



NICK MACCHIONE, FACHE  
DIRECTOR  
HEALTH AND HUMAN SERVICES AGENCY

# County of San Diego

CHILD WELFARE PROGRAMS  
858-694-5111

POLICY AND PROGRAM SUPPORT  
858-514-6603

POLINSKY CHILDREN'S CENTER  
858-514-4718

ADOLESCENT SERVICES  
858-616-5816

DEBRA ZANDERS-WILLIS  
DIRECTOR  
CHILD WELFARE SERVICES

HEALTH AND HUMAN SERVICES AGENCY

CHILD WELFARE SERVICES  
8965 Balboa Avenue San Diego CA 92123  
(858) 616-5811 FAX (858) 616-5908

May 15, 2012

TO: Dave McDowell, Bureau Chief  
Outcomes & Accountability Bureau  
Children & Family Services Division  
California Department of Social Services  
744 P Street, MS 8-12-91  
Sacramento, CA 95814

FROM: Roseann Myers, J.D., R.N., Assistant Deputy Director  
Child Welfare Services Policy and Program Support  
8965 Balboa Ave  
San Diego, CA 92123

5/29/12  
Rec'd  
BMR

Hereby the 2012-2017 San Diego System Improvement Plan. The pdfs (and excel CAPIT/CBCAP/PSFF expenditure plan) were e-mailed to all appropriate entities on Tuesday, May 15, 2012.

Sincerely,

Roseann Myers, J.D., R.N.  
(858) 616-5990

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Enc. BOS approved SIP

cc: chldserv@dss.ca.gov, OCAP-PND@dss.ca.gov, Julie.cockerton@dss.ca.gov,  
Heather.cotto@dss.ca.gov

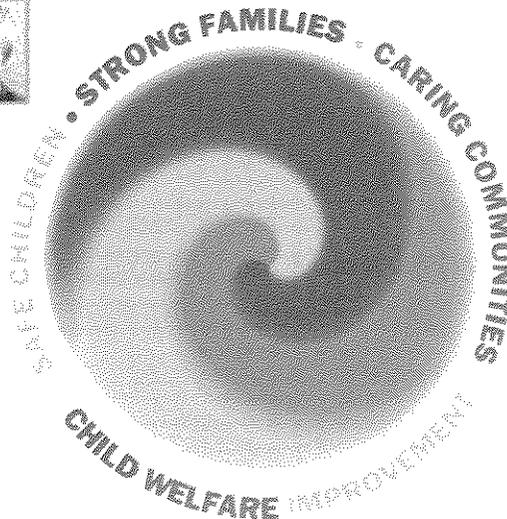
# California Outcomes and Accountability System

## County of San Diego

### 2012-2017 Child Welfare System Improvement Plan



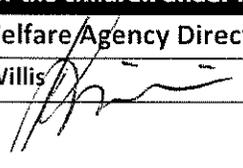
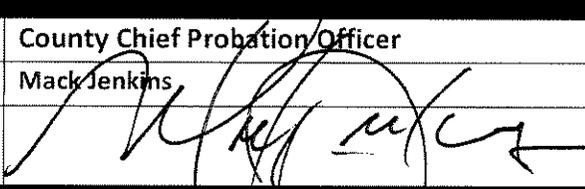
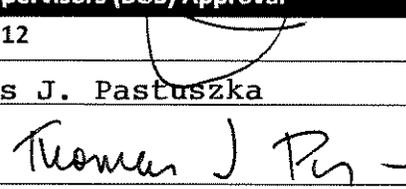
Debra Zanders-Willis, Director, Child Welfare Services  
Mack Jenkins, Chief Probation Officer, Juvenile Probation



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California's Child and Family Services Review System Improvement Plan	
County:	San Diego
Responsible County Child Welfare Agency:	Health and Human Services Agency, Child Welfare Services
Period of Plan:	May 15, 2015- March 15, 2017
Period of Outcomes Data:	Quarter ending: January 2012; Data extract Q3, 2011
Date Submitted:	
County System Improvement Plan Contact Person	
Name:	Leesa Rosenberg
Title:	Child Welfare Services Manager
Address:	4990 Viewridge Ave, 1 <sup>st</sup> floor, San Diego, CA 92123
Fax:	858-514-6679
Phone & E-mail:	858-514-6639, leesa.rosenberg@sdcounty.ca.gov
Submitted by each agency for the children under its care	
Submitted by	County Child Welfare Agency Director (Lead Agency)
Name:	Debra Zanders-Willis
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Mack Jenkins
Signature:	
Board of Supervisors (BOS) Approval	
BOS Approval Date:	May 8, 2012
Name:	Thomas J. Pastuszka
Signature:	

Approved and/or authorized by the  
Board of Supervisors of the County of San Diego.

Date: 5/8/12 Minute Order No. 6

THOMAS J. PASTUSZKA  
Clerk of the Board of Supervisors

By: Nancy Vincerra Deputy Clerk

*ASP*

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# SIP Narrative

## Overview of the San Diego County SIP Process

The San Diego System Improvement Plan (SIP) is the final step in the California Child and Family Services Review process (C-CFSR) and is built upon the data and lessons learned from both the Peer Quality Case Review (PQCR) conducted in May of 2011 and the County Self Assessment (CSA) conducted in September and October of 2011. The SIP supports the State of California's Program Improvement Plan (PIP) submitted to the U.S. Department of Health and Human Services Children's Bureau. The SIP was guided by an implementation team, comprised of CWS staff, Probation, the Commission on Children, Youth, and Families (CCYF)<sup>1</sup>, and facilitation support from Harder+Company Community Research. The SIP Planning Team (SIP Team) met routinely throughout the C-CFSR process to design a method that was inclusive of the larger community, informed by county data and trends, and guided by best and promising practices in the field. The areas of focus for CWS in this SIP are Placement Stability, Reunification within 12 months, and Agency Collaboration. Probation will focus on Placement Stability. This report follows the SIP Planning Guide issued by the California Department of Social Services which outlined the planning process and report format.

### Exhibit 1. SIP Planning Team

Organization	Name
Child Welfare Services	Roseann Myers
	Leesa Rosenberg
	Luis Fernandez
	Kim Frink
	Patricia Hoyt
	Becky Kennedy
	Stephanie Lawson
	Leah van Lingen
Probation	Pablo Carrillo
Commission on Children, Youth and Families (CCYF)	Harold Randolph
Harder+Company Community Research (facilitation, data collection, and report support)	Jennifer James Cristina Magaña Amy Panczakiewicz

From January 2012 through April 2012, the SIP process utilized three key approaches:

1. **Data-driven process:** The San Diego CWS/Probation process was an intensive, data-driven planning and community engagement process. CWS and probation conducted an extensive,

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<sup>1</sup> On January 24, 2012 the Board approved the dissolution of CCYF and endorsed the formation of the County of San Diego Child Abuse Prevention Coordinating Council. On April 3, 2012 the Board approved the revised Administrative Code, Article IIIo establishing the new County of San Diego Child Abuse Prevention Coordinating Council (CAPCC). The CAPCC undertakes the functions and responsibilities as described in California Welfare and Institutions Code section 18982 and related sections, including administration of the County's Children's Trust Fund (CTF).

comparative assessment of San Diego federal outcome results. This assessment compared San Diego's performance to national goals, state outcomes, and the outcomes of 10 California counties of similar size. CWS and probation management collaboratively discussed priorities and identified the following top two outcomes and one systemic factor as the focus for the CSA and SIP: placement stability (8 days to 12 months in care), timely reunification (entry cohort), and agency collaboration. Data was also obtained through the PQCR which provided more in-depth case analyses to better understand the challenges related to placing children with relatives.

2. **Informed by Best and Promising Practices:** Once the key outcomes were identified, a deeper exploration of the two outcomes was conducted to understand trends in key demographics such as age and race/ethnicity. Additionally, CWS conducted a literature review to identify contributors to poor outcomes and to review best and promising practices.. Information on contributing factors and effective strategies gleaned from the literature reviews was presented to stakeholders at each community meeting to help inform their recommendations for strategies.

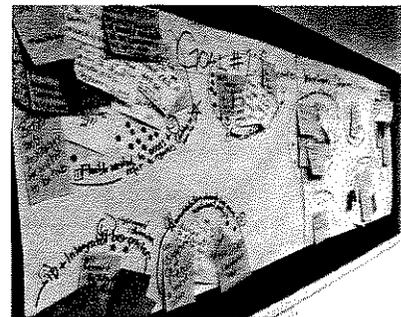


Top: SIP stakeholder meeting

3. **Broad community engagement:** Over 50 external stakeholders (community partners) and 56 internal stakeholders were engaged in the SIP meetings. Using the outcomes and systemic factor as the topic framework, CWS and Probation hosted four, 2-hour community meetings with community partners to identify strengths and needs as part of the CSA. This information was

distilled and became the foundation for five SIP meetings, where both internal and external stakeholders were convened to review the CSA results and then to identify and vote on goals and strategies (Appendix A, SIP Participants).

Bottom: Groupings of community responses



Ultimately, the SIP is connected to the California Department of Social Services (CDSS) Program Improvement Plan (PIP). The PIP uses strategies and initiatives to address safety, permanency and well-being. San Diego's SIP links to the PIP as it develops a tailored, locally appropriate and responsive plan for the county. Exhibits 2 through 4 present a crosswalk between the State PIP and San Diego County SIP strategies in the three areas of focus: placement stability, reunification, and agency collaboration.

Placement Stability SIP to PIP Crosswalk

The following table shows how San Diego SIP strategies addressing placement stability will support the State’s Program Improvement Plan (PIP).

Exhibit 2: Placement Stability County SIP to the State PIP Crosswalk

San Diego SIP Strategies	State Program Improvement Plan Strategies					
	Expand use of participatory case planning strategies	Sustain and enhance permanency efforts across the life of the case	Enhance and expand caregiver recruitment, retention, training and support efforts	Expand options and create flexibility for services and supports to meet the needs of children and families	Sustain and expand staff/supervisor training	Strengthen implementation of the statewide safety assessment system
1. Maintain a child’s connection to familiar environments and culture by ensuring consistency in CWS placement process		✓				
2. Maintain a child’s connection to familiar environments and culture by improving the relative search process		✓				
3. Maintain a child’s connection to familiar environments and culture by ensuring a child remains connected to school, community (friends, activities)		✓				
4. Improve placement support and services by utilizing emergency funds for relatives to include child care, respite, transportation			✓	✓		
5. Improve placement support and services by utilizing kinship specific support activities (e.g. Kinship Navigators and support groups)			✓	✓		
6. Improve placement support and services by implementing quick response teams			✓	✓		
7. Improve placement support and services by enhancing trauma-informed practice				✓	✓	
8. Improve placement support and services by evaluating and expanding use of Family Team Meetings (TDM, Family Group Conferencing, Safety Networks)	✓					
9. Improve placement support and services by improving initial and ongoing assessments of children to promote and maintain first/ best placement and support placement fit		✓				
10. Improve kinship support services (probation)			✓			
11. Fully implement Relative Noticing Process to Aid in Placing Youth with Family Members (probation)		✓				
12. Implement Team Decision Making Strategies to improve placement stability (probation)	✓					

Reunification SIP to PIP Crosswalk

The following table shows how San Diego SIP strategies addressing timely reunification will support the State’s Program Improvement Plan (PIP).

Exhibit 3: Reunification SIP to PIP Crosswalk

San Diego SIP Strategies	State Program Improvement Plan Strategies					
	Expand use of participatory case planning strategies	Sustain and enhance permanency efforts across the life of the case	Enhance and expand caregiver recruitment, retention, training and support efforts	Expand options and create flexibility for services and supports to meet the needs of children and families	Sustain and expand staff/supervisor training	Strengthen implementation of the statewide safety assessment system
13. Strengthen social work practices					✓	✓
14. Strengthen social work practice by supporting coaching and field-based instruction					✓	✓
15. Strengthen social work practice by enhancing engagement through family-centered meetings	✓				✓	
16. Improve access to immediately available family specific services by researching best practices nationwide				✓		
17. Improve access to immediately available family specific services by developing the “resource specialist” concept				✓		
18. Improve parent-child Interaction/ visitation by evaluating current visitation services and practices	✓					
19. Improve parent-child Interaction/ visitation by developing a plan to improve visitation	✓					

Agency Collaboration SIP to PIP Crosswalk

The following table shows how San Diego SIP strategies addressing agency collaboration will support the State’s Program Improvement Plan (PIP).

Exhibit 4: Agency Collaboration SIP to PIP Crosswalk

San Diego SIP Strategies	State Program Improvement Plan Strategies					
	Expand use of participatory case planning strategies	Sustain and enhance permanency efforts across the life of the case	Enhance and expand caregiver recruitment, retention, training and support efforts	Expand options and create flexibility for services and supports to meet the needs of children and families	Sustain and expand staff/supervisor training	Strengthen implementation of the statewide safety assessment system
20. Strengthen communication and coordination with community partners by reviewing confidentiality guidelines to improve information sharing and ensure appropriate disclosures				✓		
21. Strengthen communication and coordination with community partners by exploring co-location of County and community service providers				✓		
22. Develop a shared definition of child abuse prevention and intervention through community engagement and dialogue to support community child abuse/ neglect prevention framework						✓
23. Develop a shared definition of child abuse prevention and intervention through community engagement and dialogue to understand and support alternative response	✓					

a. Identifying Outcomes Needing Improvement

A brief description of CWS composite measures, and individual measures identified in the CSA as needing improvement is provided below. For more detailed analysis, please refer to the CSA, pages 23-40. The data provided below were obtained from the California Department of Social Services quarterly outcome reports available from the UC Berkeley Center for Social Services Research, <http://cssr.berkeley.edu/cwscmsreports>, (data extract Q3, 2011, published January 2012). Probation data are not included in this section as they exceeded all federal standards (see Appendix E for details of probation results).

**Safety Measures**

San Diego is performing well relative to the national standards for the two safety measures. As of the third quarter of calendar year 2011, San Diego was at 100% of the federal measure on *no maltreatment in foster care* and slightly below the federal standard for *no recurrence of maltreatment* (see S1.1 below). These measures were not chosen as areas of focus for this SIP because San Diego is above or close to the national standard.

**Exhibit 5: Safety Measures Below Federal Standard, as of CY 2011 Quarter 3**

Measure	San Diego CWS Performance	Federal Standard	% of Federal Standard Achieved
S1.1 No Recurrence Of Maltreatment	93.5%	94.6%	98.9%

**Reunification Composite (C1)**

San Diego has made significant improvement in this area by implementing strategies to improve timely reunification in the last two system improvement plans. As of the third quarter of 2011, San Diego composite performance was at 90.9% of the federal standard, while in 2006, the County was only at 78.0% of the federal standard. For the current SIP (2012-2017), San Diego County has chosen to focus on the measure within this composite that addresses *reunification within 12 months for children entering out-of-home care for the first time (entry cohort, C1.3)*. This measure was chosen because it is a leading measure and improved performance in this measure will lead to improvement in the other reunification measures. There are four measures that compose the federal reunification composite measure; the measures in which San Diego is below the federal standard are listed below.

**Exhibit 6: Reunification Measures Below Federal Standard, as of CY 2011 Quarter 3**

Measure	San Diego CWS Performance	Federal Standard	% of Federal Standard Achieved
C1.1 Reunification Within 12 Months (Exit Cohort)	59.6%	75.2%	79.3%
C1.2 Median Time To Reunification (Exit Cohort)	10.1 months	5.4 months	53.5%
C1.3 Reunification Within 12 Months (Entry Cohort)	43.6%	48.4%	90.0%

### Adoption Composite (C2)

There are five measures that compose the federal adoption composite measure. Adoption was a focus in the 2009-2012 SIP. San Diego has made significant improvement in this area by focusing on strategies to improve timely adoptions, and in particular Measure C2.1 below, in the last system improvement plan. As of the third quarter of 2011, San Diego composite performance was at 90.1% of the federal standard, while in 2006, the County was only at 33.7% of the national standard. A list of activities in progress that will continue to promote timely adoptions can be found in *Section D* of this report. The measures in which San Diego is below the federal standard are listed below.

**Exhibit 7: Adoption Measures Below Federal Standard, as of CY 2011 Quarter 3**

Measure	San Diego CWS Performance	Federal Standard	% of Federal Standard Achieved
C2.1 Adoption Within 24 Months (Exit Cohort)	25.3%	36.6%	69.2%
C2.2 Median Time To Adoption (Exit Cohort)	33.6 months	27.3 months	81.3%
C2.4 Legally Free Within 6 Months (17 Months In Care)	9.7%	10.9%	88.9%
C2.5 Adoption Within 12 Months (Legally Free)	52.3%	53.7%	97.3%

### Long Term Care Composite (C3)

There are three measures that compose the federal long term care composite measure. As of the third quarter of 2011, San Diego composite performance was at 65.4% of the federal standard, while in 2006, the County was at 65.6% of the national standard. While there is room for improvement in this area, CWS and Probation decided not to focus on this outcome area for the current SIP due to the unknown impact of the recent implementation of California Assembly Bill 12 (Fostering Connections to Success Act). This legislation is extending foster care services to young adults beyond age 18. The measures in which San Diego is below the federal standard are listed below.

**Exhibit 8: Long Term Care Measures Below Federal Standard: as of CY 2011 Quarter 3**

Measure	San Diego CWS Performance	Federal Standard	% of Federal Standard Achieved
C3.1 Exits To Permanency (24 Months In Care)	27.3%	29.1%	93.8%
C3.2 Exits To Permanency (Legally Free At Exit)	95.9%	98.0%	97.9%
C3.3 In Care 3 Years Or Longer (Emancipated/Age 18)	74.1%	37.5%	50.6%

### Placement Stability Composite (C4)

There are three measures that compose the federal placement stability composite measure. San Diego has made some improvement in this area by implementing strategies to improve placement stability in the last system improvement plan. As of the third quarter of 2011, San Diego composite performance was at 72.8% of the federal standard, while in 2006, the County was only at 60.4% of the national standard. For the current SIP, San Diego County has chosen to continue to focus on the measure within this composite that addresses *placement stability for children in care at least eight days but less than 12 months (C4.1)*. This measure was chosen because it is a leading measure and improved performance in this measure will

support improvement in the other placement stability measures. The measures in which San Diego is below the federal standard are listed below.

**Exhibit 9: Placement Stability Measures Below Federal Standard, as of CY 2011 Quarter 3**

<b>Measure</b>	<b>San Diego CWS Performance</b>	<b>Federal Standard</b>	<b>% of Federal Standard Achieved</b>
C4.1 Placement Stability (8 Days To 12 Months In Care)	80.8%	86.0%	94.0%
C4.2 Placement Stability (12 To 24 Months In Care)	56.9%	65.4%	87.0%
C4.3 Placement Stability (At Least 24 Months In Care)	25.9%	41.8%	62.0%

**b. Identifying improvement targets or goals**

Through the PQCR, CSA, and SIP planning processes which were done jointly by CWS and Probation, the following federal outcomes and systemic factor were identified as the focus areas for the current SIP:

1. C4.1: Placement Stability: Two or Fewer Placements (8 days to 12 months in care)
2. C1.3: Reunification within 12 months (entry cohort)
3. Agency Collaboration

CWS will focus on all three areas above and Probation will only focus on Outcome C4.1: Placement Stability during the next 5 year SIP. Outcomes were identified integrating the feedback from CWS managers and staff, and from the larger community. When appropriate, probation and CWS worked collaboratively to identify stakeholder priorities. Because Probation is already meeting the federal standard for measure C4.1: Placement Stability, the target goal for Probation will instead focus on improving State Measure 4B: Point in Time Relative Placement. This submeasure will support placement stability by increasing the number of children placed in stable relative placement homes.

CWS and Probation first worked internally to review agency-specific data to inform the CSA and SIP process. For CWS, the outcomes were initially identified by the CWS Data Unit by adding information to the CDSS quarterly data report to show San Diego County’s performance ranking in relation to the other nine most populous counties in the state -- Alameda, Contra Costa, Fresno, Los Angeles, Orange, Riverside, Sacramento, San Bernardino and Santa Clara. Because the CDSS quarterly report includes over 50 rows of data, the rankings were extremely helpful in narrowing the focus. In addition, information was also shared on statewide performance and federal standards, where applicable, so that local performance could also be evaluated against those important benchmarks. In August 2011, at the CWS monthly Program Integrity meeting, CWS managers and executives discussed local performance on the outcome measures and voted on the top outcomes to include in the CSA process. These outcomes were the basis for a deeper exploration of the data and subsequent data presentations to both internal and external stakeholder groups.

For Probation, placement stability was their focus. San Diego County Probation seeks to place youth in the least restrictive placement. Placement with a relative or non-related extended family member can provide stability and family connections in the lives of youth. Therefore, Probation chose the focus area

of placement stability and in particular, relative placements. Data were reviewed from the California Department of Social Services reports available from the UC Berkeley Center for Social Services Research, <http://cssr.berkeley.edu/cwscmsreports>. Although the data showed that San Diego showed positive trends in the area of children in kin placement, the percentages were trending down from 18% to 11% over a five year period. Internal probation data was also reviewed which found that youth remaining in kinship placement over six months was also trending down. The concern was that the lack of placement stability could be due to the relative/Non-Relative Extended Family Member (NREFM) identification process or the lack of supportive services available to kinship caregivers. During the PQCR process, the concerns were confirmed through interviews with both probation officers that supervise placements and officers who complete the home evaluation process. The interviewees identified rigid policies that sometimes force probation officers to place a youth with a relative that meets the criteria, but may not be the best fit, or the most qualified to care for a youth. Furthermore, probation officers may have to work with court ordered relative placements that are not in the youth's best interest or won't be successful. Therefore, the placement practices were the targeted focus of juvenile probation.

CWS and Probation convened to review their respective process and collected feedback from the community through a stakeholder survey administered at the first CSA meeting that asked stakeholders about the most effective services in the county and the most important systemic factor (see CSA, pages 103-106). The results of this survey generally aligned with the ranking of the CWS managers - Harder + Company Community Research, an independent consulting firm, was given notes and rankings from that meeting to complete a narrative/analysis. The resulting SIP strategies and action steps were developed directly from internal and external stakeholder feedback. All strategies and action steps were developed through a community process which engaged stakeholders in developing and voting on priorities.

The SIP Team met to review current performance and trends for the two outcomes identified – placement stability and reunification within 12 months (entry cohort). The SIP Team used the CFSR Composite Planner, at [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/), to discuss and identify reasonable target goals that would increase our performance in these areas and move us towards achievement of the federal standards.

### c. Summary of current data and research available related to selected outcomes

#### Placement Stability

San Diego County focused on Measure C4.1: Placement Stability: Two or Fewer Placements) as one of its SIP goals. This measure computes the percentage of children with two or fewer placements who were in foster care for 8 days or more, but less than 12 months. Time in care is based on the latest date of removal from the home. In 2010, San Diego County was below the State performance and Federal Standard (84% and 86%, respectively). In the last 10 years, the percentage of children who were in care less than 12 months with two or fewer placements has increased by 6.5 percentage points, from 73.0% in 2001 to 79.5% in 2010 (Exhibit 10<sup>2</sup>).

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<sup>2</sup> Source: [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/). This source data was used for Exhibits 10 to 15.

The process also reviewed the measure by the key demographic data of age and ethnicity. Results showed that the percentage of children with two or fewer placements increased for all age groups, with the 10-14 age group having the lowest percentage and the 0-4 age group having the highest percentage of those with two or fewer placements (Exhibit 11).

Results also showed that Black, Hispanic, and White children experienced improvement over time (Exhibit 12). However, Hispanic and Black children had the lowest percentages of children with two or fewer placements in 2010, although this varies from year to year. Fluctuations within the Native American cohort are attributed to the variability expected when there are a small number of cases.

Placement stability is crucial to the well-being of foster children. Research shows that foster youth with greater placement stability have better outcomes in a number of areas:

- **Minimizes Child Pain and Trauma.**

Entering foster care is a significant life change for children that can lead to disruptions in relationships with not only the parents, but also extended family members, friends and other significant people in the children's lives. If children are unable to maintain some of these important relationships while in foster care, it can add to feelings of loss and insecurity. (Johnson, Yoken & Voss, 1995). It can also be difficult for the foster youth to adapt to new relationships and unfamiliar social and physical environments (Strijker, 2008). Further disruption and changes in placement compound

Exhibit 10: Placement Stability Countywide

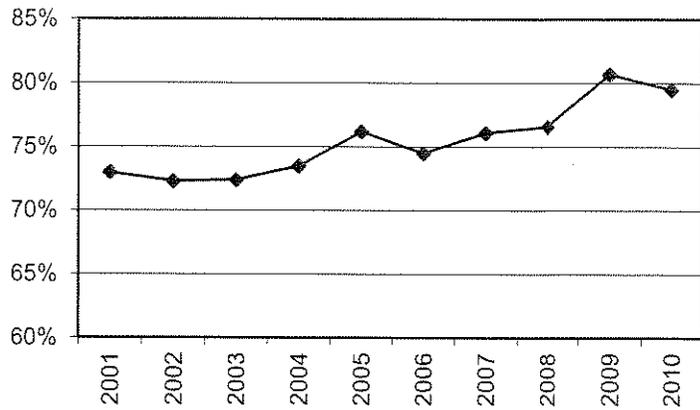


Exhibit 11: Placement Stability Countywide, Age

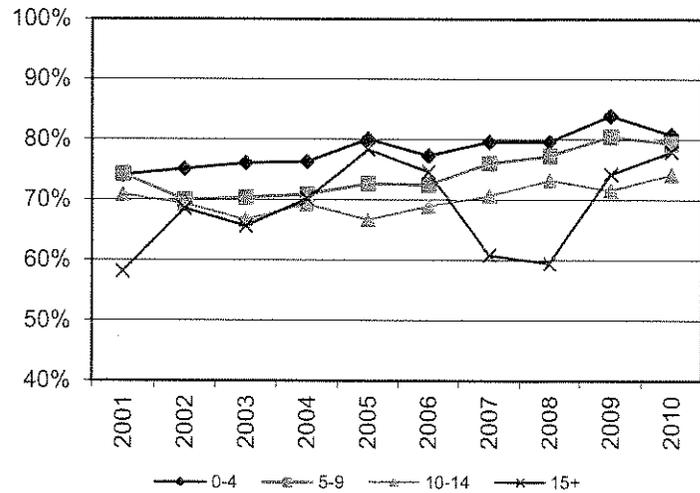
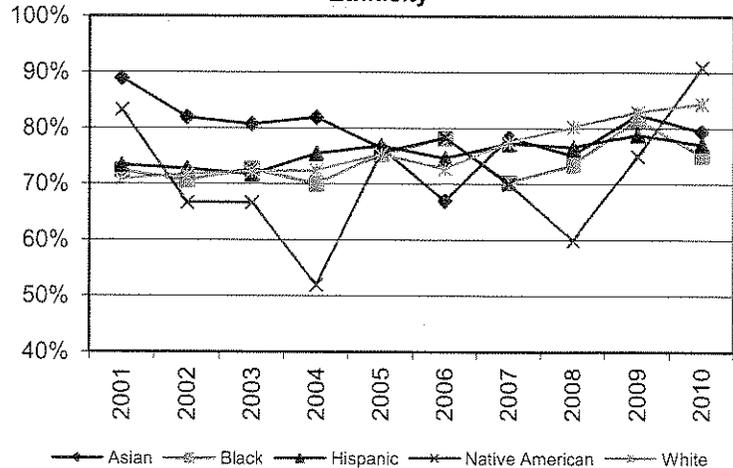


Exhibit 12: Placement Stability Countywide, Ethnicity



the pain of separation experienced by the child. Festinger's (1983) study of 277 foster care alumni, entitled "No One Ever Asked Us," revealed that most alumni experienced placement changes as unsettling and confusing. Furthermore, their ratings of satisfaction with foster care were inversely correlated with the number of placements they had experienced.

- **Lessens Attachment, Behavior and Mental Health Disorders.**

- **Attachment:** Children with more placements were more likely to have an attachment disorder (Strijker, Knorth, & Knot-Dickscheit, 2008). Other researchers assert that placement change can prevent foster youth from adapting to their foster parents resulting in reactive attachment disorder (Singer, Doornenbal & Okma, 2002).
  - **Behavior:** Strong empirical evidence suggests that behavioral problems are found to be both a cause and a consequence of placement instability (Newton, Litrownik & Landsverk, 2000). Other studies found that across all levels of risk, regardless of a child's prior behavioral problems, age, or child welfare history, children with instability consistently had more behavioral problems, while those who achieved stability within 45 days of entry into care consistently had fewer behavioral problems (Rubin, O'Reilly, Luan, & Localio, 2007).
  - **Mental Health:** Studies have also shown that multiple placements can be detrimental to brain growth, psychological adjustment, and mental development (Hochman, Hochman, & Miller, 2004).
- **Decreases School Mobility.** School mobility (frequent school changes) has been implicated as a clear risk factor for dropping out of school (Rumberger & Larson, 1998). A 1996 longitudinal study of school mobility in Chicago found that it acted as both an individual and school level risk factor for low achievement (Kerbow, 1996).
  - **Maximizes Continuity in Services.** Placement changes disrupt services provision, stress foster parents (thereby lowering retention rates), take up precious worker time, and create administrative-related disruptions (Pecora, 2007). Unfortunately, because we know so little about what causes placement changes, it is currently challenging to predict and therefore prevent them.
  - **Increases Likelihood of Establishing an Enduring Positive Relationship with a Caring Adult.** The more stability a child has, the more likely it is that the child will be able to establish a stronger and more varied network of social support and enduring relationships with adults who care about him (Pecora, 2007). Conversely, a child with multiple moves is hindered in developing a loving relationship or attachment with his foster parents (Singer, Doornenbal, & Okma, 2002).

### Benefits of Stable Placements

- Minimized child pain and trauma
- Lessened child attachment, behavior and mental health disorders
- Decreased school mobility and an increase in academic achievement
- Maximized continuity in services, resulting in decreased foster parent stress and program costs
- Increased likelihood of establishing an enduring positive relationship with a caring adult
- Increased chance of reunification with birth family
- Greater success in adult life

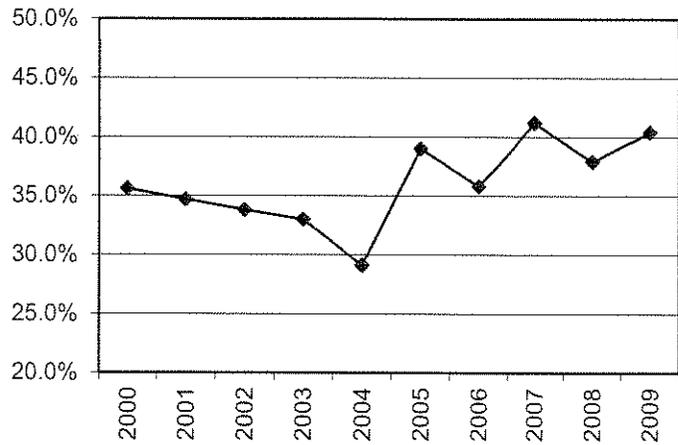
- **Increases the Chance of Reunification with Birth Family.** For foster children that move frequently from one place to another, it may prove impossible to resolve conflicts with their parents that may have contributed to the child’s out-of-home placement (see Biehal, 2006; Knorth, Knot- Dickscheit, & Tausendfreund, 2007). Children who continue to move from one place to the other have a decreased chance of reuniting with his/her birth family (Strijker et al., 2008).
- **Greater Success in Adult Life.** Studies have also shown that lower placement change is associated with future success (Pecora, Williams, Kessler et al., 2003).

**Reunification**

The County of San Diego also focused on measure C1.3: Reunification Within 12 Months (Entry Cohort) as one of the SIP goals. This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care. The entry cohort is comprised of children entering foster care for the first time during a 6-month period. Six-month cohorts were combined and presented in Exhibits 13 to 15 in order to provide annual data. For children entering the system in 2009, San Diego County performed below the overall State performance (45.2%) and Federal Standard (48.4%). The percentage of reunifications within 12 months of removal for first-time entries has increased by 4.8 percentage points over time (Exhibit 13).

A review of this measure by demographic data, including age and ethnicity, was also conducted (Exhibits 14 and 15). Analysis indicated that the percentage of children in the birth to age four group who were reunified within 12 months was steady around 30% to 35% for many years, but in the last three years has shown an upward trend. Additionally, the percentage of children in the five to nine age group who were reunified within 12 months decreased from 2000 to 2004, but since then has been trending upward. When examining race/ethnicity differences there are dramatic fluctuations for Asian and Native American groups; these data should be

**Exhibit 13: Timely Reunification Countywide**

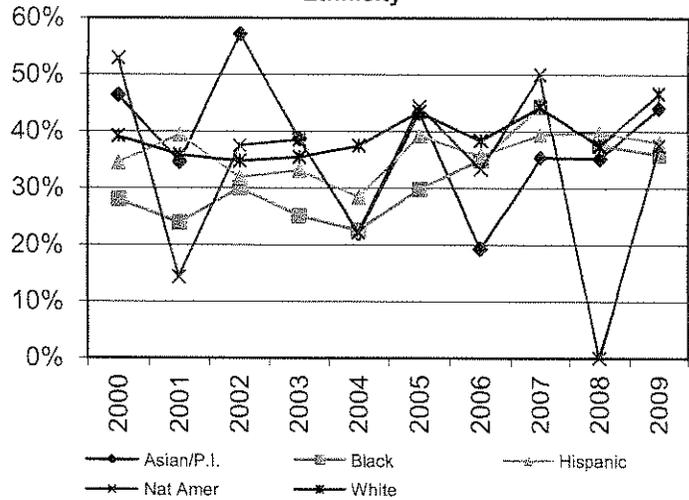


**Exhibit 14: Timely Reunification Countywide, Age**



interpreted with caution as both groups tend to have small numbers of children. Over time, Black children experienced an increase of 7.9 percentage points (from 27.9% to 35.8%) in reunifications within 12 months of removal for first-time entries. Considering reunification for White and Hispanic children, percentages have also increased over time; 7.5 percentage points for White children (from 39.1% to 46.6%) and 3.5 percentage points for Hispanic children (from 34.5% to 38.0%)<sup>3</sup>.

Exhibit 15: Timely Reunification, Countywide, Ethnicity



The most common outcome for children in out-of-home care is reunification (Child Welfare Information Gateway, 2011). Reunification is facilitated by the following factors:

- **Family-centered welfare practices.** Some studies have shown that family-centered child welfare practice (Lewandowski and Pierce, 2004), parental visitation (Davis et al., 1996), and paternal involvement in case activities (Leathers, 2005) increase the likelihood of reunification.
- **Parental involvement in services.** For the youngest children, parental participation in parenting support services increases the rate of reunification by seven-fold (Haskins et al, 2007).
- **Involvement of case workers and peer parents.** Family reunification appears to be facilitated by more frequent caseworker contact (Farmer, 1996; Little & Schuerman, 1995; Children’s Bureau, 2004a). Parents participating in a program that paired them with parents who had successfully navigated the system were more than four times as likely to be reunified with their children as parents in a comparison group (Anthony et al, 2009).

#### Reunification Considerations

##### What Works

- Family-centered welfare practice
- Parental involvement in parenting support services
- Involvement of case workers and peer parents

##### Contributing Factors

- The age of the child impacts permanency
- Parent’s education and economic situation affects reunification
- Factors such as a child’s behavior problems, parental case compliance and parent’s substance abuse affect permanency

The research also noted a variety of contributing factors to take into account:

- **Age a significant contributor.** Predictors of reunification differ markedly by age. Age is a

<sup>3</sup> Source: [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)

significant contributor to permanency and is very different for children of different ages (Haskins, Wulczyn, & Webb, 2007). Very young children are the least likely to return home, while adolescents return home more quickly (Wildfire, Barth & Green, 2007).

- **Parent's education and economic situation affects reunification.** Families with a decreased likelihood of reunification are those that have income problems (Barth et al., 1987; Courtney, 1994; Jones, 1998); parents with less than a high school education; unemployed parents (Westat, Inc., 2001); and children with health problems or disabilities (Courtney, 1994; McMurty & Lie, 1992; Wells & Guo, 1999).
- **Other findings:**
  - Children with behavioral problems were less likely to return home than were children without problems. (Wildfire, Barth & Green, 2007).
  - For children under six, parental compliance with the case plan increases the rate of reunification significantly (Haskins, Wulczyn, & Webb, 2007).
  - Cases involving parental substance abuse reunify at a significantly lower rate than do cases not involving substance abuse (Smith, 2003).

### Agency Collaboration

Child abuse prevention and intervention are the cornerstone of agency collaboration within San Diego County. The SIP Team consulted two key documents to frame their definition of collaboration for the planning process: Community Partnerships: Improving the Response to Child Maltreatment (2010) and the Strengthening Families Protective Factors Framework (Center for the Study of Social Policy: nd). Guided by these documents and intensive internal planning sessions, the SIP Team identified the following factors to help guide the discussion:

- The extent each agency consults and coordinates with community partners in child welfare planning efforts including shared expectations, responsibilities, the exchange of information, aligning of activities, sharing of resources, and enhancing the capacity of all involved.
- The extent to which there is shared involvement in evaluating and reporting progress on the county's goals.
- Any lessons learned during the CSA focus groups, interviews, and/or consultations with county partners and others about the county's effectiveness in involving community and county stakeholders in county planning efforts and service provision.
- The extent to which the collaborations support positive outcomes for children, youth and families
- Any outreach and/or action plan developed as a result of focus groups/interviews and client surveys to engage the broader community in sharing responsibility for the protection of children.

#### Collaboration: Framing Quote

At the beginning of stakeholder meetings, CWS presented current collaborations and framed the day with an African proverb:

*If you want to go fast go alone.  
If you want to go far, go with others.*

These factors were presented to all stakeholders prior to agency collaboration discussions and remain a key guiding component for the SIP's implementation.

## 2012-2017 System Improvement Plan

As a result of the integrated CWS/Probation planning process described in this report, the County has determined the focus of the next 5 year SIP will be three specific measures related to **placement stability, reunification, and agency collaboration**. The SIP matrix that guides the 5-year SIP plan activities identifies 23 outcomes to address the three focus areas. The success of achieving these individual outcomes are multi-faceted, and the County is committed to considering the systemic factors, educational training needs, partners needed, and regulatory change necessary for success in each focus area. The following three tables outline the primary strategies within each focus area and the factors that will be considered in achieving the identified outcomes.

**d. Summary of current activities in place or partially implemented that may affect the outcome**

and

**e. Identify new activities that would impact the outcomes**

San Diego County is divided into six Health and Human Services Agency (HHS) regions to effectively meet the needs of its population. HHS, and CWS and probation in particular, share common approaches and programs while also operating programs specific to regional needs. Exhibit 16 describes current activities that are in place to support SIP outcomes, as well as new activities to be implemented during the new SIP period, 2012 to 2017. In addition, to identifying areas of commonality and uniqueness, the SIP Team conducted a comprehensive inventory of all projects, programs, and practices currently underway in the 6 regions and then between CWS and probation. The resulting inventory (see Appendix D: Program Matrix) provides additional information regarding current activities.

**Exhibit 16: Summary of Current and New Activities**

<b>Placement Stability (less than 3 placements in first 12-months)</b>	
<b>Current</b>	<b>New in the 2012-17 SIP</b>
<p><b>CWS Specific</b></p> <ul style="list-style-type: none"> <li>Continued priority for kinship placements</li> <li>Kinship caregivers each receive a manual with policies and procedures</li> <li>Ongoing training is available to kinship caregivers including two classes with a kinship focus</li> <li>Kinship Support groups are held throughout the County</li> <li>“Putting the Child First” conferences for caregivers are held with sessions on caring for children with a history of trauma as well as sessions addressing kinship issues</li> <li>Placement stabilization services through CASS (Comprehensive Assessment and Stabilization</li> </ul>	<p><b>CWS Specific</b></p> <ul style="list-style-type: none"> <li>Ensure consistency in placement process</li> <li>Improve relative search process</li> <li>Maintain a child’s connection to school and community</li> <li>Utilize emergency funds for relatives (child care, respite, transportation)</li> <li>Enhance kinship specific support activities (e.g., kinship navigator)</li> <li>Implement a quick response team</li> <li>Enhance trauma-informed practice</li> <li>Expand Family Team Meetings</li> <li>Improve initial and ongoing assessment of children</li> </ul>

Services) are being utilized and are 94% effective at keeping kids at same or lower level of care

- Foster and Kinship Care Education Program offers a wide variety of classes to foster parents including in person classes, online training and support groups
- Parent-Child Attunement Therapy (PCAT)
- Parent-Child Interaction Therapy (PCIT)

**Probation Specific**

- Probation Officers complete specific transition plans for each youth supervised by the Placement Unit (including placement with relatives or transitional housing for youth without family connections)
- Wraparound services increased for the probation population by 46%, which provide supportive services for caregivers
- Create procedures to comply with identification and notification of relatives when youth are removed from parent/guardian
- Probation Officers partner with education advocates and vocational service providers to enhance opportunities for youth in care

**Reunification within 12-months outcome**

**Current**

- Developed strategies for early family engagement and to identify critical challenges and barriers
- Implementing family engagement strategies including “Signs of Safety” practices
- Conducted a baseline parent engagement survey
- Doubled the number of Team Decision Making (TDM) meetings held for emergency placements and imminent risk of placement (480 to 940)
- Trained staff on the use of Genograms to improve identification of fathers
- Recruited “Father Champions” from each region to support father engagement strategies
- Provided education to staff about making visitation plans that are purposeful and progress from supervised to unsupervised in a safe manner
- Conferences for caregivers were held with sessions on the importance of the caregiver in promoting visitation
- Educating parents about what CWS is looking for when parents are visiting with their children

**New in the 2012-17 SIP**

- Support safety-organized practice
- Coaching and field-based instruction
- Identify and, as possible, implement best practices for immediately available family specific services
- Develop a “resource specialist” concept
- Evaluate and improve current visitation services and practices

**Agency Collaboration (Activities in which the County engaged a broad array of individuals and organizations responsible for implementing programs related to the CWS population)**

Current	New in the 2012-17 SIP
<ul style="list-style-type: none"> <li>• A family finding pilot program to connect foster youth with relatives</li> <li>• Training on Genograms provided to assist staff in identifying relatives to support youth</li> <li>• Supporting the “Project Save Our Children” initiative</li> <li>• Established a Cultural Broker program for African American families</li> <li>• Focus on tribal placements: Changed TDM meetings to be culturally sensitive, including Tribal Elders, time for prayer, including family members, and holding meetings on tribal grounds</li> <li>• Drafted policy for keeping Indian children in their community when protective custody is necessary</li> <li>• Created an ICWA version of “A Parent’s Guide to the Child Welfare System”</li> </ul>	<ul style="list-style-type: none"> <li>• Improve information sharing and appropriate disclosures</li> <li>• Explore and as possible, implement, co-location of County and Community providers</li> <li>• Engage in dialogue with community to develop a child abuse/neglect prevention framework</li> <li>• Engage with community to understand and support alternative response</li> </ul>

**f. Integrating CSA, PQCR and CWS/Probation planning process results into the CAPIT/CBCAP/PSSF Plan**

The information gathered in the CSA, PQCR, and CWS/Probation SIP planning processes is consistent with the ongoing strategies in the County of San Diego’s CAPIT/CBCAP/PSSF plan. Care was taken to ensure that consumers and community-based organizations were engaged and consulted throughout the process. Many of the recommendations identified through the stakeholder meetings – such as the importance of maintaining children’s connections with their communities, improving kinship support, and providing quality visitation services – are already addressed to some extent through current CAPIT/CBCAP/PSSF funded contracts. However, the richness of the recommendations gleaned through the most recent CSA/PQCR/SIP process will allow CWS, Probation and community partners to fine tune services and future activities to improve outcomes even further.

**Exhibit 17: Placement Stability: Factors to Consider to Successfully Execute Primary Strategies**

*Factors for Consideration*

**Primary Strategy**

Maintain a child's connection to familiar environments and culture

Improve placement support and services

Fully implement AP028, a relative nurturing process to aid in placing youth with family members

**Systemic Factors For Consideration**

- Length of time to approve Interstate Compact Placements (ICPC) and relative placements
- Financial inequity between relative caregivers and licensed caregivers (Title IV-E vs CalWORKs)
- Different support services available for relative caregivers versus licensed caregivers

**Educational and Training Needs**

- Train social workers/probation officers on the difference to working with relatives versus foster parents.
- Provide initial caregiver training to relatives and NREFMs
- Train social workers/probation officers on differences in financial reimbursements for relatives.
- Train social workers/probation officers on available services to caregivers.
- Train respite/childcare providers on managing child specific behaviors
- Train Dependency and Delinquency Court Personnel (judges and attorneys) on placement process

**Partners Needed**

- Collaboration with training partners, foster parent associations, relative caregivers associations to provide needed trainings.
- Collaboration with philanthropic community organizations to develop resources and goods for relative caregivers.
- Collaborate with Court (Dependency and Delinquency) to improve communication and understanding of placement process

**Regulatory/Status Changes**

- State and Federal regulation changes to ensure relatives receive reimbursement parity as other licensed providers
- Analyze funding streams available to support implementation of these strategies including realignment of CWS allocation to counties

**Exhibit 18: Reunification: Factors to Consider to Successfully Execute Primary Strategies**

*Factors for Consideration*

**Primary Strategy**

Strengthen social worker practice to support reunification

Improve access to immediately available family specific services

Improve parent-child interaction/visitation

**Systemic Factors For Consideration**

- Court timelines, court continuances and the large number of cases that go to trial impact the timeliness of reunification
- Lack of services for incarcerated parents' impact the timeliness of reunification. Most state prisons have reduced or eliminated parenting classes

**Educational and Training Needs**

- Continued education for social workers on purposeful visitations and moving from supervised to unsupervised visits
- Training for caregivers on effective visitation
- Training for social workers on Genograms and engagement of fathers
- Train social workers on "self-sufficiency" programs to assist families in reunification

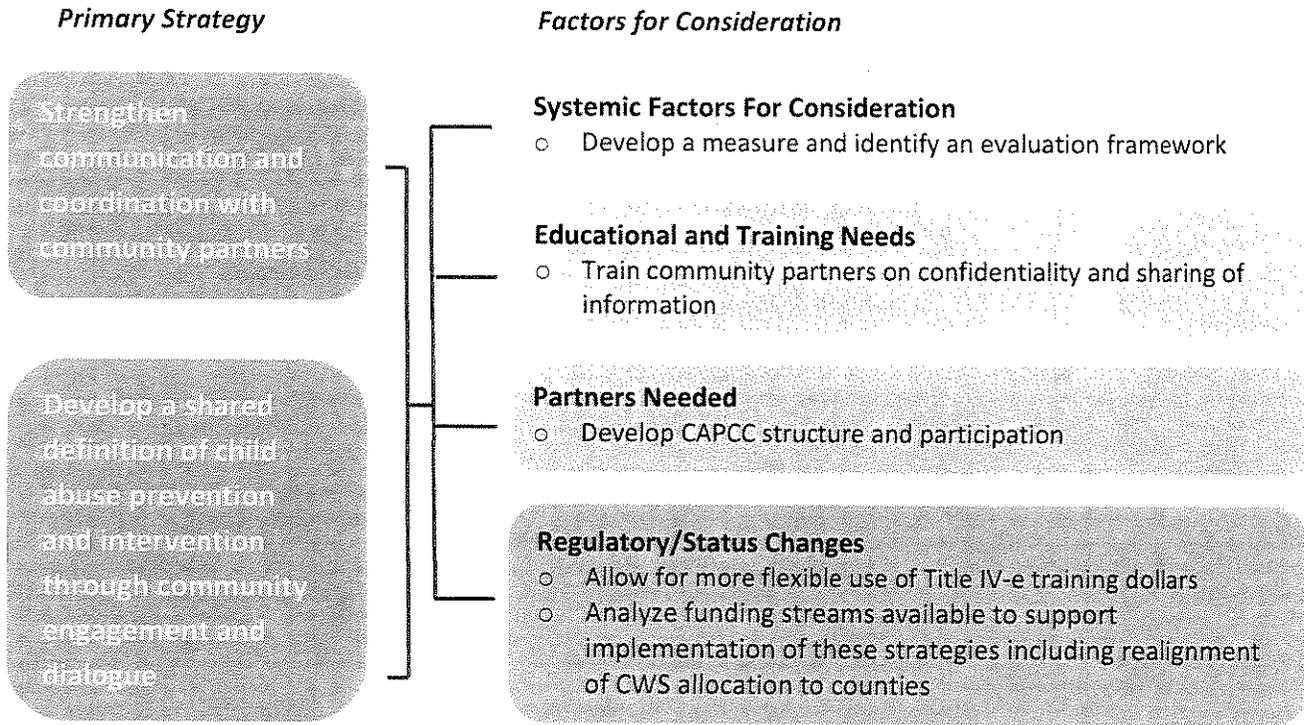
**Partners Needed**

- Collaboration with training partners and foster parent associations on needed trainings

**Regulatory/Status Changes**

- Allow for more flexible use of Title IV-e training dollars
- Analyze funding streams available to support implementation of these strategies including realignment of CWS allocation to counties

**Exhibit 19: Agency Collaboration: Factors to Consider to Successfully Execute Primary Strategies**



CWS and Probation will work collaboratively to address Placement Stability (measure C.4.1) outcomes, while CWS will be primarily responsible for addressing Reunification (measures C.1.3) and Agency Collaboration. Detailed action steps, including timeframes and the party responsible for implementing the strategies that will address these measures, are outlined in the matrix below.

b. CWS/Probation SIP Matrix

**CWS**

**Priority Outcome Measure or Systemic Factor:** C4.1: Placement Stability: Two or Fewer Placements

**National Standard:** 86%

**Current Performance:** 80.8% (1536 of 1900)

**Target Improvement Goal:** 83% (1577 of 1900) (41 additional children)

**PROBATION**

**Priority Outcome Measure or Systemic Factor:** 4B: Relative Placement: Point in Time<sup>4</sup>

**National Standard:** N/A

**Current Performance:** 19%

**Target Improvement Goal:** 24%

**CWS**

**Priority Outcome Measure or Systemic Factor:** C1.3: Reunification within 12 months (entry cohort)

**National Standard:** 48.4%

**Current Performance:** 43.6% (332 of 762)

**Target Improvement Goal:** 47% (358 of 762) (26 additional children)

**CWS**

**Priority Outcome Measure or Systemic Factor:** Agency Collaboration

**National Standard:** *None has been determined*

**Current Performance:** *To be determined*

**Target Improvement Goal:** *To be determined*

<sup>4</sup> Because Probation is already meeting the federal standard for measure C4.1: Placement Stability, the target improvement goal for Probation will address State measure 4B: Relative Placement.

Placement Stability	
Strategy 1: Maintain a child's connection to familiar environments and culture by ensuring consistency in CWS placement process (PQCR Recommendation)	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.1: Placement Stability: Two or Fewer Placements
<b>Action Steps:</b>  A. Evaluate current policy, procedures and get regional feedback re: actual practice vs. policy  B. Provide recommendations for changes to Executive Management Team  C. Implement approved recommendations  D. Evaluate and monitor implementation	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input checked="" type="checkbox"/> N/A             </div> <div style="width: 45%; text-align: right;"> <b>Timeframe:</b>                 July 2012                 January 2013                 March 2013                 July 2013             </div> </div> <div style="margin-top: 10px;"> <b>Person Responsible:</b>                 Central Child Welfare Services(CCWS) and CWS Operations                 CCWS                 CCWS and CWS Operations                 CCWS             </div>

**Placement Stability**

Strategy 2: Maintain a child's connection to familiar environments and culture by improving the relative search process	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.1: Placement Stability: Two or Fewer Placements			
	<input type="checkbox"/> CAPIT	<input type="checkbox"/> CBCAP	<input type="checkbox"/> PSSF	<input checked="" type="checkbox"/> N/A
	Action Steps:			
	Timeframe:			
	Person Responsible:			
A. Evaluate current policy and procedures regarding relative search and obtain regional feedback on actual practice	July 2012		CCWS and CWS Operations	
B. Provide recommendations for changes to Executive Management Team	January 2013		CCWS	
C. Implement approved recommendations	March 2013		CCWS and CWS Operations	
D. Evaluate and monitor implementation	July 2013		CCWS	

**Placement Stability**

Strategy 3: Maintain a child's connection to familiar environments and culture by ensuring a child remains connected to school, community (friends, activities)	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.1: Placement Stability: Two or Fewer Placements
	Action Steps:	Timeframe:
A. Evaluate current policy, procedures and practice regarding Eco-Maps and Genograms	October 2012	CCWS and CWS Operations
B. Incorporate/integrate into placement process	March 2013	CCWS and CWS Operations
C. Identify child's cultural needs (location, language, ties, religion) in placement process	March 2013	CWS Operations

**Placement Stability**

<p><b>Strategy 4: Improve placement support and services by utilizing emergency funds for relatives to include child care, respite, transportation</b></p>	<input type="checkbox"/> CAPIT	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p>	
	<input type="checkbox"/> CBCAP	<p>C4.1: Placement Stability: Two or Fewer Placements</p>	
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
	<p><b>Action Steps:</b></p>		
<p>A. Explore use of community philanthropic organizations/ support for goods such as beds, mattresses, car seats, etc.</p>	<p>January 2013</p>		<p>East Region (lead), CWS Operations and CCWS</p>
<p>B. Develop resource sharing venue (e.g. social media)</p>	<p>July 2013</p>		<p>CCWS, CWS Operations and Community Providers</p>
<p>C. Explore partnerships with community child care providers and after school programs</p>	<p>July 2013</p>		<p>CCWS, CWS Operations and Community Providers</p>
<p>D. Evaluate the scope of current respite services in relation to need and develop and release a new solicitation for respite services with a new contract start date of January 1, 2013.</p>	<p>June 2012</p>		<p>CCWS</p>

**Placement Stability**

Strategy 5: Improve placement support and services by utilizing kinship specific support activities (e.g. Kinship Navigators and support groups)	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s):  C4.1: Placement Stability: Two or Fewer Placements
	Action Steps:	
A. Support and sustain Kinship Navigator concepts based on available funding	Fiscal Year 2012/13	CCWS
B. Explore caregiver mentor program for kinship caregivers (in lieu of or in addition to support groups)	October 2012	CCWS
C. Develop Kinship placement support program	January 2013	CCWS, CWS Operations and Community Providers
D. Ensure existing resources are advertised/known	October 2012	CCWS, CWS Operations and Community Providers
E. Create a plan to encourage kinship caregivers to attend caregiver training(s)	October 2012	CCWS, CWS Operations and Community Providers

**Placement Stability**

Strategy 6: Improve placement support and services by implementing quick response teams	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s):  C4.1: Placement Stability: Two or Fewer Placements
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Define purpose, composition and when/how to provide services	January 2014	CCWS, CWS Operations and Community Providers
B. Make recommendations to executive team	July 2014	CCWS
C. Implement approved recommendations	September 2014	CCWS, CWS Operations and Community Providers
D. Evaluate and monitor	September 2015	CCWS

**Placement Stability**

Strategy 7: Improve placement support and services by enhancing trauma-informed practice	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.1: Placement Stability: Two or Fewer Placements
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Provide "Caring for Children Exposed to Trauma" training for all relative caregivers	September 2012	CCWS and Community Provider
B. Distribute and review "trauma" brochure with caregiver	September 2012	CWS Operations
C. Acknowledge and address secondary trauma with/ to caregivers (resources for caregiver therapy/ education/ group support)	September 2012	CCWS, CWS Operations and Community Providers

**Placement Stability**

<p><b>Strategy 8: Improve placement support and services by evaluating and expanding use of Family Team Meetings (TDM, Family Group Conferencing, Safety Networks)</b></p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C4.1: Placement Stability: Two or Fewer Placements</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p>A. Evaluate current utilization/ processes and develop recommendations</p>	<p>September 2012</p>	<p>CCWS</p>
<p>B. Implement recommendations</p>	<p>July 2013</p>	<p>CCWS, CWS Operations and Community Providers</p>
<p>C. Partner with YMCA on FGDM (Family Group Decision Making) federal grant</p>	<p>July 2012</p>	<p>CCWS, CWS Operations and YMCA</p>
<p>D. Evaluate effectiveness</p>	<p>January 2014</p>	<p>CCWS and YMCA</p>

**Placement Stability**

**Strategy 9: Improve placement support and services by improving initial and ongoing assessments of children to promote and maintain first/ best placement and support placement fit**

- CAPIT
- CBCAP
- PSSF
- N/A

**Applicable Outcome Measure(s) and/or Systemic Factor(s):**

C4.1: Placement Stability: Two or Fewer Placements

**Action Steps:**

**Timeframe:**

**Person Responsible:**

**A.** Evaluate existing contracts/ providers for initial and ongoing assessment services.

January 2013

CCWS-Contracts

**B.** Identify gaps

March 2013

CCWS -- Contracts and Policy

**C.** Develop recommendations for comprehensive initial and ongoing assessment program to support placement stability

July 2013

CCWS -- Contracts and Policy

**D.** Implement pilot program as funds available

July 2014

CCWS

<b>Placement Stability</b>	
<b>Strategy 10: Improve kinship support services (probation)</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input checked="" type="checkbox"/> N/A         </div> <div style="width: 55%; text-align: right;"> <b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>            C4.1: Placement Stability: Two or Fewer Placements         </div> </div>
<b>Action Steps:</b>	<b>Person Responsible:</b>
<b>Timeframe:</b>	
<b>A.</b> Increase number of staff and frequency of in-home visits aimed at providing resources and supports to families.	January 2013  Probation Placement Unit
<b>B.</b> Develop training model/program for kinship caregivers (similar to the YMCA or CHOICE program) with youth involved with the juvenile justice system.	July 2014  Probation Placement Unit
<b>C.</b> Evaluate effectiveness of strategy as it relates to placement stability	July 2015  Probation Placement Unit Supervisor

**Placement Stability**

<b>Strategy 11: Fully implement Relative Noticing Process to Aid in Placing Youth with Family Members (probation)</b>	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> Least Restrictive Placement C4.1: Placement Stability: Two or Fewer Placements
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
	<b>Action Steps:</b>	
<b>A.</b> Ensure designated staff for evaluating family placements	<b>Timeframe:</b>  January 2013	<b>Person Responsible:</b>  Probation Placement Unit
<b>B.</b> Ensure county probation staff are aware of Relative Notification Processes through trainings, supported by the Resource Center for Family Focused Practice at UC Davis or internal training.	July 2015	Probation Placement Unit
<b>C.</b> Monitoring and Evaluation	January 2017	Probation Department Placement QA

**Placement Stability**

**Strategy 12: Implement Team Decision Making Strategies to improve placement stability (probation)**

CAPIT  
 CBCAP  
 PSSF  
 N/A

**Applicable Outcome Measure(s) and/or Systemic Factor(s):**  
 C4.1: Placement Stability: Two or Fewer Placements

<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<p><b>A.</b> Present recommendations to Chief Probation Officer and Executive Staff regarding Team Decision Making process, the benefits to youth and improved stability that will be provided</p>	<p>July 2012</p>	<p>Probation Placement Unit</p>
<p><b>B.</b> Identify funding stream to support TDM's, develop policy and procedures for identification of appropriate candidates for TDM's and implementation.</p>	<p>December 2012</p>	<p>Probation Placement Unit</p>
<p><b>C.</b> Partner with Child Welfare Services to develop training for Probation Officers in the process of TDM's.</p>	<p>Fiscal Year 2013/2014</p>	<p>Probation Placement Unit</p>
<p><b>D.</b> Complete Training for Probation Officers</p>	<p>Fiscal Year 2015/2016</p>	<p>Probation Placement Unit</p>
<p><b>E.</b> Monitoring and Evaluation</p>	<p>January 2017</p>	<p>Probation Department Placement QA</p>

<b>Reunification</b>	
<b>Strategy 13: Strengthen social work practices</b>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A
<b>Action Steps:</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.3: Reunification within 12 months (entry cohort)
<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Continue implementation of integrated Structured Decision Making (SDM)/ Safety Organized Practice (Signs of Safety) begun from previous SIP	CCWS and CWS Operations
B. Evaluate training delivery and transfer of learning strategies for 13A.	CCWS
C. Implement changes based on evaluation completed in 13B	CCWS and CWS Operations
D. Monitor SW monthly contacts with children in family reunification services to develop and implement practice improvements.	CCWS and CWS Operations

**Reunification**

<p><b>Strategy 14: Strengthen social work practice by supporting coaching and field-based instruction</b></p>	<p><input type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input checked="" type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>                      C1.3: Reunification within 12 months (entry cohort)</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p>A. Assess partnership with Public Child Welfare Training Academy to implement expanded field-based instruction</p>	<p>July 2012</p>	<p>CCWS and Public Child Welfare Training Academy (PCWTA)</p>
<p>B. Evaluate feasibility of in-house coaching positions</p>	<p>July 2012</p>	<p>CCWS</p>
<p>C. Implement items 14 A and B as resources permit</p>	<p>January 2013</p>	<p>CCWS and PCWTA</p>
<p>D. Evaluate effectiveness of 14 C if implemented</p>	<p>July 2015</p>	<p>CCWS</p>

**Reunification**

Strategy 15: Strengthen social work practice by enhancing engagement through family-centered meetings	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3: Reunification within 12 months (entry cohort)
<b>Action Steps:</b> A. Evaluate current TDM utilization/ processes and develop recommendations (Ensure use at case decision points) B. Expand use of other family team meetings C. Partner with YMCA on FGDM (family group decision making) federal grant – existing grant D. Evaluate effectiveness of 15C	<b>Timeframe:</b> September 2012  July 2013  July 2012  January 2014	<b>Person Responsible:</b> CCWS  CCWS CWS Operations and Community Providers  CCWS, CWS Operations and YMCA  CCWS and YMCA

Reunification		Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3: Reunification within 12 months (entry cohort)	
Strategy 16: Improve access to immediately available family specific services by researching best practices nationwide	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Timeframe:	Person Responsible:
A. Evaluate practice models	Feb 2013		CCWS
B. Assess local service gaps	July 2013		CCWS
C. Assess funding needs to implement appropriate practice models	November 2013		CCWS
D. Develop implementation plan and present recommendations to CWS Director and Executive Team	February 2014		CCWS
E. Implement plan as funding available	January 2015		CCWS, and CWS Operations
F. Evaluate implementation	July 2015		CCWS

Reunification		Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3: Reunification within 12 months (entry cohort)
<b>Strategy 17: Improve access to immediately available family specific services by developing the "resource specialist" concept</b>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Gather information: nationwide best practices, local practices	October 2012	CCWS
B. Evaluate current resource hubs (in lieu of or in addition to support groups)	December 2012	CCWS
C. Complete needs assessment	June 2013	CCWS or Community Contractor
D. Make recommendations to executive team	September 2013	CCWS
E. Implement approved recommendations contingent upon available funding	March 2014	CCWS, CWS Operations and Community Providers
F. Evaluate implementation	September 2014	CCWS

Reunification		Applicable Outcome Measure(s) and/or Systemic Factor(s):
<b>Strategy 18: Improve parent-child interaction/ visitation by evaluating current visitation services and practices</b>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	C1.3: Reunification within 12 months (entry cohort)
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Review and monitor use of visitation plans	January 2013	CCWS and CWS Operations
B. Demonstrate to social workers the effectiveness of graduated visitation (decreasing supervision as case progresses)	January 2013	CCWS and CWS Operations
C. Review Visitation policy and procedures to ensure they reflect best practices and make recommendations to revise	January 2013	CCWS
D. Revise policy and procedures to support recommendations	July 2013	CCWS

**Reunification**

Strategy 19: Improve parent-child interaction/ visitation by developing a plan to improve visitation	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3: Reunification within 12 months (entry cohort)
	<b>Action Steps:</b>	<b>Timeframe:</b>
A. Research nationwide best practices	July 2013	CCWS
B. Explore "Visitation Consults" (info sharing for best practices and case presentation)	September 2013	CCWS and Pilot Region
C. Utilize family support circles (safety network) to move families towards unsupervised visits	March 2013	CCWS, and CWS Operations

**Agency Collaboration**

Strategy 20: Strengthen communication and coordination with community partners by reviewing confidentiality guidelines to improve information sharing and ensure appropriate disclosures	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Agency Collaboration
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Create tutorials for community and CWS staff	January 2013	CCWS
B. Ensure consistency of practice	January 2013	CCWS and CWS Operations

**Agency Collaboration**

Strategy 21: Strengthen communication and coordination with community partners by exploring co-location of County and community service providers	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Agency Collaboration
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Identify current models that provide an array of services under one roof	July 2012	CCWS
B. Conduct gap analysis	January 2013	CCWS
C. Develop matrix of current co-located staff	January 2013	CCWS
D. Evaluate researched nationwide programs and local programs and make recommendations to executive team	July 2013	CCWS
E. Implement approved recommendations contingent upon available funding	January 2014	CCWS and CWS Operations
F. Evaluate 21E	July 2016	CCWS

**Agency Collaboration**

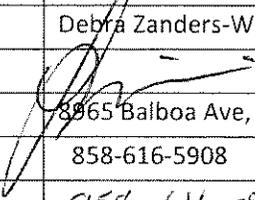
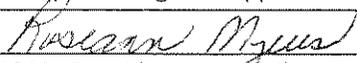
Strategy 22: Develop a shared definition of child abuse prevention and intervention through community engagement and dialogue to support community child abuse/neglect prevention framework	<input type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Agency Collaboration
	Action Steps: A. Review state and national models and current research B. Convene community stakeholders to dialogue and provide recommendations C. Develop and publish prevention framework D. Implement, monitor and evaluate 22C	
Timeframe:	Person Responsible:	
	October 2012	CCWS
	March 2013	County of San Diego Child Abuse Prevention Coordinating Council (CAPCC); CCWS
	January 2014	County of San Diego Child Abuse Prevention Coordinating Council (CAPCC) and CCWS
	January 2015	County of San Diego Child Abuse Prevention Coordinating Council (CAPCC) and CCWS

**Agency Collaboration**

Strategy 23: Develop a shared definition of child abuse prevention and intervention through community engagement and dialogue to understand and support alternative response	<input type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Agency Collaboration
	<b>Action Steps:</b>	<b>Timeframe:</b>
A. Assess readiness of community	January 2013	County of San Diego Child Abuse Prevention Coordinating Council (CAPCC) and CCWS
B. Evaluate current efforts/ local demonstration projects	January 2013	County of San Diego Child Abuse Prevention Coordinating Council (CAPCC) and CCWS
C. Engage partners for funding and leveraging opportunities	July 2013	County of San Diego Child Abuse Prevention Coordinating Council (CAPCC) and CCWS
D. Develop implementation plan	July 2013	County of San Diego Child Abuse Prevention Coordinating Council (CAPCC) and CCWS
E. Implement based on available funding	January 2014	County of San Diego Child Abuse Prevention Coordinating Council (CAPCC) and CCWS
F. If implemented, evaluate	July 2015	County of San Diego Child Abuse Prevention Coordinating Council (CAPCC) and CCWS

## Part II- CAPIT/CBCAP/PSSF

a. Cover sheet

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	San Diego
Date Submitted:	
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
Name & title:	Debra Zanders-Willis , Director Child Welfare Services
Signature:	
Address:	8865 Balboa Ave, San Diego, CA 92123
Fax:	858-616-5908
Phone & E-mail:	858-616-5812 debra.zanders-willis@sdcounty.ca.gov
Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	Roseann Myers, Child Welfare Services Assistant Deputy Director Policy and Program Support
Signature:	
Address:	4990 Viewridge Ave, 1st Floor, San Diego, CA 92123
Fax:	(858) 514-6679
Phone & E-mail:	(858) 514-6603, roseann.myers@sdcounty.ca.gov
Submitted by:	Parent Consumer/Former Consumer (required if the parent is not a member of the CAPC)
Name & title:	Pamela Toohey (Birth Parent Association)
Signature:	
Address:	529 Hart Dr Apt #7 ELCAJON 92021
Fax:	
Phone & E-mail:	619 277 7909 pamela-toohey@gmail.com
Submitted by:	PSSF Collaborative Representative, if appropriate
Name & title:	N/A
Signature:	N/A
Address:	N/A
Fax:	N/A

Phone & E-mail:	N/A
<b>Submitted by: CAPIT Liaison</b>	
Name & title:	Roseann Myers, Child Welfare Services Assistant Deputy Director Policy and Program Support
Signature:	<i>Roseann Myers</i>
Address:	4990 Viewridge Ave, 1st Floor, San Diego, CA 92123
Fax:	(858) 514-6679
Phone & E-mail:	(858) 514-6603, roseann.myers@sdcounty.ca.gov
<b>Submitted by: CBCAP Liaison</b>	
Name & title:	Roseann Myers, Child Welfare Services Assistant Deputy Director Policy and Program Support
Signature:	<i>Roseann Myers</i>
Address:	4990 Viewridge Ave, 1st Floor, San Diego, CA 92123
Fax:	(858) 514-6679
Phone & E-mail:	(858) 514-6603, roseann.myers@sdcounty.ca.gov
<b>Submitted by: PSSF Liaison</b>	
Name & title:	Roseann Myers, Child Welfare Services Assistant Deputy Director Policy and Program Support
Signature:	<i>Roseann Myers</i>
Address:	4990 Viewridge Ave, 1st Floor, San Diego, CA 92123
Fax:	(858) 514-6679
Phone & E-mail:	(858) 514-6603, roseann.myers@sdcounty.ca.gov
BOS Approval Date:	May 8, 2012
Name:	<b>THOMAS J. PASTUSZKA, CLERK</b>
Signature:	<i>Thomas J Pastuszk</i>

Approved and/or authorized by the  
Board of Supervisors of the County of San Diego.

Date: 5/8/12 Minute Order No. 6

THOMAS J. PASTUSZKA  
Clerk of the Board of Supervisors

By: *Nancy J. Myer* Deputy Clerk

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#### b. CAPIT/CBCAP/PSSF Plan

Preventing child abuse and supporting families is a cost-effective strategy for protecting children, nurturing families, and maximizing the quality of life for California's residents. The purpose of the CAPIT/CBCAP/PSSF Five-Year Plan (Plan) is to describe how prevention, intervention and treatment activities funded by these three funding streams are coordinated and how services will be provided during the five-year SIP period to improve outcomes for children and families in San Diego County. Although the CAPIT/CBCAP/PSSF funded programs are combined administratively for greater efficiency, the Plan addresses how the individual requirements of each program will be met.

The CAPIT/CBCAP/PSSF funded programs emphasize comprehensive, integrated, collaborative community-based responses to child abuse prevention, intervention, and treatment service needs. Counties voluntarily apply for available funding and provide services based upon a SIP that has been approved by the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP). The County annually reviews contracted services to identify how services and programs can support SIP strategies.

The composition for the County of San Diego SIP Team was based on the required and recommended list of core representatives and stakeholders outlined in the System Improvement Plan (SIP) Process Guide (Version 7.0). Participants included members from the Commission on Children, Youth and Families [designated as the County of San Diego Child Abuse Prevention Coordinating Council (CAPCC) and the County Children's Trust Fund Commission]; the County Board of Supervisors designated agency; County Health and Mental Health Departments; CWS staff; probation staff; foster youth; Juvenile Court; Native American tribes that are served within the community; consumers and others. A complete participant list can be found in Appendix A, SIP Participants.

#### c. CAPCC

The Commission on Children, Youth and Families (CCYF) has served as the local child abuse prevention council, as described by California Welfare and Institutions Code Section 18982, since 2003. However, on December 6, 2011, the Board of Supervisors directed the Chief Administrative Officer to conduct a review of the structure and functions and duties of the CCYF, including the functions of the Child Abuse Prevention Coordinating Council (CAPCC). HHS returned to the Board on January 24, 2012 with a proposed recommendation to dissolve the CCYF and establish the County of San Diego Child Abuse Prevention Coordinating Council. On April 3, 2012 the Board approved the revised Administrative Code, Article IIIo establishing the new County of San Diego Child Abuse Prevention Coordinating Council. The new structure and Council will be in place by late June 2012.

In the current fiscal year, the Commission on Children Youth and Families approved the following funds for child abuse prevention activities and projects: \$30,000 CBCAP and \$105,000 from CCTF/Kid's Plates. It is anticipated that funding will be similar for the next fiscal year; however, the spending plan will not be finalized until the new Council is in place.

d. PSSF Collaborative

In 2012 the San Diego County Board of Supervisors will designate by resolution this responsibility to the newly established CAPCC.

e. CCTF Commission, Board, or Council

The San Diego County Board of Supervisors approved the new County Ordinance designating the CAPCC as the CTF Council with the final reading on April 3, 2012. The Council, in compliance with requirements of California Welfare and Institutions Code Section, 18970(c)(1-2) shall submit to the Board of Supervisors an annual summary of the County Children's Trust Fund (CTF) to include: descriptions of the types of activities, programs and services supported by CTF funds; amount of each revenue source in the CTF as of June 30 of each year; and funds disbursed in the preceding fiscal year. Due to the transition described above, this information will be posted on the most appropriate website to be determined. The Council shall develop a protocol for interagency coordination and provide yearly reports to the Board of Supervisors as directed by California Welfare and Institutions Code Section, 18983.6.

f. Parent Consumers

The County will continue to collaborate with the San Diego County Family and Youth Roundtable (Roundtable) to increase parent and youth involvement in the implementation of the CAPIT/CBCAP/PSSF Plan. The mission of the Roundtable is to advance excellence in the public child, youth, and family service system through an independent network of youth and families. The Roundtable is contracted by the County (through other funds) to provide training to parents and consumers to increase navigation skills of public systems, promoting authentic partnerships, and family and youth leadership. Upon completion of the training, members are mentored to participate in committees and councils of their choice and to provide Parent Peer Partner services to families receiving CWS and other County funded services.

The Roundtable assists the County in identifying Parent Consumers that can participate as members of the Source Selection Committees (SSC) for Requests for Proposals (RFP) funded by CAPIT/CBCAP/PSSF and CTF.

CAPCC will hold regular meetings, provide leadership training and organize empowering events so that consumer voices are heard and community members are consistently engaged in developing and implementing CAPIT/CBCAP/PSSF and CTF funded activities. A specific plan of proposed activities will be developed later in 2012, once the reorganization of CAPCC is completed.

In addition, the County will utilize Parent Partners (trained former clients) who are paid employees of the Community Services for Families contractors (funded by CAPIT, CBCAP & CTF) to serve on SSC's, participate in planning activities and programs, and collaborate with the County and contractors to engage families and solicit community feedback.

San Diego also has a strong commitment to involve community and consumers/clients in future evaluation activities from development of tools to collection of data. A recent example of this is the

ongoing evaluation for Safety Organized Practice, which uses former clients to survey recent clients about their experiences.

Consumers also participated in the County Self Assessment (CSA) process and participated as members of the System Improvement Plan (SIP) stakeholder meetings.

**g. The Designated Public Agency**

The County's Health and Human Services Agency (HHSA), CWS, is the public agency designated by the County Board of Supervisors to administer the programs funded through CAPIT/CBCAP/PSSF. CWS is responsible for monitoring subcontractors, integrating local services, fiscal compliance, data collection, preparing amendments to the Plan, preparing annual reports, and outcomes evaluation. CWS uses a formal contract monitoring system that includes assigning a contract monitor that serves as the contractor's primary contact and provides technical assistance to help ensure contracted goals/objectives are achieved.

**h. The role of the CAPIT/CBCAP/PSSF Liaison**

The County's CAPIT/CBCAP/PSSF Liaison is the CWS Assistant Deputy Director for Policy and Program Support, whose responsibilities will include oversight of countywide CWS contracted services and implementation of the CAPIT/CBCAP/PSSF Plan. The Liaison and designated CWS staff are responsible for oversight of the program coordination, collecting data from subcontractors, compiling and analyzing subcontractor data, preparing required reports and submitting reports in a timely manner. Data submitted to the OCAP by the County will be aggregate data, as opposed to individual subcontractor data, unless otherwise requested.

The CAPIT/CBCAP/PSSF Co-liaison is the CWS Director who will serve as Chair of the County of San Diego Child Abuse Prevention Coordinating Council (CAPCC). The Co-liaison will be responsible for dissemination of prevention information to the appropriate entities throughout the county. Other responsibilities include ongoing communication with key prevention partners and OCAP.

**i. Fiscal Narrative**

Child Welfare Services (CWS) contract and fiscal analysts are responsible for ensuring accountability and fiscal controls are in place. This includes budgetary and claim processing controls along with in-depth invoice reviews. In addition to these internal fiscal reviews, HHSA Agency Contract Support (ACS) performs annual fiscal reviews of HHSA contractors. These fiscal reviews are performed in an effort to minimize risk to the County and ensure the funds are being spent in accordance with the funding regulations. The fiscal reviews of a contractor's accounting system and financial records allow the County to evaluate the contractor's controls and reported financial solvency. CWS and ACS analysts review contractor records both at the contractor's site and in the County office. Desk reviews are performed on all Independent Auditor Reports received. The reviews are performed in accordance with the contract terms and conditions and in consultation with affected Division(s)/Region(s) as needed.

ACS conducts bi-annual audits of the internal controls within CWS. The objective of these audits is to determine whether there are sufficient administrative, fiscal, contracting, security and privacy controls in

place to provide reasonable assurances that CWS is operating its programs in accordance with funding guidelines and County policies and procedures.

Once funding is allocated, each funding source is tracked by the contract analyst and fiscal support team. County Fiscal Letters are reviewed on a regular basis to identify and adjust funding levels as required. All of this information is tracked and stored in a shared drive on the County servers.

The County assures the State that these funds supplement, and do not supplant, other fund sources, including CWS allocations and County Treasury Funds.

PSSF funds are utilized as follows:

- *Family Preservation Services (20%)* are provided through the CSF program for families with crisis situations and emergency needs.
- *Family Support Services (40%)* are provided through the CSF program for families with longer term needs, typically related to involvement with the child welfare system.
- *Adoption Support Services (20%)* are provided through the Adoption Support Services contract that provides families, at all phases of the adoption continuum, support groups, respite and counseling.
- *Time-limited Reunification Services (20%)* are provided through Family Visitation Centers for families court-ordered to participate in supervised visitation during the reunification process.

The CAPIT and a percentage of the CBCAP funds will continue to be utilized in the CSF program to provide services to families needing a range of prevention, intervention and treatment services. CBCAP funds also support the CAPCC child abuse prevention activities.

Blending of the CAPIT/CBCAP/PSSF funds results in maximized funding and avoids the duplication of services that would occur if programs and funding were not integrated and coordinated. In addition, the collaborative model for the CSF contracts ensures dollars are leveraged through referrals of clients to ancillary services – this includes referrals to in-house services provided by the contractor but funded through other sources, as well as referrals to community partners. Because of the long-term collaborative focus of the County social services system, CWS staff and non-profit entities have well-established referral networks. CWS staff and contractors make referrals to a range of contracted and private services that provide a continuum of care for the children of San Diego County.

#### **j. Local Agencies – Request for Proposal**

All CWS contracts follow Competitive Procurement Guidelines as developed by the County's Purchasing and Contracting (P&C) Department. All guidelines are in line with State and federal procurement guidelines. The County will follow these guidelines in developing the Performance Work Statement (PWS) for contracted services funded through CAPIT, CBCAP and PSSF. The CSF program is currently in place until June 30, 2015 and will be re-procured to be effective July 1, 2015. The Adoption Support Services program is currently in place through June 30, 2014 and will be re-procured to be effective July 1, 2014.

Steps to develop the PWS for the procurements include soliciting input through convening CWS internal workgroups and external forums with key stakeholders and consumers. The CSF focus will be on including appropriate evidence-based or evidence-informed practices in the continuum of services. A Selection Source Committee (SCC) composed of both internal and external subject matter experts, including parent consumers, will evaluate each proposal and make recommendations on which proposal(s) met the requirements at the highest level and should, therefore, be awarded the contract(s). The Director of HHSA is the final authority for approving the SSC recommendations, which are then forwarded to the Director of P&C for publication of the award, oversight of any grievances, negotiations and signatures on contract documents. Documents related to the procurement process require approval by County Counsel as to form and content.

**1. Assurances**

- The County assures the State that a competitive process was/will be used to select and fund programs.
- The County assures the State that priority was/will be given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.
- The County assures the State that the agencies eligible for funding provide/provided evidence that demonstrates broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by a local public agency.
- The County assures the State that the project(s) funded shall be culturally and linguistically appropriate to the populations served.
- The County assures the State that training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded to provide services.
- The County assures the State that services to minority populations shall be reflected in the funding of projects.
- The County assures the State that projects funded shall clearly be related to the needs of children, especially those 14 years of age and under.
- The County assures the State that the County complied with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program.
- The County assures the State that non-profit subcontract agencies have the capacity to transmit data electronically.

**2. Use of CAPIT funds**

- The County assures the State that priority for services shall be given to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected and other children who are referred for services by legal, medical, or social services agencies.
- The County assures the State that the CAPIT funded agency(s) shall demonstrate the existence of a 10 percent cash or in-kind match, other than funding provided by the State Department of Social Services.

k. CBCAP, CAPIT, PSSF Outcomes

The information below describes the plan to evaluate outcomes for the programs funded by CBCAP, CAPIT, and PSSF.

1. **Engagement Outcomes**

Programs will request that each family complete a Customer Satisfaction Survey that asks for a response regarding whether the family perceived that services were provided in a manner that achieved the following outcomes:

- The services were accessible, (in primary language, convenient locations & times)
- The services, were useful (met my needs, culturally sensitive and answered my questions)
- The services overall reduced my stress level.

In addition, monthly progress reports will include information on the number of families served by a CSF parent partner and the number of TDM meetings attended by parent partners. Additionally, the Adoption Support Program monitors the participation in services that include movie nights, and other enrichment activities and support groups.

2. **Short Term and Intermediate Outcomes**

Information will be collected and reported on the STEP and SafeCare parent education programs on outcomes such as program completion and changes in parent knowledge and skills.

In addition, progress reports will include information on: participation in food stamps; number of clients connected to a medical home; number of the families with a CSF Service Plan who received information and training on the importance of appropriate nutrition and the dangers of childhood obesity; and the number of families who met their CSF service plan goals.

Attendance information is collected on the Adoptions support specialized trainings for CWS staff, Family Advocate Coordinators and mentor/tutor training usage.

3. **Long Term Outcomes**

Long-term outcomes are broad statements reflecting long-term changes, primarily in status and conditions. The CWS Data Unit and Contracts Units will collaborate to match contractor data from Efforts to Outcomes with CWS/CMS data to examine long term outcomes for CBCAP clients served through CSF. Measures identified thus far that will be analyzed include:

- Abuse and neglect re-referral rates

l. **Peer Review**

CSF contractors will be required to participate annually in a Peer Review process among the regional CSF contractors. The contract monitor will oversee the process and document findings. Contractors are paired to complete the Peer Review process. The Peer Review Team (Team) includes CSF Managers and direct service staff as well as County staff. The Team conducts a group process review of randomly chosen

cases from their partner agency. The Team discusses the case plan development, progress toward completing goals, family engagement, timely entry into services, gaps in services and suggestions regarding strategies for overcoming barriers encountered by the staff or consumer.

#### m. Service Array

CWS services contracted to local non-profits provide a continuum of prevention, intervention and treatment for families involved in the child welfare system or at risk of child abuse or neglect. The contracts are funded by blending funding streams from federal, State and County sources including PSSF, CAPIT, CBCAP, and Children's Trust Fund. The continuum of services provided through blended funding allows the County to integrate services, avoid duplication of services, address service gaps, and leverage funding to maximize resources. The CWS funded contracted services are part of a larger network of contracted providers that serve children and families. At the regional level, they participate in community collaborative meetings. At the countywide level, they meet regularly with Child Welfare staff and participate in the CAPCC meetings.

The County Self Assessment described the strong working partnerships CWS has with Children's Mental Health, Alcohol and Drug Services, and the First Five Commission of San Diego. These partnerships have resulted in expanded or in some cases enhanced programs for children and families. This has allowed CWS to introduce evidenced based practices and leverage funding. Examples of these programs described below are the Families as Partners Program, Incredible Families Program and the Family Integrated Treatment Grant.

The new focus on Agency Collaboration will provide the platform for the integration of services and improving coordination at the community and client level. The County of San Diego's *Live Well, San Diego!* Initiative has begun the work on building a better service delivery system. County contractors participate in regional forums tailored to meet each community's unique needs to identify gaps and resources. Together the County and communities will design and implement action plans.

*Established Networks of Community Services and Resources:* Each of the six Health and Human Services Agency Regions provides a network of services unique to the needs of the residents and the geography of the region. In South, Central and North Central Regions there is a network of school-based Family Resource Centers (FRC) where a wide range of agencies, including CSF, provide comprehensive services. In East Region, the County and community-based agencies, including CSF, provide services through school-based collaborative.

The County's contractors also have strong working relationships with other service providers in their communities to assist families with the array of needs with which they are faced. These relationships include partnerships with:

- Domestic violence services
- Family self sufficiency programs
- Mental health programs
- Juvenile probation funded community assessment teams and diversion programs
- First 5 funded preschools and Healthy Development Services providers which provide health and developmental screenings and treatment

- Substance abuse treatment providers
- School-based services

Child Abuse Prevention Strategies: One of the many functions of the Child Abuse Prevention Coordinating Council (CAPCC) will be to continue to collaborate with consumers and community partners to plan and implement campaigns to promote public awareness of prevention, intervention and treatment of child abuse and neglect.

To support community prevention efforts, materials and informational brochures will be distributed to schools and community groups throughout the year. Input on the need for campaigns is received from committees as well as partnering organizations, such as the Domestic Violence Council and the Child Fatality Committee. An example of the type of campaign the CAPCC will spearhead is the Safe4Baby campaign, a parent education and social marketing program that focuses on four areas: Sudden Infant Death Syndrome (SIDS), safe sleeping for infants, shaken baby syndrome, and the Safely Surrendered Baby law.

Cultural Broker Services is a pilot program initiated in Central Region and funded by Child Welfare Services and the former Commission on Children Youth and Families, through Children’s Trust Fund and CWS-OIP funding. The Central Region was selected for this pilot because it has the highest concentration of African American children in the county. Decreasing the disproportional representation of African American Children in CWS, along with other overrepresented minorities (Native Americans) has been a long standing goal. The current and previous SIP identified strategies and activities to assist in this effort. The purpose of the Cultural Broker program is to educate African American families involved in the Child Welfare System on child welfare laws and system process, life skills, effective communication skills, prevention and early intervention strategies that enhance child safety, and provide linkages to supportive services. Services also focus on educating Child Welfare Social Workers in cultural differences to understand the culture of the families they serve and to ensure the services provided to children and families are respectful of and compatible with their cultural strengths and needs.

Cultural Broker services include public education forums, culturally sensitive parenting classes, counseling, employment assistance, teen support, budgeting and other services related to improving the overall well-being of the family and reducing risk and safety factors for the children in the home. By reducing the risk, it is theorized that it will be less likely that the target population (African American children in specific zip codes) will come into foster care.

Family Visitation Services help to maintain the bond between child and parents while apart, decreasing the trauma associated with family separation. The visitation contractors provide transportation, regional family friendly visitation centers in locations that are convenient to families, and monitoring of visits including feedback to parents after the visits in order to improve parenting skills and increase relationship skills.

The visitation contract also coordinates with:

- Incredible Families which is a family focused approach that integrates the evidence-based Incredible Years model of parent education with a family meal and monitored visit. The

visitation contractors provide transportation and monitor the visits. Incredible Families is funded by Mental Health Services Act funding.

- Family Integrated Therapy (FIT) which provides enhanced services to mothers struggling with methamphetamine abuse. Enhanced services include care coordination, therapy and parent education. The visitation contractors help to support increased visits, transportation and monitoring. The FIT program is funded through a federal Regional Partnership Grant and the visitation services for this program are funded through PSSF and Children's Trust Fund.

Adoption Support Services: PSSF funds are allocated for the Adoption Support Services program for families at all stages of the adoption process. Highly trained staff provides a range of services for all members of adoptive families, including support groups, training, referrals, mental health services, respite and recreational activities.

Legal Advocacy Services for Children and Families: The County funds a Special Education Advocacy program that provides legal assistance, advocacy and representation to dependency youth with special education or disciplinary needs. They provide consultation and information for CWS Social Workers, foster parents, relative/non-relative caretakers and parents of children who are dependents of the San Diego County Juvenile Court.

The County also funds a Guardianship Legal Advocacy program that provides legal services to adults seeking to become legal guardians for relative or minor children who are not CWS dependents but are unable to live with a parent.

These programs leverage CWS funding and Children's Trust Fund. This allows the contractors to serve voluntary and dependency families.

The County's CAPIT/CBCAP/PSSF funded services are supported by a broad array of additional services, including developmental screening, assessment and treatment so that children with special needs are identified early and provided with the services they need so that they succeed in school; mental health services; placement stabilization services; and many other supports and services. More information on the County's service array can be found in Attachment D.

n. **CAPIT/CBCAP/PSSF Services and Expenditure Summary:**

*Please see Attachment F: CAPIT/CBCAP/PSSF Services and Expenditure Summary for required worksheets*

Following are brief descriptions of each program as required on page 27 of the SIP Guide. Services are countywide unless otherwise stated.

**Community Services for Families components:** CSF service deliverables include:

1. Community Services for Families: The Community Services for Families (CSF) program is designed to provide a continuum of support services for families<sup>5</sup> at risk of child abuse or neglect. Services are provided through collaborative entities composed of community-based partners and County staff. CSF contractor(s) provide prevention and intervention support services through direct provision of home-based services. The service target population includes Dependency, Voluntary and Prevention families at highest risk of child abuse and neglect, prioritizing those referrals received from CWS staff. Five objectives have been established for the CSF program: Child Safety, Child-Well Being, Stable Living Environments, Permanency, and Development of Community Involvement.

**a. Case Management**

Utilizing a family strengths and family participation model, the social worker identifies the specific CWS Case Plan objective they want the CSF Family Support Partner (home visitor) to address with the parent(s). Family Support Partners will automatically:

- Assist in establishing health insurance for eligible children
- Assist in bringing child immunizations up to date
- Assist in establishing a medical home for the family
- Provide information and training on the importance of appropriate nutrition and the dangers of childhood obesity
- Provide information and assistance to determine eligibility for the Supplemental Nutrition Assistance Program (SNAP)
- Help the family to understand and navigate the CWS and other public systems

**b. Home Visiting Model – SAFECARE®**

The United Way of San Diego County funded the training for CSF contractors' staff in all regions on the SafeCare® home visiting model for providing services to families at risk of child abuse or neglect. The California Evidence Based Clearinghouse has designated SafeCare® as a promising practice. The SafeCare home visitation program provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent and intervene with child neglect.

The United Way supported this systemic change by funding the costs of the out-of-state SafeCare® trainers that provided training and coaching to eight experienced contractor staff during the certification process. The CSF SafeCare® certified staff have subsequently been trained to become SafeCare® certified trainers and coaches (2-step process). Since the completion of this process, the local expertise now embedded in these staff allow them to train other contractor staff countywide in the SafeCare® model in a manner designed to maintain

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<sup>5</sup> These families include parents, especially young parents or parents with children under the age of 14, children and adults with disabilities, racial and ethnic minorities, homeless families, those at risk of homelessness and members of underserved groups.

fidelity to the model and incorporate future improvements. Participation in the countywide SafeCare® training process was included in last RFP.

**c. Parenting education:**

STEP: Systematic Training for Effective Parenting is a County approved curriculum used for families with a child welfare services case plan which utilizes specialized curriculums and training for families with special needs children, adolescents, and other issues defined by the families receiving services.

STEP is a six-week “promising research evidence” program designed to help parents and other caregivers to learn more effective ways to communicate and discipline the children in their care. Classes are available in both English and Spanish.

- STEP is offered for three separate age groups:
  - Parents of Young Children (birth to age 5)
  - Parents of School-Age Children (ages 6 to 12)
  - Parents of Teenagers (ages 13 and up).
- The three STEP curriculums help parents:
  - Learn effective ways to relate to their children by using parent education study groups.
  - Identify the purposes of children's behavior and learn how to encourage cooperative behavior and not reinforce unacceptable behaviors.
  - Change dysfunctional and destructive relationships with their children by offering concrete alternatives to abusive and ineffective methods of discipline and control.

**d. Parent Partner services**

Parent Partners have previous experience with CWS and were successfully reunified with their children. They possess a unique perspective and can provide guidance by sharing their experiences and lessons learned. The Parent Partners provide educational and support services to dependency and voluntary parents with a CWS Case Plan as well as prevention families at highest risk of child abuse and neglect. Services include meeting with the parents to encourage early engagement in services, face-to-face review of the Parent's Guide to CWS, and participate in Team Decision Making meetings with parents referred for services.

**e. Families as Partners (FAP): Although this program is not funded by CAPIT/CBCAP/PSSF it is however part of the CSF program and is funded by Mental Health Services Act Prevention and Early Intervention (PEI) funds.**

The “Families as Partners” Program (FAP)<sup>6</sup> is designed to have a dedicated team operating from a family engagement philosophy who responds to concerns about child abuse and neglect from a stance of partnership building with families. The goals are to ensure that children can remain

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<sup>6</sup> The FAP program is supported by the Mental Health Services Act Prevention and Early Intervention funds. The contract with South Bay Community Services is for \$500,000 a year and started May 1, 2009 and ends June 30, 2015.

safely in their homes by engaging families, building support systems, identifying family strengths, and partnering with community and familial support systems. It is based on the differential response model and is designed to build strength-based interventions, shared responsibility with communities, and broad family involvement. Families are eligible for FAP services if they have: moderate to high-risk referrals involving mental health, domestic violence, substance abuse, and neglect; are cooperative; law enforcement entries; and at high risk of removal. If there is an allegation of sexual abuse or physical abuse but not emotional abuse, those referrals are not eligible for FAP.

The following services are available to FAP families:

- Families receive expanded screening services with clinicians
- Families and their support systems are actively involved with the Team Decision Meetings
- Increased use of Prevention Services
- Parents receive Peer Support from a Parent Partner
- Increased connections with Community services

2. County Child Abuse Prevention Coordinating Council: The San Diego County Child Abuse Prevention Coordinating Council (CAPCC) is currently undergoing a re-organization that will include new members and bylaws.

The CAPCC functions will include:

- A forum for inter-agency cooperation and coordination in the prevention, detection, treatment and legal processing of child abuse cases.
- The promoting of public awareness of the abuse and neglect of children and the resources available for intervention and treatment
- The encouragement and facilitation of training of professionals in the detection, treatment and prevention of child abuse and neglect
- Recommendation of improvements in services to families and victims
- The encouragement and facilitation of community support for child abuse and neglect programs

The services are funded by CBCAP and CTF. The target population is the general public with the aim of providing education and increased public awareness regarding the prevention of child abuse and neglect. These efforts in particular seek to engage parents; especially young parents, children and adults with disabilities, racial and ethnic minorities, homeless families, those at risk of homelessness and members of underserved groups.

3. Adoption Support Services: This program provides a range of services on a county-wide basis to support the adoption of children during the home study process through post-finalization. The services and activities are designed to target and support the vulnerable adoptive children and families at risk towards the goal of a permanent living situation.

The services include:

- Support Groups

- Enrichment Outings
- Movie Nights
- Family Advocate Coordinators
- Family Events
- Specialized Trainings
- Mentor Tutor Program
- Monthly Newsletter
- Respite Funding and Special Support

4. Family Visitation Services: Family Visitation provides visitation services for at risk children and parents in a family-friendly setting on a County-wide basis.

These services include:

- Processing of Visitation referrals from social workers
- Scheduling and supervising visits
- Monitoring cancellations/terminations
- Providing transportation services for both parents and children
- Maintaining communication with social workers and provide them with reports

5. Indian Health Council: The Indian Health Council promotes child abuse prevention through: cultural and community activities; enhanced resilience and protective factors; reduced isolation; increased youth and community wellness; and increased awareness of wellness and cultural programs. These services are offered to children and families including adoptive and extended families, at risk or in crisis.

These services include:

- Case Management
- Transportation
- Home visitation
- Tandem Visits with CWS
- Case Plan Development
- Court Advocacy Supervised Visitation
- Health Education

**For further information on the CAPIT, CBCAP, PSSF funded programs, please see Appendix F: Services and Expenditure Summary.**

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## Appendix A: Participants

### SIP Planning Team

Organization	Name
Child Welfare Services	Roseann Myers
	Leesa Rosenberg
	Luis Fernandez
	Kim Frink
	Patricia Hoyt
	Becky Kennedy
	Stephanie Lawson
	Leah van Lingen
Probation Commission on Children, Youth and Families (CCYF)	Pablo Carrillo
	Harold Randolph
Harder+Company Community Research (facilitation, data collection, and report support)	Jennifer James
	Cristina Magaña
	Amy Panczakiewicz

### SIP Participants

Organization	Name
Biological parent Association-Parent/Consumer	Pamela Toohey
California Endowment	Steve Eldred
Cal WORKS- Strategic Planning and Operational Support (SPOS)	Marci Gee
Casa de Amparo	Chelle Sutyak
Casey Family Programs	Jorge Cabrera
	Lisa Tange
	Ceci Banuelos
	Judy Benson
	Bernice Briggs
	Gigi Burns
	Kristie Cambell
Ron Coleman	
Child Welfare Services, HHSA	Ana Daughtery
	Daisy Dorantes
	Barry Fox
	Kathy Jackson
	Bill James
	Gloria Ifill
	Sara Maltzman
	Jessica Newmyer
	Joline Martina

	Matt Ray Elizabeth Rosa Norma Rincon Jennifer Sovay Laura Stevick My Tran Patricia Dunatte
Community Services for Families	Joyce Dickau Laura Mustari Susie Niemi
Dependency Legal Group	Robert Gulemi Tilisha Martin
District Attorney Office	Patricia Lavermicocca
Domestic Violence Council	Jeffery Bucholtz
East Region Collaborative	Meredith Riffel
Families Forward	Karin Donado
Family Integrated Treatment (FIT)	Angela Rowe
Fatherhood Network	Adam Gettinger-Brizuela
Foster Home Licensing	Jennifer Fightlin Arleth Rubio
Fred Finch	Ali Freedman Laura Rogers
Grossmont Community College, Foster and Kinship Education	Sandra Boelter
Grossmont Union High School	Lucia Washburn
IEU	Susan Hayes
Just in Time	Don Wells
Juvenile Court	Marilou Alcantar Beth Brown Nora Sanchez
Juvenile Forensics	Jeff Rowe
Juvenile Probation	Michael Adkins Kristen Coburn Judy Goldberg Elizabeth Machuca Pamela Martinez Tracy Willis
KidSTART	Gina Hayes
Law Enforcement	Alex de Armas Mark Foreman Gary Mitrovitz Jason Sieckman Justin White
LGH/FFA Forum	Tamara Fleck-Myers
New Alternatives	Teresa Theriault

Pala Band of Mission Indians	Maria Garcia
Project Save Our Children	Cecil Steppe
Public Child Welfare Training Academy	Liz Quinnett
Public Defenders- Delinquency	Marion Gaston
Public Health Nursing	Paulina Bobenrieth
	Linda Lake
	Anita Secor
	Sandi Thomas
San Diego County Alcohol and Drug Services	Jean Avila
San Diego County Health Services: Office of Violence Prevention	Ches Blevins
San Diego County Health Services: Community/Maternal Health	Rhonda Freeman
San Diego County Office of Education, FYHES	Violeta Mora
San Diego Foster Family Association	Pam Sokol
San Diego Regional Center	Nina Garrett
San Diego State University	Justin White
San Diego Unified School District	Joe Fulcher
	Pamela Hosmer
	Susan Kellet
San Pasqual Academy	Ray Keitel
	Angel Nielsen
	Jay Sakamoto
Social Advocates for Youth (SAY) San Diego	Shannon Throop
San Diego Youth Services	Michael Jones Ilene Tibbits
South Bay Community Services	Valerie Brew (CSF)
Southern Indian Council	Jodene Platero
Tribal Star	Tom Lidot
	Margaret Orrantia
Urban League, Cultural Broker	Marilyn English
Voices for Children	Jane Wehrmeister
Workforce Partnership	Margie de Ruyter
	Erika Gallardo
YMCA	Melissa Brooks
	Krysta Esquivel
	Patti Fox
	Danielle Zuniga

## Appendix B: 2011 County Self Assessment (CSA) Summary

### Executive Summary

#### General Purpose of the County Self Assessment (CSA)

The purpose of the County Self-Assessment (CSA) is for each county, in collaboration with their community and prevention partners, to review the full scope of Child Welfare and Probation Services within the county, examine its strengths and needs from prevention through the continuum of care, including reviews of procedural and systemic practices, current levels of performance, and available resources. This approach includes an analysis of the federal and state outcome measures and systemic factors within the context of the county's demographic profile as well as information gathered via active participation of the county's prevention network partners, staff, and the larger community. This summary presents findings from all CSA data collection and community engagement activities as it relates to county strengths, areas for improvement, and recommended strategies.

#### About the County Community Engagement Process

At each stakeholder meeting, members of the CSA team presented an overview of the CSA process as well as current San Diego County Child Welfare Services (CWS) and Probation data on trends and best practices. Following the presentation, stakeholders were provided key questions related to the day's topic and were asked to work in small groups of six to eight members on key areas of strength and weakness. Ideas generated during the small group work were written on 3x5 sticky pads. Facilitators then circulated around the room, collected the sticky notes, and grouped the sticky notes into common topics on wall paper. Once the small group work was complete, facilitators provided a summary of the clustering and invited additional feedback from stakeholders. This initial clustering was then analyzed further by facilitators to refine the categorization. The categorization of the input generated from stakeholders has been incorporated in this CSA report.

#### 1. Overall Assessment

The following trends were identified based on the County's data and the CSA community engagement process. It is organized by the CSA's four focus areas: prevention, reunification, placement stability, and agency collaboration. These trends are presented in each focus area through descriptions of system strengths, areas needing improvement and future strategies. In many areas, system strengths were identified by stakeholders as areas also needing improvement.

**Prevention.** CWS, probation, and their community partners have worked towards developing a strong prevention approach. Data showed progress in this area: from 2007 to 2010, the rate of substantiated referrals to child welfare services decreased (from 13.2 to 8.3 per 1000 children). Various programs, such as Community Services for Families (CSF) are funded in part by CCYF. Together CWS and CCYF collaborate with other systems and services in each region which has shown promise and is widely

commended by focus group and stakeholders alike. However, a more proactive, population-based and system integration orientation was suggested for the future. This includes building broader outreach to increase community awareness of CWS as a partner in preventing abuse. Preventing child abuse will require improving connections between existing service providers as well as families. Given current economic conditions, stakeholders and focus groups emphasized providing basic needs (e.g., food, childcare, transportation). Finally, a strong connection to the County's *Live Well, San Diego!* initiative, and the development of the *Living Safely* component will further assist to identify the network of services and connections to create a stronger, more resilient community.

The County Board of Supervisors has endorsed HHSA's proposal to disband the current CCYF and the formal establishment of a local Child Abuse Prevention Coordinating Council. This reorganization will enable greater coordination of County's efforts to prevent and respond to child abuse.

System Strengths	Areas Needing Improvement	Future Strategies
<ul style="list-style-type: none"> <li>• In-home support, home visits</li> <li>• Parent support networks and education</li> <li>• Contracted services responding to community needs</li> <li>• Evidence-based programs and best practices to meet individual needs</li> </ul>	<ul style="list-style-type: none"> <li>• Broad-based prevention (media (Public Service Announcements), community engagement (e.g., speakers bureau))</li> <li>• Connections between existing services</li> <li>• Basic needs (food, childcare, housing, transportation)</li> <li>• Parent education (e.g., available services)</li> <li>• Awareness of community resources</li> </ul>	<ul style="list-style-type: none"> <li>• Improve array of parent education and support</li> <li>• Improve agency collaboration to address basic needs and access to services</li> <li>• Develop community engagement and education strategies.</li> </ul>

**Reunification.** Reunification (“reunification within 12 months, entry cohort”, measurement C1.3) was ranked by the Child Welfare Service Management Group as a key measure to focus on improving in the upcoming System Improvement Plan. Reunification statistics have improved over the last years (based on entry and exit cohort measures). A number of best practices are in place (such as trauma-informed treatment and team decision making) but increasing agency collaboration, CWS staff's ability to interact fully with families, and family visitation were noted as areas for improvement.

### System Strengths

- Appropriate treatment based on client needs (substance abuse, mental health and dual diagnosis)
- In-home support, home visits
- Parent-child visitation
- Best practices (Trauma Informed Treatment, Signs of Safety, Team Decision Making)

### Areas Needing Improvement

- Targeted treatment
- Collaboration across systems (county/legal)
- Quality of social worker/family interaction
- Family visitations

### Future Strategies

- Improve parent/child interactions
- Strengthen social work practice to support reunification

**Placement Stability.** The Child Welfare Service Management Group ranked placement stability among the top areas of focus for the upcoming System Improvement Plan (specifically measure C4.1: “placement stability, eight days to 12 months in care”). Placement Stability has increased over much of the last four years, but dropped in 2011 (based on the eight days to 12 months in care measurement). Community members noted that the current focus on Team Decision Making, support groups, and navigators were working. Areas of improvement identified by community members are improving the quality of visitation and access to basic supports.

### System Strengths

- Foster parent training and support
- In-home support
- Kinship training, support, and kinship navigators
- Team Decision Making

### Areas Needing Improvement

- In-home support
- Basic needs support (transportation, housing, financial assistance)
- Wraparound support
- Respite/childcare
- Resources to support sibling connections and placement
- Natural group home settings\*
- Staff improvements (training and quality)\*

### Future Strategies

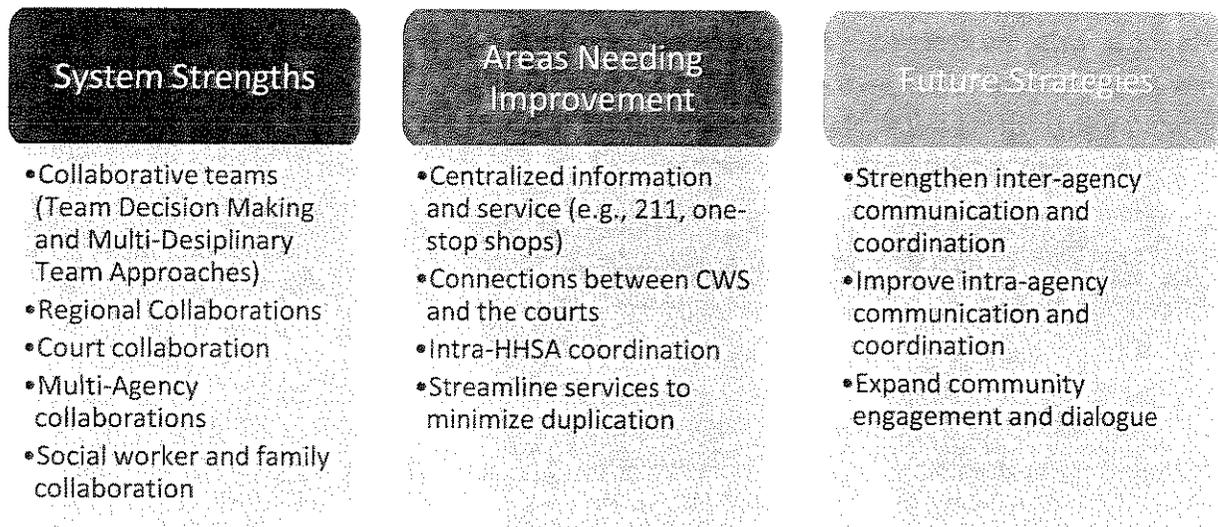
- Improve kinship support and services
- Improve licensed placement support and services
- Improve CWS/probation placement process

\* Refers only to youth stability in group homes

**Agency Collaboration.** Integration across sectors, disciplines, and systems is widely recognized as a critical element to not only doing more with fewer budgetary resources, but doing better for children and families. Over two-thirds of stakeholders in the stakeholder survey indicated that “Agency Collaboration” was among their top three issues for CWS to focus on in their upcoming System Improvement Plan. Families with multiple, co-occurring needs may touch multiple systems requiring systems to better integrate case planning and progress monitoring. CWS defines agency collaboration as:

- coordination with community partners in planning efforts such as information exchange, sharing of resources, and enhancing capacity,
- sharing involvement in evaluating and reporting progress on the County’s goals, and
- sharing responsibility for protection of children.

The County’s current *Live Well, San Diego!* initiative is based on the premise that breaking down the real and artificial lines that keep health and social service system siloed is central to creating an integrated information exchange and a practice focused on collective impact. Stakeholder and focus group participants noted the following effective agency collaboration activities and where there are areas for improvement.



**Probation PQCR Focus Area: Least Restrictive Placement (4B): Point in Time Placement with Relatives.**

This focus area allowed San Diego County Probation to analyze placement stability and the relative home approval process for the PQCR. Probation chose this area due to reduced outcomes when it came to long term placement and the increased number of placement changes experienced by probation youth. Probation data indicated that the number of youth in relative placement decreased during the past two years. It is further understood that establishment of permanent family connections is very important for youth whose family is in crisis, and the support of family can make a difference. Youth who have been removed from their home, and may not be able to return to their family, need physical, mental, and emotional support to ensure their well being. Placement with a suitable relative helps

maintain family bonds and can substantially improve the chances for future success. It has also been found to reduce the number of youth who enter care as well as those who “age out” of foster care without a family.

## 2. Areas Needing Improvement

The following areas were identified as needing improvement through the course of the CSA process.

- **Service Array.** Focus groups and stakeholders alike noted uneven service array in the County’s six HHSA regions. While tailored services are beneficial to San Diego’s diverse populations, a threshold of services should be uniformly available across the County.
- **Regional service approach.** Due to the relative autonomy of each region, each region has developed its own “culture” that impacts services. East County, for example, was widely mentioned as a collaborative community, with deep community ties. Other region’s services were less connected resulting in a lack of communication and a fragmented system.
- **Collaboration and communication between sectors.** Stakeholders and parents alike mentioned the need to improve service integration through improved communication, collaboration, and joint planning. Examples included one-stops (single-point of service delivery), Team Decision Making models, and increased information exchange for providers about services and clients. This collaboration should be improved between sectors (public and nonprofits) as well as between disciplines (courts, child welfare services, probation, and law enforcement).
- **Community outreach and engagement.** Stakeholders and focus group participants noted that CWS and its partners do not do enough community outreach and relationship building. Building bridges with the community, through public service announcements, speaker’s bureaus, and community workshops will highlight the supportive role that CWS can play in prevention efforts.
- **Increased access to financial assistance and basic needs.** Whether children are placed with foster parents or kinship caregivers, access to financial assistance, childcare/respite, and basic needs (e.g., food, transportation) were listed as service gaps. Placement stability and reunification may be jeopardized without sufficient, timely access to support services.
- **Group homes.** Stakeholders and youth alike noted that group homes’ approach to care and supports do not promote stability. Issues of staff quality, the need to “naturalize” group home environments, and utilizing a trauma informed care model were noted.

For Juvenile Probation, the areas needing improvement include:

- A clear process for identifying the most appropriate relatives for potential placement of delinquent wards, to improve placement stability and reduce the number of placement changes.
- The need for a clear process for relative/NREFM placement.
- Understanding of the placement process by staff at all levels of the relative placement process.

- Need for ancillary services by public and private entities to improve outcomes in placement stability.

### 3 Strategies for the future

- **Establish a service array threshold.** Identify the basic service components that must be present in each region to ensure that families have access to services.
- **Develop collaboration between sectors and families.** Enhance Team Decision Making (TDM) strategies and increase ongoing collaboration between county, community-based services, and families. If done effectively, the services that support the family will be more streamlined, efficient, and connected. An example of this is the partnership between CWS and YMCA Youth and Family Services to provide Family Group Conferencing (FGC) to CWS families. The YMCA applied for and received federal funds for a three-year Family Group Conferencing demonstration project which is expected to begin providing FG in January 2012.
- **Increase home visitations.** Stakeholders ranked home visitations among the top effective strategies to increase both prevention and reunification. CWS should continue to support these programs as well as look for opportunities to expand these services, or link to existing home visitation services underway in the community (such as public health nurse visits).
- **Increase wraparound services.** Stakeholders also ranked the wraparound services among the most effective prevention and reunification services. Wraparound services speak to the need from strong collaboration and coordination with other systems and services as well as providing a continuum of care, from basic needs and social supports to health and mental health services. This integration of services is a key element of *Live Well, San Diego!*.
- **Identify opportunities to link systems.** Based on comments about the need to streamline services, increase collaboration, and reduce service duplications, CWS should consider how to be involved in the health information exchange and a social service community exchange being developed within the County through *Live Well, San Diego!*. These processes are linking appropriate client-level data to create a central information source of services to streamline services, identify service gaps, and provide comprehensive care to families.
- **Pursue a broad-based community engagement campaign.** To increase CWS' role in preventing entry into the CWS system, CWS should be more visible in the community through broad-based media campaigns and on-the-ground community partnership processes such as involving community members in program design and implementation (stakeholders noted that expanding existing models such as Parents as Partners, youth peers mentors, and engaging community leaders).

#### Probation's strategies include:

- Comprehensive training for probation officers in the Intake and Investigations division regarding family connections and the relative/NREFM process.
- Strengthening the placement process in the Placement Unit to increase chances for success.
- Training for staff in Juvenile Supervision and the Breaking Cycles program on the placement process.

- Increased collaboration with public and private partners to secure placement services and improve placement stability. This increased collaboration includes wraparound services, kinship services and family based community resources.

## Appendix C: Peer Quality Case Review (PQCR) Summary

### Executive Summary

#### *General Purpose of the Peer Quality Case Review (PQCR)*

The purpose of the PQCR is to learn how to improve outcomes for children and families in California. The PQCR provides a focused examination of a selected area of practice to better understand the child welfare system and youth placed in out-of-home care in the probation system.

#### *Selection of the PQCR Focus Areas*

Both Child Welfare and Probation chose State Measure 4B: Least Restrictive Point-in-Time: Relative Placement. These agencies agreed that they wanted to increase the number of children safely placed in relative or kinship homes, also referred to as Non-Related Extended Family Member (NREFM) homes. *(The terms “relative” and “NREFM” will be used interchangeably throughout this report).* Once this measure was selected, CWS and Probation agreed to look closely at the placement approval process and stability of children placed in these homes.

### Summary of Recommendations

#### Child Welfare

The following is a condensed list of recommendations that came from social workers, relatives and youth interviewed during the PQCR process. The complete list can be found in the body of the report.

#### *Placement Approval Process*

##### **Exemption Process**

- Placement supervisors should have direct access to FBI, DOJ and CACI clearances so they can retrieve the results from livescans right away.
- All policies should be followed uniformly across all regions.

##### **Family Finding**

- Genograms and ecomaps should be used by all placement social workers to locate relatives when children first come into protective custody.
- There should be a uniform place to document family finding efforts in the CWS/CMS application.

##### **Assessments**

- Simplify the process. There should be fewer forms used for the home evaluation.
- Assessment questions need to be more in-depth, and should address how to make a placement work.

##### **Team Decision Making Meetings (TDMs)**

- TDMs should be held *before* initial placements and *before* changes of placement.

- Placement workers and other relevant people should attend TDMs to ensure that relative caregivers are prepared to take the child into their home.

### **Preparation**

- The focus in the home evaluation should shift to evaluate the needed resources, rather than making the caregiver feel scrutinized and investigated.
- Caregivers should be provided front-loaded services where they can get all of the information (such as an explanation of the placement process, the history of the child, behavior of the child, and available support services) before, or as soon as, the child is placed in their home.

### **Policy Challenges**

- Emergency placement policies should be clarified and implemented uniformly among all regions.
- The program guide needs to be updated and simplified. The sections on placement should be reduced from 18 files to two files: *Placement Approval Process* and *Support/Placement Stability*. Minimizing the number of forms would allow placement workers to focus more on the actual assessment than on the paperwork associated with making a relative placement.

### **Placement Unit Challenges**

- Placement Units should be fully staffed, with all staff associated with placement in one unit, working for a supervisor who is very knowledgeable about the policies and procedures of placement.
- The roles and expectations of all members of the Placement Unit should be clear.

### **Interstate Compact on the Placement of Children (ICPC)/ Inter-County Transfer (ICT)**

- Inter-County Transfer and ICPC policies need to be revisited to ensure that relative caregivers get approved, served and funded in a timely and consistent manner.

### *Support/Placement Stability*

#### **Funding Issues**

- Relative placement rates should be commensurate with foster care rates.
- Payment to the relative caregiver should start from date of placement, even if the home is not approved.

#### **Support/Community Resources/Tangible Help**

- A Relative Support Association should be created, with hired staff, facilitation, a budget, training capacity, and peer support services. This would allow relative caregivers to receive support and resources equal to what foster care providers receive.
- Partnerships should be developed with childcare centers in San Diego County to place relative caregivers higher on lists for discounted childcare. Funds should be established to augment the relative's ability to pay for child care.

#### **Family Engagement**

- Caregivers want to feel more support, trust and respect from social workers and the court. They request that the child welfare system focus on building trust between social workers and relatives. They want to be treated with a sense of gratitude. They want to feel they are a part of a team. They want to have their anxiety reduced by a positive working relationship with the social worker.

### **Case Practice**

- Monthly home visits should reduce stress rather than create stress for the family.
- Social workers, or other designees, should supervise visits between parents and children.

### **Probation**

The following recommendations came specifically from probation officers interviewed during the PQCR process.

#### *Placement Approval Process*

### **Exemption Process**

- The “traveling road show” to educate other probation officers about how to make referrals for home evaluations should be repeated.
- Intake probation officers should be trained in the home evaluation process so that relative placement is considered in more cases.

### **Preparation**

- Up-front orientation training for all new relative placements should be provided.
- Probation officers outside of the Placement Unit should receive training about relative placements.
- An in-person meeting with the relative and the youth at the very beginning of the placement to discuss the rules of the home and the court orders should be reviewed.

### **ICPC/ICT**

- State technical assistance should be sought to improve the quality of documentation on inter-county transfer cases that involve relative placements.

#### *Support/Placement Stability*

### **Funding Issues**

- An emergency fund should be created to purchase essential items for new relative placements. Consideration could be given to partnering with community non-profits to apply for grant funding to meet this need. Contracts could be amended to include tangible items, such as beds and dressers, for probation youth placed with relatives and NREFMs.
- Policies and laws that hold relative caregivers responsible for a probation youth’s fines or restitution should be revisited.

### **Support/Community Resources/Tangible Help**

- More transportation assistance for relative caregivers is needed.

Appendix D: Program Matrix (Listing of all Practices and Projects Currently Underway)

Project/Topic	Description	Partners	CWS Region					Probation
			N.Coastal/ N.Inland	N.Central	Central	East	South	
Adoption Support Services	This program provides a range of services on a county-wide basis to support the adoption of children during the home study process through post-finalization.	SDYS	X	X	X	X	X	
Breakthrough series	Enhances Trauma Informed practice (one of 9 across the nation)	Casey Family Programs				X		
Child Assessment Network North (CANN)	A project designed to provide prevention, assessment and intervention services for North County children 0-17 years of age who are in need of protective custody. CANN was developed through a community partnership between the HHSA, New Alternatives, Green Oak Ranch, Casa de Amparo, North County Collaboratives and other community partners with the goal of keeping North County children in North County communities		X					
Community Services for Families (CSF): SafeCare, Systematic Training for Effective Parenting (STEP) curriculum	PSSF/CAPIT/CBCAP funded program, 3 levels: 1) Family Preservation services that assist children and families to resolve crises, connect with necessary and appropriate services, and remain safely together in their homes, 2) Family Support services (Systematic Training for Effective Parenting (STEP) curriculum), and 3) reunification services address the problems of families whose children have been placed in out-of-home care so that reunification may occur in a safe and stable manner (Safe Care)	United Way they stopped helping 9/11 (for SafeCare)						

Project/Topic	Description	Partners	CWS Region					Probation
			N.Coastal/ N.Inland	N.Central	Central	East	South	
Comprehensive Assessment and Stabilization Services (CASS)	County BHS contract to promote placement stability to children/youth in out-of-home placement. CASS works with foster, kinship, Foster Family Agency, and 6-bed group home providers to evaluate and address environmental (e.g., school) and caregiver-child interactions from a trauma-informed perspective. CASS provides crisis intervention and short-term therapy, collaborates with significant others in the child's life, and makes recommendations regarding treatment and interventions with the goal of maintaining placement and enhancing the child's psychosocial functioning.	BHS	X	X	X	X	X	
County Child Abuse Prevention Coordinating Council	The CAPCC is a community council whose primary purpose is to coordinate the community's efforts to prevent and respond to child abuse and neglect.	TBD			X			
Cultural Brokers	A pilot program in Central Region addressing the disproportional representation of African American Children in CWS. The purpose of the Cultural Broker program is to educate African American families involved in the Child Welfare System on child welfare system, life skills, effective communication skills, prevention and early intervention strategies that enhance child safety, and provide linkages to supportive services. Services also focus on educating Child Welfare Social Workers in cultural differences to understand the culture of the families they serve and to ensure the services provided to children and families are respectful of and compatible with their cultural strengths and needs	Urban League			X			

Project/Topic	Description	Partners	CWS Region					Probation
			N.Coastal/ N.Inland	N.Central	Central	East	South	
Developmental Screening and Enhancement Program (DSEP)	Comprehensive system of care that ensures that young children (0-5) entering the system receive a developmental and behavioral screening, are rescreened in 6 months if there are no initial concerns, and receive follow up services if needed	First 5	X	X	X	X	X	
Drug Endangered Children (DEC)	Teams to respond with Law Enforcement or out stationed with drug enforcement agencies	Law Enforcement, DEA, DA	X	X	X	X	X	
Educational Liaison Collaborative	In addition to School Success on site liaisons; a collaborative meeting with the South region school providers and liaisons; East has similar "East Region Collaborative Network", school-based					X	X	
Emergency Funds	Partnership to fund/provide foster care respite, basic needs (e.g. crib, car seat) and host events	Kiwanis Club of Alpine Foundation				X		
Families as Partners (FAP) [part of CSF contracts]	A Differential Response model where CWS partners with County Mental Health and community based organizations to engage families, utilizing very distinct and innovative tools, in the engagement decision making process regarding the safety of the children in their own home	Fred Finch, South Bay Community Services					X	
Family Integrated Therapy (FIT)	Enhanced services to mothers struggling with methamphetamine abuse (care coordination, therapy and parent education.)	BHS, Chadwick's	X (North Coastal)			X	X	

Project/Topic	Description	Partners	CWS Region					Probation
			N.Coastal/ N.Inland	N.Central	Central	East	South	
Family Visitation	These programs provide supervised visitation services in family friendly settings. Visitation Center staff receive referrals from social workers, schedule visits, handle cancellations/terminations, provide transportation services, supervise visits, problem solve and provide reports to the referring social worker.		X	X	X	X	X	
Fatherhood Champions	"Fatherhood Champions" are CWS staff in each office who promotes the inclusion of fathers in every aspect of Child Welfare. They engage with community organizations that serve and support fathers through the San Diego Fatherhood Network.	Paternal Opportunity Programs and Services (POPS) Harmonium, Price Charities, SAY San Diego, Family Youth Roundtable	X	X	X	X	X	X
Healthy Communities	South regional collaboration provides the families in South Region with resources and tools to achieve self sufficiency, health and safety. Partnering with local health providers to work to coordinate services to families common to HHSA programs.	Public Health, Family Resource Center, YMCA, Casey Family Programs, local charitable organizations					X	
Housing	HHSA Homeless Outreach Team, Family Unification Vouchers.	San Diego Housing Authority, Oceanside Housing Authority, Father Joe's	X	X	X	X	X	

Project/Topic	Description	Partners	CWS Region					Probation
			N. Coastal/ N. Inland	N. Central	Central	East	South	
Incredible Years (Incredible Families)	A family focused approach that integrates the evidence-based Incredible Years model of parent education with a family meal and monitored visit. Three separate, multifaceted, and developmentally based curricula for parents, teachers and children.	BHS			X	X		
Indian Health Council	The Indian Health Council promotes child abuse prevention through: cultural and community activities; enhanced resilience and protective factors; reduced isolation; increased youth and community wellness; and increased awareness of wellness and cultural programs.	BHS, Dream Weaver Consortium	X (North Inland)			X		
Internship	Undergraduate and graduate internship program. Interns have a Field Instructor who supervises all their activities. Depending on their concentration, interns may do administrative activities or child and family work carrying cases and working directly with families.	Cal State Marcos, SDSU, USC	X	X	X	X	X	
KidSTART Center and Clinic	Serves children 0-5 years with complex developmental and socio-emotional/ mental health needs. Children receive comprehensive assessment referral and treatment.	BHS and First 5	X	X	X	X	X	
Melding	Streamlines the licensing/adoption process: integrated orientation, training and home study	n/a, CWS practice	X	X	X	X	X	

Project/Topic	Description	Partners	CWS Region					Probation
			N. Coastal/ N. Inland	N. Central	Central	East	South	
Mid-City Action Network (CAN), Inner City Action Network (ICAN) and Southeast Coalition	Collaboration that enhances staff knowledge of community resources. CAN is comprised of collaboration is comprised of schools, businesses, non-profit organizations, government agencies, youth, parents, ethnic and cultural groups, civic associations and faith-based institutions.	CAN, ICAN, SAY San Diego			X			
Military Initiatives Action Team	Focus on military families	Navy Family Advocacy, Marine Family Advocacy	X	X				
Multidimensional Treatment Foster Care	Provides evidence-based intensive treatment foster care to avoid placement in a residential treatment facility and to facilitate an expeditious transition to a familial placement.	BHS						
Permanency Project	Reviews Permanency Plan cases to determine if there is a better permanent plan for the youth, be it with a biological family member or other kin option, and provides services.	Casey Family Programs					X	
Positive Parenting Program (Triple P) Project KEEP	Provides prevention and early intervention services through evidenced based practice for children 0-5 and their families. Parent education ( foster and relative parents effective tools for dealing with their child's externalizing and other behavioral and emotional problems)	CMH / BHS, Fred Finch/CASS					X	
Resource Collaboration	SBCS, private business, Swift (MAAC), and Family Nurse Partnership to develop a matrix/guide to achieve safety and sufficiency goals.		X	X	X		X	X

Project/Topic	Description	Partners	CWS Region					Probation
			N. Coastal/ N. Inland	N. Central	Central	East	South	
Safety Organized Practice	Safety Organized Practice is a modality of practice that enhances family engagement and critical thinking and promotes safety. It draws inspiration from Andrew Turnell and Steve Edwards's "Signs of Safety" integrated with Structured Decision Making tools and concepts and all influenced by viewing practice through a trauma lens.	CRC, Casey Family Programs, National Childhood Traumatic Stress Network, PCWTA	X	X	X	X	X	X
San Diego County Regional Gang Enforcement Collaborative	Partnerships to target violent and gang-related crime. Law enforcement seeks improved identification of gang members from different cities and facilitation of relationship and communication building among individuals. CWS staff are present during each operation to coordinate removal of children from dangerous home situations and strive for placement in the region where they live.	SDSO, various Police Depts, ICE, DA				X		X
School Success	10 education liaisons, employed by the County Office of Education Foster Youth Services, who provide a bridge between CWS and schools to support the educational success of school age foster children	Superintendent of Schools	X	X	X	X	X	X
Schools	Placement SW at Montgomery Middle School (North Central only); School-based Family Resource Centers	Schools		X	X			X
Speaker's Bureau	Educates community and school about child abuse		X	X	X	X	X	X

Project/Topic	Description	Partners	CWS Region					Probation
			N.Coastal/ N.Inland	N.Central	Central	East	South	
Structured Decision Making in foster home licensing	Foster Home Licensing is using two SDM tools. The first tool assesses the level of support the foster family will need to have a successful placement outcome. The second assesses the foster parent's current ability to provide care in ten key areas which includes an area focusing on providing permanency to children. The FHL workers who use the SDM tool find that the tool creates a deeper conversation with the potential caregiver.	Children's Research Center	X	X	X	X	X	
Team Decision Making (TDM)	Meetings at each placement decision. Increases ongoing collaboration between county, community based services, and families	n/a	X	X	X	X	X	
Transitional and Step-Down Services	Provides assistance in transitioning children from a residential treatment facility to a family setting by providing mental health case management and therapeutic services.	BHS	X	X	X	X	X	
Treatment and Evaluation Resources Management (TERM) program	Oversight of the fee-for-service mental health provider panel that provides individual, conjoint, and family therapy for CWS clients	BHS	X	X	X	X	X	X
Tribal Collaboration	Club 7 (Indian Youth), Child Assessment Center – Rincon, 7 <sup>th</sup> Generation (workgroup to improve outcomes for Indian foster youth)		X			X		
Vista Hill Juvenile Court Clinic	Provides psychotropic medication second opinions and short-term medication management for youth referred by the Juvenile Courts, Probation, and CWS.	BHS	X	X	X	X	X	X
Wraparound Services	Provides mental health, case management and support services for children involved in CWS.	BHS	X	X	X	X	X	X

## Appendix E: Probation Related Data Supplement

The information contained in this section supplements the Probation-related the information contained in the *California Outcomes and Accountability System Child and Family Services Review 2011 County Self Assessment Report*.

**Probation Area of Focus:** One of the primary focuses for Probation has been to keep families together and reduce the need for out of home placements through a provision of services utilizing multi-faceted approaches. One primary approach is to find relatives in order to preserve family connections whenever possible. In choosing a focus area, Probation reviewed statistics of youth that are placed with relatives. Although the number of relative placements was higher than other counties of similar size and population, the percentage has declined from 16% to 11% from July 2009 to July 2010. Additionally, although statistics show positive numbers regarding placement stability for youth, compared to the federal standard, the number of placement changes was high, as noted through review of Probation Placement Unit generated statistics and through the Probation Research Unit when citing long term placement (at least 24 months in care). Therefore, our area of focus is Placement Stability with particular focus on Relative Placements. This approach has shown positive outcomes in the reduction of placement in long term residential facilities.

**Probation Department:** The San Diego County Probation Department supervises approximately 4100 youth in four regions within the county. The number has fluctuated over the past two years, as a new risk based classification system has been implemented, lowering the number of youth under court and Probation supervision. The department's mission is "Protect community safety, reduce crime and assist victims through offender accountability and rehabilitation." The department emphasis is on providing family based services and avoiding out of home placement. Probation served approximately 100 foster youth monthly during fiscal year 2010/2011. This included youth placed in residential treatment facilities, foster homes and relative/non-relative placements. Through comprehensive assessment, case planning and collaborative efforts, probation officers ensure for that proper services are in place to assist in permanency, well being and positive outcomes for youth in care.

The number of youth in out of home care has steadily decreased as the number of youth placed with parent/guardian or relatives have increased. The number of youth in out of home care has decreased from 121 to 87, a 28% reduction, during fiscal year 2010/2011. Family support has been enhanced through the implementation of local programming, wraparound, and the creation of the Juvenile Forensic Assistance for Stabilization and Treatment (JFAST) program. JFAST incorporates an evidence based model into the provision of services to youth with mental health issues who are involved in the criminal justice system.

**Initiatives:** San Diego County Probation is implementing the Best Practices Approach Initiative (BPAI) department wide. The initiative focuses on training all staff to fully implement Evidenced Based Practices (EBP) for community corrections, implementing a new juvenile assessment and case planning tool, training all staff in Motivational Interviewing (MI), and creating a comprehensive effective case management process. The goal is to substantially reduce recidivism, while increasing cooperation and engagement from offenders.

Demographic Information: Probation's Supervision in 2011 is as follows:

- 4,181 youth were supervised (as of December 31, 2011)
- 7,158 youth were supervised throughout the year
- Average Age 16.02 years
- 1,599 (22%) Female and 5,559 (78%) Male
- 23% Caucasian
- 16% African-American
- 54% Hispanic
- 3% Asian/Pacific Islander
- 4% Other

#### Probation Data

**Permanency: Children have permanency and stability in their living situations without increasing reentry to foster care**

**a. Permanency Composite 1:**

**i. Measure 1-Reunification within 12 Months (exit cohort) (C1.1)**

The percentage of Probation youth who reunified within 12 months from 10/10/10 to 9/30/11 is 80%. This exceeds the Federal Standard (75.2%).

**ii. Measure 2-Median time to reunification (exit cohort)(C1.2)**

The median time to reunification for Probation youth was 3.1 months compared to the Federal Standard of 5.4 months. Probation exceeded this goal.

**b. Permanency Composite 4**

**i. Measure 1- Placement Stability (8 days to 12 months in care) (C4.1)**

The placement stability composite shows that Probation youth remaining in care from 8 days to 12 months was at 99% compared to the Federal Standard of 86%; exceeding the national standard in this area.

**ii. Measure 2-Placement Stability (12 to 24 months in care)(C4.2)**

The placement stability composite shows that Probation youth remaining in care from 12 to 24 months was at 96.6% compared to the Federal Standard of 65.4%; exceeding the national standard in this area.

**iii. Measure 3-Placement Stability (At least 24 months in care)**

The placement stability composite shows that Probation youth remaining in care at least 24 months was at 60.6% compared to the Federal Standard of 41.8%. Probation exceeded the national standard in this area.

**iv. The continuity of family relationships and connections is preserved for children**

1. *Process Measures*
2. *Least Restrictive placement (Point in time Placement: Relative)*

Point-In-Time (PIT) Placements: On 10/1/11, the percentage of children in relative placements (point in time) was 16.8%. This exceeds the State standard of 3.8%, and shows an improvement from 10/10/10, when the percentage was 12.

Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary Proposed Expenditures Worksheet 1

(1) COUNTY: San Diego (2) PERIOD OF PLAN: 7/1/12 thru 6/30/17 (3) YEAR: 1-5  
 (4) FUNDING ESTIMATES: CAPIT: \$941,427.00 CBCAP: \$117,161.00 PSSF: \$2,073,610.00 OTHER: CTE/CWS/PEI

Line No.	Title of Program - Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT				CBCAP				PSSF				OTHER SOURCES	NAME OF OTHER	TOTAL
				E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2			
1	Case Management - SafeCare - Community Services for Families		North County Lifeline, South Bay Community Services, Home Start and Social Advocates for Youth	\$561,856	\$52,297	\$52,297	\$52,297	\$52,297	\$614,507	\$204,834	\$409,673			\$1,138,501	CWS & CTF	\$2,370,161		
2	Case Management - STEP - Community Services for Families		North County Lifeline, South Bay Community Services, Home Start and Social Advocates for Youth	\$235,357	\$21,790	\$21,790	\$21,790	\$21,790	\$256,046	\$85,349	\$170,697			\$408,420	CWS & CTF	\$921,613		
3	Parent Partners - Peer Support - Community Services for Families		North County Lifeline, South Bay Community Services, Home Start and Social Advocates for Youth	\$47,071	\$4,358	\$4,358	\$4,358	\$4,358	\$51,209	\$17,069	\$34,140			\$81,684	CWS & CTF	\$184,322		
4	Parent Education - Community Services for Families		North County Lifeline, South Bay Community Services, Home Start and Social Advocates for Youth	\$94,143	\$8,716	\$8,716	\$8,716	\$8,716	\$102,872	\$34,139	\$68,283			\$165,368	CWS & CTF	\$368,619		
5	Families as Partners - Community Services for Families		South Bay Community Services											\$500,000	PEI	\$500,000		
6	County Child Abuse Prevention Council for Youth and Families	22, 23	TRU				\$30,000	\$30,000						\$105,000	CTF	\$135,000		
7	Adoption Support Services		San Diego Youth Services					\$0	\$414,728							\$414,728		
8	Family Visitation Services		Casa de Anuparo, Crisis House, New Alternatives Inc., Indian Health Council				\$0	\$0	\$414,728							\$414,728		
9	Indian Health Council - Child Abuse Prevention Case Management/Family and Youth Mentor Program		Indian Health Council				\$0	\$0	\$220,900							\$220,900		
				\$941,427	\$87,161	\$0	\$80,000	\$117,161	\$2,033,640	\$561,391	\$682,793			\$2,396,973		\$4,529,201		





(1) COUNTY: San Diego

(2) YEAR: 1-5

Line No.	Title of Program/Practice	Unmet Need	PSSF Family Preservation	PSSF Family Support Services (Community Based)	Time Limited Family Reunification Services	Adoption Promotion and Support Services	Other Direct Service Activity (Provide Title)	Goals
A	B	C	D1-D7	E1-E8	F1-F8	G1-G4	II	I
1-5	Community Services for Families	Family Engagement (See CSA Report Page 89 - 94 for Unmet Needs)	D1: X D2: X D3: D4: D5: X D6: X D7: Other Direct Service	E1: X E2: E3: X E4: E5: E6: E7: X E8: Other Direct Service Information & Referral	F1: F2: F3: F4: F5: F6: F7: F8: Other Direct Service Transportation to / from Services / Activities Temporary Child Care: Crisis Nurseries	G1: X G2: X G3: G4: Activities to Support Adoption Process Activities to Expedite Adoption Process Post-Adoptive Services Pre-Adoptive Services	Respite Visitation See Page 60 in this report case management, case plan development, supervised visitation, health education	Identified Families Access Services and Supports Children and Youth are Nurtured, Safe and Engaged Identified Families Access Services and Supports Identified Families Access Services and Supports
6	Adoption Support Services	More timely Adoptions (See CSA Report Page 89 - 94 for Unmet Needs)	D1: X D2: X D3: D4: D5: X D6: X D7: Other Direct Service Case Management Services Parenting Education & Support Respite Care After Care Services Designed for Child's Return to their Home	E1: E2: E3: E4: E5: E6: E7: E8: Other Direct Service Information & Referral Transportation Early Development Screening Respite Care Parent Education Drop-in Center Home Visitation	F1: F2: F3: F4: F5: F6: F7: F8: Other Direct Service Transportation to / from Services / Activities Temporary Child Care: Crisis Nurseries	G1: G2: G3: G4: Activities to Support Adoption Process Activities to Expedite Adoption Process Post-Adoptive Services Pre-Adoptive Services		Identified Families Access Services and Supports
7	Visitation	Increase Quality Visitation (See CSA Report Page 89 - 94 for Unmet Needs)	D1: D2: D3: D4: D5: D6: D7: Other Direct Service Case Management Services Parenting Education & Support Respite Care After Care Services Designed for Child's Return to their Home	E1: E2: E3: E4: E5: E6: E7: E8: Other Direct Service Information & Referral Transportation Early Development Screening Respite Care Parent Education Drop-in Center Home Visitation	F1: F2: F3: F4: F5: F6: F7: F8: Other Direct Service Transportation to / from Services / Activities Temporary Child Care: Crisis Nurseries	G1: G2: G3: G4: Activities to Support Adoption Process Activities to Expedite Adoption Process Post-Adoptive Services Pre-Adoptive Services		Identified Families Access Services and Supports
8	Indian Health Council	Multiple needs (See CSA Report Page 89 - 94 for Unmet Needs)	D1: D2: D3: D4: D5: D6: D7: Other Direct Service Case Management Services Parenting Education & Support Respite Care After Care Services Designed for Child's Return to their Home	E1: E2: E3: E4: E5: E6: E7: E8: Other Direct Service Information & Referral Transportation Early Development Screening Respite Care Parent Education Drop-in Center Home Visitation	F1: F2: F3: F4: F5: F6: F7: F8: Other Direct Service Transportation to / from Services / Activities Temporary Child Care: Crisis Nurseries	G1: G2: G3: G4: Activities to Support Adoption Process Activities to Expedite Adoption Process Post-Adoptive Services Pre-Adoptive Services		Identified Families Access Services and Supports
9			D1: D2: D3: D4: D5: D6: D7: Other Direct Service Case Management Services Parenting Education & Support Respite Care After Care Services Designed for Child's Return to their Home	E1: E2: E3: E4: E5: E6: E7: E8: Other Direct Service Information & Referral Transportation Early Development Screening Respite Care Parent Education Drop-in Center Home Visitation	F1: F2: F3: F4: F5: F6: F7: F8: Other Direct Service Transportation to / from Services / Activities Temporary Child Care: Crisis Nurseries	G1: G2: G3: G4: Activities to Support Adoption Process Activities to Expedite Adoption Process Post-Adoptive Services Pre-Adoptive Services		Identified Families Access Services and Supports
			D1: D2: D3: D4: D5: D6: D7: Other Direct Service Case Management Services Parenting Education & Support Respite Care After Care Services Designed for Child's Return to their Home	E1: E2: E3: E4: E5: E6: E7: E8: Other Direct Service Information & Referral Transportation Early Development Screening Respite Care Parent Education Drop-in Center Home Visitation	F1: F2: F3: F4: F5: F6: F7: F8: Other Direct Service Transportation to / from Services / Activities Temporary Child Care: Crisis Nurseries	G1: G2: G3: G4: Activities to Support Adoption Process Activities to Expedite Adoption Process Post-Adoptive Services Pre-Adoptive Services		Identified Families Access Services and Supports
			D1: D2: D3: D4: D5: D6: D7: Other Direct Service Case Management Services Parenting Education & Support Respite Care After Care Services Designed for Child's Return to their Home	E1: E2: E3: E4: E5: E6: E7: E8: Other Direct Service Information & Referral Transportation Early Development Screening Respite Care Parent Education Drop-in Center Home Visitation	F1: F2: F3: F4: F5: F6: F7: F8: Other Direct Service Transportation to / from Services / Activities Temporary Child Care: Crisis Nurseries	G1: G2: G3: G4: Activities to Support Adoption Process Activities to Expedite Adoption Process Post-Adoptive Services Pre-Adoptive Services		Identified Families Access Services and Supports
			D1: D2: D3: D4: D5: D6: D7: Other Direct Service Case Management Services Parenting Education & Support Respite Care After Care Services Designed for Child's Return to their Home	E1: E2: E3: E4: E5: E6: E7: E8: Other Direct Service Information & Referral Transportation Early Development Screening Respite Care Parent Education Drop-in Center Home Visitation	F1: F2: F3: F4: F5: F6: F7: F8: Other Direct Service Transportation to / from Services / Activities Temporary Child Care: Crisis Nurseries	G1: G2: G3: G4: Activities to Support Adoption Process Activities to Expedite Adoption Process Post-Adoptive Services Pre-Adoptive Services		Identified Families Access Services and Supports

Appendix G: CAPC, PSSF Collaborative, and CCTF Commission Rosters

<b>Child Abuse Prevention Consortium (CAPC) Roster</b>		
<b>Organization</b>	<b>Name</b>	<b>Address/ Phone Number</b>
Deputy Director, Child Welfare	Debra Zanders-Willis	8965 Balboa Ave San Diego, CA 92123 (858) 616-5812
Chief Probation Officer or Designee	Mack Jenkins	9444 Balboa Ave., Suite 500 San Diego, CA 92123 (858) 514-3200
Juvenile Court, Designee	TBD	TBD
Consumer	TBD	TBD
District One – Supervisor Greg Cox, Designee	TBD	TBD
District Two – Supervisor Dianne Jacob, Designee	TBD	TBD
District Three – Supervisor Pam Slater-Price, Designee	TBD	TBD
District Four – Supervisor Ron Roberts, Designee	TBD	TBD
District Five – Supervisor Bill Horn, Designee	TBD	TBD
CAPC Representative	Roseann Myers	4990 Viewridge Ave., 1st Floor, San Diego, CA 92123 (858) 514-6603

<b>Promoting Safe and Stable Families (PSSF) Collaborative Roster</b>		
<b>Organization</b>	<b>Name</b>	<b>Address/ Phone Number</b>
Deputy Director, Child Welfare	Debra Zanders-Willis	8965 Balboa Ave San Diego, CA 92123 (858) 616-5812
Chief Probation Officer or Designee	Mack Jenkins	9444 Balboa Ave., Suite 500 San Diego, CA 92123 (858) 514-3200
Juvenile Court, Designee	TBD	TBD
Consumer	TBD	TBD
District One – Supervisor Greg Cox, Designee	TBD	TBD
District Two – Supervisor Dianne Jacob, Designee	TBD	TBD
District Three – Supervisor Pam Slater-Price, Designee	TBD	TBD

District Four – Supervisor Ron Roberts, Designee	TBD	TBD
District Five – Supervisor Bill Horn, Designee	TBD	TBD
PSSF Liaison	Roseann Myers	4990 Viewridge Ave., 1st Floor, San Diego, CA 92123 (858) 514-6603

### CCTF Commission (CTF Council) Roster

Organization	Name	Address/ Phone Number
Deputy Director, Child Welfare	Debra Zanders-Willis	8965 Balboa Ave San Diego, CA 92123 (858) 616-5812
Chief Probation Officer or Designee	Mack Jenkins	9444 Balboa Ave., Suite 500 San Diego, CA 92123 (858) 514-3200
Juvenile Court, Designee	TBD	TBD
Consumer	TBD	TBD
District One – Supervisor Greg Cox, Designee	TBD	TBD
District Two – Supervisor Dianne Jacob, Designee	TBD	TBD
District Three – Supervisor Pam Slater-Price, Designee	TBD	TBD
District Four – Supervisor Ron Roberts, Designee	TBD	TBD
District Five – Supervisor Bill Horn, Designee	TBD	TBD
CTF Council Representative	Roseann Myers	4990 Viewridge Ave., 1st Floor, San Diego, CA 92123 (858) 514-6603

## Appendix H: SIP Planning Team Roster

<b>SIP Planning Team Roster</b>		
<b>Organization</b>	<b>Name</b>	<b>Address/ Phone Number</b>
Child Welfare Services	Roseann Myers	4990 Viewridge Ave.
	Leesa Rosenberg	San Diego, CA 92123
	Luis Fernandez	(858) 514-6603
	Kim Frink	
	Patricia Hoyt	
	Becky Kennedy	
	Stephanie Lawson	
	Leah van Lingen	
Probation	Pablo Carrillo	2901 Meadowlark Dr. San Diego, CA 92123 (858) 694-4331
Commission on Children, Youth and Families (CCYF)	Harold Randolph	1495 Pacific Hwy Ste. 201 San Diego, CA 92101 619-230-6479
Harder+Company Community Research (facilitation, data collection, and report support)	Jennifer James Cristina Magaña Amy Panczakiewicz	3965 5th Ave, Ste. 420 San Diego, CA 92103 (619) 398-1980

**COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
TUESDAY, MAY 8, 2012**

**MINUTE ORDER NO. 6**

**SUBJECT: APPROVAL OF THE CALIFORNIA OUTCOME AND ACCOUNTABILITY SYSTEM, COUNTY OF SAN DIEGO 2012 - 2017 CHILD WELFARE AND PROBATION SYSTEM IMPROVEMENT PLAN (DISTRICTS: ALL)**

**OVERVIEW:**

The Board of Supervisors has demonstrated a long-term commitment to improving the welfare of children in San Diego County. In 2001, the California Child Welfare System Improvement and Accountability System Act (Act), was implemented with the goal of improving Child Welfare and Probation Department outcomes pertaining to child safety, permanence, and well-being. The Act required the California Department of Social Services to establish a child welfare system review process in each county beginning on January 1, 2004.

In partnership with their community and child abuse prevention partners, each county develops a five-year System Improvement Plan (SIP) that focuses on services to families from prevention through the continuum of care. The SIP process integrates the planning for child abuse prevention, intervention and treatment services to maximize resources, increase partnerships and improve collaboration. On February 7, 2012 (5), your Board approved the submission of the County Self Assessment (CSA) to the State of California. The SIP incorporates the CSA findings as well as stakeholder input.

Today's action seeks Board approval of the 2012-2017 County of San Diego Child Welfare System Improvement Plan, verifying public input and authorizing submission to the State. This item furthers the County's adopted *Live Well, San Diego!* initiative by supporting the full scope of Child Welfare and Probation Services within the county to improve services and prevention efforts. Today's action will also authorize adoption of a Resolution designating the Health and Human Services Agency as the public agency to administer prevention and intervention funds. In addition, this item requests Board approval to authorize submission of the California Department of Social Services' form titled, "Notice of Intent CAPIT/CBCAP/PSSF Program Contracts for San Diego County", which states that the County intends to contract with non-profit social service provider(s) for child abuse prevention and intervention services.

**FISCAL IMPACT:**

Funds for this request are included in the Fiscal Year 2011-13 Operational Plan for the Health and Human Services Agency. If approved, this request will result in annual costs and revenue of approximately \$3,132,228 and subsequent year cost and revenue of \$3,132,228. The funding sources are Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF). There will be no change in net County General Fund cost. No additional staff years will be required.

**BUSINESS IMPACT STATEMENT:**

N/A

**RECOMMENDATION:**

**CHIEF ADMINISTRATIVE OFFICER**

1. Approve the 2012-2017 County System Improvement Plan as required by State regulations, verifying public input and direct the Clerk of the Board to execute the Plan.
2. Adopt a resolution titled A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO RELATING TO THE COUNTY OF SAN DIEGO CHILD WELFARE SYSTEM IMPROVEMENT PLAN and authorize the Health and Human Services Agency to submit the resolution to the California Department of Social Services.
3. Adopt a resolution titled A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO RELATING TO THE DESIGNATION OF THE COUNTY OF SAN DIEGO CHILD ABUSE PREVENTION COORDINATING COUNCIL designating the County of San Diego Child Abuse Prevention Coordinating Council as the local Child Abuse Council fulfilling all statutory duties.
4. Approve and authorize the Director, Health and Human Services Agency to execute the California Department of Social Services form titled, "Notice of Intent CAPIT/CBCAP/PSSF Program Contracts for San Diego County", and to submit the form to the California Department of Social Services.

**ACTION:**

ON MOTION of Supervisor Horn, seconded by Supervisor Slater-Price, the Board took action as recommended, on Consent, adopting Resolution No. 12-063, entitled: A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO RELATING TO THE COUNTY OF SAN DIEGO CHILD WELFARE SYSTEM IMPROVEMENT PLAN and Resolution No. 12-064, entitled: A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO RELATING TO THE DESIGNATION OF THE COUNTY OF SAN DIEGO CHILD ABUSE PREVENTION COORDINATING COUNCIL.

AYES: Cox, Jacob, Slater-Price, Roberts, Horn

State of California)  
County of San Diego) §

I hereby certify that the foregoing is a full, true and correct copy of the original entered in the Minutes of the Board of Supervisors.

THOMAS J. PASTUSZKA  
Clerk of the Board of Supervisors



By *Andrew Potter*  
Andrew Potter, Chief Deputy

Resolution No. 12-063

Meeting Date: 05/08/2012 (6)

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO  
RELATING TO THE COUNTY OF SAN DIEGO CHILD WELFARE SYSTEM  
IMPROVEMENT PLAN

WHEREAS, the County of San Diego is committed to protecting children from abuse and neglect, and

WHEREAS, the California Department of Social Services, Children and Family Services Division, oversees the California Outcomes and Accountability System (COAS), formerly known as the California Children and Family Services Review (C-CFSR), to monitor and assess the quality of services provided on behalf of maltreated children, and

WHEREAS, the California Department of Social Services, Office of Child Abuse Prevention makes available State revenue under the Child Abuse Prevention, Intervention and Treatment program, and

WHEREAS, the Office of Child Abuse Prevention allocates federal revenue under the Community Based Child Abuse Prevention and Promoting Safe and Stable Families programs, and

WHEREAS, the Board of Supervisors of the County of San Diego has determined that there is a need for child abuse prevention and intervention services to strengthen the effectiveness of the Community Services for Families Continuum, which integrates County child abuse prevention and intervention programs and services, and

WHEREAS, revenue received under the Child Abuse Prevention, Intervention and Treatment, Community Based Child Abuse Prevention and Promoting Safe and Stable Families, assists the County of San Diego to achieve goals outlined in the "Kids" and "Safe and Livable Communities" initiatives in the County's Five-Year Strategic Plan, and

WHEREAS, the Health and Human Services Agency will administer revenue and contracts that provide services funded by the Child Abuse Prevention, Intervention and Treatment, Community-Based Child Abuse Prevention and Promoting Safe and Stable Families programs, and

WHEREAS, the County of San Diego Health and Human Services Agency developed the approved report for funding under the Child Abuse Prevention, Intervention and Treatment, Community Based Child Abuse Prevention and Promoting Safe and Stable Families programs for Fiscal Years 2012-13, 2013-14, 2014-2015, 2015-2016, 2016-2017, and

WHEREAS, the System Improvement Plan meets the requirements specified by the California Department of Social Services, Children and Family Services Division and the Office of Child Abuse Prevention, and is approved by the Board of Supervisors;

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Board of Supervisors of the County of San Diego approves the Child Welfare System Improvement Plan for Fiscal Years 2012-2017 and authorizes the Health and Human Services Agency to submit the County of San Diego's System Improvement Plan to the California Department of Social Services, Children and Family Services Division and the Office of Child Abuse Prevention.

ON MOTION of Supervisor Horn, seconded by Supervisor Slater-Price, the above Resolution was passed and adopted by the Board of Supervisors, County of San Diego, State of California, on this 8<sup>th</sup> day of May, 2012, by the following vote:

AYES: Cox, Jacob, Slater-Price, Roberts, Horn

- - -

STATE OF CALIFORNIA)  
County of San Diego)<sup>SS</sup>

I hereby certify that the foregoing is a full, true and correct copy of the Original Resolution entered in the Minutes of the Board of Supervisors.

THOMAS J. PASTUSZKA  
Clerk of the Board of Supervisors

By: Nancy Vizcarra  
Nancy Vizcarra, Deputy



No. 12-063  
05/08/2012 (6)

Resolution No. 12-064

Meeting Date: 05/08/2012 (6)

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO  
RELATING TO THE DESIGNATION OF THE COUNTY OF SAN DIEGO CHILD ABUSE  
PREVENTION COORDINATING COUNCIL

WHEREAS, on April 3, 2012 (11) the Board of Supervisors adopted Ordinance No. 10207 creating the County of San Diego Child Abuse Prevention Coordinating Council in article IIIo, commending with Section 84.90 of the County Administrative Code; and

WHEREAS, County Administrative Code Section 84.90 establishes the Council to comply with the requirements of Welfare and Institutions Code section 18980 and related sections; and

WHEREAS, Section 84.98(g) of article IIIo of the County Administrative Code designates the Child Abuse Prevention Coordinating Council to administer the Children's Trust Fund to support local child abuse prevention efforts, in accordance with Welfare and Institution Codes 18967, 18982 and related sections;

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Board of Supervisors of the County of San Diego has created, authorized and designated the County Child Abuse Prevention Coordination Council to undertake the functions and responsibilities, as described in California Welfare and Institutions Code sections 18967, 18982 and related sections, including administration of the County's Children's Trust Fund.

ON MOTION of Supervisor Horn, seconded by Supervisor Slater-Price, the above Resolution was passed and adopted by the Board of Supervisors, County of San Diego, State of California, on this 8<sup>th</sup> day of May, 2012, by the following vote:

AYES: Cox, Jacob, Slater-Price, Roberts, Horn

- - -

STATE OF CALIFORNIA)  
County of San Diego)<sup>SS</sup>

I hereby certify that the foregoing is a full, true and correct copy of the Original Resolution entered in the Minutes of the Board of Supervisors.

THOMAS J. PASTUSZKA  
Clerk of the Board of Supervisors

By: Nancy Vizcarra  
Nancy Vizcarra, Deputy



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

NOTICE OF INTENT
CAPIT/CBCAP/PSSF PROGRAM CONTRACTS
FOR SAN DIEGO COUNTY

PERIOD OF PLAN: 07/01/12 THROUGH 06/30/17

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

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

The County Board of Supervisors designates, the Health and Human Services Agency as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates, the Health and Human Services Agency as the public agency to administer PSSF.

Please check the appropriate box.

- Checked box: The County intends to contract with public or private nonprofit agencies to provide services.
Unchecked box: The County does not intend to contract with public or private nonprofit agencies to provide services and will subcontract with \_\_\_\_\_ County to provide administrative oversight of the projects.

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

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

Handwritten signature of Thomas J. Pastuszka

Handwritten date: 5.15.12

County Board of Supervisors Authorized Signature

Date

Thomas J. Pastuszka
Print Name

Clerk, Board of Supervisors
Title

Approved and/or authorized by the Board of Supervisors of the County of San Diego.
Date: 5/8/12 Minute Order No. 6
THOMAS J. PASTUSZKA
Clerk of the Board of Supervisors
By: Nancy Vincenz Deputy Clerk

Handwritten initials: [Signature]

Appendix L

Attachment D

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

NOTICE OF INTENT
CAPIT/CBCAP/PSSF PROGRAM CONTRACTS
FOR SAN DIEGO COUNTY

PERIOD OF PLAN: 07/01/12 THROUGH 06/30/17

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

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

The County Board of Supervisors designates, the Health and Human Services Agency as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates, the Health and Human Services Agency as the public agency to administer PSSF.

Please check the appropriate box.

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

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

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

Handwritten signature of Thomas J. Pastuszka

Handwritten date: 5.15.12

County Board of Supervisors Authorized Signature

Date

Thomas J. Pastuszka
Print Name

Clerk, Board of Supervisors
Title

Approved and/or authorized by the Board of Supervisors of the County of San Diego.

Date: 5/8/12 Minute Order No: 6

THOMAS J. PASTUSZKA
Clerk of the Board of Supervisors

By: [Handwritten Signature] Deputy Clerk



AMERICAN UNIVERSITY  
WASHINGTON, D.C.