

California Child and Family Services Review

Annual SIP Progress Report

APRIL 2013



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SIP Progress Narrative

Introduction

This Progress Narrative will provide information outlining the System Improvement Plan (SIP) efforts that El Dorado County (EDC), in collaboration with our internal stakeholders and community partners, has implemented for the initial twelve (12) months of our five (5) year plan of improvement.

The originally submitted data tables, found on pages 4-5 of the current SIP, provide statistical analysis that is not aligned with the EDC's current goal of reaching national standards for the outcome measures identified in our SIP.

This narrative will update EDC's Health and Human Services Agency (HHSA) SIP goals, strategies and timeframes to ensure the SIP is accurate and achievable; while demonstrating a clear plan on how HHSA intends to implement systemic changes to produce improved outcomes in our designated outcome measurements.

SIP Progress Narrative and Stakeholders Participation

HHSA continues to emphasize the need for collaborative efforts to benefit the children and families we serve on a daily basis. As a human services agency, we are fortunate to have the ability to coordinate internal multidisciplinary meetings from various representatives of our departments, including but not limited to local law enforcement agencies, the Child Abuse Prevention Council (CAPC), Foster Youth Services, EDC Mental Health, Foster Awareness Network (FAN), Big Brothers Big Sisters of EDC, EDC Public Health, Alcohol and Other Drug (AOD) Services, CalWorks, EDC Welfare to Work (WTW), our onsite Public Health Nurses (PHN) and an onsite representative from the El Dorado County Office of Education (EDCOE). Both internally and externally there continues to be open dialogue between partnering agencies and families as we navigate implementation and assessment of SIP activities.

The frequency of contact with our stakeholders varies based on the collaborative work we are engaged in with one another. There are regular meetings that have weekly participation from our partnering agencies and Community Based Organizations (CBO); other team

meetings occur less frequently, meeting bi-weekly, monthly, quarterly and annually. These meetings continue to provide the forum for an open dialogue to discuss the status of our working relationships; and the opportunity to address challenges and implement improvement plans to benefit our mutual clientele.

Current Performance towards SIP Improvement Goals

Child Welfare Services (CWS) Priority Outcome Measure or Systemic Factor - CWS: CFSR Measure C4.3 Placement Stability (At Least 24 Months in Care).

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

- **National Standard:** 41.8% or higher of one or two settings.
- **Baseline Performance:** According to the January 2012 Quarterly Data Report¹ (3rd Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 112 children who have been in foster care for twenty-four (24) months or more, thirty-three (33) have had two (2) or fewer placements. This is a 29.5% rate of placement stability.
- **Target Improvement Goal:** HHSA's goal is to increase by 5% or more each year of the plan to attain an average of 49%, by May 20, 2017. It should be noted that this target improvement goal has been altered from the SIP, to better reflect a clear and consistent goal that aligns with HHSA efforts to reach, and surpass, the National Goal in this outcome measurement.
- **Current Performance:** According to the 2012 3rd Quarter Data Report² (10/2011 - 09/2012) from the UC-Berkley Dynamic Reporting System, of the 113 youth had been in placement for at least twenty four (24) months, thirty-four (34) had been in two (2) or fewer placements. This is a 30.1% rate of placement stability.

¹Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved March, 6 2012, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

²Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved March, 6 2012, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

CWS Priority Outcome Measure or Systemic Factor - CWS: CFSR Measure C2.5
Adoption within 12 Months (Legally Free).

This measure computes the percentage of children discharged from foster care to adoption within twelve (12) months of becoming legally free. The denominator consists of all children declared legally free for adoption during the year; the numerator includes those children who were then discharged to a finalized adoption within the next twelve (12) months.

- **National Standard:** 53.7% or higher adopted within twelve (12) months (Legally Free).
- **Baseline Performance:** According to the January 2012 Quarterly Data Report³ (3rd Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the forty-eight (48) children who were declared legally free for adoption, six (6) were discharged to a finalized adoption within the next twelve (12) months. This is a 12.5% rate of adoption within twelve (12) months.
- **Target Improvement Goal:** HHSA intends to increase the compliance percentage of the goal every year by 8%. HHSA's implementation strategy will allow the National goal of 53.7% to be obtained or surpassed by May 20, 2017.
- **Current Performance:** According to the 2012 3rd Quarter Data Report⁴ (10/2010 - 09/2011) from the UC-Berkley Dynamic Reporting System, a total of twenty-seven (27) youth became freed for adoption, and nine (9) of the twenty-seven (27) youth were adopted during the subsequent twelve (12) month timeframe. This is a 33% rate of adoption within twelve (12) months.

CWS Priority Outcome Measure or Systemic Factor - CWS: AB 636 Measure 5A
Health and Education Passport.

This measure computes the percentage of children entering foster care, for the first time, who have an initiated health passport. The denominator consists of all children entering foster care for the first time; the numerator includes those children who have an initiated health passport.

³ Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved March, 6 2012, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

⁴ Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved March, 6 2012, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

- **National Standard:** Not applicable
- **Baseline Performance:** According to SafeMeasures® data⁵ (4th Quarter of 2011), of the twenty-seven (27) children who entered foster care for the first time, six (6) had an initiated Health and Education Passport. This is a 22.2% rate of initiated health passports.
- **Target Improvement Goal:** HHSA intends to increase the completion of Health and Education passports by at least 10% each plan year, to achieve a total completion rate of at least 80% by May 20, 2017.
- **Current Performance:** According to Safemeasures® data⁶ (4th Quarter of 2012), of the forty-four (44) children who entered foster care for the first time, thirty-seven (37) had an initiated Health and Education Passport. This is an 84.1% rate of initiated health passports.

Probation Priority Outcome Measure or Systemic Factor - Probation: Children are maintained in their own homes whenever possible and appropriate.

- **National Standard:** Not applicable
- **Baseline Performance:** To ensure that less than fifteen (15) minors are placed out of home.
- **Target Improvement Goal:** EDC's Department of Probation (Probation) will continue to refer minors to local resources in an attempt to keep minors in their homes with their families; thereby, keeping the number of minors placed out of the home under fifteen (15). Probation will utilize local resources, including out-patient counseling and related services, in an attempt to keep a minor at home with his/her family; thus, negating the need for placement. Local resources also include in-custody (Juvenile Hall) programs, such as the 60-day Substance Abuse Turnaround Education Program (STEP), the 120-day Family Reunification Program (FRP), and the 180-day Challenge Program.
- **Current Performance:** Probation supervision, in conjunction with in-custody and out-of-custody programs focusing on counseling for substance abuse, families, anger

⁵Children's Research Center SafeMeasures® Data. El Dorado County AB 636 Measure 5A: Health and Education Passport. Retrieved March 6, 2012 from Children's Research Center website. URL: <https://www.safemeasures.org/ca/safemeasures.aspx>

⁶Children's Research Center SafeMeasures® Data. El Dorado County AB 636 Measure 5A: Health and Education Passport. Retrieved March 6, 2012 from Children's Research Center website. URL: <https://www.safemeasures.org/ca/safemeasures.aspx>

management and life skills, have assisted most minors to remain in the homes of their parent(s)/guardian(s). These programs have proven helpful, as the number of minors in placement since March of 2012 to present have remained under the goal of fifteen (15), with the current number of minors currently at twelve (12). This includes those minors placed in relative and non-relative extended family member homes.

Strategies Status Update

Strategy 1

CWS- HHSA will implement a family teaming model which incorporates Signs of Safety (SOS) practice:

- HHSA will research, analyze and select a family teaming model to implement (Timeframe: May 21, 2012 - August 31, 2012).
- HHSA will identify case events that will benefit from a family teaming approach and develop procedures for each event (Timeframe: September 1, 2012 - October 31, 2012).
- HHSA will train social workers to utilize an engagement approach (Timeframe: November 1, 2012 – Continuing).
- HSSA will implement a family teaming model (Timeframe: January 1, 2013).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15th).

SUMMARY:

HHSA initially selected Signs of Safety (SOS) as our Child Protective Services (CPS) family teaming approach. The integration of SOS and Structured Decision Making (SDM) to create Safety Organized Practice (SOP) has been selected by HHSA; thereby, enabling HHSA to integrate engagement efforts with the structured assessment tools and protective language found in SDM. HHSA is also utilizing Team Decision Making (TDM) meetings with families. Additionally, HHSA is working with UC-Davis on sending staff members to TDM facilitation training to establish a broader pool of experienced facilitators. HHSA is also identifying times to conduct TDMs for placement decisions and other critical, case decision-making points that will be integrated into the development of HHSA's core case practice model.

Training has begun for social workers and supervisors; however, due to limited staff participation, resulting from on-going recruitment and retention issues for social worker positions, the training has not been as robust as initially planned. Training will be ongoing to meet the needs of our children and families, and HHSA is committed to the continuous improvement and implementation of the engagement work within SOP by our staff.

Strategy 2

CWS: HHSA will support Foster Parent and Kinship Support programs:

- HHSA will continue to provide P.R.I.D.E. training to all foster parents and extend training to kinship providers on a voluntary participation basis (Timeframe: May 21, 2012 - May 20, 2017).
- HHSA will assign a foster parent liaison who is a single point of contact for foster parents (Timeframe: January 1, 2014).
- HHSA will provide an updated resource guide for foster and kinship providers (Timeframe: Once, each plan year).
- HHSA will provide continuing education in the form of six (6) relevant trainings delivered during Foster Parent Association Meetings (Timeframe: Each plan year).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15th).

SUMMARY:

P.R.I.D.E. classes continue to be provided to foster parents and kinship providers on a regular basis. Three (3) sessions are offered per calendar year, with each session lasting six (6) weeks and providing eighteen (18) hours of educational credits. Additionally, an agreement with Foster Family Services allows our foster parents and relative care providers to make up missed sessions by utilizing their training program. This allows our foster parent program to be flexible to meet the needs of our families and their schedules. Lilliput Children's Services is providing supportive services through HHSA's Kinship Support Services Program (KSSP) to dependent and non-dependent children and their families. HHSA also provides referrals to Big Brothers Big Sisters of EDC through the Children and Parents Resource Team (CPRT). Big Brothers Big Sisters has two (2) foster parent mentors that provide weekly mentoring to parents of dependent children. This mentoring program has evolved in the last year and resulted in unification for one family receiving services. Big Brothers Big Sisters plans to continue to grow and develop this exciting program, and HHSA will continue to support their efforts in EDC. HHSA has maintained a single point of

contact for foster parents to contact in the past; however, HHSA's recruitment and retention issues have recently left this position vacant. HHSA is reviewing sustainable plans to have a foster parent liaison staff position. The timeframe on this assignment has been adjusted due to the aforementioned barriers.

Strategy 3

CWS: HHSA will implement a parent engagement, training and mutual support program:

- HHSA will institute a yearly Parent Leadership Course (Timeframe: January 1, 2013- Once, each plan year).
- HHSA will develop a Parents Anonymous® (PA) or similar group chapter (Timeframe: September 1, 2012 - September 30, 2014).
- HHSA will develop a parent mentor program using academy graduates and PA participants (Timeframe: October 1, 2012 - May 20, 2017).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15th).

SUMMARY:

HHSA has entered into a contractual agreement with The Center for Violence Free Relationships (The Center) to provide leadership development for parents on an individual basis. HHSA is working with community partners to organize a support group for parents, which will work in concert with the efforts of The Center, to formulate a parent mentor program to help first time families navigate the Child Welfare System. This is ongoing effort that will require more developmental conversations, internally and externally, to see these programs be initiated and maintained.

Strategy 4

CWS: HHSA will continue to support and promote Foster Parent Recruitment.

- HHSA will recognize and promote National Foster Care Month each May (Timeframe: Once, each plan year).
- HHSA will promote foster parenting in local publications and community groups (Timeframe: Once, each plan year).
- HHSA will identify a staff member to become part-time or full-time recruiter and implement foster parent recruitment (Timeframe: January 1, 2014).



- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15th).

SUMMARY:

HHSA recognizes and appreciates Foster Parents annually with a proclamation that is acknowledged by the Board of Supervisors. HHSA organizes a luncheon for our foster parents as a gesture of appreciation for their tireless work within the community. HHSA works collaboratively with the Foster Awareness Network (FAN) and with Foster Family Agencies on promotion and recruitment for foster parents in our community.

Recent turnover in staff has resulted in the need to have an identified foster parent liaison that may also serve as a recruiter. HHSA has a history of maintaining a single point of contact for our foster parents to discuss issues pertaining to their needs. Additionally, the timeframe on identifying a staff member to assume these duties will necessarily need to be adjusted to January 1, 2014; to allow for additional recruitments to occur and the completion of hiring processes to fill vacant social worker positions.

Strategy 5

CWS: HHSA will implement a structured Family Finding Effort (FFE) policy and procedure.

- HHSA will develop a plan for ongoing FFEs at specific case events or time periods (Timeframe: May 21, 2012 - July 31, 2012).
- HHSA will educate staff on how to track FFE in the Child Welfare System/Case Management System (CWS/CMS) (Timeframe: August 1, 2012 - Continuing).
- HHSA will develop a process to measure FFE program effectiveness (Timeframe: August 1, 2012 - September 30, 2012).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15th).

SUMMARY:

HHSA has completed its Family Finding practice and has released this process to staff. Furthermore, HHSA has assigned a staff member to initiate Family Finding efforts on all referrals that are initially promoted to out of home care. Family Finding will also be completed for youth in Permanency Planning as they prepare to exit foster care or explore

additional options, such as AB 12 or Transitional Housing Programs (THP+FC and THP-Plus). Staff has been trained on the completion of the data elements necessary to complete Family Finding in CWS/CMS with data reports being generated from Business Objects® to analyze Family Finding efforts. Furthermore, staff has been advised to include Family Finding tools and strategies to develop additional relative connection information and utilize these practices at appropriate stages of engagement with dependent children and their families.

Strategy 6

CWS: HHSA will increase the collaboration between CPS, CBOs and stakeholders, to include Court Appointed Special Advocates (CASA) volunteers.

- HHSA will continue to promote and support CPRT (Timeframe: July 1, 2012 - May 20, 2017).
- HHSA will contact primary community partners and gather ideas on how collaboration can be increased and improved (Timeframe: May 21, 2012 - Continuing).
- HHSA will review feedback received from our community partners, and discuss these ideas with CPS management to determine several areas of focus and/or improvement (Timeframe: September 1, 2012- Continuing).
- HHSA will develop at least two (2) programs to enhance collaboration between CPS, CBOs and stakeholders (Timeframe: October 1, 2012 - December 31, 2016).
- HHSA will implement each collaborative program one-at-a-time to ensure effective program management and support (Timeframe: January 1, 2013 - January 1, 2017).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15th).

SUMMARY:

HHSA continues to promote and support the work done in CPRT. This forum provides a regular venue for stakeholders to discuss solutions to problems in cases, and to promote ongoing collaboration to promote more positive case outcomes. The multi-disciplinary meetings regularly include participants from EDC Mental Health, EDC Public Health, CASA, EDCOE, PHNs, EDC Housing, area hospital staff and various CBO representatives. These meetings have provided coordinated actions for cases within CPS, but also serve as forum to address systemic issues that require the attention of the aforementioned partners and professionals.

HHSA has recognized the need for growing more collaborative efforts and has instituted a monthly Law Enforcement Collaborative meeting with local Law Enforcement Agency's to coordinate efforts, identify mutual clients, and primarily focus on child victims of sexual assault and their families. The original timeframes for some of these strategies have been modified to reflect a more accurate Timeframe and definition of each strategy. For instance, strategies 6B and 6C have an "on-going" timeframe as we consistently seek feedback from our stakeholders and community partners, obtain adequate staffing levels and assess HHSA's internal processes for continuous quality improvement.

Strategy 7

Probation: Probation will continue to refer minors to local resources in an attempt to keep minors in their homes, with their families and keeping the number of minors placed out of the home at under fifteen (15).

- Probation will utilize local resources, including out-patient counseling and related services, in an attempt to keep a minor at home with his/her family, thereby negating the need for placement (Timeframe: May 21, 2012 - May 20, 2017).
- Probation will utilize in-custody (Juvenile Hall) programs, such as the 60-day Substance Abuse Turnaround Education Program (STEP), the 120-day Family Reunification Program (FRP), and the 180-day Challenge Program (Timeframe: May 21, 2012 - May 20, 2017).
- Deputy Probation Officers (DPO) will review the case file and CWS/CMS, assess the minor's needs and discuss these needs with the minor and parent(s) at the initial meeting to determine necessary services; the DPO will then make a referral to an appropriate local resource (Timeframe: May 21, 2012 - May 20, 2017).
- The Supervising DPO will review cases regularly to ensure appropriate local resources are in place or the minor has been referred to such resources (Timeframe: May 21, 2012 - May 20, 2017).
- The DPO will continue to supervise the minor during participation and after completion of a program (Timeframe: May 21, 2012 - May 20, 2017).

SUMMARY:

Probation continues to focus on maintaining minors safely in their homes whenever possible and appropriate. The strategies outlined in the 2012 SIP remain continuous and ongoing. All DPOs supervising minors continue to implement these strategies in order to maintain these minors in their own homes.

To further assist with the implementation of these strategies, the Probation Department contracted with New Morning Youth and Family Services (NMYFS), in November of 2011, to provide on-sight counseling services to minors detained in the juvenile detention facility on the West Slope. Minors who are directed to participate in these counseling services also receive four (4) weeks of after-care services from NMYFS, following their release from the detention facility.

All minors are referred to services addressing their emotional, mental health and educational needs, whether they remain in the home or placed out of the home. These strategies remain inherent to the philosophy of Probation to maintain children in their own homes whenever possible and appropriate. When placement becomes necessary, the first options researched are relative and non-relative extended family member homes, as appropriate.

Strategy 8

Probation: If a minor is ordered by the Court to participate in an in-custody program; the minor will be supervised by a DPO while in the program and will be referred to appropriate local resources upon release from custody.

- The DPO will evaluate the minor's needs with the coordinator of the appropriate in-custody program; and either a referral will be made prior to the minor's release or an appointment will be made for the minor to attend an appointment as soon as possible following release (Timeframe: May 21, 2012 - May 20, 2017).
- The Supervising DPO will review cases regularly to ensure appropriate local resources are in place or the minor has been referred to such resources (Timeframe: May 21, 2012 - May 20, 2017).

SUMMARY:

Probation continues to focus on maintaining minors safely in their homes whenever possible and appropriate. The strategies outlined in the 2012 SIP remain continuous and ongoing. All DPOs supervising minors continue to implement these strategies in order to maintain these minors in their own homes.

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receive four (4) weeks of after-care services from NMYFS, following their release from the detention facility.

All minors are referred to services addressing their emotional, mental health and educational needs, whether they remain in the home or placed out of the home. These strategies remain inherent to the philosophy of Probation to maintain children in their own homes whenever possible and appropriate. When placement becomes necessary, the first options researched are relative and non-relative extended family member homes, as appropriate.

Barriers to Implementation

HHSA continues to have issues surrounding the ability to recruit and retain social workers. These issues affect all aspects of child welfare work, in that ongoing recruitment and training of new staff becomes vital to the day-to-day case management of dependent children and their families. At times, the implementation of planned processes and assignment of specialized tasks is forced to become secondary. However, HHSA continues to diligently examine the issues related to social worker job satisfaction, continuing education and career development. HHSA recognizes the need to support those interested in becoming social workers and the need to recruit, educate and retain qualified social workers. This concept is supported by all levels of management, and proactive, systemic improvement measures are in various stages of implementation.

Other Successes/Promising Practices

HHSA is engaged in a variety of quality improvement efforts to meet the SIP goals; as outlined in the body of this report and other critical outcome measurements that demonstrate the effectiveness of our work. HHSA will continue to utilize SDM and SOP, and CPS will continually incorporate and utilize these practices at appropriate stages of engagement with dependent children and their families. All CPS supervisors have been trained in SafeMeasures® within the past year and have incorporated SafeMeasures® into their unit supervision. Training for social worker has been expanded to include SafeMeasures®, and HHSA has implemented elements of the Team Decision Making (TDM) meetings that include family members, stakeholders and community partners. HHSA is committed to expanding these activities in the next fiscal year (FY 2013-2014).

HHSA is fortunate to have onsite liaisons from a variety of disciplines that include EDC Mental Health, EDC Public Health, Foster Youth Services and EDCOE; ensuring that the well-being of our youth is being serviced, maintained and proactively managed. The onsite EDC Mental Health Liaison serves as a conduit to ensure that referrals for mental health services are expedited and this gives HHSA the ability to provide joint home visits. This

position will continue to have a prominent role as the implementation of Katie A. approaches. HHSA also has two (2) onsite PHNs that provide contracted medical support in the form of case consultation, advocacy and health related data. The PHN position allows for the facilitation of medical services to be handled by medical professionals that can provide a streamlined track to youth requiring medical services. PHNs additionally manage data in CWS/CMS to ensure that youth are being afforded the highest level of monitored medical care.

HHSA also receives onsite collaboration with our representative from EDCOE and Foster Youth Services. This collaborative effort allows for a minimal amount of interruption to our youth regarding their education. The early identification of educational issues allows for interventions to take place within a collaborative forum to ensure all parties are apprised of scholastic progress or the need for new approaches.

The developing case practice model of SOP is principled in engagement with all parties involved, incorporating the use of SDM tools and involving the identification of risk and safety factors that need to be mitigated/resolved. The ongoing training efforts with social workers to include the language of SDM in report writing, including the integration of the engagement tools and techniques that are utilized in SOS, are being championed by social worker supervisors and supported through the Regional Training Academy's coach and staff. Despite being in the early implementation phases of this developing practice model, social workers, supervisors, managers and administrators alike agree with the philosophy of the model and are supportive of seeing the model implemented at all levels of case management.

The Linkages program in EDC has served to enhance the relationship between CPS, Eligibility, AOD and WTW programs. The Linkages program allows HHSA to avoid the duplication of services to mutual clients. The implementation of the Linkages program allows for maximization of time, resources and funding by engaging in regular meetings to discuss the progress of clients. HHSA's Linkages program was acknowledged by the California Welfare Directors Association (CWDA), in the latest issue of the *Linkages Newsletter*, for its program development and service to clients. In the spirit of continuous quality improvement, HHSA will continue to address aspects of the Linkages program that we seek to enhance; and to expand on the successful collaborative efforts that are currently in place.

Outcome Measures not meeting State/National Standards

The data elements in the Reunification Composite of the SIP are currently below National Goals, despite efforts by HHSA to address these issues. C1.1 (Reunification within twelve (12) months-includes median) and 1.3 (Reunification within twelve (12) months-Entry

Cohort) are below National Goals, data trends are showing improvement towards meeting or exceeding National Goal standards.

The data elements in C1.4 (Reentry Following Reunification-Exit Cohort) continue to be a challenge. Staff recruiting and retention continue to affect this outcome, but we are proactively addressing the issues in these areas. HHSA is working towards striking a balance between reunifying children in a timely manner and engaging them over a period of time to ensure that these children do not return to out of home care. This involves the practice of engaging families and children in a strength-and- needs based, collaborative approach utilizing TDM. HHSA will continue to monitor these outcome measures, and the implementation of SOP and the family teaming approach will assist in the engagement of families through the life of CWS intervention and, ideally, positively improve outcomes.

The data elements in the Timeframes of Adoptions are below National Goals, with the exception of C2.3. Outcomes C 2.1, 2.2 and C2.5 (included in the current SIP) have consistently been below National Goal standards. Adoptions remain a high priority to expedite children's to paths to permanency. HHSA has made internal efforts to ensure the Adoptions Unit is staffed with experienced social workers. These efforts also have included the addition of a full time adoptions supervisor and an additional adoptions social worker. HHSA will continue to educate staff on the concurrent planning process and the streamlining of cases as they matriculate through the continuum of the CWS.

The data elements in Placement Stability, C4.1, 4.2 and 4.3 (included in the current SIP) continue to be a systemic challenge, both for this agency and for CWS as a whole. HHSA continues to support the recruitment and training of foster parents. HHSA recognizes the correlation of placement stability with positive outcomes for the youth we serve. HHSA continues to strive to make quality improvement efforts to stabilize youth in out of home placements and streamline them to tracks of permanency. These improvements include the addition to CPS of the EDC Mental Health Liaison and the agencies collaboration with FAN. These improvements promote placement stability and enhance service delivery to dependent youth and their families. HHSA has outlined specific strategies to address C4.3 implementation. These strategies are incorporated into this document and are applicable to placement stability as a whole.

State and Federally Mandated Child Welfare/Probation Initiatives

AB 12

HHSA continues to support our youth in transition and see that non-minor dependents (NMD) are realizing the benefits of remaining under the supervision and support of Child Welfare Services. Currently, HHSA provides supportive transition services to nine (9) young adults, with more to come in the future. Social workers in the Permanency Program (aka Youth-In-Transition in El Dorado County) are strong advocates of educating youth in their caseloads of the options they have as they approach the age of majority. This preparation involves introducing youth to HHSA's ILP program, transitional housing programs and educational programs; all of which are designed to assist youth with successfully transitioning to independency. The ongoing education efforts and engagement with our young adults is intensive and requires a significant amount of time. This investment of time, with this specific population of young adults, ensures they are progressing towards a positive future; and it is our commitment that HHSA will continue to support, and improve upon, this program as it continues to grow and flourish.

KATIE A.

HHSA is actively involved in the local implementation of the Katie A. v. Bonita et. al Settlement Agreement (Katie A.). In preparation for the collaborative work efforts, as defined in the Katie A. Core Practice Model (CPM), CPS and EDC Mental Health have been participating in numerous state orientations and local discussions regarding practice and activities for a cross-system program. Team members from both CPS and Mental Health have been identified and jointly participate in weekly planning sessions for Katie A. program development, assessment and implementation. There remains a great deal of program, policy and fiscal guidance that is currently under development by the California Department of Social Services and the Department of Health Care Services; however, HHSA is being proactive in developing our local processes, strengthening collaboration between stakeholders and moving our systems closer to integrating practice and effective service delivery. This will be accomplished in El Dorado County by HHSA working with stakeholders, our parent partners and systems of care (CBO, faith-based partners and tribal partners) serving families to embrace collaborative efforts and together improve the outcomes of child welfare youth and families.

Attachments

1. Five (5) Year SIP Chart
2. Signature Sheet

5 – Year SIP Chart

Priority Outcome Measure or Systemic Factor: CFSR Measure C4.3 Placement Stability (At Least 24 Months in Care)

National Standard: 41.8% or higher of one or two settings.

Current Performance: According to the 2012 3rd Quarter Data Report (10/2011 - 09/2012) from the UC-Berkley Dynamic Reporting System, of the 113 youth had been in placement for at least twenty-four (24) months, thirty-four (34) had been in 2 or fewer placements. This is a 30.1% rate of placement stability.

Target Improvement Goal: HHSA's goal is to increase by 5% or more each year of the plan to attain an average of 49%, by May 20, 2017. It should be noted that this target improvement goal has been altered from the SIP, to better reflect a clear and consistent goal that aligns with HHSA's efforts to reach, and surpass, the National Goal in this outcome measurement.

Priority Outcome Measure or Systemic Factor: CWS: CFSR Measure C2.5 Adoption within 12 Months (Legally Free).

National Standard: 53.7% or higher adopted within twelve (12) months (Legally Free).

Current Performance: According to the 2012 3rd Quarter Data Report (10/2010 - 09/2011) from the UC-Berkley Dynamic Reporting System, a total of twenty-seven (27) youth became legally free for adoption, and nine (9) of the twenty-seven (27) youth were adopted during the subsequent twelve (12) month timeframe. This is a 33% rate of adoption within twelve (12) months.

Target Improvement Goal: HHSA intends to increase the compliance percentage of the goal every year by 8%. HHSA's implementation strategy will allow the National goal of 53.7% to be obtained or surpassed by May 20, 2017.

Priority Outcome Measure or Systemic Factor: CWS: AB 636 Measure 5A Health and Education Passport.

National Standard: Not applicable.

Current Performance: According to Safemeasures® data (4th Quarter of 2012), of the forty-four (44) children who entered foster care for the first time, thirty-seven (37) had an initiated Health and Education Passport. This is an 84.1% rate of initiated health passports.

Target Improvement Goal: HHSA intends to increase the completion of health passports by at least 10% each plan year, to achieve a total completion rate of at least 80% by May 20, 2017.

Priority Outcome Measure or Systemic Factor: Probation: Children are maintained in their own homes whenever possible and appropriate.

National Standard: Not applicable.

Current Performance: Probation supervision, in conjunction with in-custody and out-of-custody programs focusing on counseling for substance abuse, families, anger management and life skills, have assisted most minors to remain in the homes of their parent(s)/guardian(s). These programs have proven helpful, as the number of minors in placement since March of 2012 to present have remained under the goal of fifteen (15), with the current number of minors currently at twelve (12). This includes those minors placed in relative and non-relative extended family member homes.

Target Improvement Goal: Continue to refer minors to local resources in an attempt to keep minors in their homes with their families, keeping the number of minors placed out of the home under fifteen (15). Probation will utilize local resources in an attempt to keep a minor at home with his/her family, including out-patient counseling and related services; thus, negating the need for placement. Local resources also include in-custody (Juvenile Hall) programs, such as the 60-day Substance Abuse Turnaround Education Program (STEP), the 120-day Family Reunification Program (FRP), and the 180-day Challenge Program.

<p>Strategy 1: CWS-HHSA will implement a family teaming model which incorporates Signs of Safety (SOS) practice.</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure C4.3 Placement Stability (At Least 24 Months in Care) CFSR Measure C2.5 Adoption within 12 Months (Legally Free) AB 636 Measure 5A Health and Education Passport</p>
<p>Action Steps:</p>		<p>Person Responsible:</p>
<p>Timeframe:</p>		
<p>A. HHSA will research, analyze and select a family teaming model to implement.</p>	<p>May 21, 2012 - August 31, 2012</p>	<p>CPS Program Manager I- Protective Services CPS Staff Services Analyst</p>
<p>B. HHSA will identify case events that will benefit from a family teaming approach and develop procedures for each event.</p>	<p>September 1, 2012 - October 31, 2012</p>	<p>CPS Program Manager I- Protective Services</p>
<p>C. HHSA will train social workers to utilize an engagement approach.</p>	<p>November 1, 2012 -- Continuing</p>	<p>CPS Program Manager I- Protective Services</p>
<p>D. HSSA will implement a family teaming model.</p>	<p>January 1, 2013</p>	<p>CPS Program Manager I- Protective Services</p>
<p>E. HHSA will evaluate program effectiveness and adjust our strategy as needed.</p>	<p>SIP Annual Progress Report each April 15th</p>	<p>CPS Program Manager I- Protective Services CPS Staff Services Analyst</p>

Strategy 2: CWS-HHSA will support Foster Parent and Kinship Support programs	CAPIT		Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure C4.3 Placement Stability (At Least 24 Months in Care) CFSR Measure C2.5 Adoption within 12 Months (Legally Free) Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention
	<input checked="" type="checkbox"/> CAPIT	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframes:	Person Responsible:	
A. HHSA will continue to provide P.R.I.D.E. training to all foster parents and extend training to kinship providers on a voluntary participation basis	May 21, 2012 - May 20, 2017	CPS Program Manager I- Protective Services Foster Care Licensing Program Manager I – Protective Services	
B. HHSA will assign a foster parent liaison who is a single point of contact for foster parents.	January 1, 2014	CPS Program Manager I- Protective Services	
C. HHSA will provide an updated resource guide for foster and kinship providers.	Once, each plan year	CPS Program Manager I- Protective Services	
D. HHSA will provide continuing education in the form of six (6) relevant trainings delivered during Foster Parent Association Meetings.	Each plan year	CPS Program Manager I- Protective Services	
E. HHSA will evaluate program effectiveness and adjust our strategy as needed.	SIP Annual Progress Report each April 15 th	CPS Program Manager I- Protective Services CPS Staff Services Analyst	

<p>Strategy 3: CWS-HHSA will implement a parent engagement, training and mutual support program.</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure C4.3 Placement Stability (At Least 24 Months in Care) CFSR Measure C2.5 Adoption within 12 Months (Legally Free) AB 636 Measure 5A Health and Education Passport Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. HHSA will institute a yearly Parent Leadership Course.</p>	<p>January 1, 2013 - Once, each plan year</p>	<p>CPS Program Manager I- Protective Services</p>
<p>B. HHSA will develop a Parents Anonymous® (PA) or similar group chapter.</p>	<p>September 1, 2012 - September 30, 2014</p>	<p>CPS Program Manager I- Protective Services</p>
<p>C. HHSA will develop a parent mentor program using academy graduates and PA participants.</p>	<p>October 1, 2012 - May 20, 2017</p>	<p>CPS Program Manager I- Protective Services</p>
<p>E. HHSA will evaluate program effectiveness and adjust our strategy as needed.</p>	<p>SIP Annual Progress Report each April 15th</p>	<p>CPS Program Manager I- Protective Services CPS Staff Services Analyst</p>

Strategy 4: CWS-HHSA will continue to support and promote Foster Parent Recruitment.	<input checked="" 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): CFSR Measure C4.3 Placement Stability (At Least 24 Months in Care) CFSR Measure C2.5 Adoption within 12 Months (Legally Free) Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention
Action Steps:		Person Responsible:
Timeframes:		
A. HHSA will recognize and promote National Foster Care Month each May.	Once, each plan year	CPS Program Manager I- Protective Services
B. HHSA will promote foster parenting in local publications and community groups.	Once, each plan year	CPS Program Manager I- Protective Services
C. HHSA will identify a staff member to become part-time or full-time recruiter and implement foster parent recruitment.	January 1, 2014	CPS Program Manager I- Protective Services
E. HHSA will evaluate program effectiveness and adjust our strategy as needed.	SIP Annual Progress Report each April 15 th	CPS Program Manager I- Protective Services CPS Staff Services Analyst

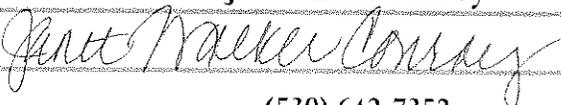
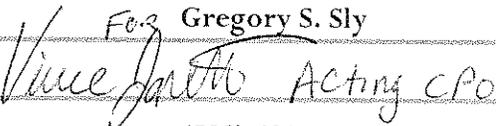
<p>Strategy 5: CWS-HHSA will implement a structured Family Finding Effort (FEE) policy and procedure.</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure C4.3 Placement Stability (At Least 24 Months in Care) CFSR Measure C2.5 Adoption within 12 Months (Legally Free)</p>
<p>Action Steps:</p>	<p>Timeframes:</p>	<p>Person Responsible:</p>
<p>A. HHSA will develop a plan for ongoing FFEs at specific case events or time periods.</p>	<p>May 21, 2012 - July 31, 2012</p>	<p>CPS Program Manager I- Protective Services</p>
<p>B. HHSA will educate staff on how to track FFE in the Child Welfare System/ Case Management System (CWS/CMS).</p>	<p>August 1, 2012 - Continuing</p>	<p>CPS Program Manager I- Protective Services</p>
<p>C. HHSA will develop a process to measure FFE program effectiveness.</p>	<p>August 1, 2012 - September 30, 2012</p>	<p>CPS Program Manager I- Protective Services</p>
<p>E. HHSA will evaluate program effectiveness and adjust our strategy as needed.</p>	<p>SIP Annual Progress Report each April 15th</p>	<p>CPS Program Manager I- Protective Services CPS Staff Services Analyst</p>

<p>Strategy 6: CWS-HHSA will increase the collaboration between CPS, CBOs and stakeholders, to include Court Appointed Special Advocates (CASA) volunteers.</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure C4.3 Placement Stability (At Least 24 Months in Care) AB 636 Measure 5A Health and Education Passport Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention</p>	
<p>Action Steps:</p>		<p>Timeframes:</p>	<p>Person Responsible:</p>
<p>A. HHSA will continue to promote and support the Children and Parents Resource Team (CPRIT).</p>	<p>July 1, 2012 – May 20, 2017</p>	<p>CPS Program Manager I- Protective Services</p>	
<p>B. HHSA will contact primary community partners and gather ideas on how collaboration can be increased and improved.</p>	<p>May 21, 2012 - Continuing</p>	<p>CPS Program Manager I- Protective Services CPS Staff Services Analyst</p>	
<p>C. HHSA will review feedback received from our community partners, and discuss these ideas with CPS management to determine several areas of focus and/or improvement.</p>	<p>September 1, 2012- Continuing</p>	<p>CPS Program Manager I- Protective Services</p>	
<p>D. HHSA will develop at least two (2) programs to enhance collaboration between CPS, CBOs and stakeholders.</p>	<p>October 1, 2012 - December 31, 2016</p>	<p>CPS Program Manager I- Protective Services</p>	
<p>E. HHSA will implement each collaborative program one-at-a-time to ensure effective program management and support.</p>	<p>January 1, 2013 - January 1, 2017</p>	<p>CPS Program Manager I- Protective Services</p>	
<p>F. HHSA will evaluate program effectiveness and adjust our strategy as needed.</p>	<p>SIP Annual Progress Report each April 15th</p>	<p>CPS Program Manager I- Protective Services CPS Staff Services Analyst</p>	

<p>Strategy 7: Probation-EDC's Department of Probation (Probation) will continue to refer minors to local resources in an attempt to keep minors in their homes, with their families and keeping the number of minors placed out of the home at under fifteen (15).</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Children are maintained in their own homes whenever possible and appropriate.</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Probation will utilize local resources, including out-patient counseling and related services, in an attempt to keep a minor at home with his/her family, thereby negating the need for placement.</p>	<p>May 21, 2012 - May 20, 2017</p>	<p>Deputy Probation Officer</p>
<p>B. Probation will utilize in-custody (Juvenile Hall) programs, such as the 60-day Substance Abuse Turnaround Education Program (STEP), the 120-day Family Reunification Program (FRP), and the 180-day Challenge Program.</p>	<p>May 21, 2012 - May 20, 2017</p>	<p>Deputy Probation Officer</p>
<p>C. Deputy Probation Officers (DPO) will review the case file and CWS/CMS, investigate the minor's needs, and discuss these needs with the minor and parent(s) at the initial meeting to determine necessary services; the DPO will then make a referral to an appropriate local resource.</p>	<p>May 21, 2012 - May 20, 2017</p>	<p>Deputy Probation Officer</p>
<p>D. The Supervising DPO will review cases regularly to ensure appropriate local resources are in place or the minor has been referred to such resources.</p>	<p>May 21, 2012 - May 20, 2017</p>	<p>Supervising Deputy Probation Officer</p>
<p>E. The DPO will continue to supervise the minor during participation and after completion of a program</p>	<p>May 21, 2012 - May 20, 2017</p>	<p>Deputy Probation Officer</p>

<p>Strategy 8: Probation- If a minor is ordered by the Court to participate in an in-custody program; the minor will be supervised by a DPO while in the program and will be referred to appropriate local resources upon release from custody.</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Children are maintained in their own homes whenever possible and appropriate.</p>	
<p>Action Steps:</p>		<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. The DPO will evaluate the minor's needs with the coordinator of the appropriate In-Custody Program, and either a referral will be made prior to the minor's release; or an appointment will be made for the minor to attend an appointment as soon as possible following release.</p>	<p>May 21, 2012 - May 20, 2017</p>		<p>Deputy Probation Officer</p>
<p>B. The Supervising DPO will review cases regularly to ensure appropriate local resources are in place or the minor has been referred to such resources</p>	<p>May 21, 2012 - May 20, 2017</p>		<p>Supervising Deputy Probation Officer</p>

California – Child and Family Services Review Signature Sheet

County	El Dorado
CSA Period Dates	January 2009 - January 2012
SIP Period Plan Dates	May 21, 2012 - May 20, 2017
Outcome Data Period	Quarter ending: September 30, 2012
County Child Welfare Agency Director	
Name	Jan Walker-Conroy
Signature*	
Phone Number	(530) 642-7352
Mailing Address	3057 Briw Road, Suite A Placerville, CA 95667
County Chief Probation Officer	
Name	Fe-3 Gregory S. Sly
Signature*	 Acting CPO
Phone Number	(530) 621-5625
Mailing Address	3974 Durock Road, Suite 205 Shingle Springs, CA 95682
Board of Supervisors (BOS) Signature	
BOS Approval Date	
Name	
Signature*	

*Signatures must be in blue ink

Mail the original Signature Sheet to:

Outcomes and Accountability Bureau
Children and Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

Contact Information

Child Welfare Agency	Name	Jeffrey McKay
	E-mail address	jeffrey.mckay@edcgov.us
	Phone Number	(530) 642-7358
	Mailing address	3057 Briw Road, Suite A Placerville, CA 95667
Probation Agency	Name	Gary Romanko
	E-mail address	Gary.romanko@edcgov.us
	Phone Number	(530) 621-6562
	Mailing address	3974 Durock Road, Suite 205 Shingle Springs, CA 95682
CAPIT Liaison	Name	Jeffrey McKay
	E-mail address	jeffrey.mckay@edcgov.us
	Phone Number	(530) 642-7358
	Mailing address	3057 Briw Road, Suite A Placerville, CA 95667
CBCAP Liaison	Name	Jeffrey McKay
	E-mail address	jeffrey.mckay@edcgov.us
	Phone Number	(530) 642-7358
	Mailing address	3057 Briw Road, Suite A Placerville, CA 95667
PSSF Liaison	Name	Jeffrey McKay
	E-mail address	jeffrey.mckay@edcgov.us
	Phone Number	(530) 642-7358
	Mailing address	3057 Briw Road, Suite A Placerville, CA 95667