicity**  
**Children in Foster Care = Child Welfare**  
**Point-in-Time, April 1, 2012**

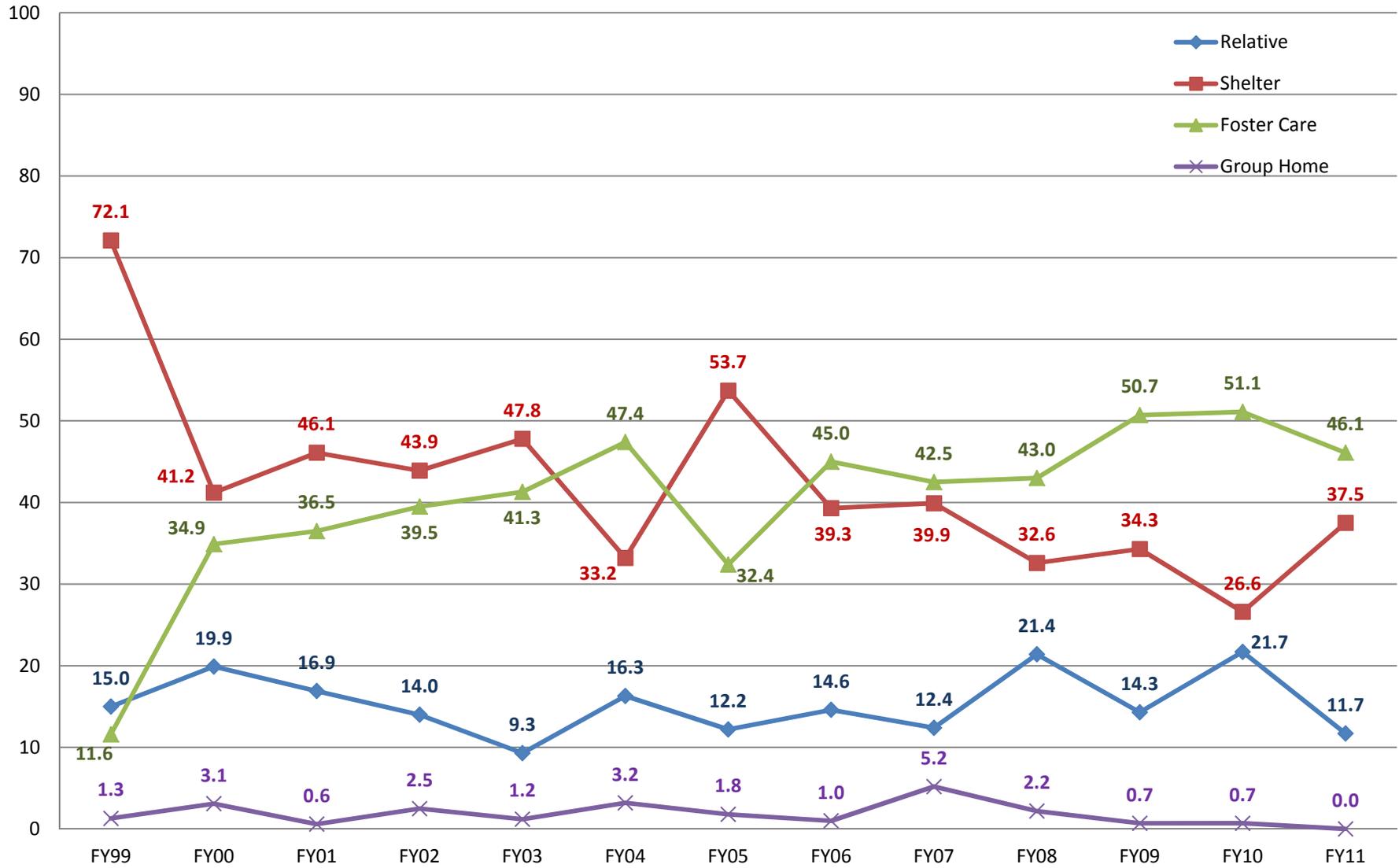
**Placer**

Ethnic Group	Relative		Shelter		Foster Care		Group Home		Other		Total	
	n	%	n	%	n	%	n	%	n	%	n	% of Placements
<b>Black</b>	5	35.7%	1	7.1%	8	57.1%	0	0.0%	0	0.0%	14	5.8%
<b>White</b>	65	41.1%	0	0.0%	85	53.8%	8	5.1%	0	0.0%	158	65.3%
<b>Hispanic</b>	28	45.2%	1	1.6%	25	40.3%	4	6.5%	4	6.5%	62	25.6%
<b>Asian/P.I.</b>	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	2	0.8%
<b>Nat Amer</b>	3	60.0%	0	0.0%	2	40.0%	0	0.0%	0	0.0%	5	2.1%
<b>Missing</b>	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0.4%
<b>Total</b>	102	42.1%	2	0.8%	122	50.4%	12	5.0%	4	1.7%	242	100.0%

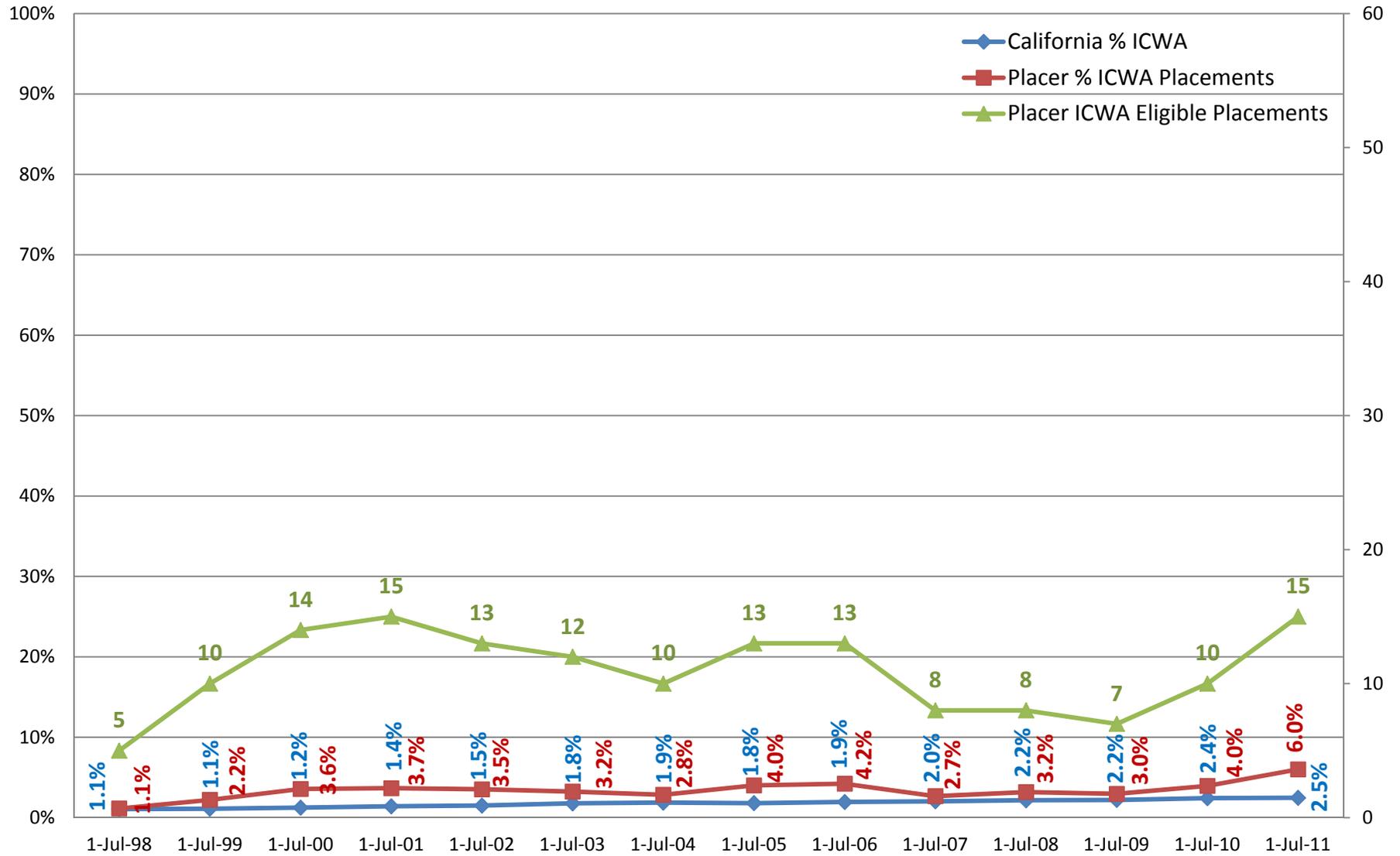
**S.M.A.R.T. Children's System of Care - Child Welfare**  
**4B Placement by Placement Type**  
**Percent in Placement**  
**Point-in-Time (1 July) 1998-2011**



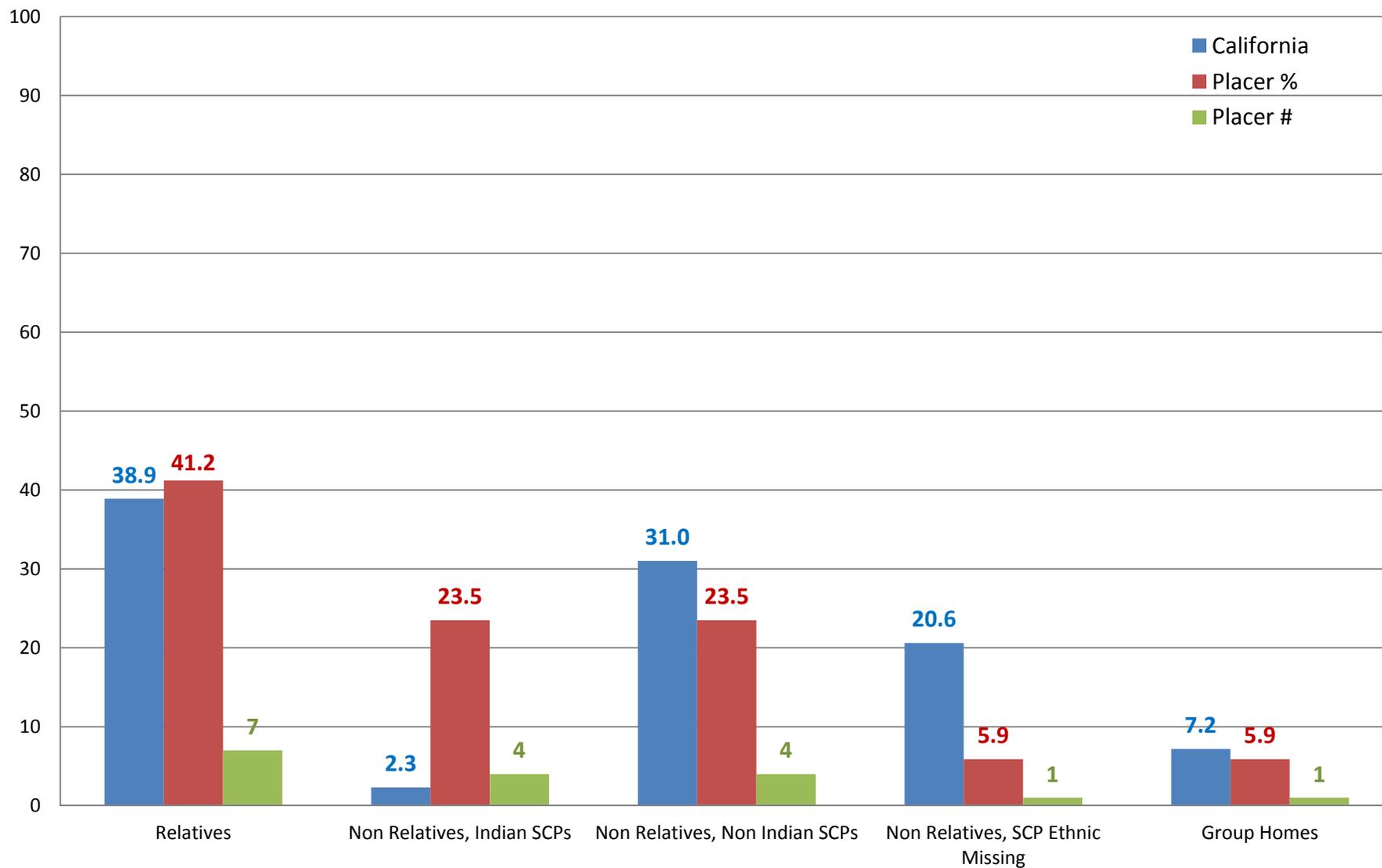
**S.M.A.R.T. Children's System of Care - Child Welfare**  
**4B Placement by Placement Type-First Entry**  
**% in Placement**  
**FY1998-99 to FY2010-11**



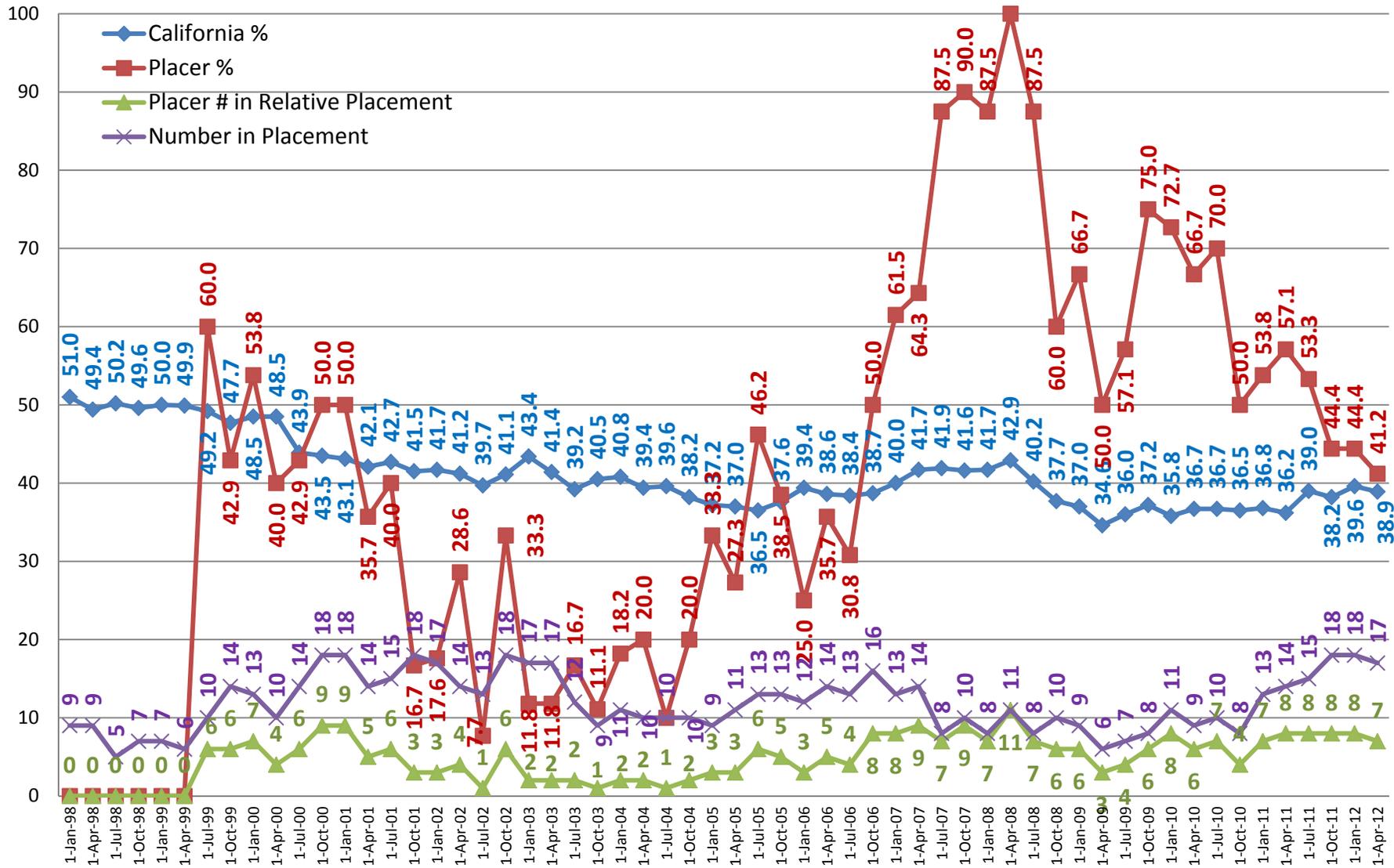
**S.M.A.R.T. Children's System of Care**  
**4E (1) Number and Percent of Children**  
**in Placement Who Are ICWA Eligible**  
**Point-in-Time 1 July 1998 to 1 July 2011**



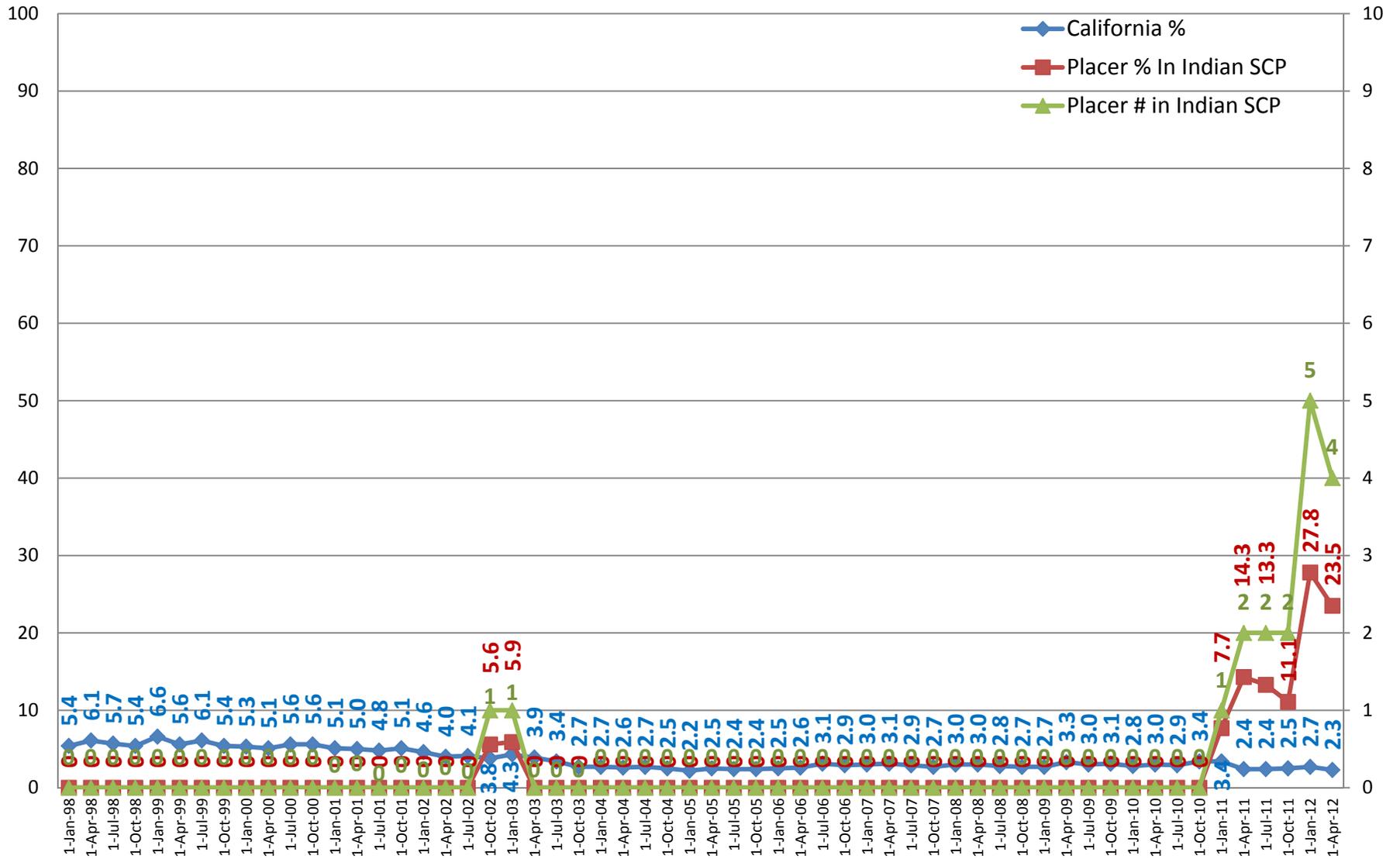
**S.M.A.R.T. Children's System of Care**  
**4E (1) Number and Percent of ICWA Eligible Children**  
**In Placement by Cultural of Placement SCP**  
 Point-in-Time 1 April 2012



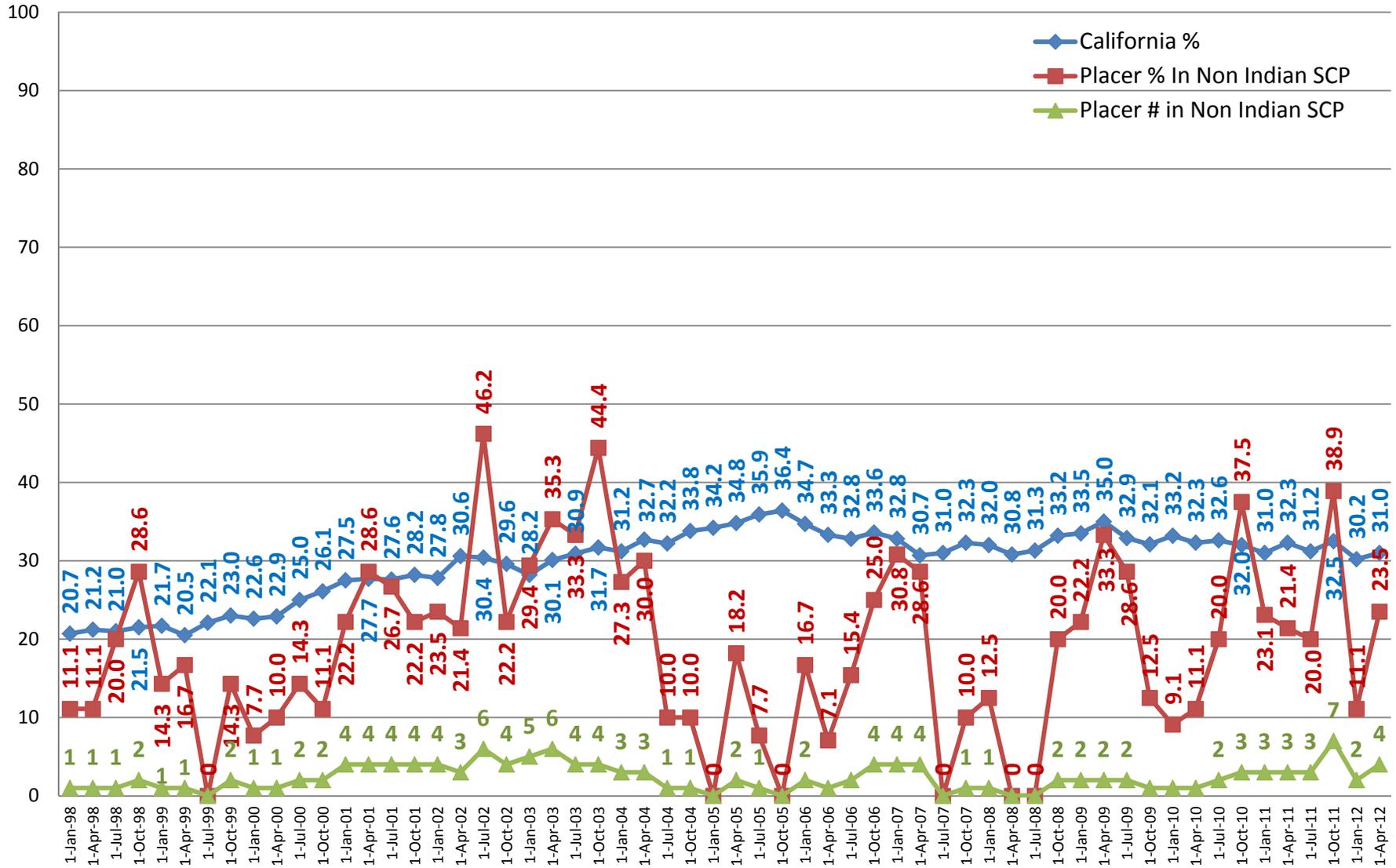
**S.M.A.R.T. Children's System of Care**  
**4E (1) Number and Percent of ICWA Eligible Children**  
**in Relative Placements**  
**Point-in-Time 1 January 1998 to 1 April 2012**



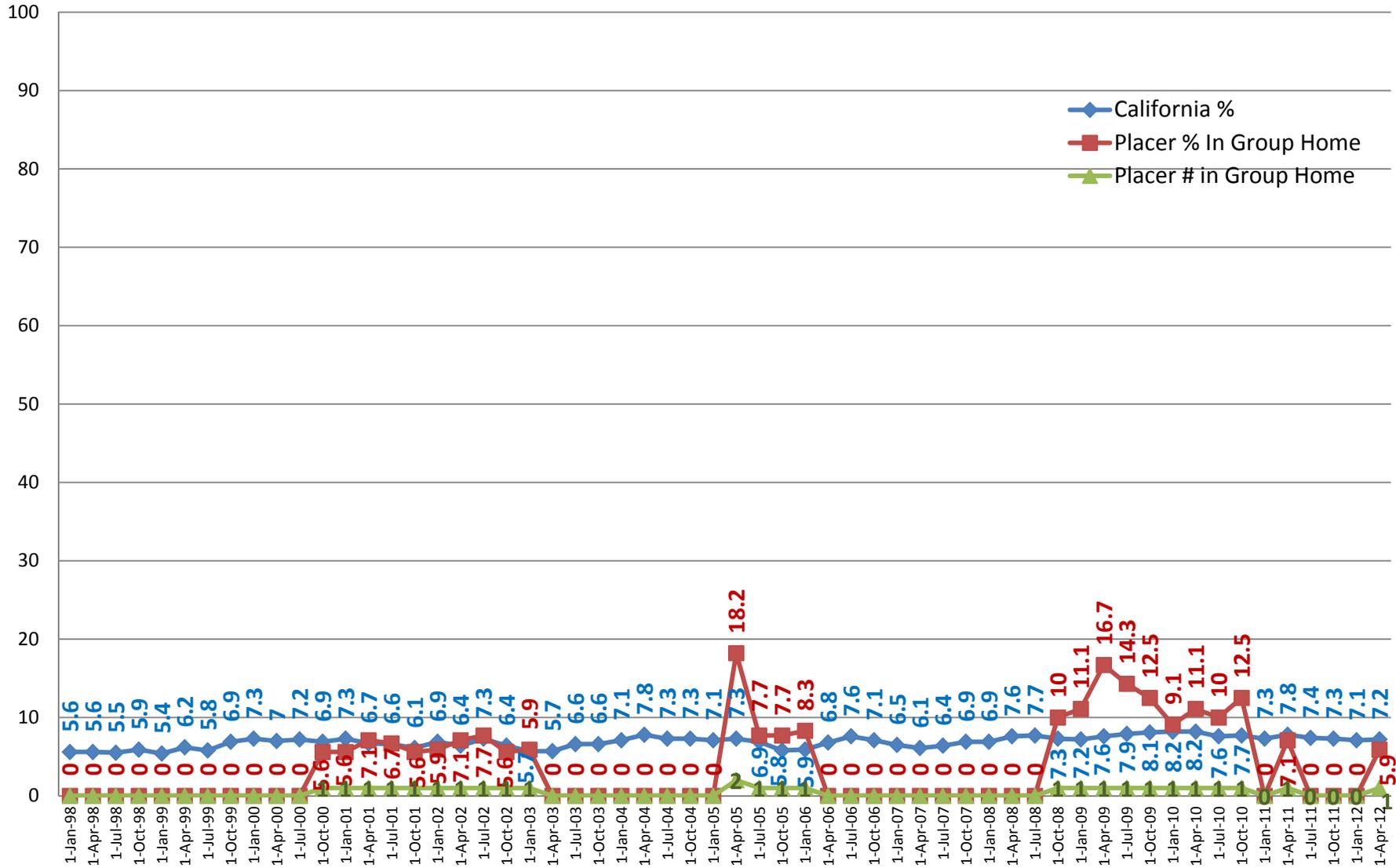
**S.M.A.R.T. Children's System of Care**  
**4E (1) Number and Percent of ICWA Eligible Children**  
**in NonRelative, Indian SCP Homes**  
**Point-in-Time From 1 January 1998 to 1 April 2012**



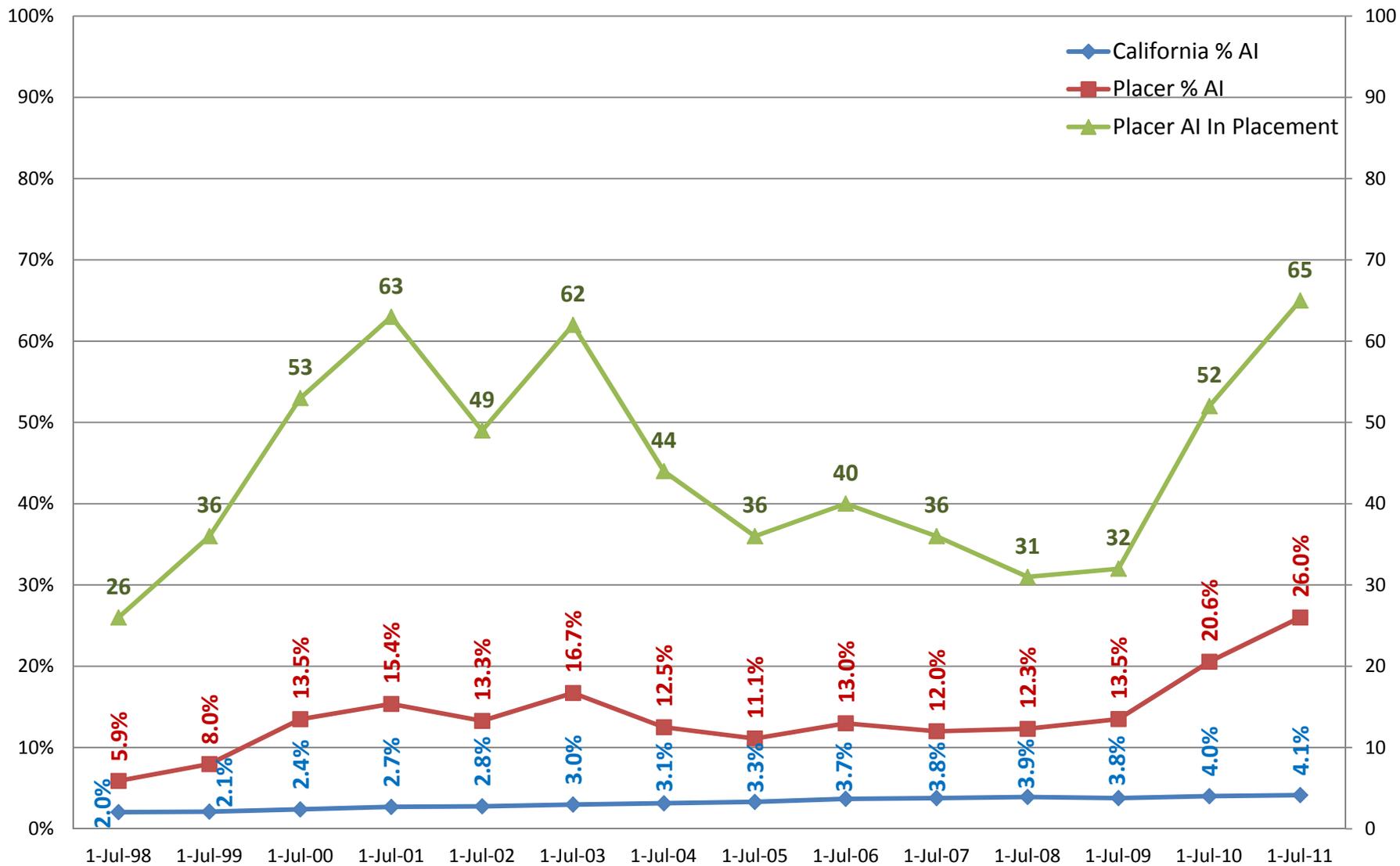
**S.M.A.R.T. Children's System of Care**  
**4E (1) Number and Percent of ICWA Eligible Children**  
**in Non-Relative, Non-Indian SCP Homes**  
**Point-in-Time From 1 January 1998 to 1 April 2012**



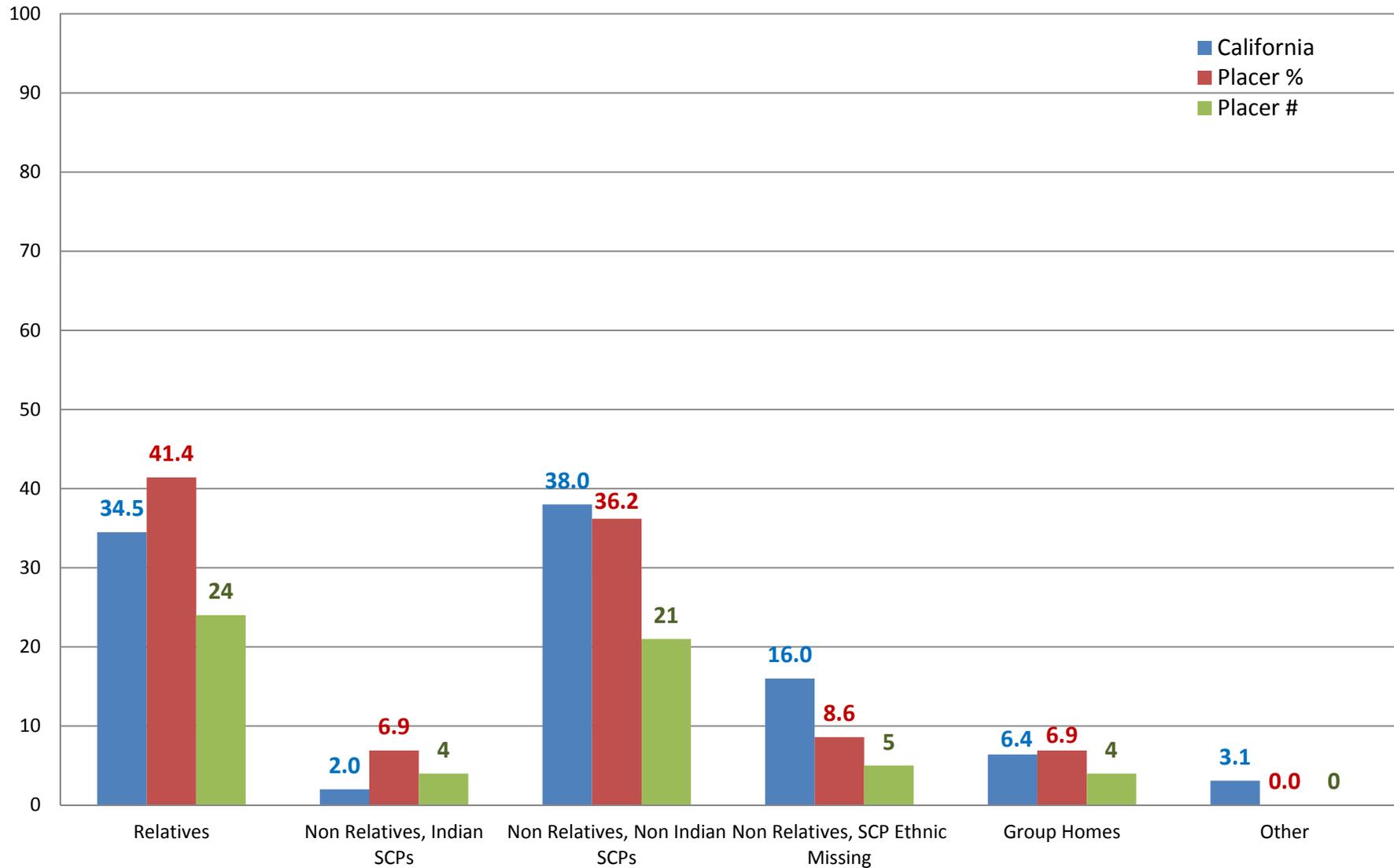
**S.M.A.R.T. Children's System of Care  
 4E (1) Number and Percent of ICWA Eligible Children  
 in Group Home Placements  
 Point-in-Time From 1 January 1998 to 1 April 2012**



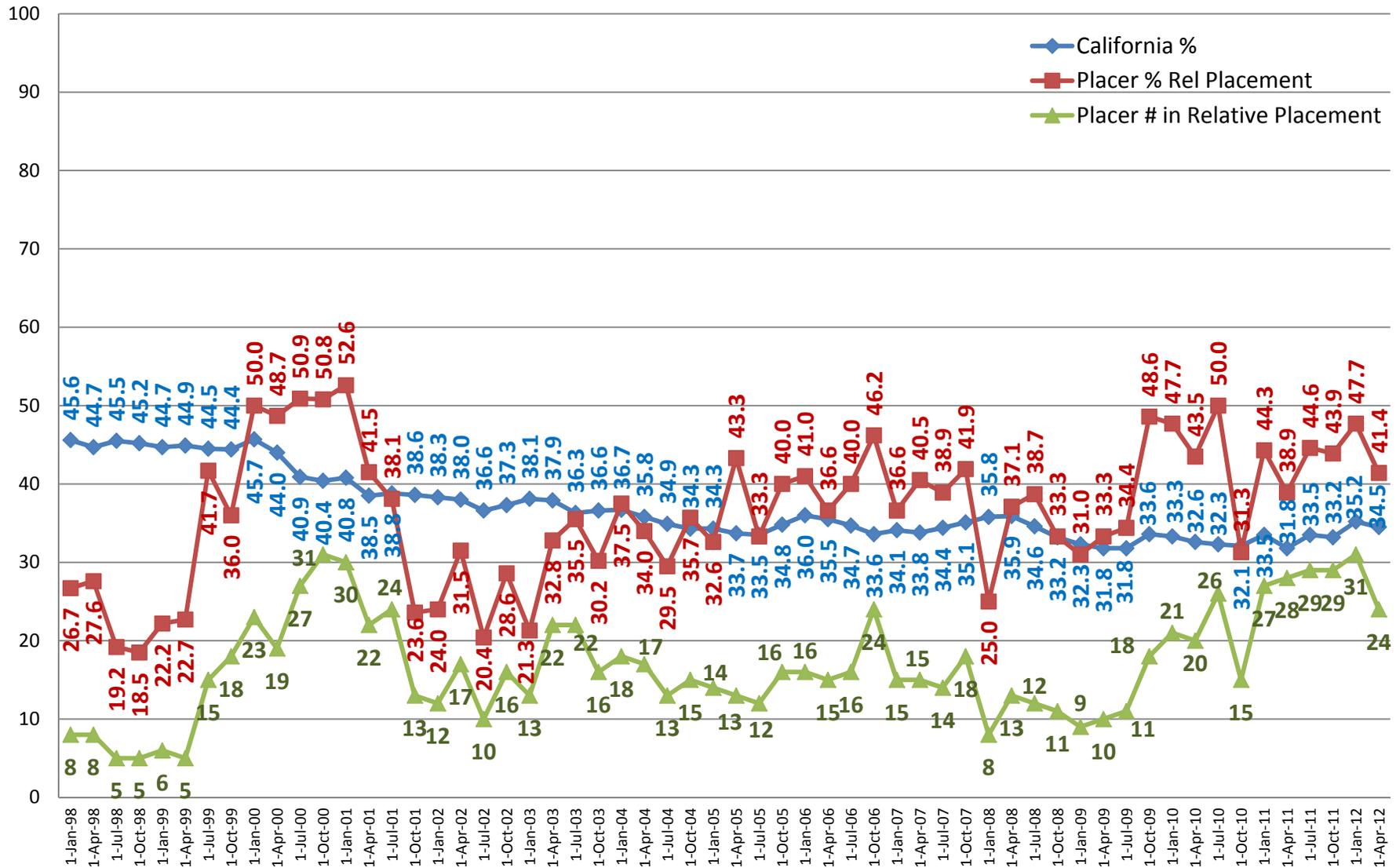
**S.M.A.R.T. Children's System of Care**  
**4E (2) Number and Percent of MultiCultural Indian Children**  
**in Placement**  
**Point-in-Time 1 July 1998 to 1 July 2011**



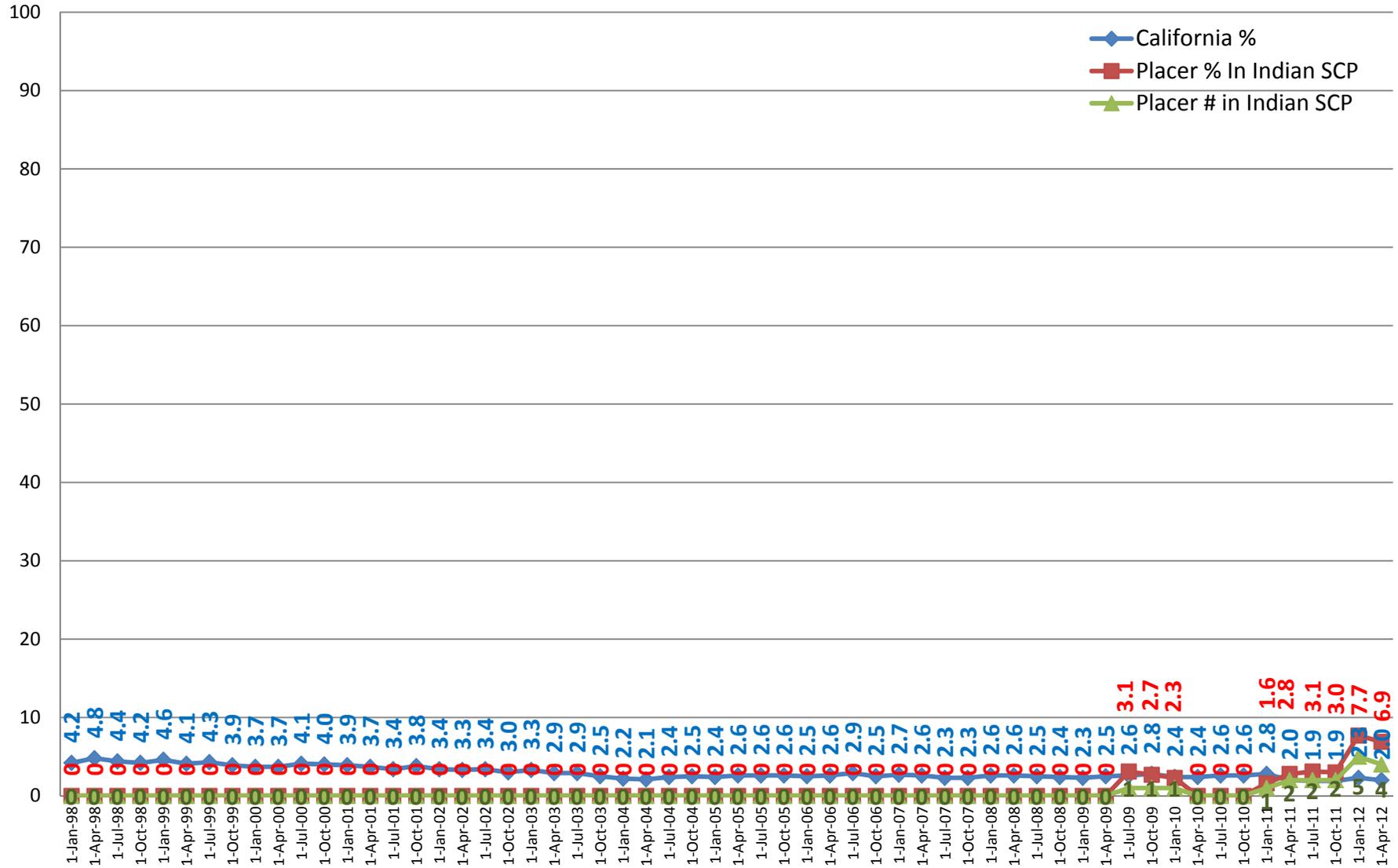
**S.M.A.R.T. Children's System of Care**  
**4E (2) Number and Percent of Multi-Cultural American Indian Children**  
**In Placement by Cultural of Placement SCP**  
 Point-in-Time, 1 April 2012



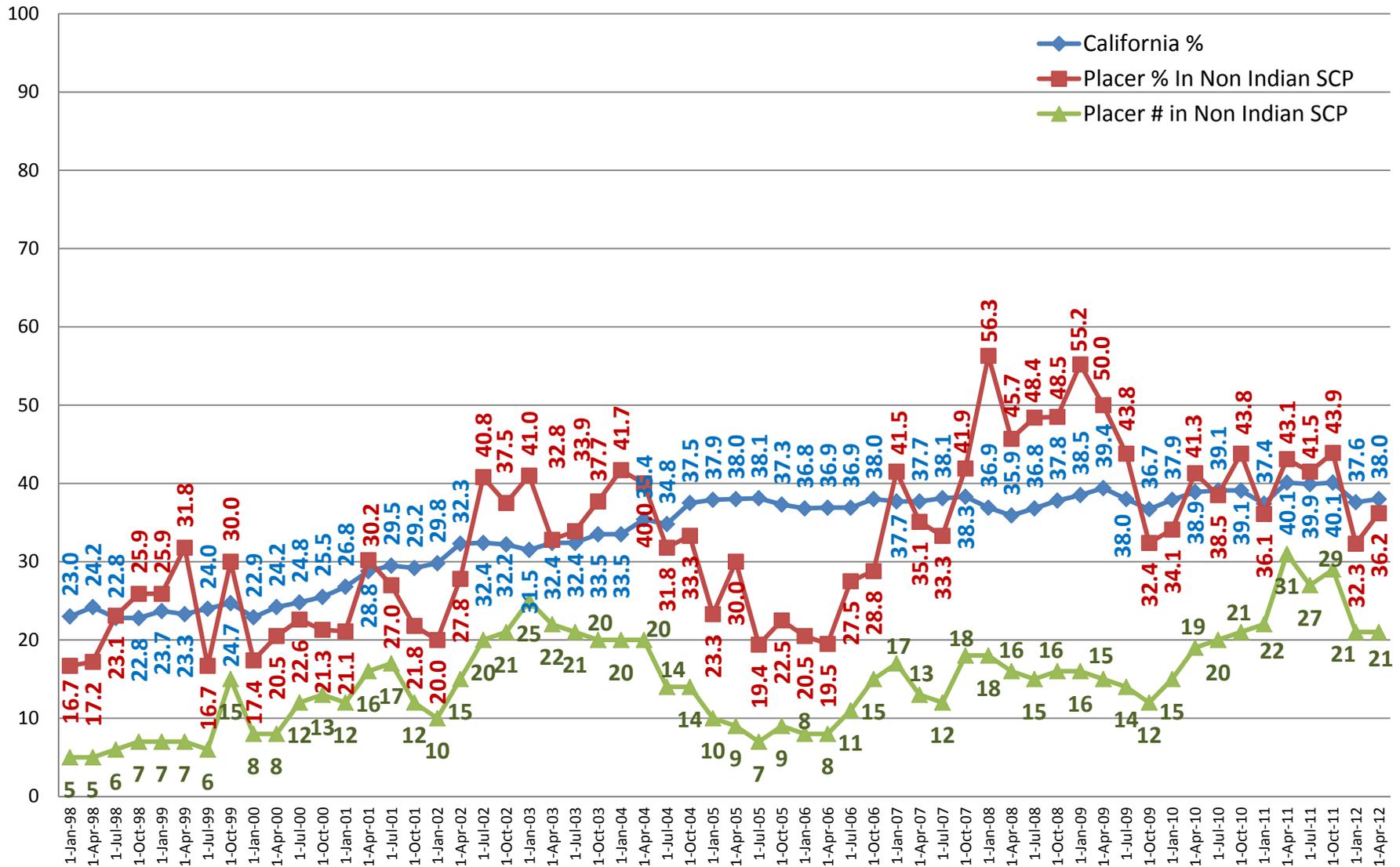
**S.M.A.R.T. Children's System of Care**  
**4E (2) Number and Percent of MultiCultural American Indian Children**  
**in Relative Placements**  
**Point-in-Time From 1 January 1998 to 1 April 2012**



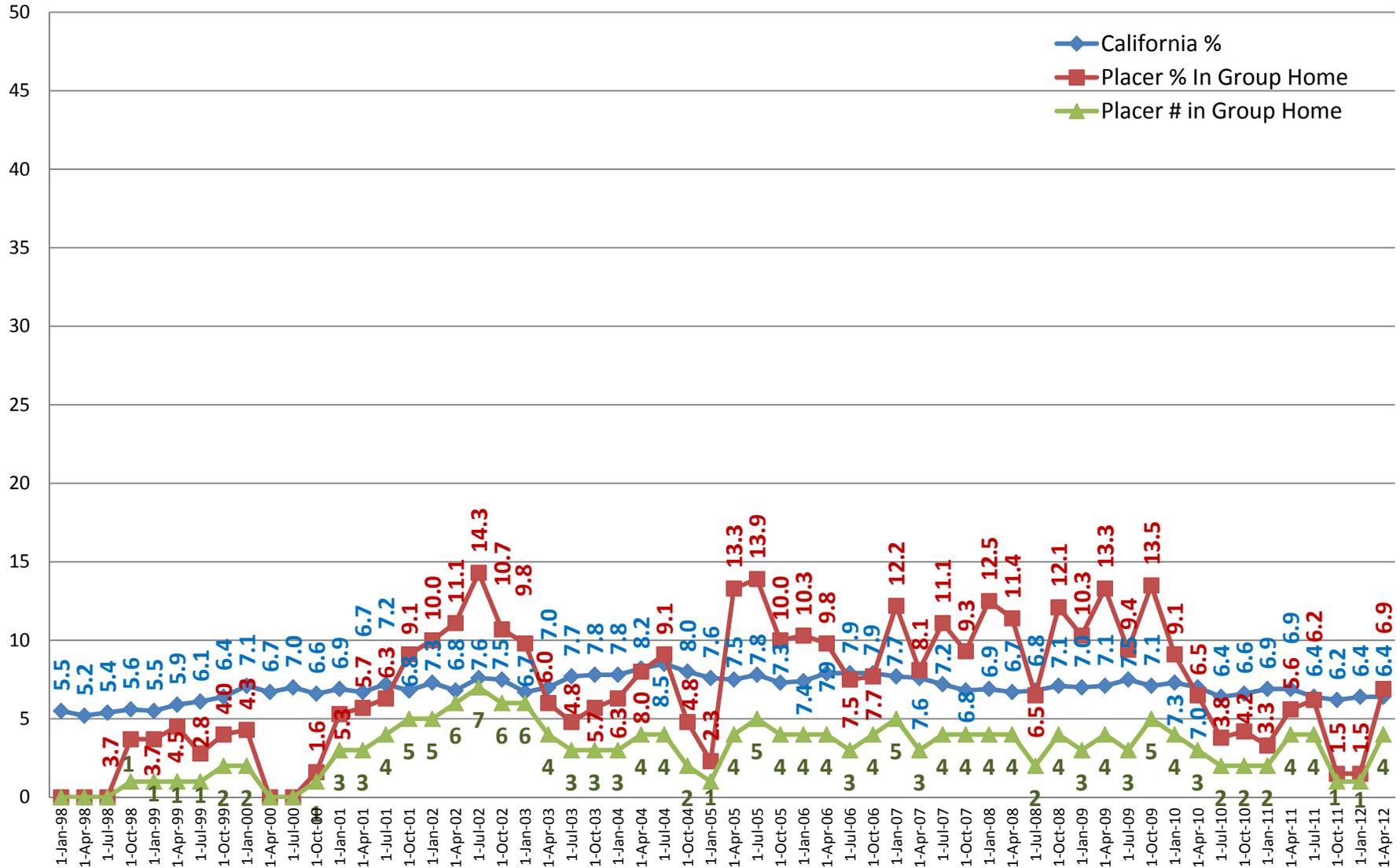
**S.M.A.R.T. Children's System of Care**  
**4e (2) Number and Percent of MultiCultural American Indian Children**  
**in NonRelative Indian Placements**  
**Point-in-Time From 1 January 1998 to 1 April 2012**



**S.M.A.R.T. Children's System of Care**  
**4e (2) Number and Percent of MultiCultural American Indian Children**  
**in NonRelative NonIndian Placements**  
**Point-in-Time From 1 January 1998 to 1 April 2012**

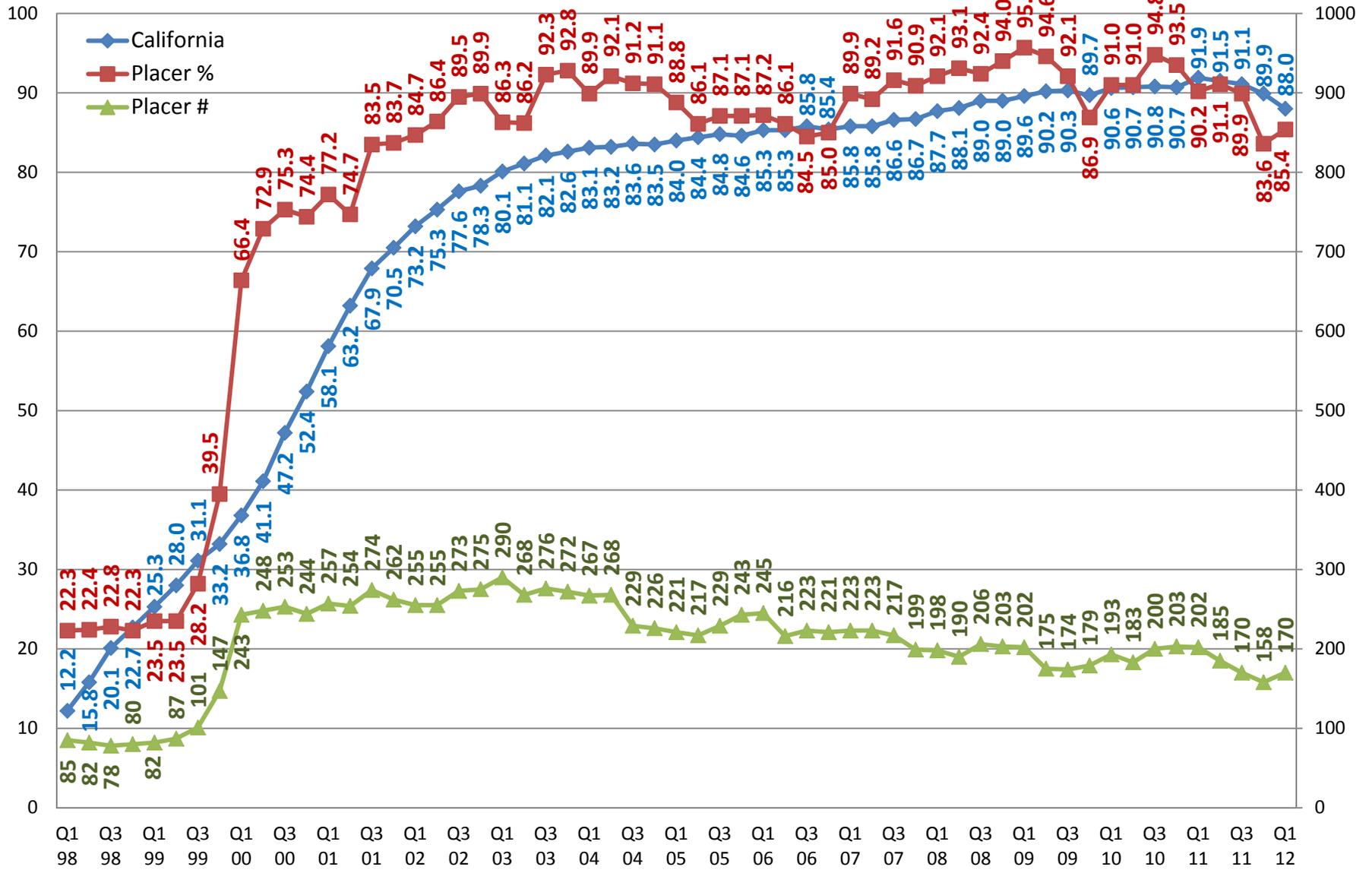


**S.M.A.R.T. Children's System of Care**  
**4E (2) Number and Percent of MultiCultural American Indian Children**  
**in Group Home Placements**  
**Point-in-Time From 1 January 1998 to 1 April 2012**



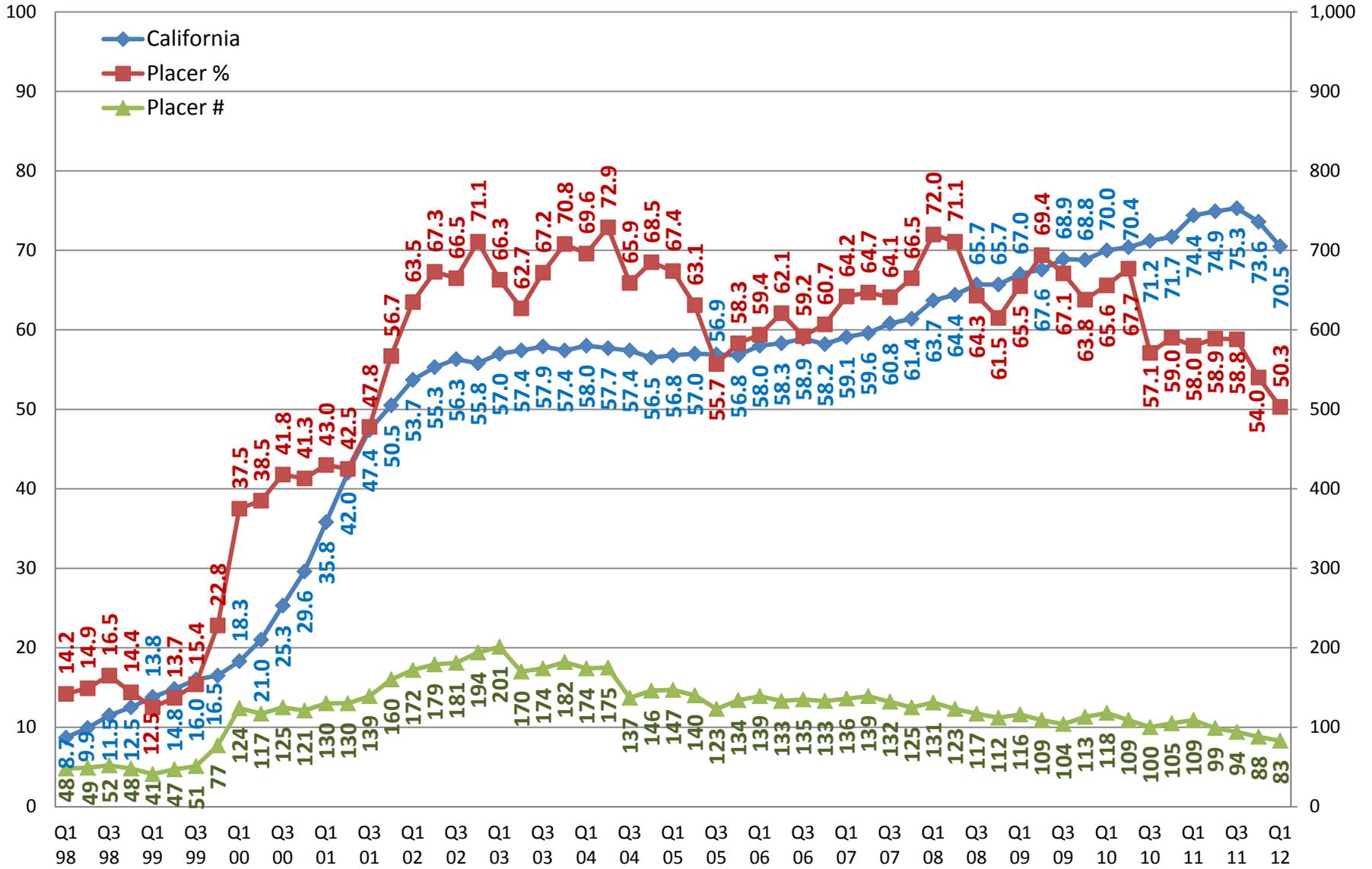
No State or Federal Standard

### S.M.A.R.T. Children's System of Care 5B(1) Children in Foster Care Receiving Timely Health Exams Quarterly From January 1998 to March 2012



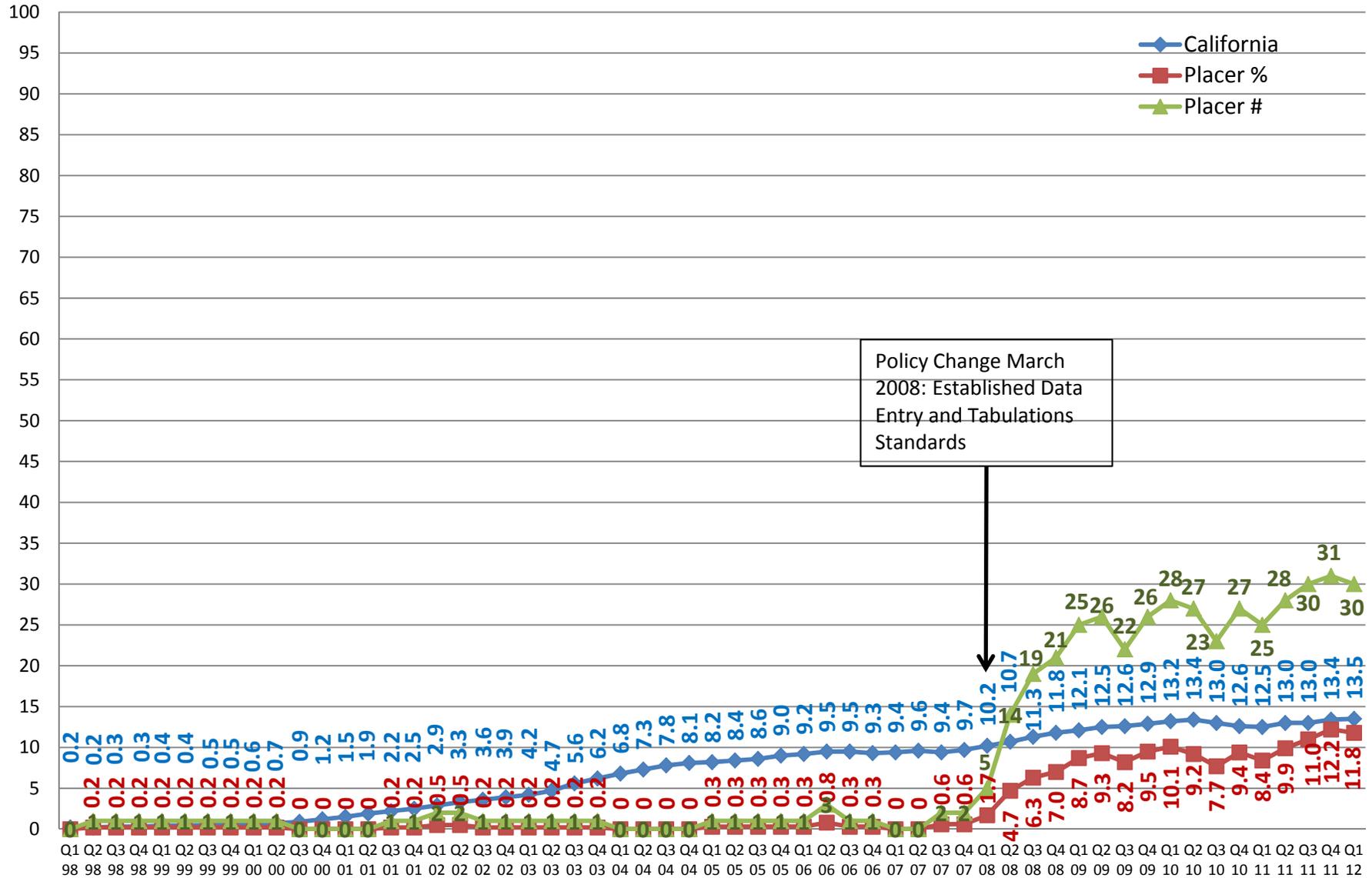
No State or Federal Standard

### S.M.A.R.T. Children's System of Care 5B(1) Children in Foster Care Receiving Timely Dental Exams Quarterly From January 1998 to March 2012



No State or Federal Standard

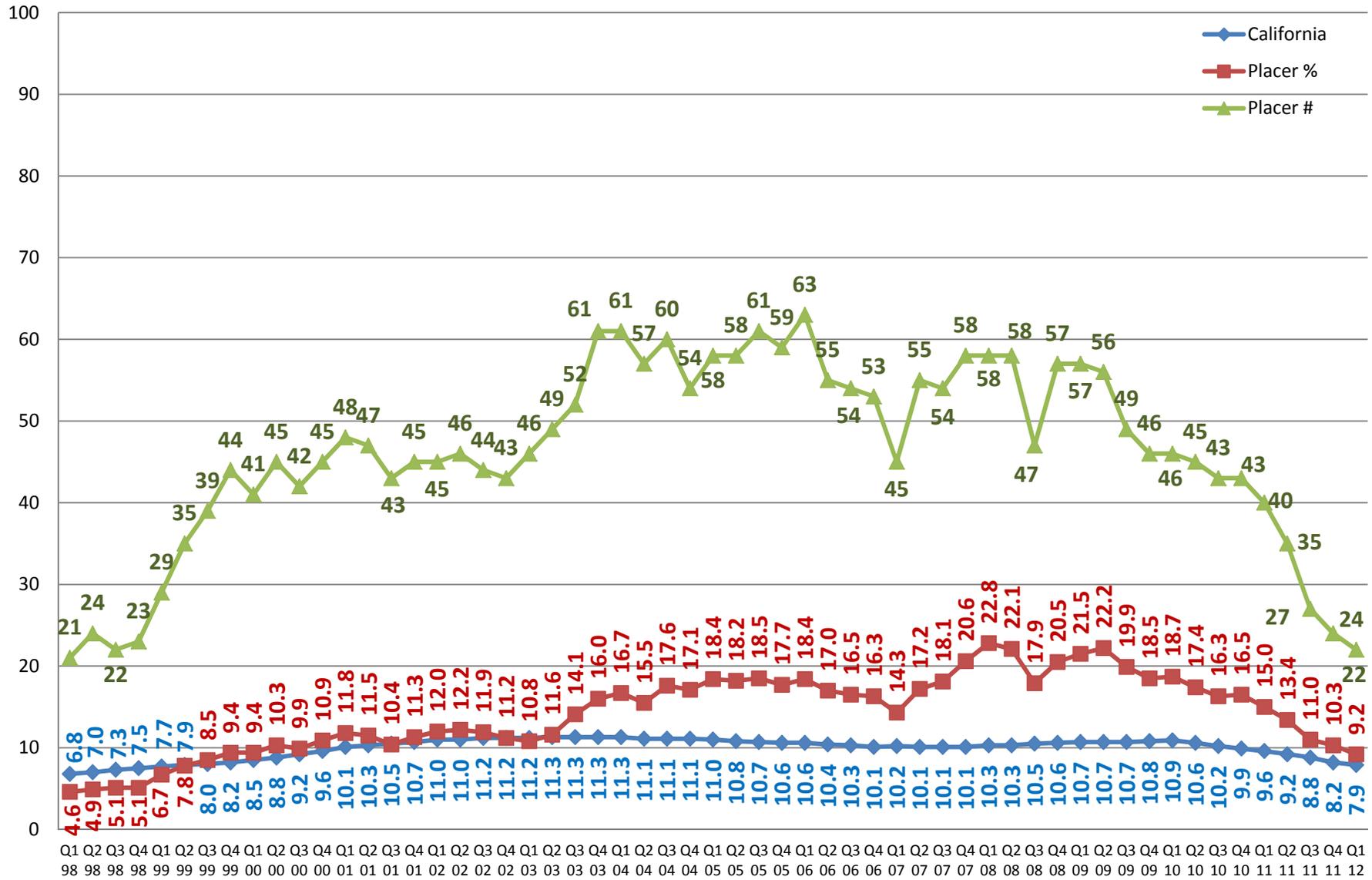
### S.M.A.R.T. Children's System of Care 5F. Children in Foster Care on Psychotropic Medications Quarterly From January 1998 to March 2012



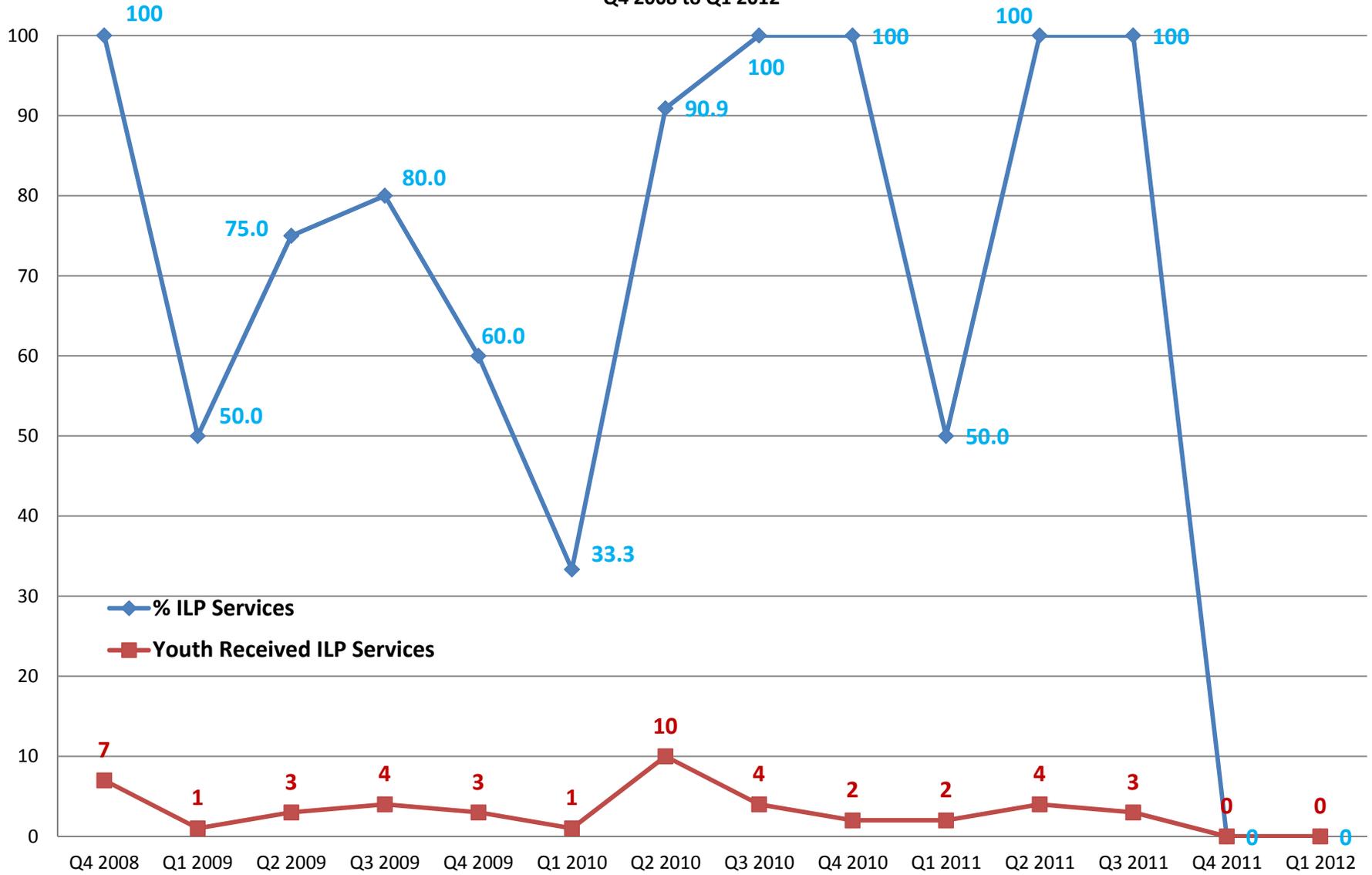


No State or Federal Standard

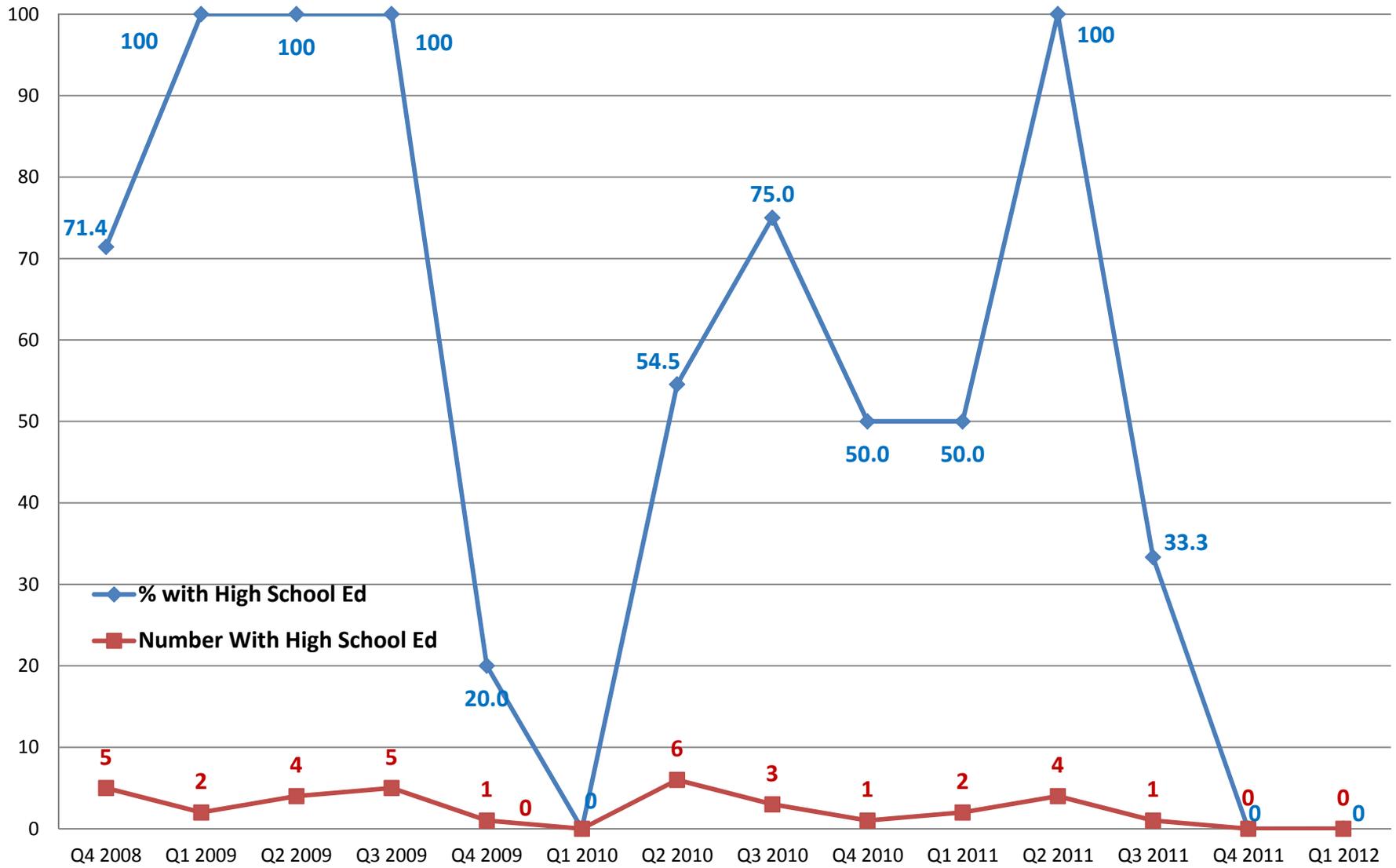
### S.M.A.R.T. Children's System of Care 6B Children in Foster Care Who Have Had an IEP Quarterly From January 1998 to March 2012



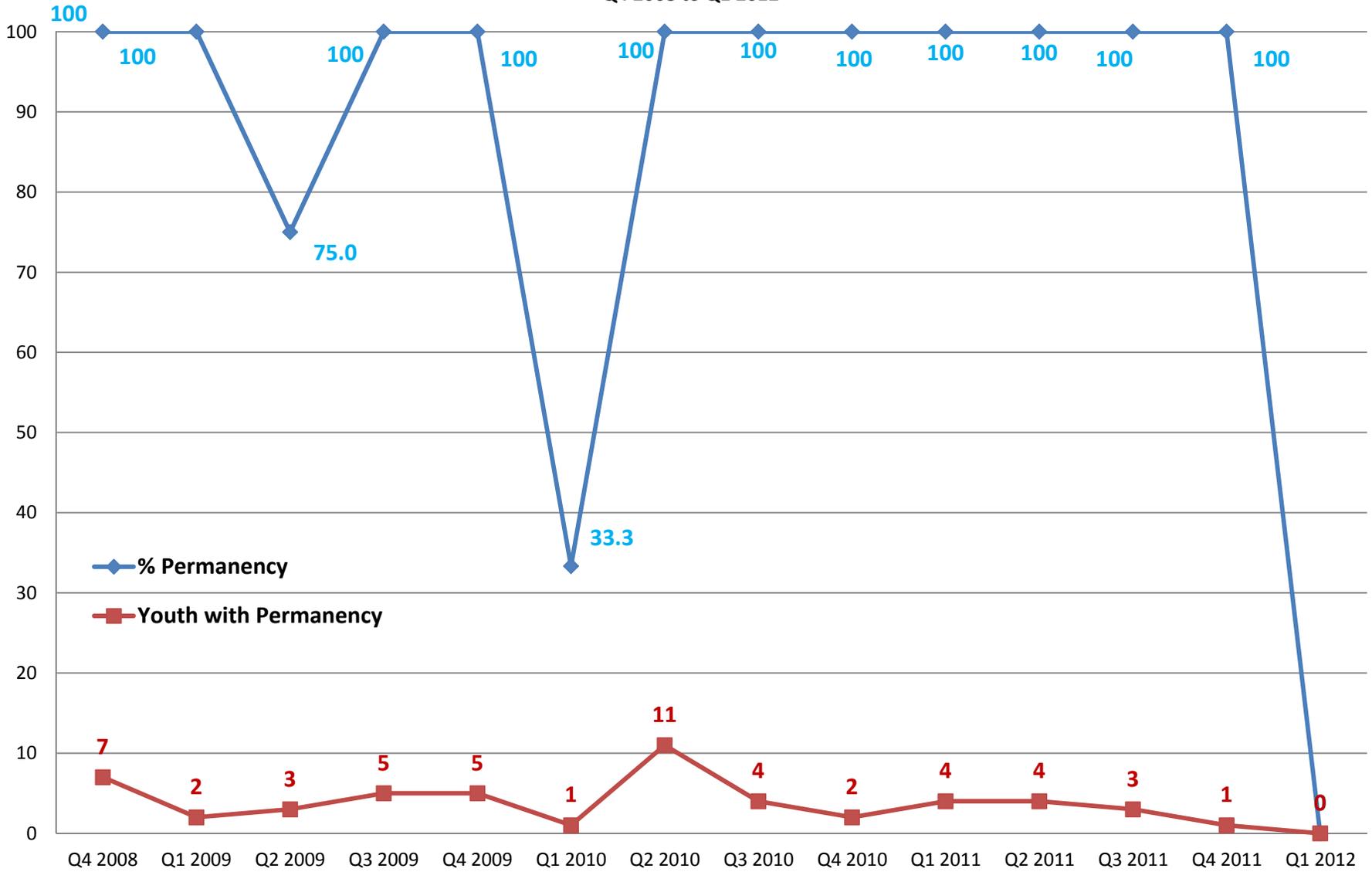
**S.M.A.R.T. Children's System of Care**  
**8A Number and Percent Children Who Aged out of Foster Care**  
**Who Had ILP Services**  
**Q4 2008 to Q1 2012**



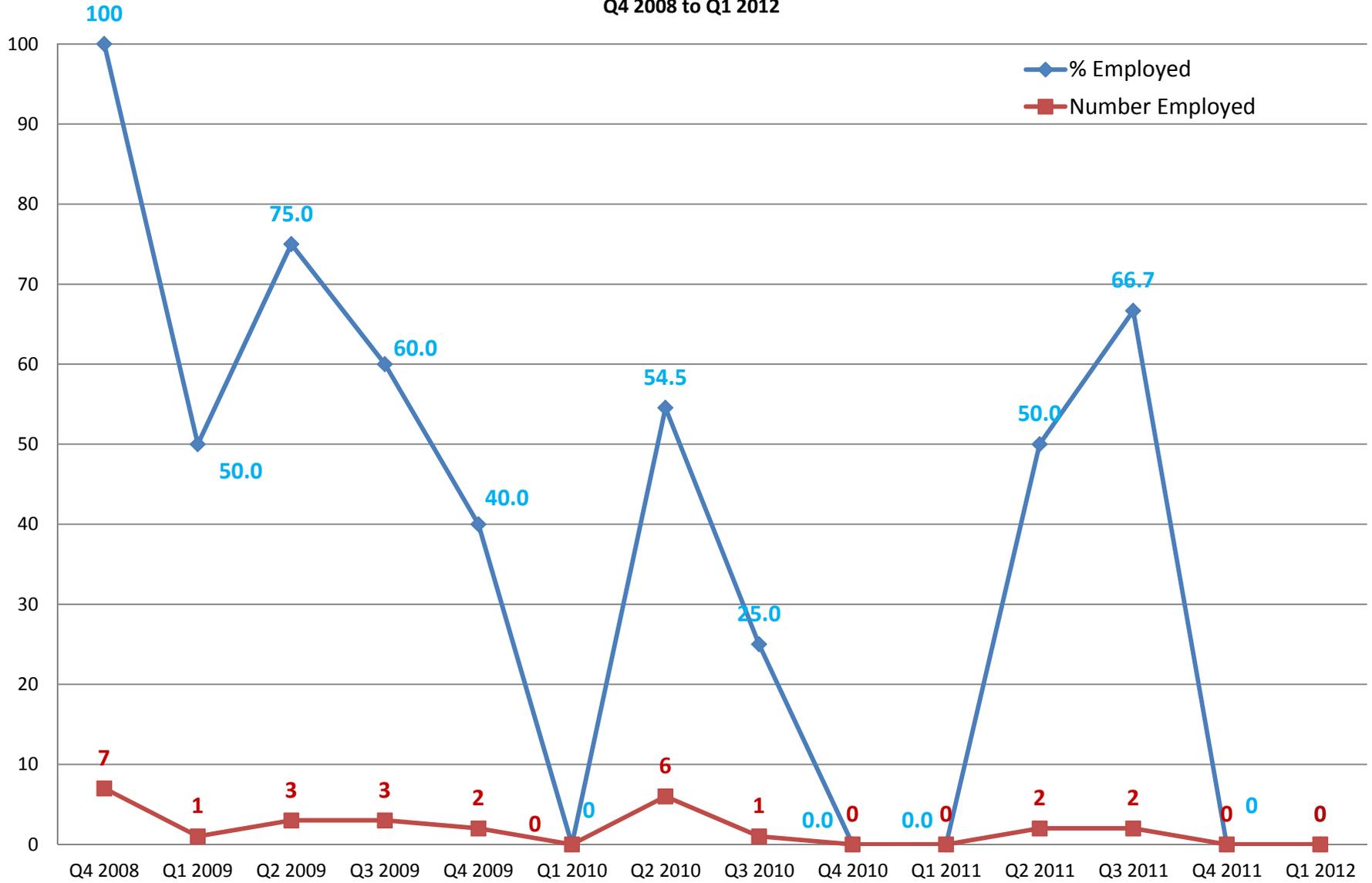
**S.M.A.R.T. Children's System of Care**  
**8A Number and Percent Children Aging out of Foster Care**  
**Getting High School Diploma**  
**Q4 2008 to Q1 2012**



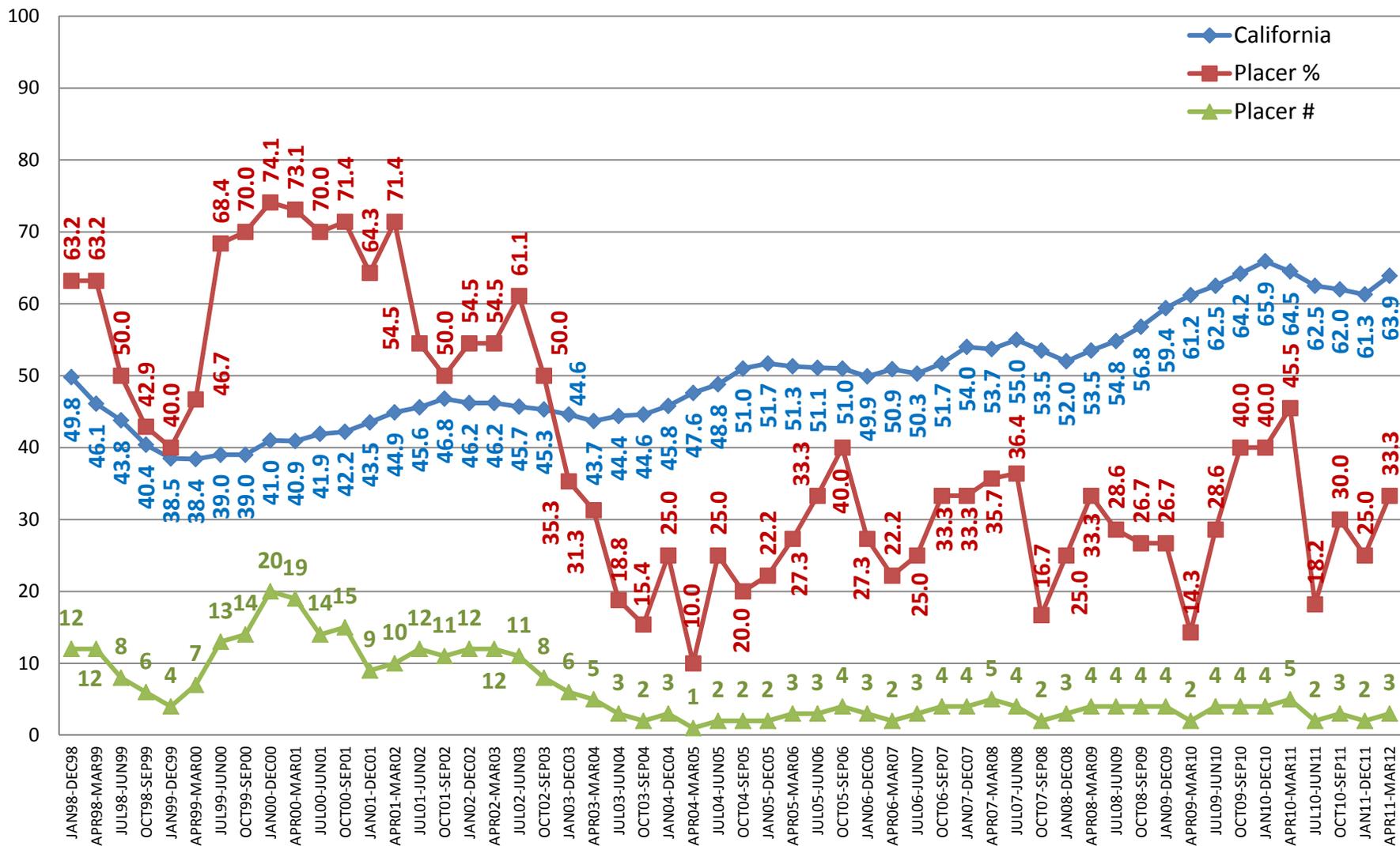
**S.M.A.R.T. Children's System of Care**  
**8A Number and Percent Children Who Aged out of Foster Care**  
**Who Had a Permanency Connection**  
**Q4 2008 to Q1 2012**



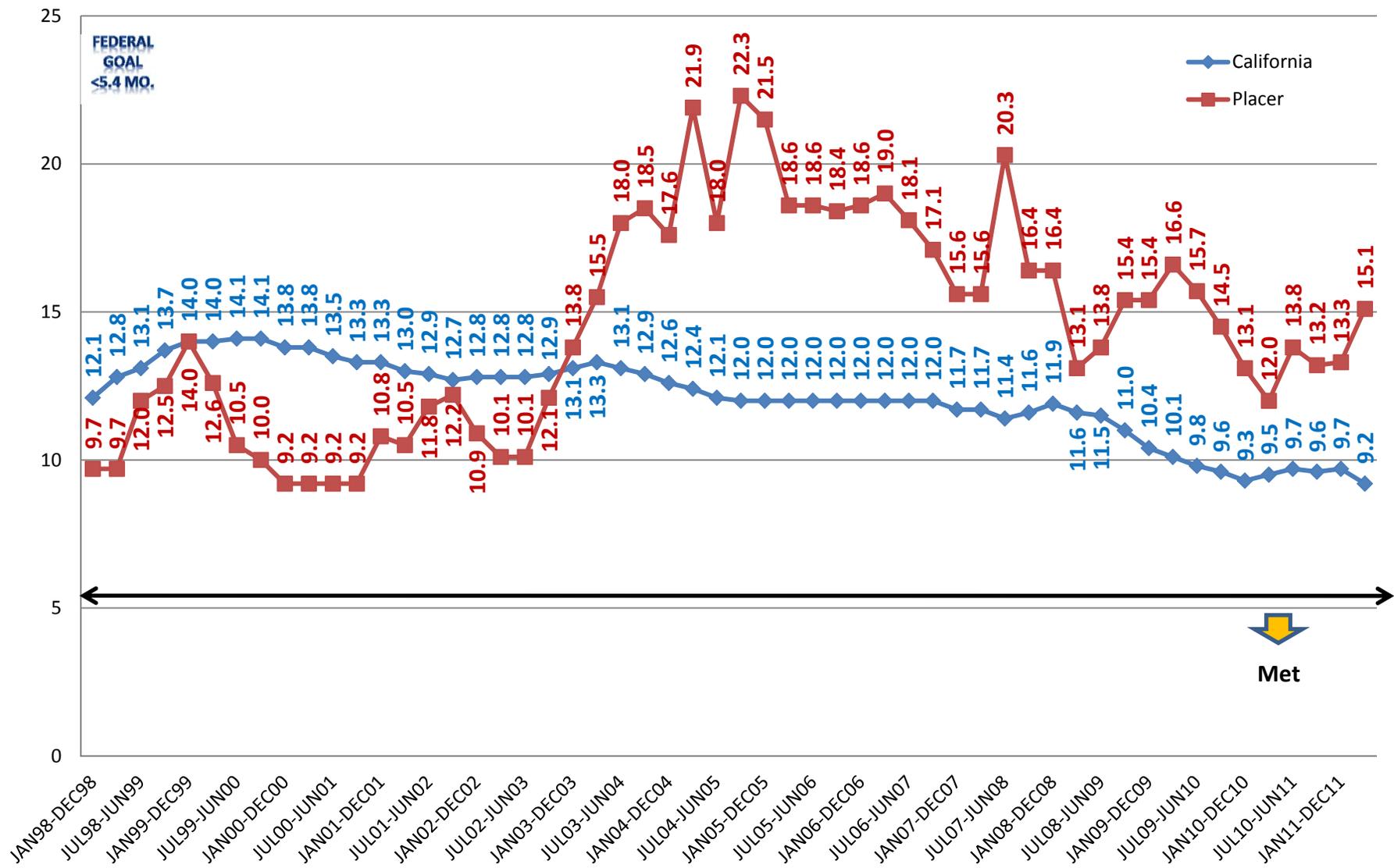
**S.M.A.R.T. Children's System of Care**  
**8A Number and Percent Children Who Aged out of Foster Care**  
**Who Obtained Employment**  
**Q4 2008 to Q1 2012**



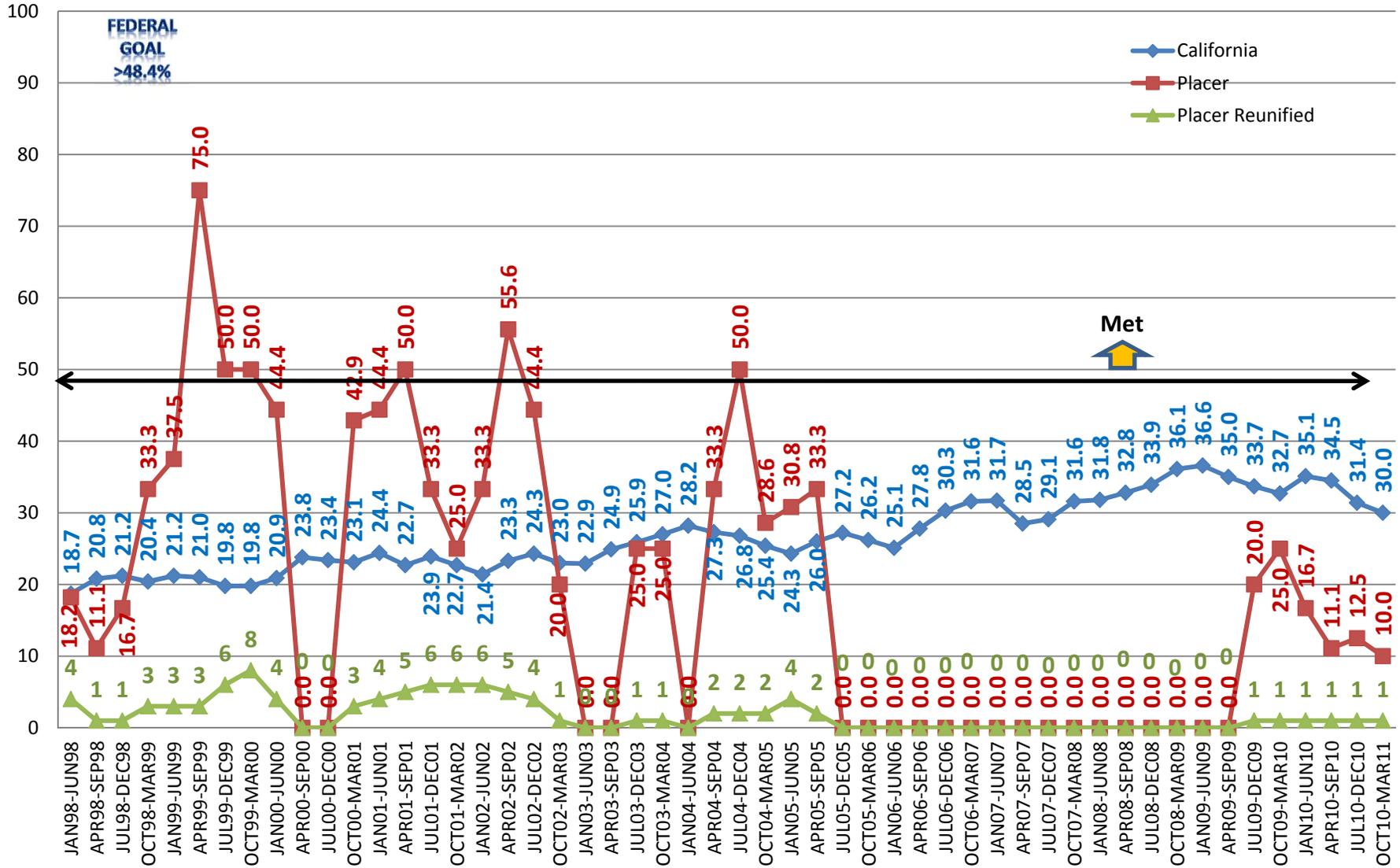
**S.M.A.R.T. Children's System of Care**  
**C1.1 Reunification in Less Than 12 Months - Exit Cohort**  
**Agency = Probation**  
**Percent and Number of Reunifications <12**  
**12 Month Intervals January 2008 to March 2012**



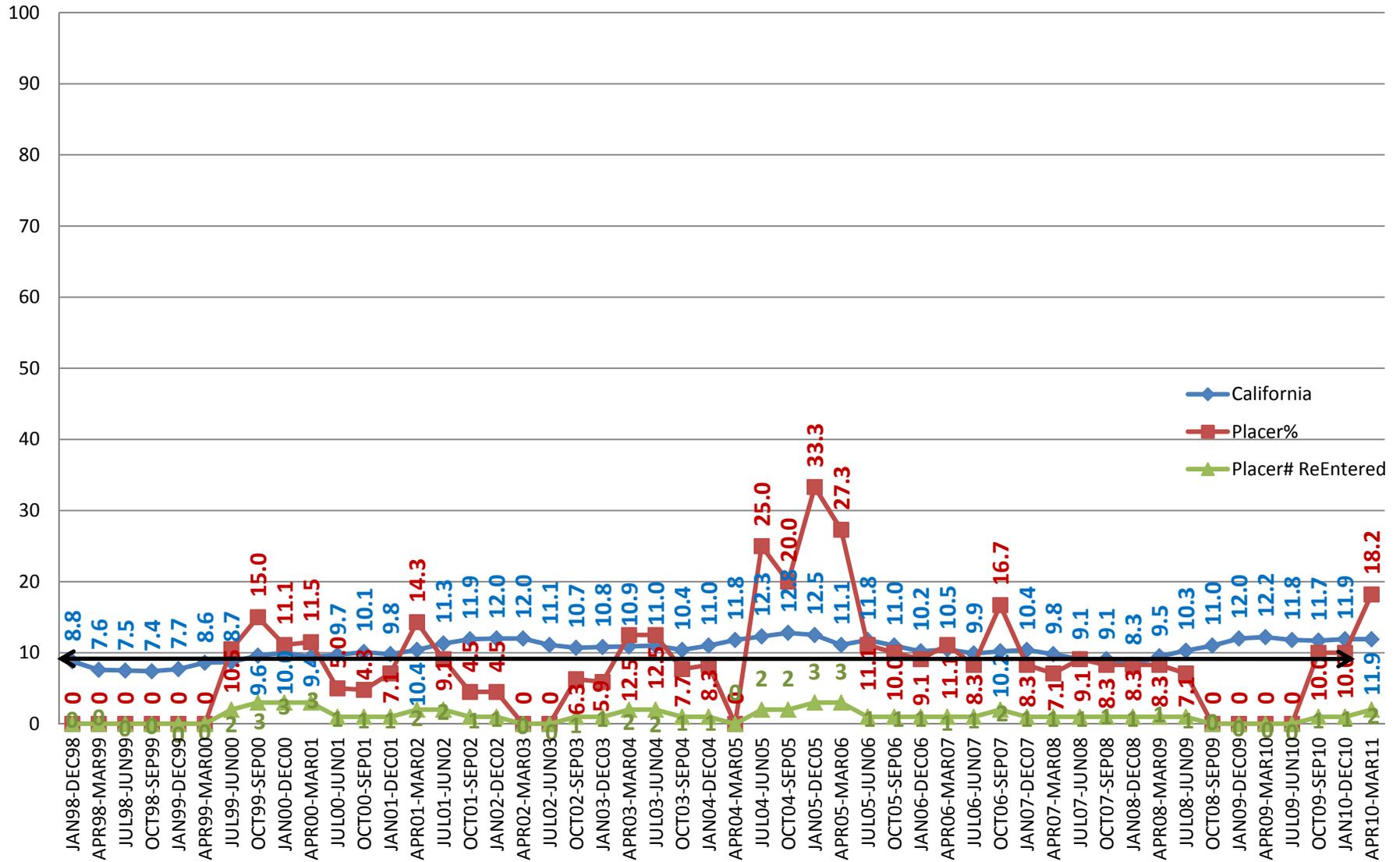
**S.M.A.R.T. Children's System of Care**  
**C1.2 Median Time to Reunification in Months - Exit Cohort**  
**Probation (Federal Measure)**  
**12 Month Intervals January 1998 to March 2012**



**S.M.A.R.T. Children's System of Care  
C1.3 Rate of Reunification - Entry Cohort  
Probation (Federal Measure)  
6 Month Intervals January 2008 to March 2011**



**S.M.A.R.T. Children's System of Care**  
**C1.4 Rate of ReEntry into Foster Care - Exit Cohort**  
**Probation (Federal Measure)**  
**12 Month Intervals from January 1998 to March 2011**

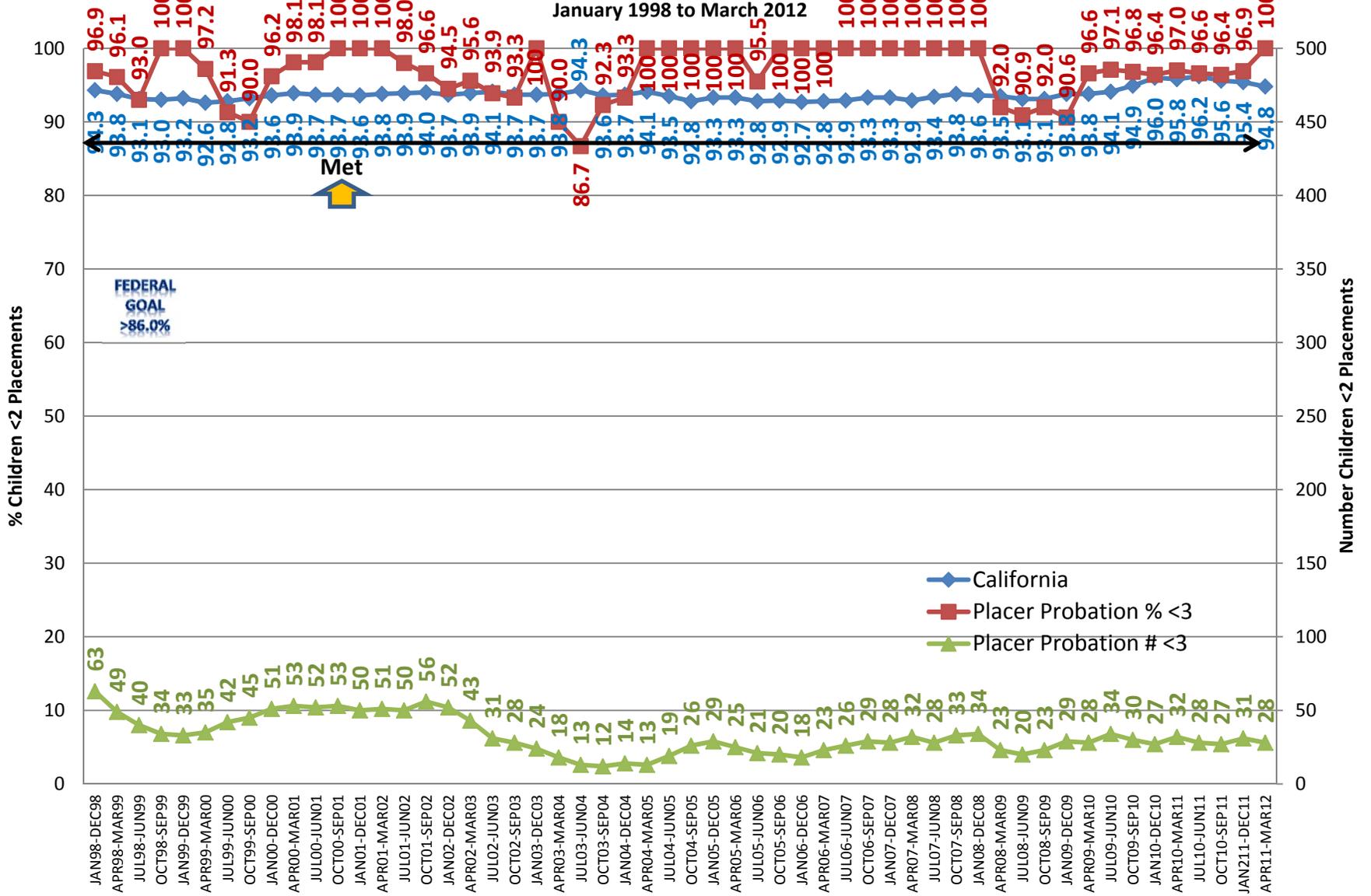


# S.M.A.R.T. Children's System of Care

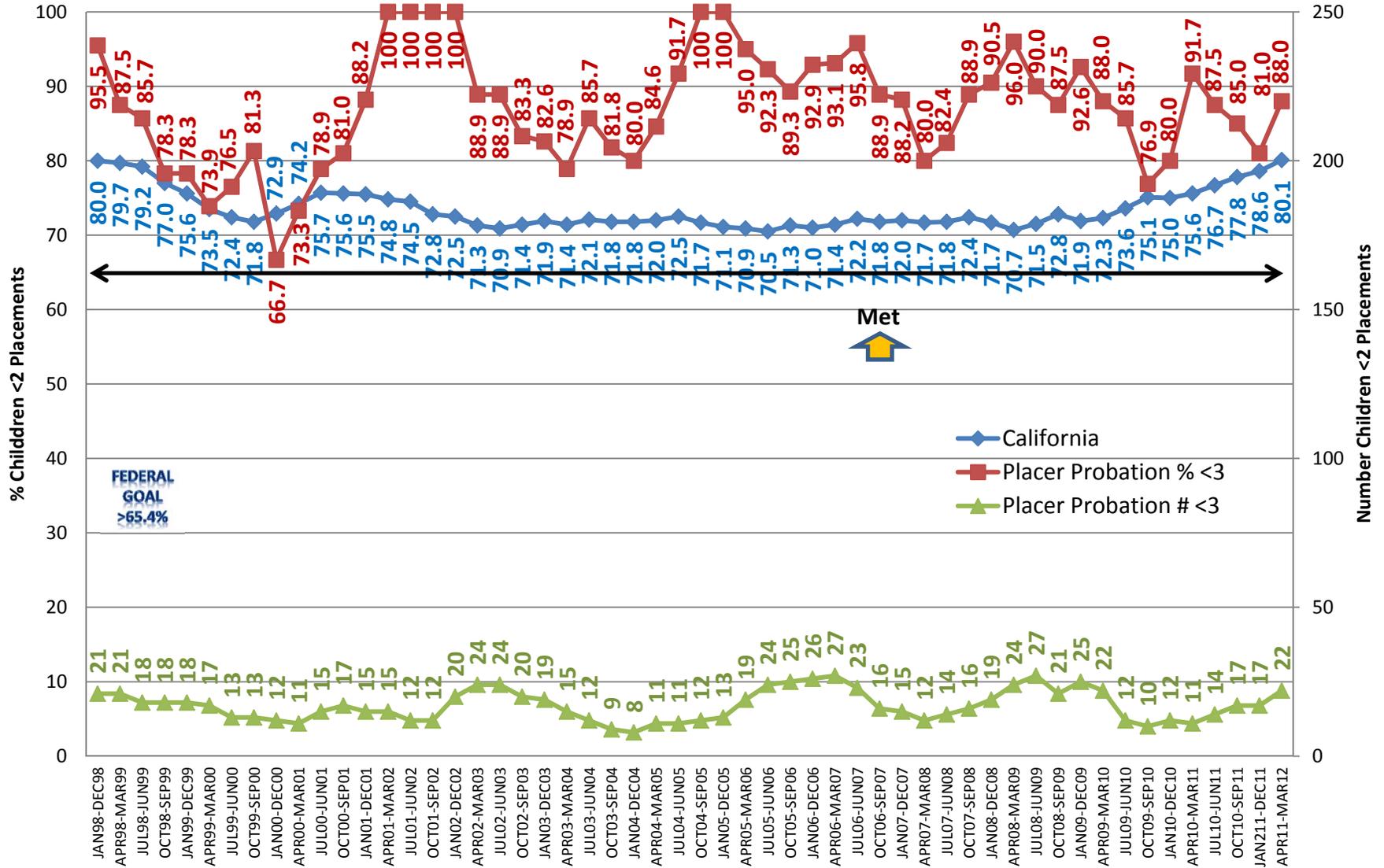
## C4.1 Placement Stability Probation (Less Than 2 Placements)

8 days to 12 Months

January 1998 to March 2012



**S.M.A.R.T. Children's System of Care**  
**C4.2 Placement Stability Probation (Less Than 2 Placements)**  
**12 to 24 Months In Placement**  
**January 1998 to March 2012**

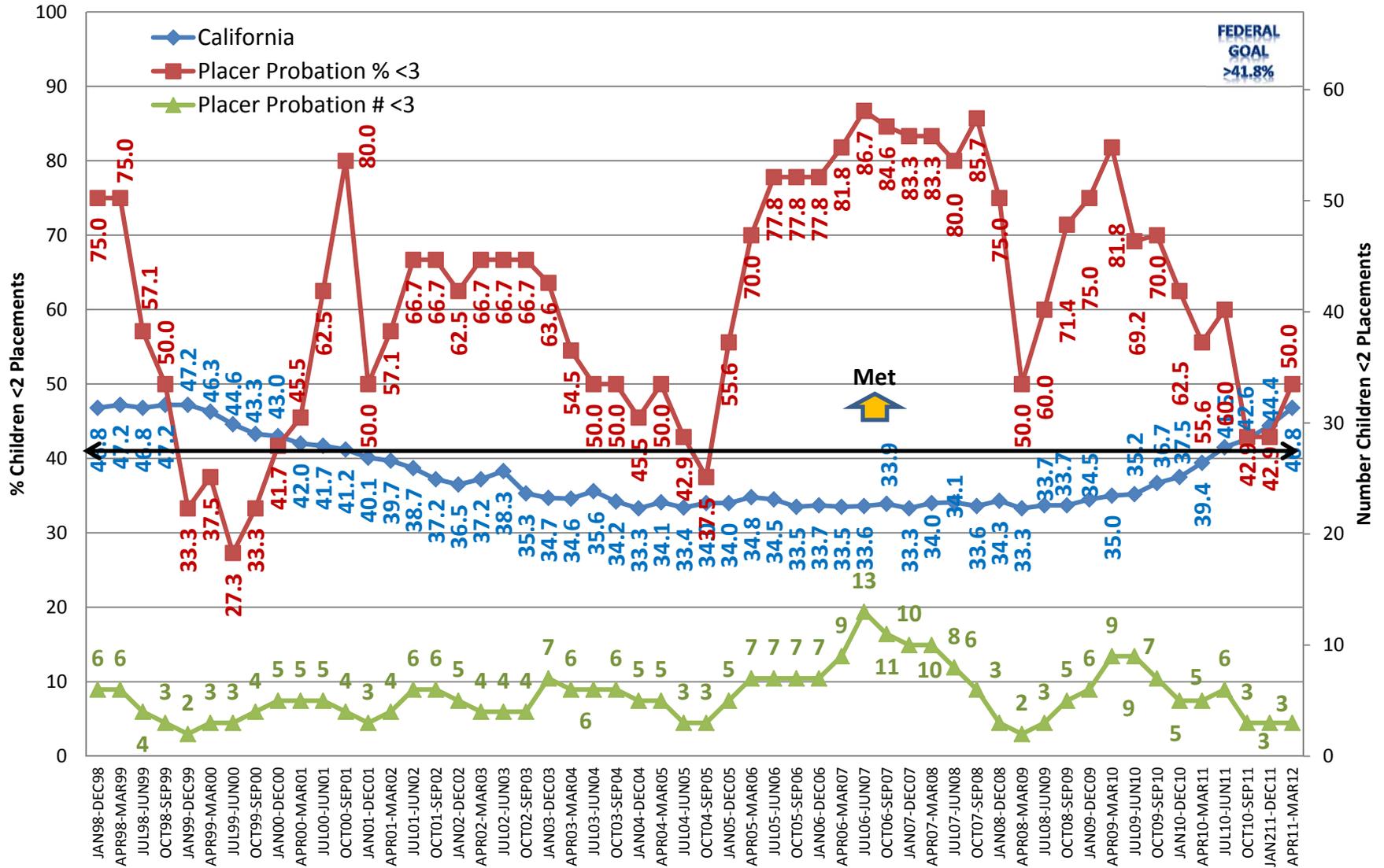


# S.M.A.R.T. Children's System of Care

## C4.3 Placement Stability Probation (Less Than 2 Placements)

### In Care More Than 24 Months

January 1998 to March 2012

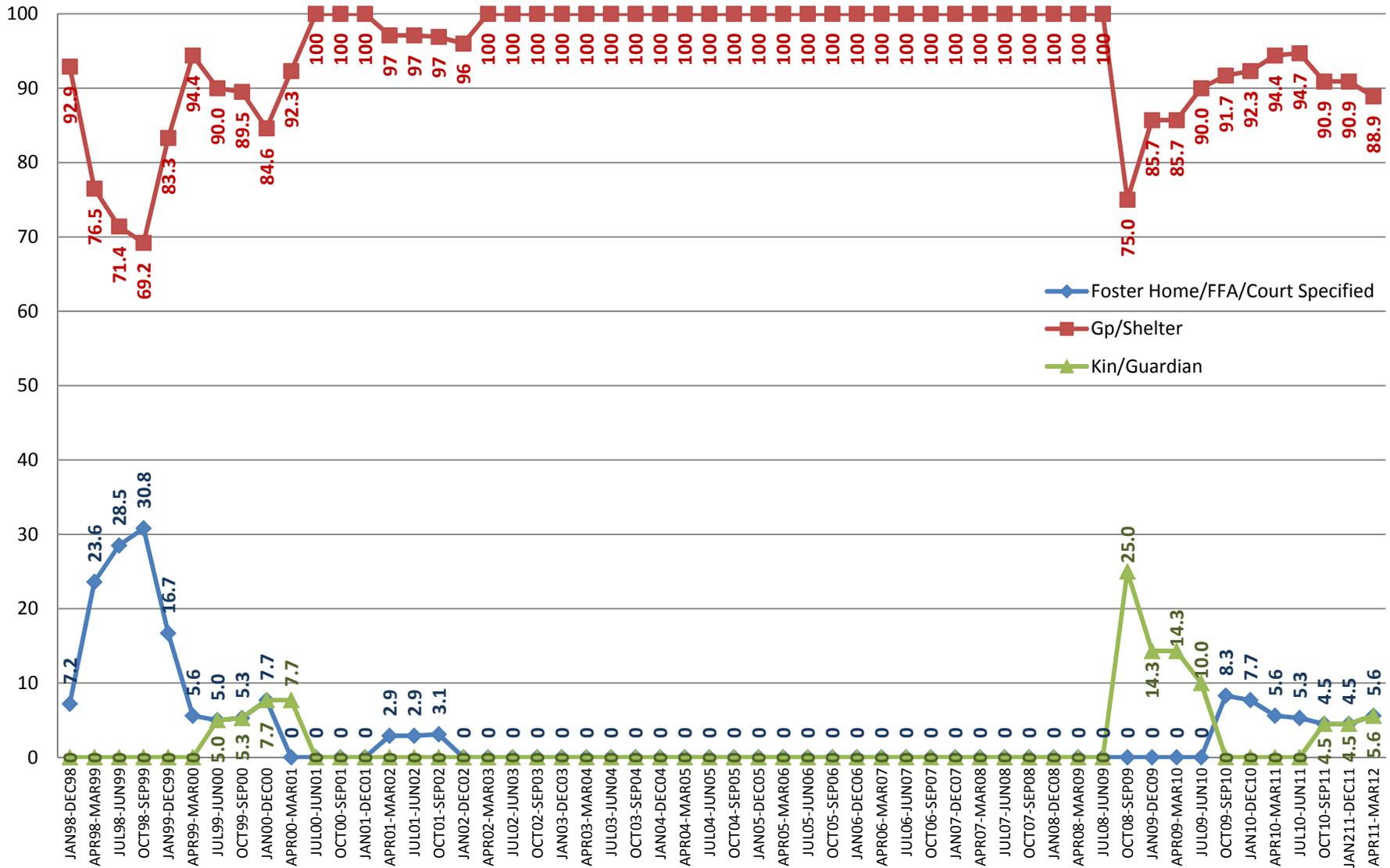


# S.M.A.R.T. Children's System of Care - Probation

## 4B Placement by Placement Type-First Entry

Percent in Placement

Rolling Annual Measures: January 1998 to March 2012

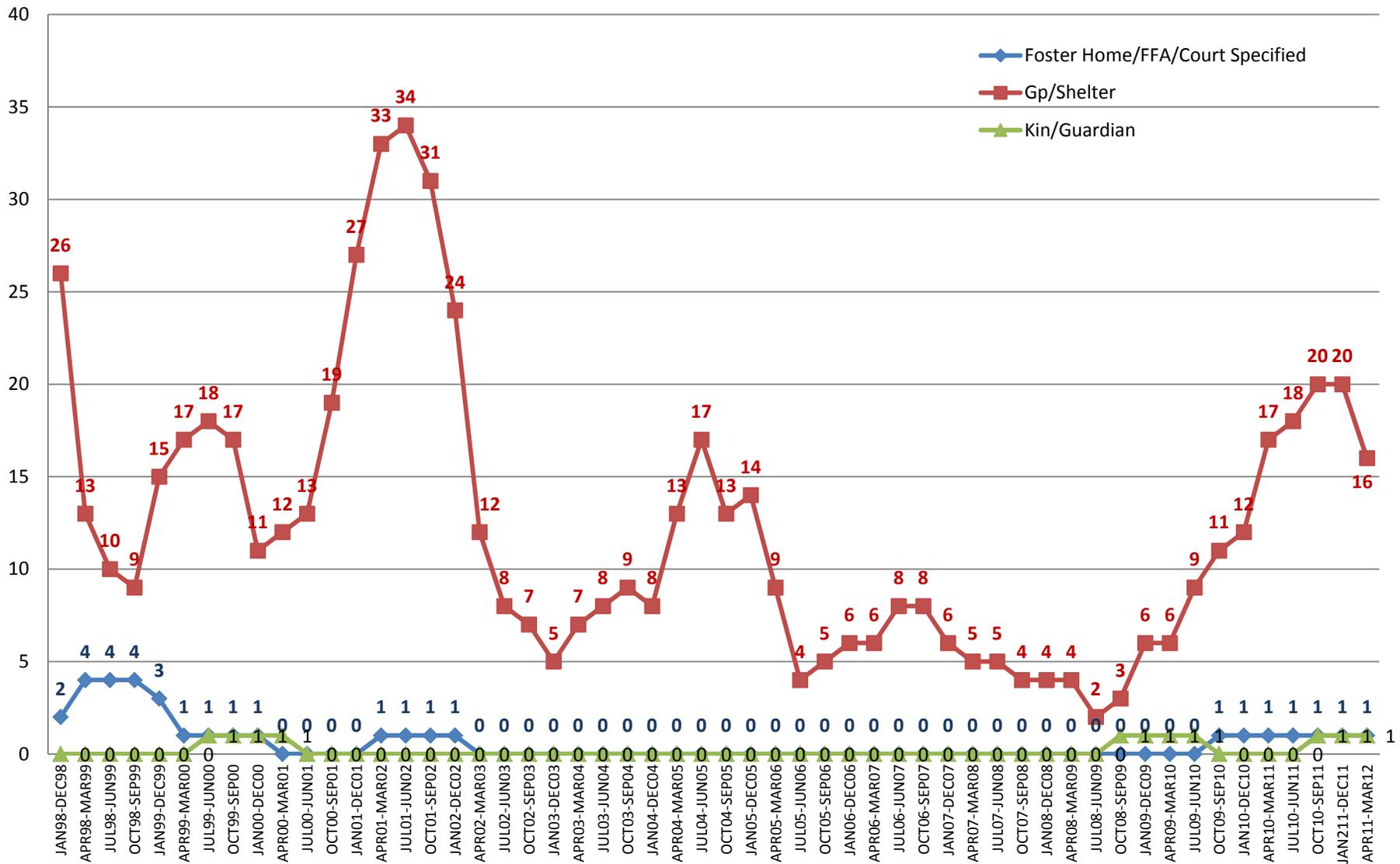


# S.M.A.R.T. Children's System of Care - Probation

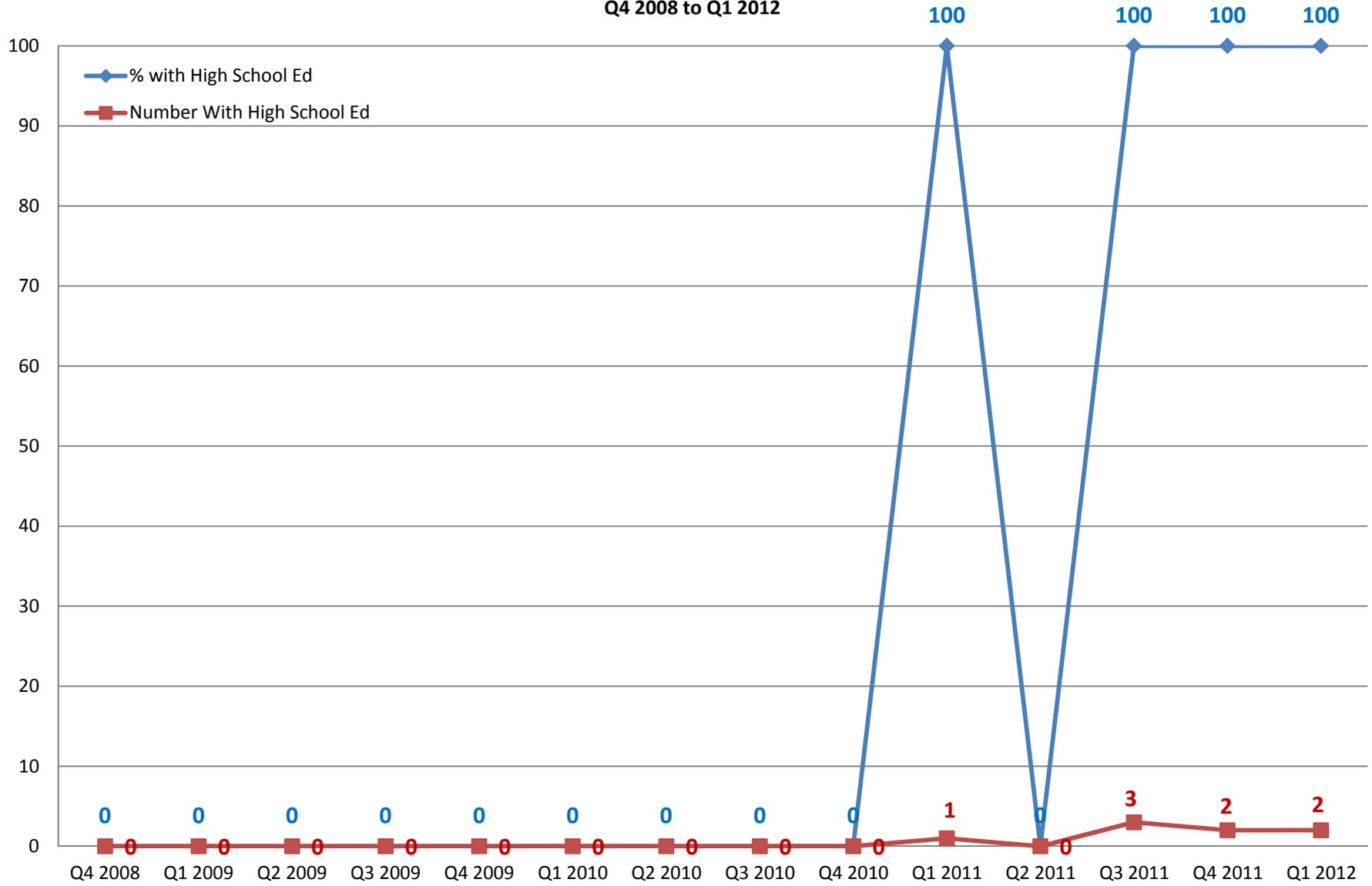
## 4B Placement by Placement Type-First Entry

Number in Placement

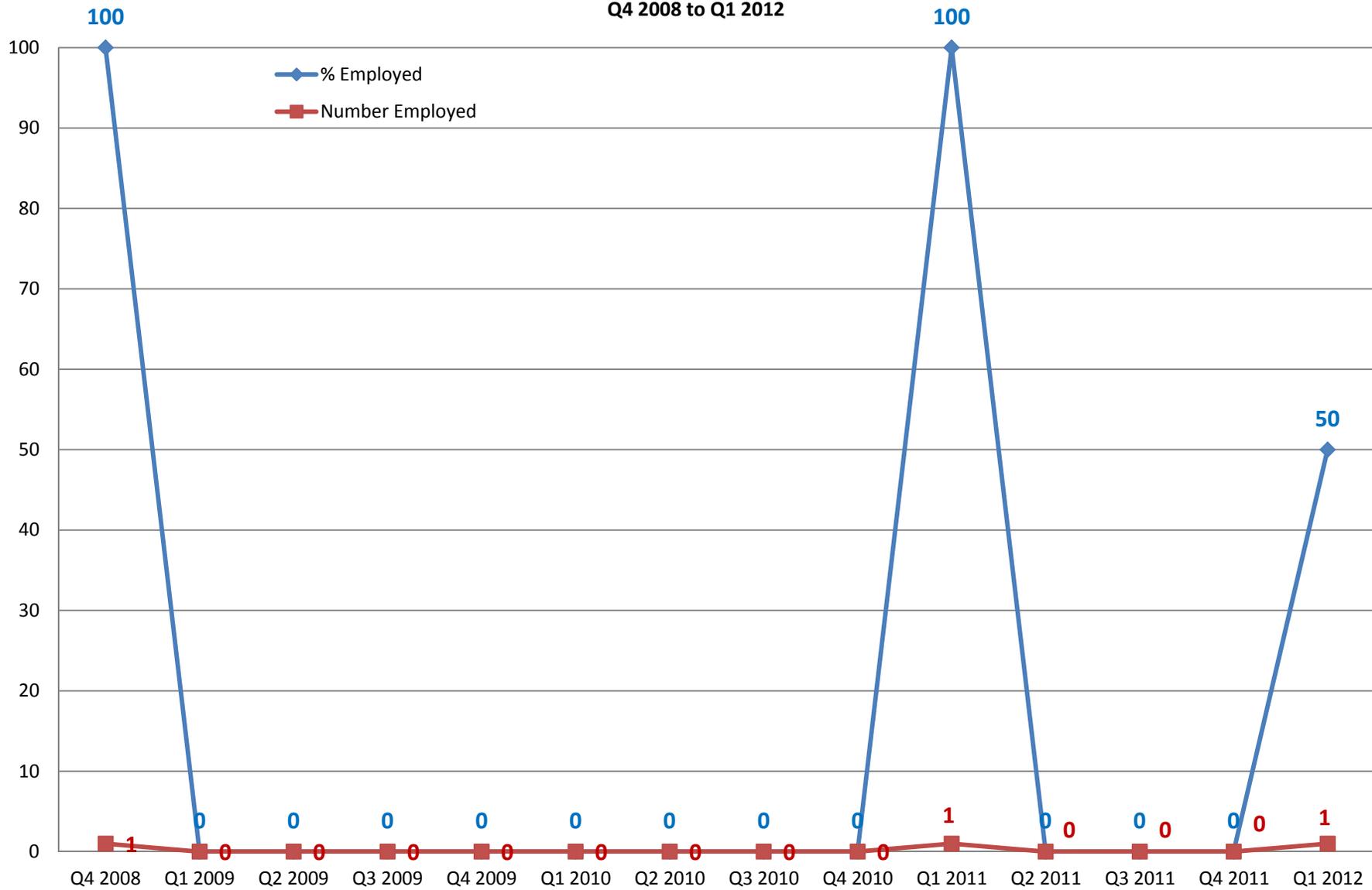
Rolling Annual Measures: January 1998 to March 2012



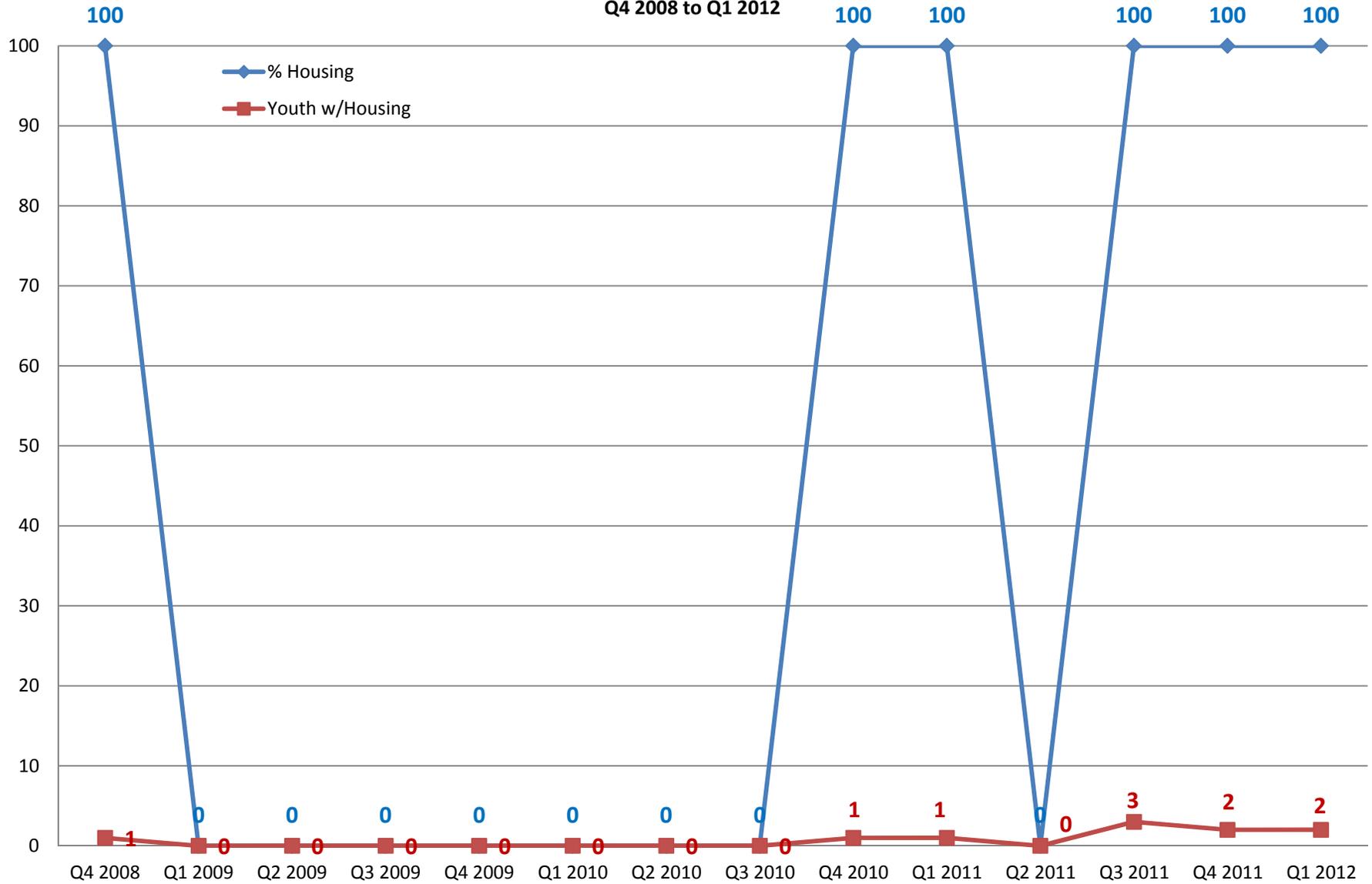
**S.M.A.R.T. Children's System of Care**  
**8A Number and Percent Children Aging out of Foster Care - Probation**  
**Getting High School Diploma**  
**Q4 2008 to Q1 2012**



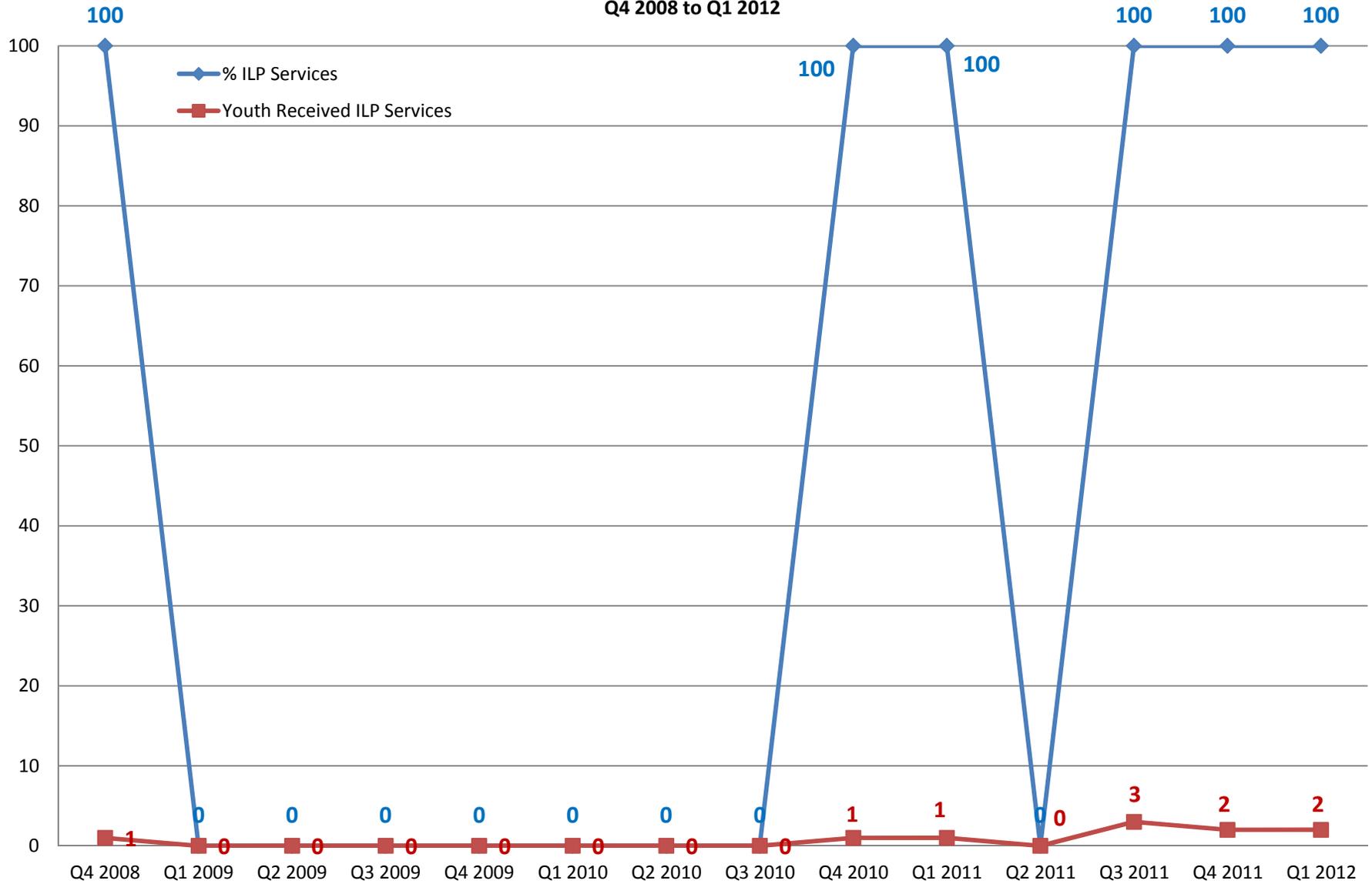
**S.M.A.R.T. Children's System of Care**  
**8A Number and Percent Children Who Aged out of Foster Care - Probation**  
**Who Obtained Employment**  
**Q4 2008 to Q1 2012**



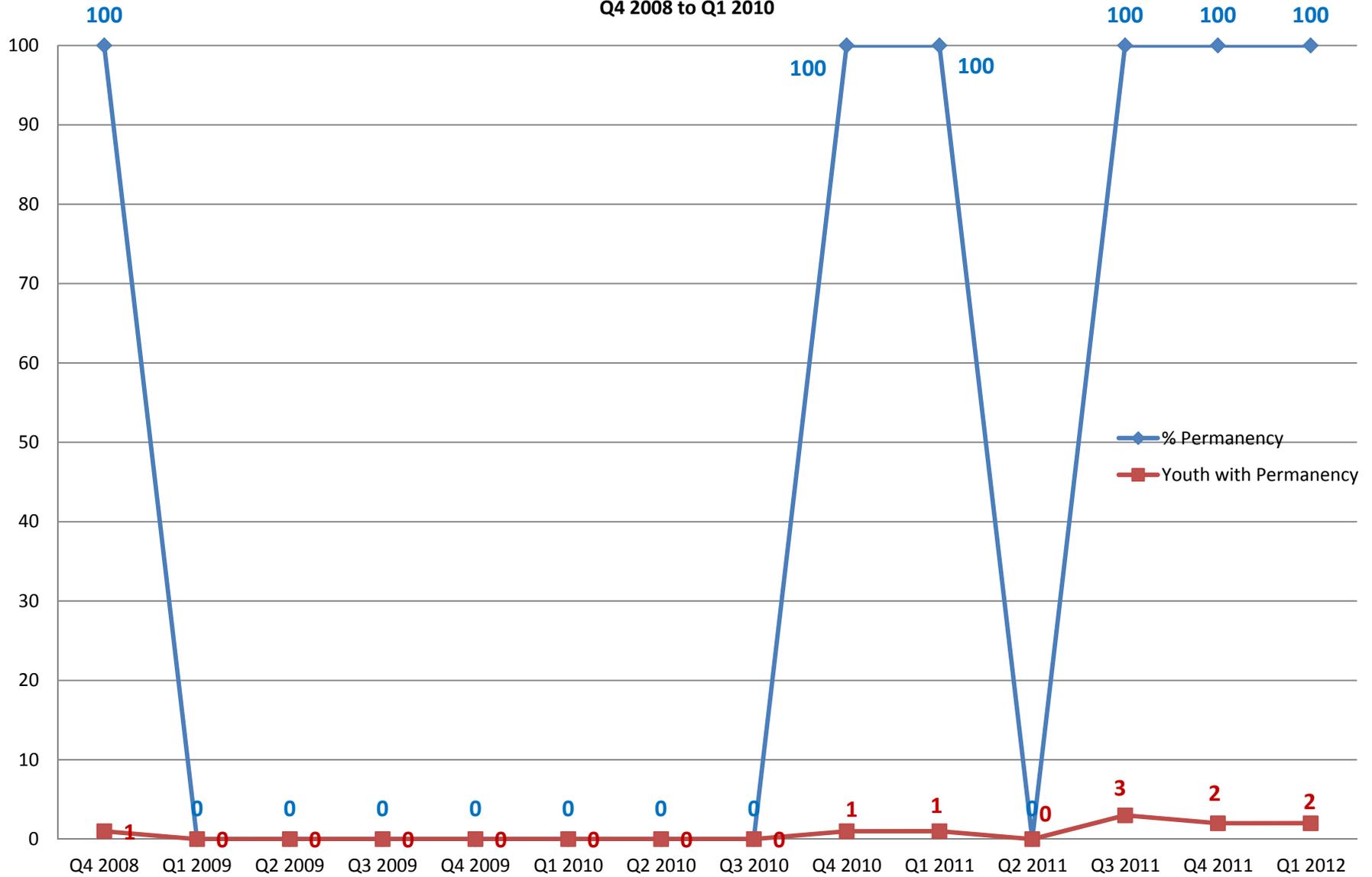
**S.M.A.R.T. Children's System of Care**  
**8A Number and Percent Children Who Aged out of Foster Care - Probation**  
**Who Had Housing**  
**Q4 2008 to Q1 2012**



**S.M.A.R.T. Children's System of Care**  
**8A Number and Percent Children Who Aged out of Foster Care - Probation**  
**Who Had ILP Services**  
**Q4 2008 to Q1 2012**



**S.M.A.R.T. Children's System of Care**  
**8A Number and Percent Children Who Aged out of Foster Care - Probation**  
**Who Had a Permanency Connection**  
**Q4 2008 to Q1 2010**



Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). *Child Welfare Services Reports for California*. Retrieved 7/25/2012, from University of California at Berkeley Center for Social Services Research website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>