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Enclosed please find Los Angeles County System Improvement Plan Progress report for April 1, 2012 through March 31, 2013. Thank you to the California Department of Social Services for your assistance in the completion of this report.

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California's Child and Family Services Review
System Improvement Plan

County:	**Los Angeles**
Responsible County Child Welfare Agency:	Los Angeles County Department of Children and Family Services
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Period of Outcomes Data:	**Quarter ending: Quarter 1, 2013**
Date Submitted:	**December 2013**
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Board of Supervisors (BOS) Approval	
BOS Approval Date:	**No applicable for SIP Update Report**
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Signature:	

California Child and Family Services Review

Annual

System Improvement Plan Progress Report

April 1, 2012 – March 31, 2013

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The System Improvement Plan

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

Los Angeles County's 2011-2014 System Improvement Plan was approved by Los Angeles County Board of Supervisors on September 13, 2011. This report represents our annual review which covers four quarters from April 1, 2012 through March 31, 2013. In 2012 the California Child and Family Services Review (C-CFSR) was redesigned from a three to a five-year cycle (as reflected in the All County Informational Notice 1-16-12). In order to align with the revised schedule Los Angeles County is extending the current SIP period from June 2014 to October 2016, making the SIP a five year plan (June 2011 –October 2016).

Methodology

Qualitative Data

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

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

In November 2010, Los Angeles County submitted its third PQCR. The PQCR, explores child welfare practice through a week long staff, client and community partner interviewing process. The interviews provide qualitative data about a chosen topic area. The focus area selected by Los Angeles County was permanency for Transition Aged Youth[3]. The PQCR participants provided feedback to the County regarding services, resources, child welfare system strengths and challenges. Participants identified the strength of practices such as team decision making meetings and specialized youth permanency units. Staff commitment, as well as family finding practice, was seen as beneficial to Transition Aged Youth. Identified challenges included workers and agency partners' inability to share information between systems, combined with limitations in data systems sharing information. PQCR participants shared that staff and clients lack updated information regarding current services and resources available through different systems, and that fiscal constraints have put limitations on some resource availability.

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

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

This SIP Progress report covers four quarters of effort related to the improvement plan; Quarter 2 2012 through Quarter 1 2013. This report builds on the qualitative data which informed the full System Improvement Plan of September 2011. Additional qualitative data is gathered as system improvement strategies and milestones are implemented. Qualitative

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

data for this report period was captured at the Los Angeles County's SIP Annual Stakeholder event held on June 26, 2013.

Quantitative Data

In addition to qualitative data, the SIP Progress report includes information gathered through quantitative data reviewed in the County Self Assessment. Quantitative data examined in the CSA comes primarily from State Child Welfare Services/Case Management System (CWS/CMS**).** CWS/CMS Outcome Measures are organized under areas of County Participation Rates, Safety, Permanency, and Well-being Outcomes. Although Probation has access to CWS/CMS, data input is in the early stages. Preliminary outcomes data, related to Probation, will be discussed and provided as applicable. It is noted that in order to achieve meaningful outcome data, Probation will need to fully utilize the system for every case from case initiation through case closure.

The data sources for the information included in this report comes from: (1) CWS/CMS Dynamic Reporting System website and (2) the California Department of Social Services (CDSS) Quarterly Report for quarter 2 (Q2), of years 2007, 2008, 2009, 2010, 2011 and 2012 (http://www.childsworld.ca.gov/PG1358.htm). Child welfare measures found in the CWS/CMS Dynamic Reporting System web-site include, but are not limited to, categories of Safety, Reunification Composite, Adoption Composite, Long Term Care Composite, Placement Stability Composite, Siblings, and Service Delivery.

In this SIP Progress report, the County will report data in three ways: (1) With comparison of data from Q2 2007, 2008, 2009, 2010, 2011 for the 18 federal measures in the Choosing System Improvement Goal section; (2) Sequential quarterly data beginning with Q1 2011 through Q4 2012 for the three measures being followed as a part of the SIP (C1.4, C3.3 and C4.2), which is reflected in the County's Current Performance section; and by (3) Utilizing data from Q2 2010, the last quarter of review in the CSA, in comparison with performance data from Q2 2012 to reflect its trend performance.

By choosing the same quarter of each year, the department is able to factor for time of year fluctuation in various performance measures, thus giving a more "apple to apple" comparison of performance. For those specific performance measures that are being followed as a part of the System Improvement Plan, Measures C1.4, C3.3 and C4.2, the County will use sequential quarterly data, beginning with Q1 of 2011, to monitor performance activity.

Choosing System Improvement Goals[4]

During the 2007-2010 County Self Assessment review, Los Angeles County exhibited performance below National Standards for 15 of the 18 National Outcome measures. Los Angeles was above the National Standard for outcome measures C2.5, C4.1 and C4.2. It is noteworthy to mention that during the most recent quarter of review for this SIP Progress report, Quarter 4 2012, the County performed above the National Standard, on these three performance measures:

- C 2.5 Adoption within 12 months (legally free) (9.0% decrease in performance since Q2 2010
- C 4.1 Placement Stability (8 Days To 12 Months in Care) (2.2% increase in performance since Q2 2010); and
- C 4.2. Placement Stability (12 to 24 Months in Care) (5.2% increase in performance since Q2 2010).

Consideration was given to each measure by DCFS' Executive Team, Probation's Placement Executive and Management Team and System Improvement Plan members, as the county considered areas for improvement of child welfare services for children and their families[5]. While meeting the national standards is the goal for child welfare agencies, the county also considers performance trends and practice plans in establishing improvement goals. The county chose to focus system improvement plan goals on Reunification (re-entry component), placement stability and permanency measures.

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

It is expected that strategies that successfully address a few outcome measures, will also have a positive impact on other performance measures.

[4]Data source for outcome measure information comes from California Department of Social Services official Quarterly reports for Quarter 2 2007, 2008, 2009, 2010, 2011 and 2012. (http://www.childsworld.ca.gov/res/CtyReport/Jan11/Jan11LosAngeles.pdf).
[5]DCFS Executive Team decisions were made at weekly executive team meetings. SIP stakeholders participate in quarterly, yearly events and provide input to on-going system improvement strategies.

Los Angeles County Performance Quarter 2 2007 – Quarter 2 2012

The following tables (Table 1 – Table 5) represent Los Angeles County performance for all the Federal performance measures.

Table 1

S1.1 No Recurrence of Maltreatment **Of all children who were victims of a substantiated maltreatment allegation during the first 6 months of the year, what percent were not victims of another substantiated allegation within the next 6 month period.**							
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**2nd Qtr 2012**	**National Standard or Goal**
Los Angeles	93.4	93.5	93.5	93.4	93.4	94.3	94.6
S2.1 No Maltreatment in Foster Care **Of all children served in foster care during the year, what percent were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member.**							
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**2nd Qtr 2012**	**National Standard or Goal**
Los Angeles	99.82	99.59	99.58	99.46	99 .52	99.47	99.68
Overview: Currently S1.1 and S1.2 performance outcomes are below the National Standard. As safety monitoring is embedded in each of the SIP goals and strategies chosen, S1.1 and S1.2 outcomes may be positively impacted. From Q2 2010 to Q2 2012, the County has seen an improvement in performance (1%) for measure S1.1. There has been a slight improvement (0.01%) noted for measure S2.1.							

Table 2

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

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	2nd Qtr 2012	National Standard or Goal
Los Angeles	60.8	62.1	63.9	66.9	65.1	62.9	75.2

C1.2 Median Time to Reunification (Exit Cohort)
Of all children discharged from foster care to reunification during the year who have been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	2nd Qtr 2012	National Standard or Goal
Los Angeles	8.2	8.3	8.1	7.6	8.5	8.9	5.4

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

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	2nd Qtr 2012	National Standard or Goal
Los Angeles	37.8	43.8	48.5	47.4	43.0	44.8	48.4

Overview: Los Angeles County demonstrated reduced performance in all three of the above measures when comparing Q2 2010 with Q2 2012. Measures C1.1 has shown a rate change of 5.98%, Measure C1.2 has shown 17.1% rate change and Measure C1.3 is showing a 5.48% rate change from Q2 2010 to Q2 2012.

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

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	2nd Qtr 2012	National Standard or Goal
Los Angeles	10.2	10.6	10.8	12.4	12.0	12.1	9.9

Overview: C1.4 Re-entry Following Reunification is a focus measure of the 2011-2014 SIP. There has been a 2.4% improvement in performance in this measure since Q2 of 2010 (Comparing Q2 2010 to Q2 2012).

Table 3

C2.1 Adoption Within 24 Months (Exit Cohort) **Percentage of all children discharged from foster care to a finalized adoption during the year, who were discharged in less than 24 months from the date of the latest removal from home.**							
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**2nd Qtr 2012**	**National Standard or Goal**
Los Angeles	24.6	23.2	22.8	23.8	25.8	23.9	36.6
C2.2 Median Time to Adoption (Exit Cohort) **The median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption of all children discharged from foster care to a finalized adoption during the year.**							
	2nd Qtr 2007	**d Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**2nd Qtr 2012**	**National Standard or Goal**
Los Angeles	33.6	33.0	32.7	32.9	32.6	32.3	27.3
C2.3 Adoption Within 12 Months (17 months in care) **Of all children who had been in care for 17 continuous months or longer, on the first day of the year, what percent were then adopted within 12 months.**							
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**2nd Qtr 2012**	**National Standard or Goal**
Los Angeles	13.7	16.5	18.2	20.9	14.9	16.7	22.7
C2.4 Legally Free Within 6 Months (17 Months in Care) **Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free within the next 6 months.**							
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**2nd Qtr 2012**	**National Standard or Goal**
Los Angeles	4.9	7.2	7.2	6.8	7.2	7.5	10.9
C2.5 Adoption Within 12 Months (Legally Free) **Of all children declared legally free for adoption during the year, what percent were then discharged to a finalized adoption within the next 12 months.**							
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**2nd Qtr 2012**	**National Standard or Goal**
Los Angeles	59.1	61.4	62.3	70.0	67.4	63.7	53.7
Overview: Since Q2 2010, the County has demonstrated improved performance in three of the five C2 Measures; C2.1 (.4% increase), C2.2 (1.8% increase), C2.4 (10.3% increase). Measure C2.3 has had a 20.1% decrease in performance. The County will continue to track this measure. Although Q2 2012 County performance (63.7%) for Measure C2.5 is well above the National							

Table 3 (continued)

Standard (53.7), there has been a 9% decrease in performance since Q2 2010. (All performance comparing Q2 2010 to Q2 2012)

Table 4

C3.1 Exits to Permanency (24 Months in Care) **Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18.**							
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**2nd Qtr 2012**	**National Standard or Goal**
Los Angeles	17.7	23.1	24.4	25.9	20.7	21.8	29.1
C3.2 Exits to Permanency (Legally Free at Exit) **Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18.**							
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**2nd Qtr 2012**	**National Standard or Goal**
Los Angeles	96.7	96.2	97.1	96.7	95.7	96.8	98.0
C3.3 In-care 3 Years or Longer (Emancipated/Age 18) **Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?**							
	2nd Qtr 2007	**2nd Qtr 2008**	**2nd Qtr 2009**	**2nd Qtr 2010**	**2nd Qtr 2011**	**2nd Qtr 2012**	**National Standard or Goal**
Los Angeles	64.2	64.1	61.1	60.2	58.0	54.9	37.5
Overview: Measure C3.1 is showing a 15.8% decrease in performance since Q2 2010. Measure C3.2 shows a slight improvement in performance (0.1%), while Measure C3.3, a focus area of the SIP, shows an 8.8% rate improvement in performance since Q2 2010. (All performance comparing Q2 2010 to Q2 2012)							

Table 5

C4.1 Placement Stability (8 Days to 12 Months in Care)
Of all children served in foster care during the year who were in foster care at least 8 days but less than 12 months, what percent had two or fewer placement settings.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	2nd Qtr 2012	National Standard or Goal
Los Angeles	87.1	86.2	85.7	85.6	86.4	87.5	86.0

C4.2 Placement Stability (12 To 24 Months In Care)
Of those children who have been in care for at least 12 months and less than 24 months, what percent of these children have had two or fewer placements.

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	2nd Qtr 2012	National Standard or Goal
Los Angeles	71.8	70.9	69.0	66.6	68.8	70.1	65.4

C4.3 Placement Stability (At Least 24 Months in Care)
Of all children served in foster care during the year who were in foster care for at least 24 months, what percent had two or fewer placement settings?

	2nd Qtr 2007	2nd Qtr 2008	2nd Qtr 2009	2nd Qtr 2010	2nd Qtr 2011	2nd Qtr 2012	National Standard or Goal
Los Angeles	39.9	39.8	39.8	38.7	37.7	40.1	41.8

Overview: During the 2007-2010 CSA, the trends in outcome measures C4.1 and C4.3 drew the County to focus on placement stability in order to support more positive direction in these outcome areas. Since Q2 2010, Measure C4.1 for the County shows 2.2% increase in performance, surpassing the national standard (86.0%). In Q2 2012, the County shows an improvement in performance for Measure C4.3 (3.6 % increase). Placement stability outcome measure C4.2 Placement Stability (12-24 Months in Care) is currently included in the System Improvement Plan as an area of focused attention in order to prevent further decline. County Q2 2012 performance rate of 70.1% for Measure C4.2 exceeds the national standard (65.4%) and is a 5.3% increase in performance since Q2 2010. (All performance comparing Q2 2010 to Q2 2012)

Strategies and Action Steps

In line with the 2011-2016 System Improvement Plan, during this period of review (April 2012 through March 2013) Los Angeles County DCFS and Probation has focused system improvement efforts on the following child welfare outcome measures:

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

In addition, the County has focused efforts on Outcome/Systemic Factor: Enhanced Organizational Performance and Data Collection Utilization.

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Measure C1.4: Re-entry Following Reunification:

Percentage of all children discharged from foster care to reunification during the year, who re-entered foster care in less than 12 months from the date of discharge.

Why Los Angeles County Chose This Measure

Since the last COAS cycle[6], Los Angeles County has seen an 18.5% increased the rate of children who are reunified with their parents or caregivers (Measure C1.3 Entry cohort). One challenge with increased reunification is the potential for increased re-entry into foster care. Using CDSS' quarterly reports[7], performance comparisons for re-entry between Q2 2007 (10.2%) and Q2 2012 (12.1%) indicate that the rate of re-entry increased by 18.6%.within 12 months following reunification. The ten year trend (2000 - 2010) for this measure indicates that the rate of re-entry has increased by 213.1%[8] since CY2000 and the rate of reunification of children in the child welfare system within 12 months (exit cohort)

[6] Last cycle references 2004 - 2007
[7] Data source for outcome measure information comes from California Department of Social Services' official Quarterly reports for Quarter 2, 2007 and 2012. (http://www.childsworld.ca.gov/res/CtyReport/Jan11/Jan11LosAngeles.pdf).
[8] Re-entry within 12 months for CY2000 – 3.8%; Re-entry within 12 months for CY2010 – 11.9%.

increased by 172.9%[9]. (Needell et al, Dynamic Report). There seems to be a correlation between increased re-entry rates and the County's increase in reunification rates.

Choosing Strategies

Literature Review

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

System Improvement Plan 2008-2011 to System Improvement Plan 2011-2016

In an effort to reduce Re-entry rates, during the 2008-2011 System Improvement Plan time period, Los Angeles County DCFS instituted SIP strategies such as a Wraparound Service survey for stakeholders in order to garner information about service experiences. Other strategies to support successful reunification included efforts to increase access to Up Front Assessments and intensive home services. In addition, an analysis and in-depth review of re-entry cases and successful reunification cases was completed, with key findings suggesting that accurate assessment of family needs and services, dual diagnosis (substance abuse and mental health), family size and special needs of children, increase the likelihood of re-entry. The Wraparound program survey provided a good response, and from the survey, it was determined that additional slots were needed for Up Front Assessments. Intensive Home-based mental health services are currently in place in the form of Intensive Treatment Foster Care (ITFC) and Multi-Dimensional Treatment Foster Care (MTFC) services and have supported stabilization of children with specialized care needs allowing for moves in time to least restrictive environments. Re-entry rates continue to increase even as support strategies have been implemented. Overall, the outcome measure was not impacted as anticipated, and therefore, the county chose for 2011 - 2016 to further expand and enhance Wraparound services to meet the reunification needs of children and families; re-direct funding from drug testing to screening, assessments and treatment; utilize readiness measures for families with substance abuse risk factors; build on the reunification Team Decision Making processes and evaluate the efficacy of Up Front Assessments.

[9] Reunification within 12 Months (exit cohort) for CY 2000 – 24.4%; Reunification within 12 Months (exit cohort) for CY 2010 – 66.6%.

The SIP strategies implemented by Los Angeles County Probation related to impacting Measure C1.4 were the development and implementation of a cross-systems training plan to include all partnering agencies, as well as internal and external stakeholders, and the exploration of new and existing resources related to increasing successful reunification, adoptions and legal guardianships. During 2012/2013, the Department implemented the cross-systems training plan by utilizing both Departmental funds and Child Welfare System Outcome Improvement Project (CWSOIP) funds, which greatly enhanced collaboration across systems in order to improve permanent reunification. Additionally, several new and existing resources were identified, such as Placement Assessment Center (PAC) expansion, the continued and expanded use of CWS/CMS and the attainment of access to Safe Measures. These resources were utilized in order to positively impact re-entry following reunification. Although, the implemented strategies of Evidence-Based Services, Functional Family Therapy (FFT), Functional Family Probation (FFP) and Multi-Systemic Therapy (MST) and the dynamic team case planning practice, Multi-Disciplinary Team (MDT) are under Measure C4.2-Placement Stability, they have directly impacted the re-entry rate following reunification.

Stakeholders have been engaged by Los Angeles County to garner feedback related to Successful Reunification performance and strategies. At the SIP Annual Stakeholder meeting, held June 26, 2013, participants shared that Probation Functional Family Therapy, (FFT) and Multi-dimensional Team (MDT) meetings are helpful in facilitating reunification. DCFS' Family Preservation services help with setting up support at the time of reunification, while Up Front Assessments happen early on, to help with decisions and identification of underlying needs. Specialized persons in roles such as Parent Partners, Community Based Coaches and Substance Abuse Navigators, are great resources and support for families.

Stakeholders suggested that current challenges to successful reunification include lack of full engagement of the whole family and community from the beginning. Fathers are often not engaged, and communities, which have resource waiting lists or simply lack resources, do not have established networks to coordinate leveraging of efforts. There is inconsistency in practice from social worker to social worker and a lack of understanding by DCFS and the family about what needs to occur in order for a child to return home. Participants suggested that both departments need to involve community partners with the family early on and maintain communication throughout the life of the case. Additionally, stakeholders suggested that DCFS and Probation expand on what works and make adjustments to resources and practice based on the needs of the family as well as the community, while at the same time maintaining focus on outcomes.

County's Current Performance

Table 6

C1.4 Re-entry Following Reunification (Exit Cohort) **Percentage of all children discharged from foster care to reunification during the year, who re-entered foster care in less than 12 months from the date of discharge C1.**									
	1st Qtr 2011	**2nd Qtr 2011**	**3rd Qtr 2011**	**4th Qtr 2011**	**1st Qtr 2012**	**2nd Qtr 2012**	**3rd Qtr 2012**	**4th Qtr 2012**	**National Standard or Goal**
Los Angeles	11.9	12.0	11.9	11.9	12.0	12.1	12.6	13.3	9.9
Using CDSS' quarterly reports[10], performance comparisons for re-entry between Q1 2011 (11.9%) and Q4 2012 (13.3%) indicate that over a 24 month period of time the County has an 11.8% reduced rate of performance and there have been an increase in the rate of children who re-entered the system within 12 months following reunification. Los Angeles County has initiated incremental strategies over three years (2011 – 2016) to impact performance and practice for this measure. Strategies include but are not limited to focus engagement with families dealing with substance abuse issues, enhanced use of Team Decision Making meetings (DCFS) or Multi-Disciplinary Team meetings (Probation) at the time of reunification and determining effectiveness of Up Front Assessment to address family underlying needs. Efforts have been put in place with a goal of performance change over a three to five year period of review in line with SIP timeframes.									

Using Composite Planner

SIP Goal: By January of 2016, DCFS' re-entry rate will move from 12.4% to achieve the National Standard of 9.9%.

The goal established for the Re-entry outcome measure, took into consideration Q2 2010 performance (12.4%). Using a baseline number of 6,901 children that reunified in that given year, a 12.4% performance would have approximately 855 children re-entering foster care within 12 months of reunifying. Los Angeles County chose as a goal to move re-entry outcomes to the National Standard of 9.9%. If re-entry rates are reduced to 9.9% and the County reunifies the same number of children in a given year (6,901) instead of 855 children re-entering, 683 children will re-enter. This would represent a reduction of 172 children. A reduction of 172 children per year, divided among 18 DCFS offices, is

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

approximately 9 children per office. Los Angeles County will continue to evaluate goal to meet the revised timeframe through 2016

Current Q4 2012 performance (13.3%) shows an increase in the percentage of children re-entering foster care. For purposes of comparison, using the same baseline number of 6,901 (Q2 2010) and Q4 2012 (13.3%) performance for Los Angeles County, 918 children would re-enter foster care within 12 months of reunification; 63 more than in Q2 of 2010.

During the calendar year of 2012, Los Angeles County has seen a steady rise in re-entry rates. The re-entry measure methodology requires 12 months of tracking following the point of reunification. This would mean that DCFS and Probation SIP strategies to address re-entry, developed throughout 2011 and initiated at varying points in 2012, have at this point not impacted re-entry performance.

DCFS SIP Strategies ~ Measure C1.4: Re-entry Following Reunification:

- Redirecting Substance Abuse Testing Funds;
- Increased Utilization of Reunification Team Decision Making Meetings;
- Evaluating Up Front Assessment; and
- Expansion of Wraparound Services and Access.

Redirecting Substance Abuse Testing Funds:

This strategy included a three month DCFS pilot project “Project Safe” from April 2, 2012 through June 29 2012. The Department of Children and Family Services collaborated with the Department of Public Health Substance Abuse Prevention and Control to initiate a process of identification, assessment and service engagement of families newly involved in child welfare. The pilot took place in two DCFS regional offices with implementation of a developed model of screening, assessment and treatment. The original plan was for the pilot to create lessons learned and lead to staggered implementation of the model throughout DCFS offices. The short term goals of the project included:

1. Identify Substance Use Disorder (SUD) for parent or primary caregiver at an early point;
2. Accurately identify SUD;
3. Increase timely access to treatment; and

4. Increase collaboration between child welfare system and Department of Public Health Substance Abuse Prevention and Control (DPHSAPC).

A Project Safe Evaluation report was completed in August 2012. The report was considered preliminary and noted that further analysis could be sought if there was an interest. The report concluded that the short term goals of the pilot were achieved, as parents and primary caregivers with substance use disorder were accurately identified at an early stage (at time of referral) and there was timely access to treatment due to collaboration with DPHSAPC. However, long term goals such as impact on timely reunification and reduced re-entry into foster care would require more lengthy timeframes and further analysis. Senior management from DCFS and DPHSAPC considered the initial plan for staggered implementation, determined that a more comprehensive countywide continuum of screening, assessment and treatment would be needed to meet the needs of DCFS clients and discontinued any further implementation of Project Safe. DCFS is currently working with the National Center on Substance Abuse and Child Welfare to develop a draft vision statement for a comprehensive plan. A revision of the SIP redirecting funds strategy is being completed and will be added to the County's system improvement plan beginning in Quarter 4 2013. The new strategy will carry through CY2016.

<u>Increased Utilization of Reunification Team Decision Making Meetings</u>

The idea of having a team approach to preparation for reunification was the theoretical base for this strategy. At the inception of this strategy, an analysis of baseline data on the number of Reunification TDMs for FY 2011 -2012 was completed. Upon receipt of this data, the plan for the forthcoming period was to evaluate and completed outcome comparisons between two groups:

A. Children who had a reunification TDM prior to reunification
B. Children who re-entered within 12 months.

The analysis of the data gathered yielded a finding that there was no significant difference in frequency and utilization of Reunification TDMs between children who re-entered and children who did not re-enter. Several factors are noted:

- Reunification data tracking among DCFS regional offices has been inconsistent, potentially as a by product of many departmental initiatives, focused on multiple target populations and varying decision making points. Additionally, there are competing performance reports which require data input from the regional offices.
- The average number of reunifications per month challenges (approximately 554 per month in CY2011 [6,648/12]) TDM operations capacity. A TDM facilitator is tasked with convening meetings for children and

families at every decision point (Removal, Replacement, and Reunification) during the life of a case. Manual tracking of reunification TDMs, completed for children reunified in quarter 4 of 2011 showed that regional offices have been able to conduct 3% to 18% of the desired reunification TDM meetings. Overall, approximately 13% of all children who reunified in quarter 4 of 2011 had a documented reunification TDM prior to reunification.

- Historically, a majority of TDM meetings have been convened during the initial stages of a family's case or to address replacement issues. This remains the focus of the department at this time.
- Priority use of reunification TDMs are often driven by an increased level of case complexity that is best supported by family team preparation for safe, successful reunification.

Often times in TDM meetings the needs of the child and family are discussed as well as resources and services available for support. One such service that was reviewed as a part of the reunification TDM strategy was Time Limited Family Reunification (TLFR). The TLFR program is collaboration between DCFS and Department of Public Health (DPH). It allows for coordination of services for DCFS families receiving family reunification (FR) services, where there is substantial risk of returning children to their homes due to substance abuse issues in the home by the parents or legal caregiver(s). Each DCFS referral is reviewed to determine if TLFR services are appropriate and if so the family is referred to a Community Assessment Service Center (CASC) for assessment and linkage to treatment.

Treatment of underlying substance abuse issues helps to strengthen the family during reunification efforts and helps to reduce the need for future child welfare services. During this focus period, TLFR data was obtained from the DPH staff, scrubbed internally and cross-matched against CWS/CMS Datamart. This provided an ability to compare outcome measures of TLFR eligible referrals with ineligible referrals.

According to preliminary data of all TLFR referrals between July 2010 – November 2012, those who received services had fewer subsequent referrals.

Table 7

	Within 12 months of case closure % received subsequent child welfare services	**Within 12 months of case closure % received subsequent substantiated referral**
TLFR Eligible	10.44%	3.57%
Non – Eligible TLFR	15.78%	7.04%

The theory that a "team" is involved in successful reunification remains valid. While team support is shown to be a factor in successful reunification, true teaming cannot be measured by tracking the number of team meetings. At this time the department has decided to discontinue this strategy, which focuses solely on team decision making at the time of reunification. Currently DCFS is measuring teamwork practice through Quality Service Reviews (QSR) which are conducted approximately every 15 months at each individual DCFS Office. Teamwork is one of nine QSR Practice indicators[11] that are measured. In addition to coordinating information discovered through QSR, The System Improvement Plan workgroup will explore other opportunities to develop and engage a child and family team and impact re-entry rates.

Evaluating Up Front Assessment (UFA)

Up Front Assessment (UFA) was one of the four Family Preservation (FP) program components included in a research and evaluation team review. During Quarter 2 2012 through Quarter 1 2013, DCFS' Community Based Support Division (CBSD) FP Management met regularly with the FP research and evaluation team, to reach a shared understanding of findings gathered in the review. No findings were issued specifically regarding the UFA program component. Although UFA was referenced as a component of the FP Program, as FP providers also conduct UFAs, UFA efficacy was not specifically addressed within the report.

Internal DCFS interpretation of UFA quality and effectiveness is anecdotally mixed. Efforts to garner concrete feedback from users of UFA services through the use of surveys and manager meetings have been unsuccessful. Data obtained internally, has provided the number of UFAs completed and the number of UFAs that became cases; however, the number of UFA cases with subsequent re-entry into foster care has not been fully explored. Community Based Support Division Family Preservation Management has discussed next steps. Management has determined to discontinue this current SIP strategy related to specific evaluation of UFAs and follow recommendations from the research and evaluation review report as specified below:

- Establish a Family Preservation Learning Network consisting of contracted FP/UFA Providers, FP Management and Program Staff, DCFS Regional Management, Los Angeles County Department of Mental Health Staff, and Probation Department Staff. The FP Learning Network will meet quarterly and will include a varied agenda which will include opportunity for UFA discussion. While this would not be a substitute for an independent evaluation, it will likely assist in identifying performance challenges and

Quality Service reviews are completed on randomly selected DCFS cases as a means to measure status and practice. The nine practice indicators include: Engagement, Assessment & Understanding, Teamwork, Long-term View, Voice and Choice, Planning, Necessary Resources, Tracking and Adjusting, Intervention Adequacy.

barriers encountered by FP/UFA Contractors. The Family Preservation Learning Network launch event occurred in October 2012.

- Include UFA as a standing agenda item during Family Preservation Roundtable meetings and taskforce meetings, to ensure that concerns are raised and addressed.
- Procure Family Assessment Form (FAF) software and develop an assessment process aligned with outcomes to allow for on-going evaluation of all Family Preservation services.

Expansion of Wraparound Services and Access

The primary action step completed for this system improvement plan strategy during this reporting period, included development and release of a new Statement of Work (SOW). A SOW is the first step in understanding program work plans and expectations included in contracts for services providers. The new SOW was released in February of 2013 for public review and comment. In response to feedback from the public modifications were made to the SOW. A release of a Request for Proposal (RFP) for the new Wraparound contract is anticipated for July of 2013.

The expansion of wraparound access and service options includes the application of lessons learned from previous years and elements of the Katie A. State Settlement agreement. The new wraparound contracts will include:

1. Core Practice Model;
2. Intensive Care Coordination and Intensive Home Based Services;
3. Funding mix to maximize Early Periodic Screening, Diagnosis and Treatment (EPSDT) reducing reliance on County general funds; and
4. On-going training for Wraparound Service Providers.

DCFS, DMH and Probation departments meet monthly with Wraparound Agencies to monitor outcomes and develop strategies to increase the number of children receiving Wraparound Services. Wraparound service slots have not been fully utilized. In fiscal year 2011-2012, 2,532 Probation and DCFS children were newly enrolled in both Tier I and Tier II of Wraparound. It is projected for fiscal year 2012-2013 that enrollments will increase by approximately 200 children. As of April 2013 ~ 5,113 children have been enrolled in Tier II Wraparound.

Next steps for this strategy include implementation of the new Wraparound contracts in CY2013 and CY2014, inclusive of monitoring for outcomes.

DCFS Summary

In summary:

- Re-entry rates have steadily increased during this SIP period of review.
- Los Angeles County DCFS will continue to focus on efforts around assessment and treatment related to substance abuse, developing a new strategy that will carry through CY2016.
- Continue with action steps related to expansion of Wraparound access and services with additional emphasis on outcomes for children and families, including Re-entry into foster care.
- Increased utilization of Reunification TDMs and the Completion of a specific evaluation of UFA will be discontinued.
- Utilize theory that teamwork supports successful reunification to consider strategies around the formation, structure and function of a child and family team for each case.
- Focus on teamwork in Quality Service Reviews (QSR) for all DCFS Regional Offices. After the first round of QSR for all offices, DCFS scored in the 18 percentile in teamwork. Improved teamwork is a focus area for the department in the Core Practice Model, Strategic Plan and Data-driven Decision Making Case Review.
- Adjustments to SIP strategies and action steps related to re-entry are being completed in quarter 3 and quarter 4 of 2013.
- Include discussion related to re-entry performance on agenda for the September 2013 quarterly DCFS System Improvement Plan workgroup; grapple with the creation of re-entry strategy recommendations for presentation to the executive team.

Probation SIP Strategies ~ Measure C1.4: Re-entry Following Reunification:

- Cross-systems training plan to include all partnering agencies, as well as internal and external stakeholders
- Exploration of the availability of new resources for all children related to family reunification, adoption and legal guardianship
- Exploring options for and enhancing existing resources

Cross-Systems Training Plan:

This strategy included working with many internal and external partners and stakeholders to create training opportunities for staff and managers of all agencies such as Department of Mental Health (DMH), Probation, Department of Children and Family Services (DCFS), Public Health, County Counsel and Bench Officers directly working with children residing in foster care and those at risk of entering foster care. The Probation Department collaborated with DCFS to participate in cross-trainings with emphasis in areas such as Commercially Sexually Exploited Children (CSEC), Group Home Monitoring, Case Planning and Substance Abuse issues. These efforts resulted in improved collaboration and sharing of information as youth crossed over from one system to another or remain jointly in both systems. The plan developed was implemented successfully throughout the year and included foster youth, former foster youth, Bench Officers, etc. Some of the trainings conducted are as follows:

- Needs & Services Plan Training for Group Home Providers and Probation/DCFS staff
- Special Incident Reporting Training for Group Home Providers and Probation/DCFS staff
- Commercially Sexually Exploited Children (CSEC) Conference developed/facilitated by Probation Foster Youth who were victims of human trafficking
- CSEC Trainings for Bench Officers, Probation Field Supervision/Placement Officers and Social Workers
- Placement Quarterly Conferences developed/facilitated by Placement Officers for Placement Officers
- Residential Based Services Conference for Providers and Probation Placement Officers
- Annual System Improvement Plan (SIP) Stakeholder Conference

Exploration of New Resources Related to Family Reunification

Parent Partnership

In May of 2013, Probation began to work with one of its delinquency Judges to begin the development of a Parent Partnering Program, which DCFS developed and utilized for several years with incredible success and positive impact on reunification. A work group was developed and has met on three occasions; the last meeting involved DCFS Management and the lead Parent Partners presenting to the work group to assist with the development of the Probation model. The workgroup is in the process of identifying the pilot project location and key parent/caregivers, who can participate as Steering Committee members to further develop the model and curriculum, train staff and obtain funding sources.

Diligent Recruitment Grant

Although not directly related to Family Reunification, but having an indirect impact, DCFS has also partnered with Probation through the Diligent Recruitment Grant. This grant services youth that are typically very challenging to place in adoptive care. Since Probation youth are generally labeled as “hard to place”, the grant was set in place in order to find families that are open to adopting probation youth who do not have any relatives or non-relatives available to care for them. In addition to Probation youth, the grant also services youth that fit the following criteria: Deaf and Hearing Impaired; African American; Hispanic, Lesbian, Gay, Bi-Sexual, Trans-gender and Questioning (LGBTQ) and Probation foster youth, with a special focus on those youth that are close to aging out of foster care.

A huge piece of this grant is the partnership with a Faith Based Organization, Sycamore Park Church (SPC), which is now participating under the Diligent Recruitment grant. As of August 2013, DCFS notified Probation that Sycamore Park Church (SPC) is ready to coordinate and work with the County to recruit adoptive families. They are currently in the process of setting up training classes at fifteen (15) churches for parents who are open to adopting youth that fit the criteria of the Diligent Recruitment Grant. SPC is willing to recruit adoptive families for Probation youth that are considered “hard to place” such as, undocumented youth, sex offenders and older youth that are close to or older than 18 years of age.

Cross-Over Youth Committee Related to Permanency

In January of 2013, Probation began to co-facilitate, with DCFS, the Permanency Sub-Committee/Work Group, which is related to the large "Georgetown Cross-Over Committee". This work group was created to help serve the permanency needs of the 241.1 dual supervision youth and to enhance the Multi-Dimensional Team (MDT) process of these youth. The committee consists of DCFS managers, DCFS P-3 Workers, DCFS Social Workers, PPQA Administrators, 241.1 Probation Officers, Los Angeles County Counsel, MDT Coordinators and other DCFS partners. The committee worked together to successfully enhance the MDT process by creating a comprehensive grid tool and permanency form that catered to the case plan needs of the 241.1 youth. These tools also enhanced collaboration among DCFS, Probation, youth, families and other agency partners who greatly contributed to the case planning and needs of the youth. Both DCFS and Probation also successfully created a permanency referral form to identify the 241.1 youth who were in need of permanency planning and family finding services.

Commercially Sexually Exploited Children (CSEC)/Domestic Minor Sex Trafficking (DMST)

An area where Probation has excelled at identifying new resources and taking full advantage of existing resources is related to human trafficking and sexual exploitation of children. The commercial sexual exploitation of children is a growing problem across the state of California and nationally. According to FBI statistics, anywhere between 100,000 and 300,000 U.S. children are "at risk" of becoming victims of Domestic Minor Sex Trafficking (DMST). DMST is the commercial sexual exploitation of American children through prostitution, pornography, or sexual performance for compensation (money, drugs, shelter and/or food). [12]

According to the FBI, Los Angeles County is considered a significant hub for the exploitation of youth within the illicit sex trade. In 2010, the Los Angeles County Probation Department identified 174 sexually trafficked youth in the local juvenile justice system. Most of the identified youth have a long history of abuse and neglect and have crossed over from child welfare services; additionally, a disproportionate number (92%) are minorities targeted for prostitution. Based on national research, the average age American girls are first prostituted is 13 years of age. Pimps/traffickers prey on vulnerable youth (primarily girls) and groom their victims to enter "the life" of prostitution. [13]

In 2011, in an effort to combat child sex trafficking and to provide victim-centered services, the Probation Department, together with the Superior Courts, applied for a Title II grant and was awarded funding to develop Probation's first DMST

[12] Human Trafficking Statistics, Polaris Project, *Human Trafficking Statistics, http://www.handsacrosstheworldmn.org/resources/Human+Trafficking+Statistics.pdf (Sept. 17, 2013).*
[13] Los Angeles County Probation Domestic Minor Sex Trafficking Project (personal communication, September 9, 2013).

program and creation of the collaborative, "Succeeding Through Achievement and Resilience" (STAR) Court, to effectively target the issue of sex trafficking, while at the same time, implementing appropriate rehabilitative and safety services for victims of trafficking.

In the past year, Probation successfully implemented a multi-systemic partnership with the Juvenile Collaborative Courts, Federal and local law enforcement agencies and medical and community providers to address the needs of this population. Probation has identified and served a total of 55 program participants who have been referred to the STAR Court and are currently receiving services, which consist of intensive supervision by specially trained DMST DPOs and placement in specific and specialized group home placements, both local and out-of-state. These placements provide victim-centered services, advocacy and mentoring services that are provided by survivors of trafficking. In addition, Probation has implemented the "My Life My Choice" prevention curriculum for at-risk girls between the ages of 12-17 residing in SPA 6 and 8. Probation has trained over 3,000 collaborative internal and external agency partners and community stakeholders on the issues surrounding commercial sexual exploitation.

The DMST Team consists of Probation Directors, Supervisors, Probation Officers and Detention Service Officers, Advocacy Groups such as Saving Innocence, Motivating, Inspiring, Supporting & Serving Sexually Exploited Youth (MISSSEY), the Mary Magdalene Project and Superior Court Representatives. Probation provides CSEC programs for at- risk youth throughout the County. The community currently has 325 at-risk youth, at least 55 of which are supervised by the DMST Unit. These youth are required to attend the "My Life My Choice" prevention workshops. Since the program is in the early stages of implementation, DMST is still in the process of submitting an outcomes report to the State.

Exploration and Enhancement of Existing Resources

Probation Permanency Collaboration Committee

From June 2011 to present, the Department of Children and Family Services (DCFS) and Probation have maintained the Permanency Collaboration Committee work group, which was developed in 2004. This committee routinely holds monthly meetings to discuss all barriers and progresses with Probation's Legal Guardianship and Adoption cases. The committee consists of DCFS Adoption Workers, Los Angeles County Counsel, Adoption and Media-Based Recruitment Workers, DCFS Social Workers, Probation Permanency Officers, Foster Home Consultant Officers, Regional Based Suitable Placement Officers and other DCFS and Probation personnel that have a vested interest in the permanency of all Probation youth. The committee was developed to ensure that Probation youth and their families receive quality permanency services. To date, the committee has successfully developed and facilitated three (3) adoptions in Los Angeles County and has assisted two (2) Probation departments in the state in facilitating their own adoptions.

SUCCESS IS OUR FUTURE (SIOF)

Another example of enhancing existing resources was evidenced with the success of an annual academic-focused event. This past year, the Probation Department hosted a graduation event; Success Is Our Future (SIOF), to recognize high school graduates and provide scholarships for continuing education. The Probation Department's Youth Development Services (YDS) Program initiated this event 21 years ago to recognize the outstanding educational and other achievements of Probation Foster Youth, who have excelled in spite of the challenging circumstances that they have faced. This event occurs and is highly successful as a result of close and constant collaborations between Probation, DCFS, various sponsors and the group home providers.

The SIOF Committee serves the youth a catered dinner, provides motivational speakers and/or entertainers, provides recognition of achievements and awards scholarships for higher education. The event is well received by the youth, their families and other loved ones. The SIOF event typically attracts over 450 people each year. Approximately 350 Probation youth attended last year's event. Over the years, thousands of dollars in scholarships have been allocated to college bound youth provided through fund raising and various sponsors/donors. In addition, the committee awards an exclusive scholarship from a major donor that includes a monthly stipend of $2000 per month for continuing college students. As this event has evolved, YDS has developed a selection process and case management model that supports the scholarship recipient's retention on college campuses, which eventually leads to their goal of graduation. Many graduates exceeded even their own expectations. Probation YDS is particularly proud of the fact that since 2004, twelve (12) scholarship recipients have graduated from college and two (2) more are scheduled to finish in less than two years.[14]

Transit Access Pass (TAP)

Another resource that was accessed in efforts to assist Transition Age Youth (TAY) was related to transportation. Probation YDS and DCFS collaborated with the Board of Supervisors and the Metropolitan Transit Authority (MTA) to implement a free bus pass program. The "Youth on the Move" Transit Access Pass (TAP) Card Program is a pilot project designed to serve 2000 foster and Probation youth. The youth must be engaged in one or more of the following to qualify: employed, searching for employment, attending college or vocational school, seeking housing, attending counseling, etc. Probation and DCFS YDS staff members work collaboratively to generate the initial TAP Card application for the youth, which includes taking a picture of the youth for the MTA Identification badge. The application and picture is emailed to the MTA, and upon receipt, a TAP Card is generated for the youth. The card is then mailed to YDS staff to be provided to the youth. The TAP Card can be used countywide and expires at the end of each year. Currently, there are over 340

[14] Los Angeles County Probation Youth Development Services Program, Internal Program Data (personal communication, Sept. 5, 2013).

Probation youth participating in this program. The program has been so successful that MTA is planning to extend the program for another two years. This success has directly impacted system improvement and positive outcomes related to youth self-sufficiency.

CDSS Probation Data on Re-Entry Following Reunification[15]

Measurement Description	**Time Period**	**National Standard**	**LA County Probation Percentile**	**Difference from National Standard**	**Meeting National Standard?**
C1.1: Reunification within 12 Months (Exit Cohort)	April 1, 2012-March 31, 2013	75.2%	79.5%	4.3%	Yes
C1.3: Reunification within 12 Months (Entry Cohort)	October 1, 2011-March 31, 2012	48.4%	44.9%	3.5%	No
C1.4: Re-Entry Following Reunification (Exit Cohort)	April 1, 2011-March 31, 2012	9.9%	17.8%	-7.9%	No
C1.2Median Time to Reunification	April 1, 2012-March 31, 2013	5.4%	6.7%	-1.3%	No

The National Standard for reunification, measured by the exit cohort within 12 months, is above 75.2%. According to the CDSS data on re-entry following reunification, 79.5% of all Probation children in foster care for 8 days or more were discharged to reunification in less than 12 months from the date of the latest removal from the home, thus exceeding the national standard by 4.3%

The National Standard for reunification, measured by the entry cohort within 12 months, is above 48.4%. CDSS data states that of all Probation children, who entered foster care for the first time in the 6 month period and remained in care for 8 days or more, were discharged to reunification in less than 12 months:

- 44.9% reunified with family
- 6.4% emancipated

[15] Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C.,& Lawson, J. (2013). *Child Welfare Services Reports for California*. Retrieved 9/17/2013, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Data also states that 20.5% are still in care, and the remaining 28.2% are represented in the "Other" category. Probation will work diligently to explore barriers and possible solutions related to the use of the "Other" category so that future data and outcomes are captured more thoroughly.

The National Standard for re-entry following reunification is below 9.9%. According to the CDSS data, 17.8% of Probation children, discharged from foster care to reunification, re-entered foster care in less than 12 months from the date of discharge; thus, performing 3.5% below the National Standard.

The National Standard for the median time to reunification, measured by exit cohort, is 5.4 months. The median length of stay for all Probation children who have been in foster care for 8 days or longer, who were discharged from foster care to reunification, is 6.8 month; thus, performing below the median National Standard by 1.4 months.

Probation Summary

In summary:

- Probation data shows improvement in timely reunification with parents.
- Cross-systems collaboration, sharing of information and continuum and quality of care for Probation youth has greatly improved and been significantly enhanced due to the numerous specialized and focused inter-agency and cross-systems training.
- It is perceived that an increase in providing quality resources, both existing and new, has impacted timely reunification in a positive manner.
- One area of focus and expansion for Probation, related to new resources, are the services, training, support and resources made available to meet the complex needs of Commercially Sexually Exploited Children (CSEC).
- Probation will continue to focus on cross-system training and the utilization of new and existing resources to fulfill SIP goals.
- Since Probation has just begun to utilize the CWS/CMS system in phases according to State and Federal mandates, there is still not the consistency of entering information from case opening to case closure. Probation will continue to improve data entry consistency, accuracy and quality to facilitate the use of more reliable data in all outcome measures.

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

Of all children served in foster care during the year, who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings.

Why Los Angeles County Chose this Measure

In developing the 2011-2014 SIP (extended to 2011-2016) Los Angeles County considered outcomes for placement stability measures, which are designed to measure the number of placements a child experiences while in foster care. Data reports indicated that the County made improvements in two of the three measures designed to gauge performance. On Measure C4.1: Placement Stability (8 days to 12 months in care), Los Angeles County's performance declined by 1.7% between Q2 2007 (87.1%) and Q2 2010 (85.6%)[16]. The ten-year performance trend for this measure indicated a performance improvement of 1.6%. This represents a performance of 0.2% below the National standard.

For measure C4.2 Placement Stability (12 to 24 months in Care), Los Angeles County had a 7.2% decline in performance since 2007 (Quarter 2, 2007 [71.8%] - Quarter 2, 2010 [66.6%]) (CDSS Quarterly Data) and the ten year performance trend showed 0.4% improvement in performance. For the same measure, Los Angeles County was approximately 20% above the state-wide performance. The performance prompted the county to focus system improvement efforts on this measure, to be proactive in stabilizing children in placement and preempt any further decline. This measure (C4.2) is one of the county's 2011-2016 SIP focus measures. Efforts to stabilize placement at the 12-24 month timeframe may impact performance in measure C4.3 which monitors placement stability of children in out-of-home care 24 months or more.

Measure C4.3[17], designed to monitor placement stability for children in care for 24 or more months, and indicated that Los Angeles County had experienced a 1.0% reduction in performance on this measure since Q2 2007. The County has met and exceeded the National standard by 8.0%, while performing 1.8% above the state-wide performance. Since CY2000, Los Angeles County has seen a dramatic reduction in the number of children residing in out of home care. According to CWS/CMS Quarter 1 2013 data extract, on January 1, 2000 there were 49,167 children placed in out of home care in Los Angeles County. This in comparison to January 1, 2013 which showed there were 19,056 children placed in out of home care. There has been a noted increase in the percentage of DCFS families who receive child welfare services in-home;

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

[17] Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved [April, 4, 2011], from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare Dynamic Report Quarter 2 data, 2007, 2008, 2009, 2010, 2011, 2012.

Family Maintenance (FM) services. In January 2000; 17.47% (11,101/63,551) of children were receiving FM services, while in January 2013 39.34% (14,624/37,172) of children were receiving child welfare services while in their parent's home. Anecdotally, this suggests that those children who are currently placed in out of home care have case situations of greater complexity and multiple family support needs. Long term trends for this placement stability measure indicate that since FY 2000-01, County performance declined by 31.7%. This might translate into the presumption that children with cases that have deeper service needs tend to stay longer in the system and tend to have more placements due to their service needs.

Data figures reviewed from DCFS' Family-to-Family report (local DCFS data source[18]), during the development of the 2011-2014 SIP for fiscal year 2009 -10, for placement stability vs. time-in-care, indicated that 86% of children experienced less than two placements within 12 months and 14% of children experienced more than two placements. Looking at longer timeframes for this stability measure indicated that for children in care 12-24 months, 67% experienced two or fewer placements, while 33% experienced more than two placements. The percentages jump for children in placement for more than 24 months; 39% for two or less placements and 61% for more than two placements. The above figures suggest that the longer children stay in the system, the more likely they are to experience less stability in placement.

For Los Angeles County Probation, it appears that the national standard is consistently met, as the data retrieved on 9/17/13 from University of California at Berkeley Center for Social Services Research website (page 46 below) shows that for the period of April 2012-March 2013, 75.90% of the children have had fewer than 2 placements from 12-24 months. Although still meeting the national standard, the percentage decreased significantly to 55.60% for probation foster children in care for more than 24 months, so the figures suggest the same for both Probation and DCFS youth; the longer some children stay in care, the more likely they will experience increased trauma and behavior issues resulting in more placements, thus increasing placement instability. Therefore, Probation efforts have increased to improve stability of youth in their first placement.

Choosing Strategies

Literature Review

Literature reviews identified age, as well as behavioral and emotional problems, as the most prevalent risk factors related to placement instability. (Crum 2009; Koh 2009) Teens in foster care are more prone to placement instability than younger children. (Osterling 2009; Webster 2000) Furthermore, those who age out of foster care are likely to experience

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

some of the highest rates of placement instability. Emotional and behavioral issues are a common reason for foster parents to request the removal of a child from their care. Children with multiple placements may experience an increased sense of rejection and impermanence, as well as a decrease in their ability to form emotional ties with their caregivers. Effective programs and interventions that help foster parents and caregivers deal with child behavioral problems have helped with placement stabilization. Placement type is a strong predictor of placement stability. Children placed with kin have been found to experience fewer moves, have less behavioral problems, are more likely to remain in their neighborhood and school and with siblings. (Koh 2009; Scott 2009; Webster 2000) The growth of kinship placements is believed to lead to more positive outcomes for children because of less disruption in the life of the child.

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

PQCR, CSA, SIP Stakeholder Meeting

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

Recently at the SIP Annual Stakeholder meeting, held June 26, 2013, participants spoke in depth about placement stability. They noted that there is often greater stability in relative placements and in homes that are in a familiar environment for the child. As a group, stakeholders were positive about "ice breaker" meetings, which bring the caregiver together with the parent at the on-set of placement. Probation Multi-disciplinary Team meetings were also noted as positive due to their inclusion of people who mentor or simply welcome children and families. There was positive praise for Probation emergency placements and SIP strategies related to mental health support (Expedited Response and DCFS D-rate re-evaluation). Follow-up was suggested around Placement Assessment Centers (PACs) and effectiveness, as well as the story behind the data which shows that African American children are least stable in their placements. The County has incorporated lessons learned from the "ice breaker" pilot into a core model of practice that will be a part of children social worker and supervisor trainings and coaching, as well as caregiver trainings.

Current Performance

Table 8

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

	1st Qtr 2011	**2nd Qtr 2011**	**3rd Qtr 2011**	**4th Qtr 2011**	**1st Qtr 2012**	**2nd Qtr 2012**	**3rd Qtr 2012**	**4th Qtr 2012**	**National Standard or Goal**
Los Angeles	66.7	68.8	69.0	69.4	69.8	70.1	70.5	70.6	65.4

Although the County is performing above the National Standard (65.4%) in this measure, the system improvement focus is on this measure based on the overall decline in County performance since Q2 2007. County Q2 2012 performance rate of 70.1% for Measure C4.2 exceeds the national standard (65.4%) and is a 5.3% increase in performance since Q2 2010 (66.6%). Q3 and Q4 of 2012 also show slight improvement. The SIP goal is to increase stability to a performance rate of 72.0%.

Using Composite Planner

SIP Goal: By January of 2016, DCFS will increase stability of placement (children in care 12-24 months) from 66.6% to 72.0%

The SIP 2011–2014 goal established for the placement stability outcome measure, takes into consideration current performance. Using the SIP quarter (Q2 2010) baseline number of 5,957 and the Q2 2012 performance rate of 66.6% we can determine that approximately 3,967 (66.6%) had been in 2 or fewer placements. Los Angeles County chose as a goal for this measure to improve placement stability outcomes to 72.0% which is close to the County's previous SIP quarter 2 of 2007 performance level. Meaning, if the same number of children are in placement 12-24 months in a quarter (5,957) then 4,289 of them would have 2 or fewer placements. This is an increase in stability for an additional 322 children. Increased stability of 322 children per quarter, spread over 18 DCFS offices, is approximately 18 children per office.

Currently (Q4 2012), Los Angeles has a 70.6% performance rate for this measure. Applying Los Angeles County's Quarter 4 2012 performance rate of 70.6% to the baseline number of 5,957, has 4,206 children in 2 or fewer placements. This is an improvement from Q2 2010 (and a move in a desirable direction); 239 more children experience placement stability in Q4 2012 than Q2 2010.

Although the county has yet to achieve the System Improvement Plan 72.0% goal, the overall performance of the county related to placement stability is encouraging.

DCFS SIP Strategies ~ Measure C4.2 Placement Stability (12 to 24 Months in Care):

- Expand placement with relatives on first and second episode placements, where appropriate;
- Continue with training and implementations of Ice-breaker Meetings;
- Complete a placement stability study;
- Implement County-wide Expedited response pilot; and
- Evaluate the D-rate Program.

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

To address timely relative ASFA approval barriers to relative placement, the DCFS ASFA/Kinship Division has been working with the California Department of Justice (DOJ). In quarter 1 2013, DCFS achieved an agreement with DOJ for Livescan results to be downloaded on a frequent and regular basis, to more quickly approve prospective relative care providers and NREFMs. Previously, results were downloaded once daily, Monday through Friday. Effective April 1, 2013, livescan results are returned directly to social workers hourly, 24 hours a day, and 7 days a week. DCFS also formed an agreement (6/1/13) with DOJ to begin a quick turnaround of California Law Enforcement Telecommunication System (CLETs) requested for emergency placements with relatives. This will enable immediate relative placements with identified relatives with no criminal histories.

A SIP pilot effort related to increased relative placement, completed in the first two quarters of the system improvement plan (Q4 2011, Q1 2012), was successful in moving the Compton Regional Office from 51% initial relative placements to 63% initial relatives placements (DCFS Data Dashboard – Cognos Data, utilizes data from CWS/CMS). The pilot included the addition of Kinship Support staff at TDM meetings at the time of removal. Following the pilot a review of efforts noted that once the additional Kinship staff were removed from the Office, initial relative placement performance percentages were not maintained.

A plan to consider opportunities to replicate the efforts of the pilot through the use of existing staff was taken off track as the strategy lead was moved in an overall reorganization of DCFS management structure and responsibilities. From Quarter 2, 2012 through Quarter 4 of 2012 the new strategy lead has been reviewing this SIP strategy and developing next steps.

Currently, the SIP strategy of expanding initial relative placement is being combined with a DCFS Strategic Plan objective related to the same desired outcome. A Strategic Plan Objective Action Team Workgroup has been established and is convening regularly with the purpose of identifying barriers to initial placements and placement maintenance. The goal of the objective action team is to increase relative and Non-relative Extended Family Members (NREFMs) placements across the county by 20%. The baseline data being used for this goal is taken from Child Welfare Services Report data for September 2012. The total number of children in out of home care in September 2012 was 15,619. Of that 8,232 (52.7%) of the children were placed in relative care. The target goal is that by December 2014 62.2% of all Los Angeles County, child welfare children will be placed in relative care or with NREFMs.

In order to better support relative caregivers, Kinship Resource Centers have begun collaboration with a community-based agency in Los Angeles County SPA 6, as a part of a Federal grant. A Kinship Navigation Program is being integrated into practice (effective May 2013), to find and equip 2,400 relative care providers with information and resources to meet their care giving needs and sustain placements.

Further, Kinship Resource Center staff are now alerted about every new relative placement, and of every ASFA approval. Kinship staff initiate contact with the new relatives to inquire of needs. Additionally, Kinship staff continue outreach efforts to formal and informal kinship families by means of staff co-located in two community-based agencies (Pacoima and Long Beach). This facilitates on-going support to caregivers.

System Improvement Plan strategy has been documented in alignment with the DCFS Strategic Plan Objective Action Team goal.

Continue with training and implementations of Ice-breaker Meetings

As documented in the Quarter 4 2011 – Quarter 1 2012 SIP Progress report, this strategy was "completed" in Quarter 1 of 2012. Lessons learned related to the value of establishing a relationship between the parent and caregiver has been integrated into practices outlined in the Core Practice Model (see attachment IV), thus redirecting the techniques to broad utilization in day to day practice.

Complete a placement stability study

To more fully understand current performance related to placement stability, Los Angeles County completed a formal study of Placement Stability (12 to 24 Months in Care). The Placement Stability Study was completed in March of 2013 and highlights of findings were shared at the June 26, 2013 Annual SIP Stakeholder meeting.

The sample for the study (N= 13,204) consisted of children who had been in care for more than 12 months. But less than 24 months during CY 2008 – 2010. Time in care was defined as the time period between when a child is removed and entered foster care until the placement episode end date.

Placement findings:

1. Placement Types: From the first placement to the last placement, there is an increased reliance on Relative Homes and a decreased dependence on FFA Certified Homes.

2. Ethnic group differences indicated that Black/African American children experienced a higher number of placements and had the lowest percentage of children who experienced placement stability.

3. Placement Change Reasons – nearly half of initial, first, and last placements were coded as other, therefore not providing any meaningful information. The next largest percentage of placement moved was categorized as moves for a positive reason.

4. Placement Direction – For almost half of the children in the sample, the placement trajectory was to a less restrictive environment. Only 10% of the children required a more restricted placement on their last placement.

5. A majority of the children in the sample experienced placement stability during the first 12 months, especially those children under ten years of age.

6. A small percentage (2.8%) of placement changes were "paper moves", meaning the child did not physically move but computer data entry requirements record moves (i.e. agency or licensing changes) on CWS/CMS as a placement change.

Additional findings included; More placement stability was noted for children who were younger when entering foster care and for those who had their case closed sooner; A higher percentage of children who were initially placed with relatives upon removal experienced more stable placements compared to children in other types of placement; and children who achieved legal permanency at the time of case closure were more likely to have stable placements.

The study was limited to information found on CWS/CMS, which did not allow for exploration as to characteristics of the child, family or caregiver. Even with some limitation in information, four implications were evident from findings:

1. Noted evidence of the benefits of relative placement;

2. Action steps needed for further exploration and understanding of factors and practice that contribute to the higher number of placement moves for African-American children;

3. Data needs to be accurate and complete in order to fully measure and track placement stability; and

4. Enhance department and placement provider awareness and consideration of the impact of "paper moves" on performance outcomes.

In consideration of a June 8, 2012 California Department of Social Services All County Information Notice (ACIN) No. 1-31-12, Best Practice for Placement Stability, the following recommendations have been documented in the Placement Stability Study:

A. Reinstate Keeping Foster and Kin Parents Supported and Trained (KEEPs);

B. Utilize Placement Stabilization Clinicians throughout regions to provide caregivers with short-term mental health crisis intervention to caregivers and children;

C. Implement after hours specialized relative assessment units to ensure rapid relative or NREFM placements;

D. Institute Way Station support groups to offer encouragement, assistance and respite for foster parents and children in placement transition;

E. Reduce the use of shelter care placements;

F. Establish a central placement unit that specializes in identification of the best and least restrictive placement option; and

G. Accurately match the need of the child with the capacity of the caregiver to address those needs.

System Improvement Plan next steps, related to this strategy, include Quarter 3 2013 presentation to the DCFS executive team for consideration of any response action. Additionally, highlights will be vetted with stakeholders. .

Implement County-wide Expedited Response Pilot

This strategy was concluded in Quarter 4 of 2011. DCFS continues to partner with caregivers, children, Psychiatric Mobile Response teams (PMRT) and Mental Health Providers during emergencies by providing a joint response. During the first months of operation 409 joint response were completed. DCFS and Los Angeles County Department of Mental Health track the number and percentage of psychiatric hospitalizations for DCFS children. During CY 2012, of the 4,705 DCFS children who were engaged with PMRT, 2,012 (43%) were subsequently hospitalized and 2,693 (57%) were not hospitalized. This strategy theorized that the placement stability measure impact would show itself by a reduction in hospitalizations realized as crisis stabilization services continue to be provided within the context of a safety plan vetted by key members of the joint response team. Currently, data collection is limited to the year 2012 and has not captured

impact over time. Further analysis and additional outcome data will be included in the future for efforts around this strategy.

Evaluate the D-rate Program

The evaluation of the D-rate program strategy is in it early stages. A draft of the D-Rate redesign logic model was finalized by the D-Rate redesign workgroup in May 2012 and a subgroup was formed in May 2012 to focus on the development of a three-tiered specialized care increment rate structure based on the child's behavior's and the caregiver's commitments. A draft of the three-tiered rate structure and symptom checklists was completed in August 2012.

The D-Rate redesign is being structured around a team approach with the goal of identifying a child's underlying needs and tailoring services and supports to meet those needs. Another critical aspect of the redesign is to make certain caregivers feel supported and have access to a team, especially during crisis situations. The redesign values linking caregivers to supportive services such as support groups, or access to a WRAP team 24/7 hoping that such an effort will decrease 7 day notices and increase a child's overall stability.

According to the Katie A. Data Analysis Report for FY 2002-2003 to FY 2010-2011, 92.8% of children in foster care for 12 to 24 months, who receive mental services, do not move to a third or more placements in the second year of placement. This number slightly exceeds 91.2% of children with the same type of placement timeline, who do not receive mental health services (and is a much lower in proportion of the population). The increase in provision of Mental Health services for all children including those in D-Rate, may contribute to the reduced number of placements seen in performance for this measure. Better case planning, teaming and the increased use of intensive mental health service such as Wraparound services for our D-Rate population may have also contributed to the positive placement stability trend.

Next steps for this strategy include a completed D-rate program review by the end of CY2013, followed by implementations of recommendations throughout CY 2014.

DCFS Summary

In Summary:

- Los Angeles County has been successful in showing improvement in Placement Stability for 12- 24 months in care.

- The Placement Stability study affirmed DCFS' placement with relative SIP strategy, by identifying findings that link increased placement stability for children in relative care.

- SIP efforts around relative placement will continue and will be enhanced by joining with DCFS Strategic Plan [19] Objectives.

- Ice breaker lessons learned incorporated into the Core Practice Model and the team approach of the expedited response pilot have highlighted two collaborative practice examples implemented in response to SIP strategies.

- Accurate assessment of child needs, specifically mental health needs and then providing services to match the need had an impact on placement stability. This was demonstrated in the Katie A data Analysis Report.

- Expedited response has established a baseline for their data collection that will allow for further exploration of the impact of joint response efforts on placement stability.

- As the SIP strategy of the D-rate full evaluation is completed more detailed information will be available related to this strategy and impact on stabilization of placements.

[19] DCFS Strategic Plan Attachment V

Probation SIP Strategies ~ Measure C4. 2 Placement Stability (12 to 24 Months in Care):

- Enhance and expand upfront cross-system assessment through increased Placement Assessment Centers (PACs)
- Improve report compliance through revision of current court reports and case plan
- Expand Evidence-Based Programs (EBP) and practices, as well as Family Preservation (FP) and Wrap Around (WRAP) services. Develop and implement use of Multi-Dimensional Team (MDT) processes
- Increase safety for Probation Placement Officers serving dual roles

Enhance and expand upfront cross-system assessment through increased Placement Assessment Centers (PACs)

Probation has utilized Placement Assessment Centers (PACs) throughout this reporting period to provide a 30-45 day comprehensive assessment for new Placement youth. The PAC assessment informs the placement Deputy Probation Officers (DPOs) of the risks and needs of the youth so that the youth can be placed in the most appropriate setting. The assessment covers several key areas such as, education, family history, gang involvement, mental health and substance abuse. Probation came into the reporting period with two (2) Group Homes, with 30 PAC beds each. In the past year, Probation has added two additional group homes, providing ten additional beds at each home. Ten (10) of those beds are available to assess the female population, while the other ten (10) beds are available to increase assessment capacity for males. There are now a total of 80 PAC beds; 70 beds to service males and 10 beds to service females.[20]

Improve report compliance through revision of current court reports and case plan

Placement has been working with the Administrative Office of the Courts (AOC) for the entire year to finalize the child welfare revisions to the Judicial Review Report and the Foster Care Case Plan. Both reports have gone to the Presiding Judge and the Juvenile Delinquency Administrator for review and notice to the Bench Officers regarding the new templates. Placement Permanency & Quality Assurance (PPQA) is in the process of placing the new templates on-line so that Placement Officers can begin utilization of the new templates. The Placement Supervisors have been trained on the new template and will in turn train the Placement Officers in each of their respective offices prior to the posting of the templates on-line.

[20] Los Angeles County Probation Youth Development Services Program, Internal Program Data (personal communication, Sept. 5, 2013).

Another action step for this strategy is found on the matrix under 2.1.2, which is to develop training for Needs and Service Plans (NSPs) and Special Incident Reporting (SIR) guidelines with DCFS, Community Care Licensing (CCL) and Association of Community Human Service Agencies (ACHSA). Although training on NSPs and SIRs for Group Home Providers was completed in collaboration with DCFS, CCL and ACHSA in October of 2011 and January 2012, many of the Providers have still experienced difficulty in complying. The Providers appear to be confused with the Goals Section of the NSPs and have difficulty making the goals child specific, measureable and comprehensive. In efforts to support and assist the Providers, Probation is initiating an individual Group Home training initiative, which consists of PPQA Group Home Monitors spending individual time with Providers in need; those that have been consistently out of compliance with the NSP portion of their annual Monitoring Compliance Reviews. The training is specifically targeted to the Clinical staff writing the NSPs. Additionally, Probation provides support to those Group Homes regarding compliance with the SIR Guidelines, in accordance with the Los Angeles County Contract, Exhibit A-VIII, for reporting incidents. Probation will continue its collaborative efforts to assist Providers with compliance issues related to the NSPs and SIR reporting. In addition to providing support to the Providers individually, the PPQA provides brief training and refreshers on the various compliance issues at the Quarterly Provider meetings held four times a year.

The last action step related to this strategy is found under 2.1.3, which is to develop a Group Home Monitoring system for NSPs/Case Plans related to Family Reunification outcomes and effectiveness of treatment and services, with additional monitoring to ensure Public Health Nurse information is incorporated into the case planning process. PPQA is developing a specific training for all Residential Based Services (RBS) DPOs. The training will include all compliance issues as related to the Foster Care Case Plans, Needs and Service Plans and Reporting Guidelines for Incident Reports. Also addressed will be the importance of being a part of the youth's NSP/Case Plan and signing off on the signature pages for both the NSP (from the DPO) and Case Plans (from the Provider). These signatures serve as the approval to implement the specific plan for the child. Lastly, the training will detail how to develop methods to strengthen permanency outcomes, with the Provider and DPO working together in a more supportive relationship. The training will provide overall information and clarity regarding what the Provider is responsible for and must adhere to in accordance to the County Contract for Group Homes and convey an understanding of PPQA's role in the entire process. The purpose of this training is to increase compliance with the NSPs/Case Plans, with the overarching goal of increasing Family Reunification outcomes.

Additionally, Probation meets monthly with the Probation Public Health Nurses (PHNs) and their managers, as well as quarterly at the Inter-agency Meetings with Public Health, DCFS and Probation. The PHNs provide support with the NSPs/Case Plans regarding ongoing and special medical and dental needs. Not only will the PHNs be part of the

specialized training, discussed above, as trainers and participants, but they will also regularly attend the SIP meetings conducted to monitor adherence and performance related to all SIP goals.

Expand Evidence-Based Programs (EBP) and practices, well as Family Preservation (FP) and Wrap Around (WRAP) services. Develop and implement use of Multi-Dimensional Team (MDT) processes

Expansion of Functional Family Therapy (FFT) and Multi-systemic Therapy (MST) **–** Probation is utilizing FFT and MST, which are evidenced-based programs designed to treat youth and families. Probation has partnered with two community-based providers, Starview Community Services and Shields for Families. Starview Community Services has 35 slots for FFT and 20 slots for MST. Shields for Families has 100 slots for FFT. Probation has generally targeted these resources toward youth transitioning from Group Home care, but the expansion of FFT and MST has allowed Probation to shift its primary focus toward those youth who are at-risk of entering out-of-home care.

Functional Family Therapy (FFT) Externship **-** Probation has entered into a contract with the California Institute of Mental Health (CIMH) to establish an FFT externship site in Los Angeles County. This will provide three (3) FFT training sequences per year to serve ten (10) Probation youth and their families in each sequence; for a total of 30 youth and families per year. Benefits of therapy provided in connection with an FFT externship training program include, provision of FFT evidence-based practice for youth on Probation, lower cost of therapy per youth, the capacity to support local training for County providers, which includes Probation's FFT and FFP programs, and corresponding savings on out-of-state travel that otherwise would be required for Probation's current FFT site supervisors.

The first externship, which began 10/11/2012, served 10 youth and families. These youth and families received services at Starview Community Services. Probation sent one DPO to the training to become a site lead. This allowed the Department to potentially increase capacity by another team of 5 DPOs (50 slots).

Group Home Aftercare Services (GHAS) **–** Probation has developed a Memorandum of Understanding (MOU) with the Department of Mental Health (DMH) to increase the contracted allocations for Group Home provider agencies to expand the aftercare services they provide to youth who transition from their respective agency back to the community. The aftercare services include case management, medication management and linkages to other mental health services in the community. The MOU was finalized in December 2012 and Group Home Providers began making referrals at that time. Probation has since expanded the contracts of eleven (11) Group Home agencies throughout the County.

Community-Based Substance Abuse Services – Probation developed an MOU with the Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) to provide youth with substance abuse services in the community. SAPC contracts with various agencies that provide youth with substance abuse intervention, treatment and recovery services throughout the County.

Countywide Foster Youth Education Project – Based on successful outcomes from the Foster Youth Education Program Pilot established by Los Angeles County Board First District Supervisor Gloria Molina, Probation and DCFS have added contract Academic Remediation Counselors through the Children, Youth and Family Collaborative (CYFC) in each of the supervisorial districts to conduct comprehensive educational assessments, develop and implement educational case plans through multi-disciplinary teams, connect students to local resources, and work to resolve any identified educational issues. Probation has utilized School-Based Deputy Probation Officers to work in concert with contract Academic Remediation Counselors to provide educational services to youth in each of the five (5) supervisorial districts. The services are provided at 15 school sites throughout the County.

Probation has partnered with DCFS, DMH, DPH and community-based providers to ensure that services are being provided to Probation youth at risk of entering out-of-home placement and youth transitioning home from out-of-home placement.

Increase safety for Probation Placement Officers serving dual roles

The initial training of all Placement Officers resulted in the issuance of safety vests and pepper spray. Since then, Placement Officers have received on-going trainings conducted in their area offices, directly related to officer safety. One new development that took place this past year was that officers working in the community were issued handcuffs and caged cars are in the process of being ordered for the safe transport of youth from Group Homes to Juvenile Hall.

CDSS Probation Data on Placement Stability[21]

Measurement Description	Time Period	National Standard	LA County Probation Percentile	Difference from National Standard	Meeting National Standard?
C4.1: Placement Stability (8 Days To 12 Months In Care)	April 2012-March 2013	86%	93.30%	7%	Yes
C4.2: Placement Stability (12 To 24 Months In Care) with <= 2 Placements	April 2012-March 2013	65.4%	75.90%	11%	Yes
C4.3: Placement Stability (At Least 24 Months In Care) with <= 2 Placements	April 2012-March 2013	41.8%	55.60%	14%	Yes

Los Angeles County Probation's Internal Data on Replacements[22]

Measurement Description	Time Period	LA County Probation Percentile
Youth Replaced <= 2 Times	July 2012- June 2013	95%

[21] Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C.,& Lawson, J. (2013). *Child Welfare Services Reports for California*. Retrieved 9/17/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

[22] Los Angeles County Probation Placement Administrative Services, Internal Unit Data (personal communication, August 23, 2013).

Los Angeles County Probation's Internal Data on the Length of Stay under a Suitable Placement (S/P) Order[23]

Measurement Description	Time Period	LA County Probation Percentile
Length of Stay S/P Order < 12 months	July 2012- June 2013	71%
Length of Stay S/P Order >= 12 months	July 2012- June 2013	27%
Length of Stay S/P Order >= 24 months	July 2012- June 2013	2%

Los Angeles County Probation is working diligently to improve the overall methods of collecting data and reporting outcomes. As the Department is still in the early stages of collecting viable, quantitative data, the time frame that captures the most accurate information for the reporting period is July 2012 to June 2013.

The National Standard for placement stability is above 41.8%. Using the measure to compute the count of children with two or fewer placements over the total number of children who have been in care for 24 months or more, Probation's placement stability percentile is 33.4%; thus, performing below the National Standard by 8.4%. [24]

Although the placement stability goal is below the National Standard, the data includes positive movements that are not captured correctly, such as, a step down from a group home to live with a relative/NREFM. There were also major contractual and safety issues with certain group homes during the reporting period that resulted in the transfer of minors to different providers.

[23] Los Angeles County Probation Placement Administrative Services, Internal Unit Data (personal communication, August 28, 2013).

[24] Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C.,& Lawson, J. (2013). *Child Welfare Services Reports for California*. Retrieved 9/17/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Probation Summary

- Probation's plan is to continue working toward increasing PACs so that eventually all Probation foster youth will have the benefit of a comprehensive assessment, which has been shown to improve placement stability outcomes.

- Additionally, a quality assurance process is under development, which will collect data to show how PACs directly affect placement stability and reduce AWOLs.

- The final revised Case Plan and Judicial Review will be placed on Probation's interdepartmental website, Probnet, in order for all Placement Officers to have access and begin utilizing the new templates, which will improve detailed and critical information to the court.

- The inclusion and involvement of Probation's Public Health Nurses (PHNs) is a key focus during the next SIP reporting period, as they will be involved in MDTs for both youth newly placed and those being discharged to the community. PHNs will also participate in and facilitate critical training for Placement Officers and key internal and external stakeholders.

Self-Sufficiency

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

Why Los Angeles County Chose this Measure

The September 13, 2011 SIP noted Los Angeles County performance on this measure showed that nearly 60% of all emancipating youth or age 18 youth had been in care for three years or longer. This baseline performance percentage was well above the 37.5% National Standard. Los Angeles County set a SIP target to reduce the percentage by 10%. This would be reflected in an outcome measure of approximately 54% of emancipating youth/age 18 having been in care 3 years or longer. Quarter 2 2012 data shows a rate of 54.9% of youth emancipating or turning age 18 as being in care for three years or longer. This is an 8.8% decrease and an indication of improved performance in this measure.

Choosing the Strategies

Literature Review

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

PQCR, CSA, SIP Stakeholder Meeting

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

On June 26, 2013, Los Angeles County held a SIP Annual Stakeholder meeting. During a break-out session related to measure C3.3:In Care 3 Years or Longer (Emancipated/Age 18), participants identified that there are multiple DCFS and Probation programs successfully impacting performance for this measure, such as the Probation/DCFS Permanency Collaboration Committee, DCFS Multi-agency Team Assessments, Kidsave and Family Finding programs for both DCFS and Probation foster youth. There was opportunity to understand services for youth because of the various data collection systems, such as the National Youth in Transition Data Base (NYTD), DCFS Data dashboard and Exit Outcome reporting. Stakeholders noted that there is still more work to be done. Recommendations included taking a closer look at strategies to reduce time in care for all, as well as focused efforts on disproportionality and permanency practices for older youth.

Current Performance

Table 9

C3.3 In-care 3 years or Longer (Emancipated/Age 18) **Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years of longer?**									
	1st Qtr 2011	**2nd Qtr 2011**	**3rd Qtr 2011**	**4th Qtr 2011**	**1st Qtr 2012**	**2nd Qtr 2012**	**3rd Qtr 2012**	**4th Qtr 2012**	**National Standard or Goal**
Los Angeles	58.8	58.0	57.2	55.9	55.8	54.9	53.1	53.5	37.5
Through a combination of efforts, documented below as SIP strategies, the County has lowered the rate of emancipating /age 18 youth in care three years or longer by 9.0% for the time period Q1 2011 to Q4 2012. Los Angeles County has surpassed its system improvement Goal of 54%, but remains approximately 16% below the National Standard performance of 37.5%. Long-term trends for this measure indicate that Los Angeles County's performance has seen steady improvement since Quarter 2 of 2007.									

Using Composite Planner

By January 2016, DCFS will reduce the percentage of youth in care three years or longer by 10% (emancipating/age 18)

The SIP goal established for the "In care three years or longer" outcome measure, took into consideration a baseline performance of 60.2% in Quarter 2 2010. Los Angeles County's target to reduce the percentage by 10%, meant County performance for this measure would be reflected in an outcome measure of approximately 54% of emancipating youth/age 18 having been in care 3 years or longer. In other words, if given a baseline number of 1,359 emancipating youth/or age 18 young adults leaving care, Q2 2010 performance would have 815 (60%) in care 3 years or longer. The County goal of a 10% improvement in performance would manifest itself in 81 less youth in care three years or longer. Applying the County's current (Q4 2012) performance rate of 53.5% to the same baseline number of 1,359 youth, has 727 in care 3 years or longer. This represents 88 fewer youth having been in care three years or longer at the time of emancipation or turning age 18, than in Q2 2010. Although not yet meeting the National Standard, the County is encouraged by the data, which shows a desirable trend towards reducing the percentage of children represented in this measure.

DCFS SIP Strategies ~ Measure C3.3 In Care 3 years or Longer (Emancipated/Age 18):

- Improve current data tracking systems and reporting process for youth;
- Continue Mental Health Screening and Assessment;
- Provide newly detained children with a comprehensive needs assessment; and
- Utilize the California Partners for Permanency (CAPP) Grant.

Improve current data tracking systems and reporting process for youth

At the start of the System Improvement Plan, an analysis of Exit Outcome reporting accuracy for quarter 1 of 2011 showed that DCFS Offices were reporting data for approximately 44% of the total number of youth exiting care. This strategy was created, anticipating that by utilizing a developed data collection systems, Los Angeles County would see improved, more accurate tracking of information for all the youth exiting care and better be able to track the number of youth reported by the DCFS offices as exiting.

DCFS' Business Information Systems (BIS) established two tracking reports for National Youth in Transition Database (NYTD) and for the Federal Exit Outcomes reports during this period. The tracking reports provide

DCFS Regional Offices information on youth needing NYTD data information and those who will be exiting so that the appropriate transitional conferences can be convened. It is at the transitional conference that exiting information is obtained for youth leaving DCFS jurisdiction. DCFS Youth Developmental Services provided on-site training and technical support to DCFS Regional Office staff on NYTD data entering.

The Regional Offices' current mechanism of tracking outcomes for youth exiting DCFS jurisdiction is the Federal required 405E Outcome reports, which are gathered monthly and reported annually to the State through the DCFS 5204 form. As of May 2013, with regard to compliance towards meeting the Federal Exit Outcome reporting, the Regional Offices were at a 98.2% rate of reporting based on their use of the Department's established tracking system of youth exiting the system. This is a marked improvement from the previous quarters and a substantial improvement from years past. The information gathered from the Exit Outcome and NYTD reports, will be utilized to better understand young adults in child welfare and our practices related to this population.

Continue Mental Health Screening and Assessment

Included in the System Improvement Plan is the utilization of Coordinated Service Action Team (CSAT). The CSAT, redesigned on October 1, 2010, includes a team and process that requires expedited mental health screening and response times based upon the acuity of a child's need for mental health services. Additionally, the CSAT process provides for the annual screening of children in existing cases with previous negative screens. From October 1, 2010 through January 2012, 32,845 children had been screened for unmet mental health needs.

During this period of SIP review, DCFS has worked diligently with Department of Mental Health (DMH) co-located partners to ensure and timely and appropriate linkage to mental health services for the youth served by both agencies. Coordinated Service Action Teams have been fully integrated into every DCFS office. The past several quarters have seen steady improvement towards meeting the 54% benchmark for the C3.3 indicator. DMH and DCFS will continue to work diligently by participating in the 241.1 work group (Joint DCFS and Probation youth) and other strategic planning committees focused on the emancipating and older youth in care.

Based on the fact that the Bureau of Clinical Resources and Services is maintaining timely mental health screenings and the Department has surpassed the SIP goal, this benchmark will be counted among those as having been successfully completed.

Provide newly detained children with a comprehensive needs assessment

Los Angeles County has consistently provided comprehensive strengths and needs assessments to between 98% and 100% of all newly detained eligible children. As a part of this SIP strategy, DCFS completed a Multi-Disciplinary Assessment Team (MAT) Study comparing a 2009/2010 entry cohort of 656 newly detained children that received a MAT Assessment versus 656 children that did not receive a MAT assessment. Results are as follows:

A. MAT children spend an average of two weeks in care less than non-MAT children;
B. MAT Children ages 0-5 spend on average one month less in care than those who do not receive MAT assessment; and
C. Six hundred fifty six MAT children spent 6,837 days (228 months) less in care than the 656 children that did not go through MAT.
D. Children that go through MAT are less likely to re-enter once they have exited

This data supports the belief that children who receive a MAT assessment earlier on in their case are able to reunify quicker and once they achieve permanency, they are more able to stay safe.

MAT continues to evolve and improve in the identification of underlying needs. Training has been provided to MAT staff including the DCFS Coordinators, DMH MAT Psychologists and coordinators and MAT Assessors and therapists on how to determine underlying needs and how to create a plan to meet these needs. This new way of engaging the family around their vision and goals has been met with very favorable reviews from families, assessors and social workers. It is expected that this new way of assessing and identifying needs will continue to improve multiple child-based outcomes including length of stay (which is aligned with the C3.3 measure) and reunification rates.

DCFS will continue to utilize and track MAT assessment but not as a formal SIP goal. Multi-Disciplinary Assessment Teams were in place prior to this current SIP. This SIP strategy has allowed DCFS to track MAT assessments and study the effect of the assessment.

Utilize the California Partners for Permanency (CAPP) Grant

To support utilization of the CAPP grant the Department has partnered with implementing DCFS offices and their local communities to:

- Complete an in-depth Institutional Analysis[25] (done by Center for the Study of Social Policy [CSSP]) for Wateridge office – May 2012;
- Release a countywide Institutional Analysis report including holding community forums for discussing key findings.– January 2013;
- Utilize monthly Training and Technical Assistance (TTAP) on a Federal and State level;
- Establish implementation teams in each CAPP office to support improved practice based on the CAPP Core Practice Model;
- Initiate training and coaching based on the Core Practice Model (CPM) and its 23 Practice Behaviors in each pilot DCFS Regional Office
- Pilot Fidelity Assessment documents with Pomona office and provided suggestions for a refined document for all counties; and
- Hold *Knowing Who You Are Training*, provided by Casey, for Pomona and Torrance offices.

In quarter 3 of 2012, the following preliminary data discoveries for the three CAPP offices, were documented as a result of CAPP utilization. The data source for the following information is found in DCFS Family to Family Data collection system FY2009-2010 to FY 2011-2012.

- Decrease of 3.6% in removals of African American children from their parents;
- Decrease of 3.3% in the foster care caseload of African American youth;.
- Slight decrease (<3%) for the three CAPP offices in the following measures: Caseload, Referrals, Substantiated Referrals, and Exits from Foster Care.
- Median days in out of home care for African Americans dropped by 46 days.
-

[25] http://www.cssp.org/publications/child-welfare/institutional-analysis/Child-Welfare-Practice-Creating-a-Succcessful-Climate-for-Change.pdf

Implementation discoveries included:

- Necessity to prepare a formal release of the Institutional Analysis Report in order to maximize consistency in the delivery of the information and the message;
- Input and observations from family members (parents and relative caregivers) is critical to fidelity assessments; it helps families feel respected and in a non-judgmental situation.
- CAPP has helped DCFS staff slow down with families and be more intentional about their practice.
- DCFS staff report improved family communication and less pressure to have all the answers;
- Standardization of communication, facilitative management, and coaching are a must;
- Leveraging internal resources such as permanency staff as mentors to social workers and supervisors expands capacity;
- There is a need to test practice application in Emergency Response; and
- Practiced focus on asking families to tell their story helps the worker engage, team and assess in much more meaningful ways.

Results from the CAPP Institutional Analysis documented in the findings the four most pervasive factors contributing to challenges in the child welfare system of Los Angeles County; 1.) high caseloads, 2.) pervasive *culture of fear* in the workforce, 3.) barriers to placing children and youth with relatives, 4.) difficulty parents have in finding acceptable, affordable and accessible services. Current SIP efforts addressing relative placement are right in line with the Institutional Analysis finding. High caseloads and improving resources and services are both components of the DCFS; Strategic Plan. The *culture of fear* suggested in the findings, is more difficult to address and will be an area of discussion for the SIP workgroup. Ongoing implementation efforts associated with the CAPP grant have been folded into the overall Core Practice Model implementation approach for the Department. Development and implementation of the CPM is a key Strategic Plan Objective for the Department. This strategy will continue to be a focus of the System Improvement Plan.

DCFS Summary

In Summary:

- Three of the four DCFS System Improvement Plan strategies around measure C3.3:In Care 3 Years or Longer (Emancipated/Age 18) have been completed; 1.) Improve current data tracking systems and reporting process for youth; 2.) Continue Mental Health Screening and Assessment; 3.) Newly detained children receive comprehensive needs assessment.
- Los Angeles will continue with Utilization of CAPP Grant strategy as there is opportunity for focused efforts on outcomes for African American youth and American Indian/Native American youth. The CAPP grant strategy is also aligned with Enhanced Organizational Performance SIP strategies: Implement Core Practice Model and Managing for Results ~ Data-driven Decision Making.

Probation SIP Strategies ~ Measure C3.3 In Care 3 years of Longer (Emancipated/Age 18):

- Increase self-sufficiency through the development of resources and housing for Transition Age Youth (TAY);
- Obtain Foster Family Agencies/Foster Homes for Probation foster children and recruit adoptive families for freed youth
- Improve Relative/Non-Related Extended Family Member (NREFM) approval process and funding

Increase Self-Sufficiency Through the Development of Resources and Housing for TAY

Probation's Youth Development Services (YDS) program has proven to be successful in increasing self-sufficiency through the development of resources and housing for TAY youth, thus increasing in numbers in every category except receiving scholarships. The decrease in numbers for this category may be related to the shorter time in placement that Probation has facilitated via Placement Community Transitional Services (PCTS). The data for YDS in this measure was obtained through internal data collected by the Transition Coordinators. Although, Probation has access to Safe Measures and utilizes it on a consistent basis, it does not have the functionality to query data as necessary. Therefore, the below internal data is related to youth age 17 and 18 year old who have exited placement,(some of which are Assembly Bill 12 (AB 12) Extended Foster Care Non-Minor Dependents (NMDs). It is important to note that the number of youth served does not reflect the entire ILP eligible TAY population (ages 18-21). Many youth are eligible but either choose not to take advantage of the services or exit the system prior to obtaining the necessary information.

CDSS Website Data on Youth in Care 3 Years or Longer[26]

Measurement Description	Time Period	National Standard	LA County Probation Percentile	Difference from National Standard	Meeting National Standard
In Care 3 Years Or Longer Emancipation/Age 18)	April 2012-March 2013	37.5%	3.9%	34%	Yes

[26] Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C.,& Lawson, J. (2013). *Child Welfare Services Reports for California*. Retrieved 9/17/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Based on the Berkeley CWS/CMS data source website, only 3.9% of Probation Emancipated or Age 18 youth were in foster care 3 years or longer during the period of April 1, 2012 to March 31, 2013, and 96.1% were in care less than 3 years. Data suggests that Probation is 34% below the National Standard thereby meeting the national standard.

Probation Internal Data for Increased Self-Sufficiency [27]

Youth Development Services (YDS) Positive Outcomes			
	2012	2011	2010
Number Receiving Services	1,124	1,501	1466
Number Receiving Housing	216	383	253
Number Employed	63	92	112
Number that Graduated from High School	141	178	218
Number Receiving Scholarships	28	*15	16

The decrease in ILP services is due to the significant reduction of youth in care, as well as shorter stays, which does not afford them full access and information regarding ILP services. With longer stays and better access to full information, many more youth could have been serviced coming directly out of care. It is important to note that the number of youth shown above captures youth who have exited the system, are no longer on Probation and continue receiving services until they are 21 years of age. Probation Foster Youth are averaging six-month placement stays in group homes, according to internally tracked data; thus, causing a significant impact on effective facilitation of community-based services. Since ILP services are voluntary and not mandatory, it is difficult to promote consistent participation, especially once the youth returns home. Youth who return home in six months are much less likely to access ILP services. Nevertheless, YDS plans to increase the number of youth participating in ILP services, via continuing concentrated outreach efforts to those youth aging out (18 year olds) and improving documentation/data entries related to ILP services provided at the group homes.

Assembly Bill 12 (AB 12) Extended Foster Care (EFC) is the mandate and foundation for the new program strategy that Probation is now utilizing to stabilize in care, while increasing self-sufficiency through the development of resources and

[27] Los Angeles County Probation Youth Development Services Program, Internal Program Data (personal communication, August 27, 2013).

housing, for Transitional Age Youth (TAY) who have no parents with whom to return. Although still relatively new, Probation has been working with Extended Foster Care youth and developing the Transition Jurisdiction program since January 2012. A system for capturing the length of time probation youth remained in the AB12 program had not been developed in 2012. Tracking youth whose 450 WIC transition jurisdiction was terminated began in March 2013. Data on this cohort should be available for the SIP progress reporting timeframe of 2013-2014 as Probation has initiated effort to improve outreach to TAY youth leaving the system via focus groups, surveys and other incentives developed by the TAY group and facilitators.

Since the implementation of the AB12/EFC program, Probation has provided services for 150 youth under the 450 WIC Transition Jurisdiction. Transition Jurisdiction Services (TJS) with the Probation Department has grown steadily since its initiation on January 1, 2012.

Services provided in the AB12 program are as follows:

- Foster Care Placement
- Case Management and Supervision
- Independent Living Program services

Under AB 12/EFC, many young adults have become successfully employed, achieved their educational goals, and/or have acquired housing as a result of the support and resources facilitated through of extended foster care. Without these critical services, these accomplishments would be much more difficult to achieve. The Probation's AB12/EFC program has successfully utilized the Child Welfare Services Outcome Improvement Project (CWSOIP) for emergency funding to sustain housing for youth generally by providing the first month's rent and security deposit until foster care payments were received by the youth, which can take two months or longer to arrive.

The challenges to implementing this program include, but are not limited to the following:

1) Probation anticipates caseloads under WIC 450 Transition Jurisdiction increasing from 150 in 2013 to approximately 200 by January 2014, and at least 300 by 2015. There is a need to increase the number of Deputy Probation Officers for this program to ten (10). Three (3) DPOs and a Supervising DPO currently work with TAY youth in the AB 12 program,

2) The length of time it takes to establish 450 WIC eligibility for Supervised Independent Living Placements (SILPs) creates a gap in funding for the youth. The SILP readiness assessment is a two-step process as outlined below:

- The Deputy Probation Officer (DPO) and young adult must complete a readiness assessment to review the strengths and weaknesses in areas of money management, personal health and safety, and tenant rights and responsibilities. This process helps the DPO to determine if the TAY youth is ready to live independently increasing self-sufficiency.

- Once the readiness assessment is complete and the DPO decides that the young adult is "SILP ready", the proposed living situation must pass a physical safety inspection which involves only the condition of the individual housing unit.

The length of time it takes for DCFS Revenue Enhancement to analyze and process the foster care eligibility packet sent from Probation and to issue the youth their first SILP foster care payment can take 90 to 120 days, and sometimes longer. This is the primary reason Probation requests SIP funds to assist the youth until their first money payment arrives.

3) There is a significant lack of structured foster care placements available to service this population. Placement options for youth age 18 and over include some of the same placements available to Probation foster youth under age 18, such as:

- Foster Homes
- Group Homes
- Relative/Non-Relative Caregivers
- Transitional Housing Placement Program (THPP) - for youth ages 16-19 with an open case
- Two new supportive housing options recently became available for youth 18 and older;
    1. Supervised Independent Living Placement (SILP); and
    2. Transitional Housing Placement plus Foster Care (THP+FC) - for youth ages 18-21 with an open case

Supervised Independent Living Placements (SILPs) are housing options selected by young adults (ages 18 to 21) who have been assessed and meet the readiness requirements. In the initial stages of the program, SILPs were

utilized by Probation prematurely due to the lack of other placement alternatives for this special population. Probation is working toward utilizing Relative/Non-Relative Caregivers as the first step toward preparing a young adult for the next step of independence, while addressing permanency needs at the same time.

THP+FC is a new placement option for designated Non-Minor Dependents, who are entitled to various foster placement options, including Supervised Independent Living Settings, and provides transitional housing and supportive services based on a Transitional Independent Living Plan. This option should be available for Probation youth in the next year.

4) Transition Jurisdiction Services staff have had to take on a large portion of the responsibility for processing the documents for eligibility required by DCFS's revenue enhancement section as a result of the increased number of WIC 450 population. As this population has increased, so has the workload for the DPOs, which has resulted in less time to spend directly with the youth providing services to increase self-sufficiency, as well as time spent in the development and location of additional resources

5) Probation has two systems, PCMS and PEDMS designed to manage cases and court reports for youth on Probation. Both systems are insufficient for EFC cases under WIC 450 Jurisdiction, due to the fact that once a case has been terminated, the information and functionality of the system is limited. These systems require updating to allow for proper case management and transmission of court reports for this population.

Lastly, related to increasing self-sufficiency for Transition Age Youth (TAY) through housing and resources, the Probation Department has assisted approximately 60 youth, in this past year, to benefit from the utilization of the Child Welfare System Outcome Improvement Project (CWSOIP) funds. These funds were utilized to obtain dorm tuition, school and football uniforms and equipment, prom expenses, gap funding for relative/non-related extended family members (NREFMs) caregivers and youth qualifying for AB 12 services, household supplies and furniture, rent clothing, travel arrangements for State presentations, conferences and permanency planning. Additionally, the CWSOIP funds were utilized to send State Youth Ambassador to Sacramento to present the report from the work group facilitated with the Probation Department. This endeavor achieved effective results by heightening state-wide attention to the ongoing and increasing needs of our foster and former foster youth.

Obtain Foster Family Agencies/Foster Homes for Probation foster children and recruit adoptive families for freed youth

This strategy involved collaboration with the Department of Children and Family Services (DCFS) and the Community Care Licensing Division (CCLD). In December 2012, Los Angeles County Probation Department conducted a Foster Family Program Statement Review to obtain foster family agencies/foster homes for Probation foster children. Welfare and Institutions Code (W&IC) Section 11467 (b) requires the standardized Program Statement for County placement, which incorporates the requirements of Title 22. At this time, those Foster Family Agency Providers interested in providing services to probation youth submitted Program Statements to the County of Los Angeles Probation Department, Department of Children and Family Services and Community Care Licensing (CCL) Division. With adherence to the CCL General Instructions, the FFA Program Statements identified and outlined their existing capacity and program developmental abilities to meet the specific placement needs for probation foster youth.

A total of eight (8) program statements describing the programs and services foster family agencies would provide to probation youth were received and reviewed by PPQA Program Analysts utilizing the "Foster Family Agency Program Statement Review Form". During the review process, if Probation determined that revisions were necessary, Program Analysts contacted the FFA Administrator to discuss revisions to ensure that the program statement accurately reflected the services provided to meet the needs of probation youth. After determining that all corrections, clarifications and additional information were received and approved, letters were mailed to the Foster Family Agencies to notify them of their program statement approval status.

- Probation approved seven (7) of the eight (8) Foster Family Agencies that submitted program statements. One (1) of the eight (8) agencies rescinded their submission until a later time.
- The Department of Children and Family Services (DCFS) Contracts and Community Care Licensing Division (CCLD) was notified and provided a list of the FFA Program Statements that were approved.
- Foster Family Agencies were instructed to submit a copy of the FFA Program Statement Approval Letter from Probation to DCFS Contracts and CCLD. The Probation Department completed all the required steps related to the Program Statement Review Process, as required by DCFS and CCLD.
- Currently, CCLD has approved three (3) of the seven (7) FFAs Program Statements. Probation has received copies of the CCLD notification letters from three (3) FFAs to date.

Upon notification from CCLD of all seven FFA approvals, Probation will notify DCFS to add the Probation Department to the FFA Contracts. DCFS Contracts will invite the FFAs to submit signature pages on amendments to add the Probation

Department to those FFA contracts. DCFS will submit the amendments for signature by the Chief Probation Officer. DCFS will submit the amendments for signature by its Director. FFAs and Probation will receive the executed amendments and the Start Work Notice. Once completed, the efforts related to this strategy will provide the Probation Department with additional placement options for probation youth.

In support of this Action Step, Probation has become involved with the "Permanency Sub-Committee" to the larger Georgetown Crossover Committee, which has supported the efforts of early permanency leading to more timely adoptions and legal guardianships. Additionally, Probation and DCFS have continued their intensive effort in support of the Permanency Collaboration Committee by successfully completing another adoption in 2013. This brings the total to three successful adoptions of Probation foster youth in Los Angeles County. These successes have allowed the committee to provide information and support throughout the state, which has assisted in the successful completion of 2 adoptions in Mendocino and San Luis Obispo Counties respectively. It should be noted that permanency through adoption is "catching on" all over the State as Yolo completed and adoption on June 19, 2008, resulting in a total of seven (7) for the entire state since 2006. In 2007, Del Norte County was in the process of a probation adoption, which could not finalize due to youth re-arresting. Although Probation has not been successful in recruiting adoptive families through the Diligent Recruitment grant, we have been successful in increasing permanency for youth who already have significant people in their lives, even by locating and reunifying youth with parents whose whereabouts were unknown for a number of years. Now that the Grant initiatives and resources are in place, it is anticipated that Probation will reach its goal of recruiting of adoptive families through this grant by 2014.

Improve Relative/Non-Related Extended Family Member (NREFM) approval process and funding

According to Probation's internal data for January 2012- December 2012, only 16% of ASFA approved homes are eligible for federal or state funding. The percentage of caregivers eligible for funding is disproportionate to the number of foster homes approved; however, the amount is steadily increasing in comparison to previous years (2009-2011).

Approved Foster Home Assessments AND Funding[28]

Year:	2009	2010	2011	2012
Number of Approved FHA Per Year:	38	49	58	56
Number of Homes Approved for Funding:	0	3	4	9
Percentage of Homes Approved Receiving Funding:	**0%**	**6%**	**7%**	**16%**

Most Common Reasons Foster Homes are Denied Funding [29]

Funding Denial Reasons:	2009	2010	2011	2012
Insufficient information provided to determine eligibility.	54%	26%	29%	38%
Minor has returned to the home of the parent/relative/legal guardian from whom removed.	8%	4%	3%	23%
During the month in which the initial petition was filed, the minor was not linked to AFDC-FG/U as it existed on July 16, 1996.	8%	4%	15%	12%
Minor has excess income or property.	8%	9%	12%	8%

The preceding chart captures the top 4 of 15 reasons that caregivers are denied funding. The eligibility of federal Title IV-E and State foster care benefits are determined by using the AFDC eligibility standards that were effective on July 16, 1996. Eligibility requirements that are reviewed, such as applicant property limits, income standards, and deprivation

[28] Los Angeles County Probation Placement Permanency Quality Assurance Internal Records (personal communication, August 26, 2013).
[29] Los Angeles County Probation Placement Permanency Quality Assurance Internal Records (personal communication, August 26, 2013).

requirements are greatly affected due to antiquated regulations that have not adapted with current standards. Probation has designated PPQA staff to attend various trainings, meetings and committees to report findings and, as appropriate, initiate programs to provide additional support and assistance to relative/ NREFM caregivers.

Caretaker Funding and Benefits Committee

The Caretaker Funding and Benefits Committee monthly meeting is facilitated by a Supervising Judge in the Juvenile Dependency Court. Other members of the committee include representatives from CDSS Administrative Law Judge (ALJ), Children's Law Center (CLC), Court Appointed Special Advocates (CASA), Alliance for Children and Families, Los Angeles Dependency Lawyers (LADL), Los Angeles County Counsel, Public Counsel, Legal Aid Foundation Los Angeles (LAFLA), and DCFS Revenue Enhancement and Adoption of Safe Families Act (ASFA) Units.

The Caretaker Funding and Benefits Committee Meeting agenda consists of items that impact funding, such as the denial of federal eligibility due to "No Deprivation." The Notice of Action (NOA) denial letter sent to the caregiver provides very limited information and may be difficult to understand. County Counsel is in the process of drafting the language to incorporate in the NOA to provide further explanation on the denial of "No Deprivation."

The Committee is also proposing to make changes to the D&F Foster Care Rate Policies, which include criteria for specialized rates for youth with a mental health or medical diagnosis. The criteria work group reached a final resolution regarding the structure. The next step will be to involve the caregivers to provide input.

Based on input from the Committee, the Supervising Judge has informed judicial officers regarding the importance of including the requisite language in the Minute Orders necessary to ensure eligibility for Title IV-E and State funding.

CDSS Training on Harris Hearing

Probation employees attended a training conducted by ALJ Bresticker on the Harris Hearing, which extends the appeal rights of potential caregivers if the home is not ASFA approved. As this legislation is fairly new, Probation is in the process of developing and implementing policies and procedures. Once these policies and procedures are in place, the ruling of a home denial may be overturned, resulting in an increase of home assessment approvals.

Training from DCFS ASFA Unit

Probation PPQA representatives attended the DCFS ASFA training to ensure that Probation children are receiving equal services and opportunities that are provided to DCFS youth. Probation obtained the Orientation Packet provided to DCFS caregivers during home assessments. Some documents were revised to meet the needs of Probation youth and families, but additional supports and services are currently presented during the home assessment. DCFS will provide future training to Probation Placement Officers to assist in submitting quality referrals for assessment of potential caregivers and their homes. Probation and DCFS will need to coordinate a schedule that will accommodate a majority of the Placement Officers, which will necessitate taking into consideration the work volumes of both departments.

Kinship Resource Center (KRC)

PPQA representatives met with DCFS Kinship to determine if any of the services provided by the KRC may be offered to Probation youth. DCFS Kinship has extended the availability of the KRC to assist Probation foster families. The KRC offers programs to support relative caregivers and promote safe, stable and permanent families and communities for youth. Probation attended several support groups offered to DCFS families to determine if a similar program may be piloted for Probation. Until Probation is able to pilot a similar program specific to Probation families, a KRC flyer with the locations and services is provided to potential caregivers at the time of the home assessment.

Parent in Partnership

This new resource will be utilized to improve services and resources for all caregivers, as this opportunity will be extended to relative and non-related extended family members (NREFMs) as well as parents. Probation met with DCFS and the employers of one of their contracted collaborations, Parent in Partnership (PIP), to determine if Probation will have the resources to pilot a similar program for Probation youth under a Suitable Placement order. DCFS and PIP shared the challenges and barriers of implementing the program, along with the successes, benefits and impacts the program has had on the families and communities served. The PIP program consists of parents that have gone through the dependency system and understand the challenges and confusion that often leads to frustration and anger. The parents are trained on the curriculum and are available in court rooms and DCFS facilities to offer assistance to parents going through frustrations, challenges and barriers that they were able to overcome. PIP invites parents to attend an orientation, co-facilitated by DCFS and PIP. PIP shares their experiences to connect and empathize with the parents, and DCFS is available to answer questions related to the case and basic policies and procedures.

Probation's next step is to determine the availability of parents and caregivers of Probation youth that are qualified and interested in participating in the program. If the program is implemented, the services will also be extended to Relative/NREFM caregivers. Probation will need to determine the contractual and fiscal aspects related to the implementation of this program.

CDSS Probation Data on Permanency/Self- Sufficiency[30]

Measurement Description	Time Period	National Standard	LA County Probation Percentile	Difference from National Standard	Meeting National Standard?
C2.1: Adoption Within 24 Months (Exit Cohort)	April 2012-March 2013	36.6%	0	-36.6%	No
C2.2: Median Time To Adoption (Exit Cohort)	April 2012-March 2013	27.3%	0	-27.3%	No
C2.3: Adoption Within 12 Months (17 Months In Care)	April 2012-March 2013	22.7%	0	-22.7%	No
C2.4: Legally Free Within 6 Months (17 Months In Care)	April 2012-March 2013	10.9%	0	-10.9%	No
C2.5: Adoption Within 12 Months (Legally Free)	April 2012-March 2013	53.7%	0	-53.7%	No
C3.3: In Care < 3 Years	April 2012-March 2013	37.5%	96.1%	58.6%	Yes

[30] Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C.,& Lawson, J. (2013). *Child Welfare Services Reports for California*. Retrieved 9/17/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Los Angeles County Probation's Internal Data on the Length of Stay under a Suitable Placement Order[31]

Measurement Description	Time Period	LA County Probation Percentile/ Count
Length of Stay S/P Order >= 36 months	July 2012- June 2013	0.1%

Los Angeles County Probation Permanency Data[32]

Measurement Description	Time Period	Count
Successful Lifelong Connections	April 2012- March 2013	22
Legal Guardianship	April 2012- March 2013	1
Adoption	April 2012- March 2013	0

Los Angeles County Probation is working diligently to improve its overall methods of collecting data and reporting outcomes. As the Department is still in the early stages of collecting viable, quantitative data, the time frame that captures the most accurate information for the length of stay under a Suitable Placement order is July 2012 to June 2013. In order to be consistent with CDSS data, the time frame provided for Probation's internal Permanency cases is April 2012- March 2013.

The National Standard for children in care three (3) years or longer is below 37.5%. Probation is using this measure to compute the count of children in care for three (3) or more years that were discharged to emancipation or turned 18, as well as all children discharged to emancipation or who turned 18 while in foster care during the year. Probation's percentile is 1.7%, which exceeds the National Standard by 35.8%.

Although there were no successful adoptions within the given time period, various permanency efforts were made on behalf of Probation foster youth. If adoption is not a feasible option for the child, legal guardianship is encouraged by the Permanency Officer. If neither option is available, the Permanency Officers are committed to supporting and achieving

[31] Los Angeles County Probation Placement Administrative Services, Internal Data (personal communications, August 28, 2013).
[32] Los Angeles County Probation Placement Permanency Quality Assurance Internal Data, (personal communication, August 26, 2013).

permanent lifelong connections for all children. Permanent lifelong connections may include, but are not limited to the following: family reunification, family finding (searching for individuals willing to have a lifelong permanent relationship with the child), building and developing the permanent connections between the youth and significant individuals in their lives, reconnecting the youth with estranged parents and family members/NREFMs, etc. A lifelong connection is considered a success if the connection made results in the youth receiving a family and a sense of permanent belonging.

Probation Summary

- Probation will work with the Delinquency Court, and external partners to implement the pilot Parent/Caregiver Corp Program as it merges the two groups currently working on this process. The next meeting will take place in January 2014 with the Parent/Caregiver partners who will assist in developing the training curriculum and the details of outreach to parents/caregivers at the courtroom.

- Child Welfare Services Outcome Improvement Project (CWSOIP) funds will continue to be utilized to assist caregivers who have delayed funding or no funding through gap funding assistance, furniture and household items.

- Probation will develop a TAY focus and work group to assist with developing strategies to improve outcomes for this group and increase efforts to maintain consistent contact with them once they leave the system.

Probation and Delinquency Court are anxiously awaiting the final contract for FFAs for Probation foster youth and plans to initiate placement of youth with these agencies in January 2014.

Outcome/Systemic Factor: Enhanced Organizational Performance/ Data Collection Utilization

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

Why we chose this system area

PQCR, CSA, SIP Stakeholder Meeting
Feedback from the PQCR, CSA, and SIP Stakeholder meeting (Related to the 2011 CSA and SIP reports) identified that there is a need for improved communication and teamwork between agencies, as well as a need for more complete understanding of cultural differences, family stressors, the challenges of timelines for parents and the unique struggles for those families involved with substance use and/or abuse. In addition, Suggested next steps included; increased visitation in order to build stronger relationships between parent and child, building parent capacity to protect the child, and having increased family and community supports in place prior to reunification.

System Improve Plan Stakeholder feedback, garnered June 26, 2013 through the System Improvement Plan Annual Stakeholder meeting, identified that successful reunification continues to be supported by Family Preservation Services, Wraparound Services, and Team Decision Making meetings. However, there needs to be more comprehensive family engagement. This included recommendations of more engagement of fathers and more full access to resources for all communities. Stakeholders shared that some communities are not utilizing all their resources while other's have waiting lists. Suggested next steps included; increased engagement by community and service providers in comprehensive interactions with the family and increased after-care services.

Current Performance

Los Angeles County's System improvement Plan goal for this System Factor is: *Stakeholder feedback will identify improvement in teaming, communication, and managing for results.* At the SIP Annual Stakeholder meeting, held June 26, 2013, a survey related to Enhanced Organizational Performance was provided to the 240 participants. A total of 22 surveys were returned. Of the 22 respondents, 3 (13%) were DCFS employees, 7 (32%) were from the Probation Department, 10 (45%) were community-based organization employees, 1 (.05%) was a community member and 1 (.05%) person was an external stakeholder. The survey included nine questions with Likert scale (1 – 5) response options; 1 being strongly agree and 5 being strongly disagree. The survey questions covered three goal improvement areas

aligned with the Enhanced Organizational Performance SIP System Factor; 1.) Teaming, 2.) Communication and 3.) Managing for Results.

In the goal area of improved teaming, the majority of respondents (86% -19/22) indicated that they either strongly agreed or agreed that DCFS and Probation understand the true definition of teaming and DCFS and Probation include the respondent or the agency in the teaming process. Approximately 68% (15/22) shared that they have experienced improved teaming when engaged with either DCFS or Probation. However, the strongest noted collection of disagreement 22% (3/22) was in response to survey statement "Over the past 12 months I have experienced or noted improved teaming during my work with Probation or DCFS."

Responses to the SIP improvement area of communication showed that the majority 77% (17/22) believe DCFS and Probation share information that is in the best interest of the respondent or agency. Approximately 71% (15/22 indicated that they had experienced improved communication when engaged with DCFS and Probation. However, there was noted documented disagreement from 23% (5/22) and 19% (4/21) respectively, to the statements "DCFS and Probation have effective means to make communication easy." and "I have experienced improved communication when engaging with DCFS and Probation."

Survey responses to the improvement area of Managing for Results, included mixed reaction to the following statement: "Based on my experience, DCFS/Probation has used data to improve issues and practices that directly affect me (self, agency or groups)." Approximately 50% (10/20) of the respondents agreed or strongly agreed with the statement, while others, 35% (7/20) neither agreed nor disagreed. This would suggest that more communication is needed with stakeholders about how DCFS and Probation are using data to look at practice and impact outcomes. The strongest collective disagreement 31% (6/19) came in response to the statement: "I receive periodic reports or feedback from DCFS/Probation on how they are improving outcomes". Again, this is an area where there is room for improvement.

A few of the surveys included written comments. One respondent noted that the survey was a challenge to complete as the degree of teamwork depends on the Children Social Worker and/or Deputy Probation Officer (DPO), but as a "collective"' DCFS and Probation are not "team oriented".

A review of the total responses received showed that greatest improvement was expressed in the area of communication. With regard to collaboration respondent agreed that efforts were made to be included on the team, but there was only 68% agreement that improvement had been seen. There is noted room to grow in teaming and feedback related to Managing for Results suggested not all respondents are aware of the focus on the use of data to impact outcomes.

DCFS and Probation can use survey responses to better share efforts with Stakeholders around knowing data and using data to improve outcomes.

It is unfortunate that more surveys were note received. Even with the large number of participants at the event and with multiple prompts to complete the survey, few were submitted. Los Angeles County values stakeholder feedback and is currently planning to make a second attempt to contact SIP stakeholders to engage them in an electronic completion of the survey.

DCFS SIP Strategies ~ System Factor Enhanced Organizational Performance

- Complete Contract Re-design;
- Develop and Utilize a DCFS Practice Model; and
- Implement a Data-driven Decision Making Process.

Strategy: Complete Contract Re-design

During this focus period, the Safe Children Strong Families (SCSF) contract redesign underwent a thorough review and re-drafting based on feedback from multiple stakeholders, including community-based organizations as well as the Board Deputies. The Safe Children Strong Families (SCSF) contract redesign was initiated in order to engage families; increase child safety; reduce reliance on out of home care; improve permanency outcomes; and improve child and family well being. The Safe Children and Strong Families contract establishes a continuum of care for children who have been victims of abuse and/or neglect, as well as for those at risk. It is inclusive of services and supports ranging from those aimed to prevent the occurrence or reoccurrence of child abuse and neglect, to those designed to counter the negative effects of child maltreatment among families under the supervision of DCFS. Additionally, SCSF includes services that facilitate and support permanency for children placed in out home care and adoptive homes.

Safe Children and Strong Families is a service delivery continuum that includes five contract programs: (1) Prevention and Aftercare Services, (2) Child Abuse and Neglect Prevention and Intervention Treatment (CAPIT), (3) Family Preservation Services, (4) Adoption Promotion and Support Services (APSS), and (5) Partnerships for Families (PFF).

- Prevention and Aftercare Services - Designed to prevent child abuse and neglect from occurring; prevent families from coming to the attention of DCFS; and/or entering the public child welfare system. Prevention Services are available to self referred families as well as, community stakeholders, including schools, hospitals and law enforcement agencies in instances when child

abuse and/or neglect has not occurred, but a family is in need of services. Aftercare Services are designed to prevent reoccurrences of child maltreatment

- Child Abuse and Neglect Prevention and Intervention Treatment (CAPIT) – Also designed to prevent child abuse and neglect from occurring, as well as to prevent families from coming to the attention of DCFS. Families may be referred to this program by DCFS, community stakeholders, or through self referral. The SCSF CAPIT program contract includes the provision of "in-home" support services, as well as psychotherapeutic services. Aftercare Services are also a component of this program contract.

- Family Preservation Services - Designed to identify a family's needs and address those needs through various interventions, including alternative and re-entry into the public child welfare system after a DCFS case is closed. This SCSF program component targets DCFS involved families and emphasizes quality assessments and increased family involvement in case planning, to more accurately determine where the family's needs are best met along the continuum.

- Adoption Promotion and Support Services - Designed to improve permanency outcomes for children placed in out of home care who were unable to reunify with their family of origin. Adoption Promotion and Support Services are specialized, adoption-focused and provided to assist children and families in various stages of the adoption process in an effort to facilitate and support permanency.

- Partnerships For Families (PFF) – Includes short-term, family centered services and interventions designed to diminish factors known to be associated with child abuse and neglect. The focus is on high to very high risk families, as well as families that include women with "high risk pregnancies". Collaboration with community partners, including stakeholders and other community based organizations, is a critical component of PFF that facilitates service provision to effectively meet the needs of children and families in Los Angeles County

The initial solicitation of response to SCSF was re-released in January 2013 and was followed by a question and answer period in which DCFS provided responses to several hundred questions from stakeholders and providers. In February 2013, a Bidder's Conference was held to provide an overview of the SCSF model. The Bidder's Conference highlighted updates that were made to the original SCSF contract, following feedback after the first release.

April 8th was the deadline for all SCSF proposals to be submitted to DCFS for review and consideration for contract awards. Three hundred and fifteen (315) proposals were received and are currently in the process of being evaluated.

Strategy: Develop and Utilize DCFS Practice Model

Implementation of the Core Practice Model (CPM) has been advanced during this period based on the following key activities:

- The CAPP Grant Practice Model has been cross referenced with Los Angeles County Shared CPM (DCFS and The Department of Mental Health developed a Shared Core Practice Model in efforts around the Katie A Lawsuit.)[33]. The cross referencing includes Quality Service Review (QSR) Practice Indicators and six major DCFS Data Dashboard indicators;
- Held Compression Planning (How do we get things aligned.) meeting with Casey Family Program assistance and facilitation;
- Completed training through Casey Family Programs, for 40 youth in the four early implementing offices (Compton, Pomona, Torrance and Wateridge), on Permanency Child and Family Team (CFT)[34] meetings;
- Defined coaching in behavioral terms;
- Established coaching schedule with assigned coaches for all four CAPP offices; capture lessons learned for utilization in development of full utilization of coaching throughout DCFS.
- Developed greater teaming and communication with DMH colleagues through co-leading meetings and sharing training and technical assistance opportunities;
- Worked with Los Angeles Training Consortium to establish a coaching support system.

[33]

[34] A Child and Family Team meeting would include the "right people" for the child and family, who work together, meet, talk and plan together. The child and team have the skills, family knowledge, and abilities necessary to define the strengths and needs of the child and family and to organize effective services through collaborative problem solving that builds on the strengths and needs to benefit the child and family.

- Discussed Readiness Assessments for each office regarding ability and/or willingness to implement in more offices.

The six major DCFS Data Dashboard indicators that are being tied to the CPM are:

- ❖ Permanency Measure Indicators ~ Foster Care Entry (Removal);

  Exit to Reunification within 12 Months (Entry Cohort);

  Exit to Permanency (24 Months in Care); and

  Re-entry into Foster Care

- ❖ Safety Measure Indicator ~ No Recurrence of Maltreatment

- ❖ Well Being Indicator ~ Placement with Relatives

The QSR Practice Indicators of; Engagement, Teamwork, Assessment, Planning and Intervention and Tracking and Adapting, are also tied to Core Practice Model elements and behaviors.

Strategy: Managing for Results – Data-driven Decision Making

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

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

In support of the business process mentioned above, DCFS has developed a data dashboard[35] to highlight specified key indicators pertaining to safety, permanence, and well-being. This dashboard has been in use since October 2011 and will be enhanced on an on-going basis throughout the full System Improvement Plan period of review (Q2 2011 – Q3 2016). The data dashboard is a "container" of data and a tool for management and staff use in on-going learning. Performance indictors, aligned with safety, permanency and well-being, are displayed in the form of point in time scorecards and in trend tables and graphs. The data dashboard allows the user to drill into data at the Department level through to exploration of a single case. All DCFS staff has direct access to the data dashboard. A fully functioning data collection system, which includes indicators for child welfare services and support programs, is planned for end of year 2014.

The DCFS data-driven decision making process (DCFS Stat) is a combination of data, the stories behind the data and a meeting which allows for formal discussion and action plans. DCFS Stat considers the integration of a model that incorporates both quantitative and qualitative data. By doing so, DCFS staff is better equipped to understand, discuss, and act upon data trends and analysis. The data-driven decision making process will assist the department in achieving system improvement goals. The department began a soft launch of DCFS Stat in October 2011. Continued enhancement and implementation of child welfare services and support, in the data-driven decision process, is on target for December 2014.

During this period of review, DCFS has successfully engaged all 18 of the DCFS Regional offices in opportunities to report out on their data. Pre-meet sessions occurred with Regional Office managers and as applicable, Support Program managers to assist in understanding of and readiness for engagement in the Data-driven decision making process. No less than four conference sessions have occurred to build a team of "Data Champions". DCFS hopes to establish a pool of data experts who will hold the role of championing data-driven decision making in their office or program. The "Data Champ" takes on the task of assisting other staff in their understanding of data, how data is aligned with their practice and the impact on outcomes for children and families. Currently, there are approximately 40 to 50 identified Data Champions, each with varying degrees of skills. Challenges to building the "Data Champs" has included increasing demands on the staff to address other priority job duties, staff movement from one position to another and Department reorganization.

Next steps related to data-driven decision making include: The addition of Case Review (qualitative data) into the DCFS Stat meeting. DCFS will engage an office in reporting out about a case. Core Practice Model, practice indicators such as teamwork, engagement, assessment and long term view will be discussed. Additionally, monthly Office level and Program level "Stat" meetings will be implemented. The monthly meeting will mimic the Department DCFS Stat meeting,

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

in that qualitative and quantitative data will be discussed, using the data dashboard indicators and Core Practice Model practice indicators.

As of April 2013, the DCFS Data Dashboard contains the performance measures[36] under safety, permanency and well-being found in table 10 below:

[36] DCFS Dashboard indicators are in line with Federal and State methodology. The population may be different based on the data collection needs of programs. Specific indicators methodology information is available through contact with Los Angeles County DCFS Business Information System Division.

Table 10

Safety	Permanency	Well-being
No Recurrence of Maltreatment (S1.1)	Foster Care Entry (Removal)	Timely Medical
No Maltreatment in Foster Care (S2.1)	Foster Care Entry (Removal) Without a Team Decision Making (TDM) meeting	Timely Dental
No Maltreatment in Home	Exit to Reunification Within 12 Months (Entry Cohort) (C1.3)	Sibling Placement
Timely Response Referral (Immediate Response)	Exit to Permanency (24+ Months in Care) (C3.1)	Placement With Relatives
Timely Response Referral (5 Day) (2B)	Exit to Permanency (Exit Cohort)	Mental Health Screening ~ Newly Detained
Timely Contact: Referrals	Exit to Reunification Within 12 Months (Exit Cohort) (C1.1)	Mental Health Screening ~ Newly Opened Non-detained
Timely Contact: Cases	Median Days in Care	Mental Health Screening ~ Existing Open Cases
Timely Disposition: Referrals Over 30 Days	Exit to Adoption within 24 Months (Exit Cohort) (C2.1)	
	Exit to Legal Guardianship Within 24 Months (Exit Cohort)	
	Re-entry into Foster Care (C1.4)	
	Placement Stability 0 -12 Months (C4.1)	
	Placement Stability 12-24 Months (C4.2)	
	Placement Stability Over 24 Months (C4.3)	

DCFS dashboard development has been on-going with staggered implementation of measures. Safety Measures were available in October 2011[37]; Permanency Measures were introduced in February 2012 and revised in July 2012; Well-being Measures were available late March 2012 with the additional Katie A Mental Health Screening indicators added in November 2012. A review of performance percentages for each indicator at the initial introduction on the dashboard, in comparison with performance at the end of quarter 1 2013 is found in tables 11, 12 and 13 below. It is of note that indicators with a + are versions of Federal measures with some DCFS adjustments to methodology. The performance percentages are for DCFS only. Probation performance is not factored into the data. The DCFS dashboard uses data captured from CWS/CMS.

Table 11

Safety/DCFS Standard		**October 2011 Dashboard %** (September 2011 data reporting period)	**April 2013 Dashboard %**[38] (March 2013 data reporting period)	**Percentage Change**
No Recurrence of Maltreatment +	94.6	91.85	92.95	Improved 1.1%
No Maltreatment in Foster Care	99.68	99.87	99.90	Improved .03%
No Maltreatment in Home +	97.5	99.45	99.39	Improved .06%
Timely Response Referral (Immediate Response)	98.0	97.89	98.15	Improved .26%
Timely Response Referral (5 Day)	94.0	92.03	94.60	Improved 2.57%
Timely Contact: Referrals +	75.0	59.90	51.09	Decline 8.81%
Timely Contact: Cases	95.0	88.62	94.28	Improved 5.66%
Timely Disposition: + Referrals Over 30 Days	30.0	32.56	41.03	Decline 8.44%

[37] Dashboard data frozen as of 10.10.2011 reflects September 2011 data reporting period
[38] Dashboard data frozen as of 04.10.2013 reflects March 2013 data reporting period

Table 12

Permanency/Standard		**August 2012 Dashboard %** [39] (July 2012 data reporting period)	**April 2013 Dashboard %**[40] (March 2013 data reporting period)	**Percentage Change**
Foster Care Entry (Removal)	3.5	4.31	4.35	Improved 0.04%
Foster Care Entry (Removal) with Timely TDM	50.0	27.11	30.38	Improved 3.27%
Exit to Reunification within 12 months (Entry Cohort)	48.4	42.02	39.52	Decline 2.5%
Exit to Permanency (24+ Months in Care)	29.1	16.31	17.80	Improved 1.49%
Exit to Permanency (Exit Cohort)	91.0	86.33	87.71	Improved 1.38%
Exit to Reunification within 12 Months (Exit Cohort)	75.2	61.13	62.20	Improved 1.07%
Exit to Adoption within 24 Months (Exit Cohort)	35.0	26.58	21.86	Decline 4.72%
Exit to Guardianship within 24 Months (Exit Cohort)	83.0	56.52	59.04	Improved 2.52%
Re-entry into Foster Care	9.9	11.40	12.31	Decline 0.91%
Placement Stability 0 -12 Months +	86.0	87.24	86.49	Decline 0.16%
Placement Stability 12 - 24 Months +	95.0	92.66	91.91	Decline 0.75%
Placement Stability Over 24 Months +	82.0	79.91	79.56	Decline 0.35%

[39] Dashboard data frozen as of 08.10.2012 reflects July 2012 data reporting period
[40] Dashboard data frozen as of 04.10.2013 reflects March 2013 data reporting period

Table 13

Well-being		**December 2012 Dashboard %**[41] (November 2012 data reporting period)	**April 2013 Dashboard %**[42] (March 2013 data reporting period)	**Percentage Change**
Timely Medical Exam	90.0	66.69	69.71	Decline 3.02%
Timely Dental Exam	90.0	62.85	63.73	Improved .88%
Sibling Placement	77.0	73.82	73.92	Improved .10%
Placement with Relatives	46.0	48.96	42.35	Decline 6.61%
Mental Health screening newly detained	98.0	97.78	96.91	Decline .87%
Mental Health Screening ~ new Non-detained	98.0	97.16	94.70	Decline 2.46%
Mental Health Screening ~ Existing case	98.0	95.65	87.50	Decline 8.15%

The DCFS Data Dashboard has been developed and continues to be enhanced through a process that includes input from a variety of sources. Dashboard users make recommendations, a Data Partnership Workgroup meets on a monthly basis to ask questions, consider option and make recommendations. A workgroup from the department's Office of Outcomes and Analytics and Business Information Systems reviews recommendations for presentation and approval by the Executive Operations group.

[41] Dashboard data frozen as of 12.10.12 reflects November 2012 data reporting period
[42] Dashboard data frozen as of 04.10.2013 reflects March 2013 data reporting period

DCFS Summary

In Summary

- Enhanced Organizational Performance strategies are far reaching, inter-related, evolving and will continue through the 2016 SIP timeframe.
- Contract redesign has developed a continuum of service system. There is invested interest in aligning contracts with outcomes for the purpose of prevention and as well as support.
- Contract strategy will continue to be included in the SIP.
- Core Practice Model focus continues with specific strategies included in the SIP, DCFS Strategic Plan, Data-driven Decision Making, Katie A. lawsuit settlement, Quality Service Reviews and efforts around the CAPP Grant.
- Core Practice Model is utilizing qualitative (QSR) data and quantitative (DCFS Dashboard) data evaluate effectiveness.
- Data-driven Decision Making (DDDM) Process is in its second year of development and implementation. Significant impact on outcomes has not yet been seen as of the writing of this report.
- Support Programs and DCFS Regional Offices are implementing “Stat” type meetings locally.
- DDDM process has been expanded to include Case Review and ER Referral Review discussions around qualitative data.

Probation SIP Strategies ~ Data Collection Utilization:

- Analyze all data elements to be collected and tracked, which includes identifying areas of disproportionality and racial disparity, and develop a plan for creating a data driven decision making process
- Create a dynamic process to share data and gain internal and external stakeholder feedback regarding the use of the data

Analyze all data elements, including identifying areas of disproportionality and racial disparity, and develop a plan

This is a strategy that has to be redefined in light of the numerous structural changes in the Probation Administration. It became clear that the Placement Bureau, largely responsible for all Probation foster youth and youth in out-of-home/foster care, had to be the main focus of analysis and improvement prior to expanding this strategy to the department as a whole. Therefore, PPQA has begun the process of working with Placement Administrative Services (PAS) and Group Home Providers to develop a Group Home Quality Rating System (GHQRS). The first step of developing this process was to gather all data elements to be explored. Once this was completed, a core group of small, medium and large capacity Providers was identified to assist with developing and piloting of the system. The purpose of the system is to improve quality of services and care by tracking data and trends related to Group Home outcomes of safety, permanency and well-being. Each Group Home will be provided quarterly and annual scores, and will be required to complete a Corrective Action Plan, consistent with the scoring.

Create a dynamic process to share data and gain internal and external stakeholder feedback

Currently, there are three dynamic processes that Probation relies on to share data and gain feedback. Those three processes are: the monthly Provider Sub-Committee Meeting; the Quarterly Provider Meeting; and the annual SIP Stakeholder Conference. It is very clear that these processes are both critical and highly valued; however, other efforts may be necessary. The next reporting period will be dedicated to meeting this goal in a more complex, robust and meaningful manner.

Probation Summary

The next step in achieving the action step for analyzing all data elements, specifically related to disproportionality and racial disparity, is to develop a work group specifically within Placement to develop a plan and identify all data elements necessary to impact this action step.

Other Outcome Areas

Emergency Response Referrals over 30 Days-Backlog

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

Comprehensive efforts to address the ER over 60 days backlog included, but were not limited to, the following[43]:

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

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

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

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

On August 3, 2010, the California Department of Social Services (CDSS) granted Los Angeles County DCFS request for a waiver of the 30-day calendar timeframe to a period of 60 calendar days to close investigations and demonstrate system change efforts to engage parents and children with case plan development. The extension was based on DCFS providing CDSS with specific details about the investigation and case plan enhancement. As of April 1, 2013 the waiver of the 30-day calendar has been rescinded. DCFS is currently operating according to the 30-day Division 31 regulation.

DCFS continues to diligently track emergency response referral disposition. A safety measure indicator of Timely Disposition: ER Referrals Over 30 Days is included in the DCFS Dashboard. This indicator is readily available for review daily on the DCFS dashboard. The methodology for the dashboard ER Over 30 Days measure is as follows: the numerator counts all referrals open at the end of the month, which are over 30 days old. Days are counted from the first completed contact date with any one child with an allegation in the referral. If no completed contact date is entered, then the days are counted from the referral date. The Department set a desired standard of 30%. During this period of SIP review, ER disposition performance trend observed on the DCFS Dashboard shows that the Department fluctuates in performance from the high thirty percentile to mid-forty percentile. The Department continues to track using SafeMeasures which has two separate reports to track timelines for referrals; DCFS COGNOS reports use a combination of both due to Division 31 policy concerning when the 30/60-day clock begins, i.e. the date of the initial completed contact or date of detention whichever comes first. SafeMeasures has a report which begins the clock based on the referral date and one report based on the first completed contact date. However, this report excludes any referral without a completed contact. DCFS COGNOS referral reports do not exclude referrals without a completed contact date, but use the referral date until a completed contact is entered.

Los Angeles County will continue to track and respond to performance around ER referral disposition.

Outcomes: Disparity and Disproportionality

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

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

Los Angeles County as a whole is focusing efforts on eliminating disparity and disproportionality for African-American children in care. The current System Improvement Plan (SIP) for county child welfare services for both DCFS and Probation creates an opportunity for both departments to pledge commitment within the SIP to utilize quantitative data and qualitative data in efforts to address systemic evidence of disparity and disproportionality. Data evidence such as numbers and percentages for selected disparity indices displayed in Tables 14 and 15 shows both disparity and disproportionality in the child welfare system.

African American children are disproportionately represented in caseloads, referrals, substantiated referrals, removals from home and children in out-of-home placement in Los Angeles County's child welfare system. Tables 14 and15[44]) DCFS Family-to-Family data from July 2012 – December 2012 shows African American children represented 8.7% (243,117) of the overall child population in Los Angeles County during comparison years. However, they represent 25.4% of children receiving child welfare services. (Table 15) Nearly, nineteen percent of child abuse/neglect referrals generated in the displayed timeframe involved African American children and they represent 28.7% of children in out-of-home placement during the same time period. It is evident from the table below that a disproportional number of African American children and children of American Indian ethnicity will have substantiated referrals and be removed from home.

[44] DCFS Family to Family data source July 2012 through Dec. 2012. Internal DCFS data system; Data information provided upon request.

Los Angeles County DCFS Disparity Indices Report Period
July 1, 2012 through December 31, 2012
Table 14

DCFS	Los Angeles County Child Population 2011		Referrals		Substantiated Referrals		Removals From Home	
Hispanic	1,714,650	61.2%	45,326	59.5%	9,270	62.6%	3,149	58.4%
White	546,421	19.5%	9,352	12.3%	1,718	11.6%	674	12.5%
African Amer.	243,117	8.7%	14,306	18.8%	2,984	20.2%	1,344	24.9%
Amer. Indian	5,573	0.2%	174	0.2%	76	0.5%	21	0.4%
Asian	291,944	10.4%	2,038	2.7%	439	3.0%	161	3.0%
Other			5,004	6.6%	312	2.1%	44	0.8%
Total	2,801,705	100%	76,200	100%	14,799	100%	5,393	100%

Los Angeles County DCFS Disparity Indices Report Period
July 1, 2012 through December 31, 2012

Table 15

DCFS	Los Angeles County Child Population 2011		DCFS Caseload		Children in out-of home placement Foster Care Caseload		Exits from Foster Care[45]	
Hispanic	1,714,650	61.2%	28,240	59.6%	8,896	55.7%	2,589	56.5%
White	546,421	19.5%	5,477	11.6%	2,006	12.5%	612	13.3%
African Amer.	243,117	8.7%	12,035	25.4%	4,588	28.7%	1,259	27.5%
Amer. Indian	5,573	0.2%	211	0.4%	96	0.6%	12	0.3%
Asian	291,944	10.4%	1,238	2.6%	336	2.1%	101	2.2%
Other			216	0.5%	63	0.4%	12	0.3%
Total	2,801,705	100%	47,417	100%	15,985	100%	4,585	100%

In 2005, DCFS started work to reduce disparity and disproportionality as part of the Family-to-Family Initiative, California Disproportionality Project and the Los Angeles Prevention Initiative Demonstration Project, which resulted in Los Angeles DCFS establishing an Eliminating Racial Disparities and Disproportionality (ERDD) Steering Committee, charged with providing leadership to efforts around addressing disparity and disproportionality.

[45] Includes all types of exits from foster care.

DCFS is working to address the issue of disproportionality through programs such as faith-based initiatives, the use of a "cultural broker"[46] at team meetings and Eliminating Racial Disparity and Disproportionality (ERDD) strategies. As shared earlier, DCFS is one of four counties selected to participate in the Federally funded California Partners for Permanency (CAPP) grant. Through work with the grant, DCFS has developed a practice model to ensure permanency for African American youth who are impacted by disparity and disproportionality. The practice model is an integrated child and family practice model that builds on existing permanency practices. It includes definitions and explanations about how staff partner with families, service providers and with other stakeholders in the delivery of services to achieve positive outcomes for youth and their families. It is utilized by social workers and community partners in their day-to-day work.

System Improvement Plan Outcome Measures ~ Ethnic Breakdown

A closer look at ethnicity and outcomes related to SIP outcome measures shows that during CY2011 Native American children were more likely to re-enter following reunification. Three of every ten Native American children who reunified, re-entered foster care within 12 months. African American children were the least stable in placement, (67.0% were considered stable in placement) and for those who were emancipating or turning age 18; they had remained in care longer (62.7% had been in care for 3 years or longer). Efforts to understand and address disparity and disproportionality are documented as areas focus in this report. Next steps for Los Angeles County's System Improvement Plan would include more dynamic assessment and analysis around the effectiveness of strategies and impacts on outcomes, especially for children of African American and Native American decent.

Successful Reunification: C1.4 ~ Re-entry Following Reunification (Exit Cohort) *

* Data Source: CWS/CMS Dynamic Data System January 2011 - December 2011

Table 16

Ethnicity	Black	White	Latino	Asian/P.I.	Native Amer.	Missing	All Children
	%	%	%	%	%	%	%
Re-enter within 12 months	15.8	12.1	12.7	7.3	30.0	6.7	13.3
No Re-entry within 12 Months	84.2	87.9	87.3	92.7	70.0	93.3	86.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

[46] A "cultural broker" is a community volunteer who is representative of the client's cultural background. With client permission, they are engaged in team meetings between client and professional team members.

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

* Data Source: CWS/CMS Dynamic Data System January 2012 - December 2012

Table 17

Ethnicity	Black	White	Latino	Asian/P.I.	Native Amer.	Missing	All Children
	%	%	%	%	%	%	%
< 2	67.0	73.1	71.1	81.2	71.4	66.7	70.6
> 2 (prior)	11.1	10.8	10.8	9.4	17.9	0	10.8
> 2 (recent)	21.9	16.1	18.1	9.4	10.7	33.3	18.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Permanency Self-Sufficiency: C3.3 ~ In Care 3 years of Longer (Emancipating/Age 18) *

* Data Source: CWS/CMS Dynamic Data System January 2012 - December 2012

Table 18

Ethnicity	Black	White	Latino	Asian/P.I.	Native Amer.	Missing	All Children
	%	%	%	%	%	%	%
Less than 3 years	37.3	54.8	51.7	51.5	57.1	6.7	46.5
3 Years or Longer	62.7	45.2	48.3	48.5	42.9	93.3	53.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Probation Outcomes: Disparity and Disproportionality:

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

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

Probation began tracking general Probation/delinquency data based on race/ethnicity and has reported this data to the Corrections Standards Authority (CSA) as a part of a Disproportionate Minority Contact (DMC) Grant. The general data is in alignment with national data indicating that African American youth are disproportionately represented in the juvenile justice system along several different contact points. It is anticipated that data related to Probation foster youth will be tracked and reported in the annual SIP Progress Report of 2013. Probation is currently working on utilizing data from the UC Berkley Website through partnership with UC Davis for training and technical support from CDSS.

CDSS Data on Children in Placement Stability with Selected Subsets of Placement Type and Ethnic Group[47]

Selected Subset: Ethnic Group: Black

PERCENT April 2012-March 2013	Placement Type										All
	Pre-Adopt	Kin	Foster	FFA	Court Specified	Group	Shelter	Guardian	Other	Missing	
	%	%	%	%	%	%	%	%	%	%	%
<=2 placements	.	100	100	.	100	93.4	.	100	.	.	93.7
>2 placements	.	0	0	.	0	6.6	.	0	.	.	6.3
Total	.	100	100	.	100	100	.	100	.	.	100

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C.,& Lawson, J. (2013). *Child Welfare Services Reports for California*. Retrieved 9/17/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Selected Subset: Ethnic Group: Latino

PERCENT April 2012-March 2013	Placement Type										All
	Pre-Adopt	Kin	Foster	FFA	Court Specified	Group	Shelter	Guardian	Other	Missing	
	%	%	%	%	%	%	%	%	%	%	%
<=2 placements	.	100	100	.	77.8	93.1	.	.	100	.	93
>2 placements	.	0	0	.	22.2	6.9	.	.	0	.	7
Total	.	100	100	.	100	100	.	.	100	.	100

Los Angeles County Probation's Internal Data on Approved Foster Home Assessments Based on Ethnicity[48]

Measurement Description	Time Period	LA County Probation Percentile
% of Hispanic/ Latino Youth Approved to Live with Relative/ NREFM	April 2012- March 2013	47%
% of African American Youth Approved to Live with Relative/ NREFM	April 2012- March 2013	47%

[48] Los Angeles County Probation Placement Permanency Quality Assurance Internal Data, (personal communications, August 27, 2013).

Most Common Denial Reasons of Foster Home Assessment[49]

Common FHA Denial Reasons:	2009	2010	2011	2012
Criminal background of caregiver/ resident is denied/ non-exemptible crime	46%	27%	50%	31%
Home did not have adequate space for youth	19%	24%	24%	23%
Caregiver/ home residents are on probation/parole/active warrant	12%	13%	9%	11%

According to CDSS data, 93.7% of African American youth and 93% of Latino youth were placed in 2 or less placements with a kinship or foster family from April 2012- March 2013. According to Probation's internal data on foster home assessments, 47% of African American youth and 47% of Latino youth were approved to live with a relative/ NREFM.

Racial disparity in the criminal justice system may factor into the determination of why foster homes for African American and Latino youth are not approved. Probation monitors the trends of the most common reasons that a foster home assessment is not approved based on ASFA regulations. The preceding graph captures the top three reasons that homes were not approved in 2012. 31% of homes were not approved based on the criminal history or background of the potential caregiver/adults that reside in the home. 11% are due the caregiver/ adult residents in the home are on active probation or parole. Although the individual's criminal history does not automatically disqualify a foster home assessment, caregivers are reluctant or refuse to submit a letter explaining the misdemeanor or felony to receive an exemption.

Racial disparity on poverty may also result in the low percentage of foster homes approved for African Americans and Latino youth. According to Probation's internal data, 23% of homes were not approved due to the lack of space available for the youth. Potential caregivers that are on a limited income may have children and adults share a bedroom; however, such standards are not allowable based on Title 22 regulations for foster children. Probation's Foster Home Assessment Unit works with capable caregivers as much as possible to make accommodations in the home; however, Probation's priority is the health, safety and well-being of youth.

[49] Los Angeles County Probation Placement Permanency Quality Assurance Internal Data, (personal communications, August 27, 2013).

Permanency and Disproportionality

Probation's Placement Permanency Unit receives an average of 40 referrals annually and manages an average caseload of 80-90 youth divided among five (5) Permanency Officers. Permanency statistics routinely show that the highest percentage of permanency and family finding referrals are African American. Below are the ethnic statistics from June 2013.

ETHNIC BREAKDOWN OF PERMANENCY REFERRALS

ETHNICITY	NUMBER OF YOUTH	PERCENTAGE OF YOUTH
AFRICAN AMERICAN	33	47.89%
AMERICAN INDIAN	N/A	N/A
ASIAN	N/A	N/A
CAUCASIAN	8	12.68%
HISPANIC	33	39.43%
OTHER	N/A	N/A
TOTAL	74	100.00%

On the average, 46% of all youth ordered into Suitable Placement have either had an open case under 300 WIC or have had some contact with the Dependency system, in the form of referrals that were either unfounded or inconclusive. In the month of June 2013, approximately 9% of those youth were referred for permanency planning and family finding. Of the 9%, 43% are African American and make up a large part of the 46% of all placement youth who have either had an open case under 300 or have had some contact with the Dependency system

State and Federally Mandated Child Welfare/Probation Initiatives.

Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP)

The Department has continued to utilize the funding flexibility for implementation and expansion of a wide array of programs and services to provide individualized services and strategies that are strength-based, family centered, child focused and community based.

While noteworthy progress has been made, the benefit of the Waiver for Los Angeles County cannot be completely achieved in five years. By extending California's Waiver, Los Angeles will be in a position to apply lessons learned during the initial Waiver period to the extension, and focus future flexible funding benefits on increasing the capacity, utilization, and effectiveness of family engagement, family-centered practice and interventions, improving social-emotional well-being and expanding child welfare practice, program and systems improvement.

DCFS has begun planning for the CAP extension, which is in conjunction with our Strategic Planning efforts, through the use of Objective Action Teams. The Objective Teams, which include external partners, are responsible for developing implementation plans for our Strategic Plan initiatives and are aligned with possible new CAP initiatives. DCFS' Executive Team will select probable CAP initiatives based on available resources and convene a community-based forum to discuss the possible implementation of these initiatives. Two hurdles that greatly impact both Departments' implementation readiness are that since the extension is still in the review process and has not been approved; the baseline and growth factor are unknown. The Departments are unable to present any plan to the Los Angeles County Board of Supervisors without an accurate CAP allocation. In addition, the Department has had to absorb the additional cost for the increase in group home costs and have analyzed CAP fiscal and outcome data to determine the efficacy of the current CAP initiatives. No matter how positive the fiscal and the outcome data for the individual initiatives are, DCFS is unable to fund all strategies and is exploring alternative funding sources for some of our CAP initiatives and other ways to maximize CAP funding, while creating linkage to align to new Departmental strategies and Strategic Plan objectives.

California Fostering Connections to Success Act (AB12)

Although the implementation of the California Fostering to Connections to Success Act have not had a statistically significant impact on the number of youth in out of home care; it has increased the number of young adults ages 18 – 20 years, who continue to receive DCFS services. When comparing point-in-time data from July 1, 2011 to July 1, 2012[50],

[50] CWS Dynamic reporting System

the number of children in out-of-home care decreased .69% (from 18,627 to 18,518) of which 1,475 were ages 18 – 20 years of age. Although placement funding for the young adults is outside of the CAP, county monitoring of the AB12 young adults impacts workload and services for the 0 – 17 years population. To address this, DCFS will implement specialized AB12 units in the new fiscal year (July 2013 – July 2014).

Katie A. Settlement Agreement

Los Angeles County Department of Children and Family Services and the plaintiffs in the Katie A., et al. v. Diane Bonta, et al., entered into a Settlement Agreement in May, 2003. The Agreement was described as a "novel and innovative resolution" of the claims of the plaintiff class against the County and DCFS and it was approved by the Court and became effective in July 2003.

The agreement imposes responsibility on DCFS for assuring that children engaged in child welfare:

a. Promptly receive necessary, individual mental health services in their own home, a family setting or the most homelike setting appropriate to their needs;

b. Receive the care and services needed to prevent removal from their families or dependency or, when removal cannot be avoided, to facilitate reunification, and to meet their needs for safety, permanency, and stability;

c. Can be afforded stability in their placement whenever possible, since multiple placement are harmful to children and are disruptive of family contact, mental health treatment and the provision of other services; and

d. Receive care and services consistent with good child welfare and mental health practice and the requirements of federal and state law.

To achieve these four objectives, DCFS committed to implement a series of strategies and steps. They include the following:

Multidisciplinary Assessment Teams (MAT) – tracking included in System Improvement Plan strategies related to Measure C3.3 In Care 3 years or Longer (Emancipated/Age 18).

Medical Hubs – Newly detained children are referred to a Medical Hub for initial examination.

Mental Health Screening – tracking included in System Improvement Plan strategies related to Measure C3.3 In Care 3 years or Longer (Emancipated/Age 18).

Coaching - Tracking included and reported on in System Improvement Plan Strategy under Enhanced Organizational Performance.

Wraparound – Evaluate strengths and challenges; Expansion of Wraparound services and access is a strategy included in System Improvement plan related to measure C1.4; re-entry Following Reunification.

Young Children in Group Homes – reduce the number of children under the age of 13 in group home setting.

Department efforts related to the Katie A. settlement, that are aligned with the SIP, have been documented in the strategy updates as applicable.

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

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

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

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

Los Angeles County has chosen the self-sufficiency/permanency outcome measure as one area of focus in the SIP. Los Angeles County completed its most recent PQCR on Transition Aged Youth (TAY) and is focusing effort on permanency through the California Partners for Permanency (CAPP) Grant, TAY workgroups, permanency training for staff, collaboration between agencies, and enhanced data tracking. As in the PIP, family finding is a key component of County SIP strategies related to improving permanency for youth.

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

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

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

Los Angeles County has an on-going effort to address timeliness to Emergency Response referral investigation in line with PIP strategies related to safety. DCFS has developed a practice model document, specifically for Emergency

Response case work. A variety of training opportunities for staff in the form of specialized academy training around emergency response and specialized supervisor training are in place. On-going strategies surrounding randomized review of compliance and use of Structured Decision Making tools have been implemented in emergency response. This supports PIP strategies of strengthening implementation of statewide safety assessment and utilization of safety, risks, strengths, and needs assessment.

In fiscal year 2012-2013 Los Angeles County**,** CWSOIP funds were utilized by DCFS to support the following activities:

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

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

The County plans to expend the funds in the same manner for fiscal year 2013 -2014.

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

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

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

- Specialized training through experts on Permanency and Family Finding such as Bob Lewis and Kevin Campbell
- Utilizing Consultants who are experts in permanency and child welfare mandates for training and manual development
- Conducting Placement Conferences for and by TAY Youth to increase positive outcomes in permanency and self-sufficiency
- Expanding use of funds for Probation foster and former foster youth qualifying for AB 12, Transitional Housing, etc.
- Providing for youth with special medical, dental, vocational, academic or psychological needs

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Los Angeles County
5-Year System Improvement Plan (SIP) Chart

Strategy 1.1: ~~Los Angeles County DCFS Drug and Alcohol Testing Program (Testing Program) funds will be re-directed to substance abuse screening, assessments and, where needed, treatment.~~ Revised Strategy 1.1: (Q3 2012): Develop a model of screening, assessment and treatment to address Substance Use Disorder (SUD) needs of parents and primary caregivers.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure C1.4 Re-entry Following Reunification (Exit Cohort)**

Action Steps:	**Timeframe:**	**Person Responsible:**
1.1.1 Develop timelines of activities **(Complete for initial strategy)** New strategy Action Steps under development	~~March 2011 to November 2011~~	Bureau of Clinical Resources and Services High Risk Services
1.1.2 Begin training and pilot implementations of 2 DCFS SPA offices.**(Complete for initial strategy)**	~~November 2011 to Updated from March 2012 to June 2012~~	Bureau of Clinical Resources and Services High Risk Services
~~1.1.3 Continue with staggered implementation across all DCFS SPAs~~	~~January 2013 to July 2014~~	Bureau of Clinical Resources and Services High Risk Services
1.1.4 Quarterly SIP (Regular attendance at SIP Meetings)	On target	Bureau of Clinical Resources and Services High Risk Services

Strategy 1.2: ~~Increase utilization of reunification Team Decision Making (TDM) process.~~ **Discontinue**	☒ **CAPIT** ☐ **CBCAP** ☒ **PSSF** ☐ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure C1.4 Re-entry Following Reunification (Exit Cohort)**
Action Steps:	**Timeframe:**	**Person Responsible:**
1.2.A Measure rate of Reunification TDM use for all cases at the time of reunification. (Completed this action step)	November 2011-December 2013	Bureau of Clinical Resources and Services High Risk Services
1.2.B Establish methodology for review of reunification TDM impact on re-entry. (Completed this action step)	January 2012- December 2012 updated to March 2013	Bureau of Clinical Resources and Services High Risk Services
1.2.C Time limited FR Services will complete an evaluation of tracking systems related to reunification efforts (Completed this action step)	January 2012- December 2012	Bureau of Clinical Resources and Services High Risk Services
~~**1.2.D** Complete quarterly SIP update discussion or participation in SIP membership meeting.~~	~~August 2011-August 2014~~	Bureau of Clinical Resources and Services High Risk Services

Strategy 1.3: ~~Initiate evaluation of the efficacy of Upfront Assessments, conducted by Family Preservation Program providers, on re-entry rates~~. **Discontinued**	☐ **CAPIT** ☐ **CBCAP** ☒ **PSSF** ☐ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure C1.4 Re-entry Following Reunification (Exit Cohort)**

Action Steps:	**Timeframe:**	**Person Responsible:**
1.3.A Convene a workgroup to identify variables and indicators to be explored. (Completed this action step)	July 2011 -December 2011 (Completed)	Bureau of Contract Services Community Based Support
1.3.B Draft preliminary report (Partial completion this action step in combination with Family Preservation Review)	January 2012-May 2012	Bureau of Contract Services Community Based Support
1.3.C ~~Draft final report and consider next Steps)~~	~~June 2012-August 2012~~	Bureau of Contract Services Community Based Support
1.3.D Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Bureau of Contract Services Community Based Support

Strategy 1.4: Continued expansion of Wraparound access and service options.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure C1.4 Re-entry Following Reunification (Exit Cohort)**

Action Steps:	**Timeframe:**	**Person Responsible:**
1.4.A Completion of workgroup recommendation	July 2011-December 2011 (completed)	Bureau of Clinical Resources and Services High Risk Services
1.4.B Complete the contract statement of work proposal	January 2012-April of 2013 (Completed)	Bureau of Clinical Resources and Services High Risk Services
1.4.C Implement new contract with enhancements; monitor following statement of work.	April 2014-on-going	Bureau of Clinical Resources and Services High Risk Services
1.4.D Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Bureau of Clinical Resources and Services High Risk Services

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

Strategy 2.1 ~~Expand placement with relatives on first and second episode placements, where appropriate.~~ Increase relative and non-relative extended family member (NREFM) placement by 20%	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure C 4.2 Placement Stability for children in care for 12 to 24 months.**
Action Steps:	**Timeframe:**	**Person Responsible:**
2.1.A ~~Analyze first time relative placement data for African American population~~. Establish a baseline level of performance	~~August 2011-June 2012 (Complete)~~ July 1, 2013 – August 1, 2013	Bureau of Juvenile Court and Adoption ASFA Division
2.1.B ~~Pilot a relative placement support practice for all Regional Offices Emergency relative placements.~~ Convene Objective Action Team workgroup to explore barriers to initial placement and placement maintenance.	~~July 2012-Dec. 2013~~ TBD Action Steps and timeframes for this updated strategy are under development	Bureau of Juvenile Court and Adoption ASFA Division
2.1.C ~~Expand formal and informal community partnerships across the community and County at the time of initial relative placement~~	~~January 2013-Dec. 2014~~	Bureau of Juvenile Court and Adoption ASFA Division
2.1.D Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-~~August 2014~~ August 2015	Bureau of Juvenile Court and Adoption ASFA Division

Strategy 2.2 ~~Continue with training and implementation of Ice Breaker Meeting~~ **(Redirected, lessons learned into Core Practice Model)**	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure C 4.2 Placement Stability for children in care for 12 to 24 months.**
Action Steps:	**Timeframe:**	**Person Responsible:**
2.2.A Continue and complete training CSWs and SCSWs in the Ice Breaker Series in South County and Torrance offices.	July 2011-December 2011 (Completed)	Training
2.2.B Create lessons learned recommendations related to next steps for Ice Breaker Series.	January 2011-Dec 2012 (Completed)	Services Bureau 2 South County Torrance
2.2.C Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-March 2013	Services Bureau 2 South County Torrance

Strategy 2.3 Implement County-wide Expedited Response pilot	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure C 4.2 Placement Stability for children in care for 12 to 24 months.**

Action Steps:	**Timeframe:**	**Person Responsible:**
2.3.A Expand the county-wide Expedited Response Pilot process by which DCFS, the, Department of Mental Health, and Psychiatric Mobile Response Team staff can identify DCFS-involved children, obtain necessary information and coordinate services to mutual clients.	July 2011-December 2011 (Completed)	Bureau of Clinical Resources and Services High Risk Services
2.3.B Formally develop DCFS and DMH policies and procedures, training, and tracking system.	July 2011-December 2011 (Completed)	Bureau of Clinical Resources and Services High Risk Services
2.3.C Evaluate and monitor pilot through record keeping and tracking of benefits and outcomes.	December 2011-~~December 2012~~ This action step and time frame are under development	Bureau of Clinical Resources and Services High Risk Services
2.3.D Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-~~August 2014~~ August 2015	Bureau of Clinical Resources and Services High Risk Services

Strategy 2.4 Evaluate the D-rate program (See Current Activities and Program attachment for description of D-Rate program)	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure C 4.2 Placement Stability for children in care for 12 to 24 months.**

Action Steps:	**Timeframe:**	**Person Responsible:**
2.4.A Project team will develop the logic model for evaluation	August 2011-June 2012 (Completed)	Bureau of Clinical Resources and Services High Risk Services
2.4.B Complete program review	July 2012-December 2013	Bureau of Clinical Resources and Services High Risk Services
2.4.C Implement recommendations	December 2013-December 2014	Bureau of Clinical Resources and Services High Risk Services
2.4.D Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-~~August 2014~~ August 2015	Bureau of Clinical Resources and Services High Risk Services

Strategy 2.5 Complete analytical study of Placement Stability	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure C 4.2 Placement Stability for children in care for 12 to 24 months.**

Action Steps:	**Timeframe:**	**Person Responsible:**
2.5.A Convene a workgroup related to the study (Completed this action step)	August 2011-January 2012	Services Bureau 2 Quality Improvement
2.5.B Develop study outline and work plan process (Completed this action step)	January 2012-July 2012	Services Bureau 2 Quality Improvement
2.5.C Complete study, finalize report and present recommendations to executive management. Determine next steps based on Executive team decision.	August 2012-~~January 2013~~ December 2013	Services Bureau 2 Quality Improvement
2.5.D Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-~~August 2014~~ August 2015	Services Bureau 2 Quality Improvement

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

Strategy 3.1 Improve current data tracking systems and reporting process for youth. Data for this population is collected for a variety of reasons and data records (i.e. State Exit Outcome Reports, AB12, and National Youth in Transition Database (**NYTD**) Regulations). **Completed**	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure: C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)**

Action Steps:	**Timeframe:**	**Person Responsible:**
3.1.A Complete analysis of Exit Outcome reporting accuracy	August 2011- ~~March 2012~~ Updated to July 2012 (Completed)	Bureau of Contract Services Youth Development Services
3.1.B Develop and begin to Implement strategies to improving Exit Outcome reporting accuracy.	April 2012- July 2012 (Completed)	Bureau of Contract Services Youth Development Services
3.1.C Complete re-evaluation of Exit Outcome reporting accuracy and determine next steps.	July 2012- Dec 2012 (Completed)	Bureau of Contract Services Youth Development Services
3.1.D Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Bureau of Contract Services Youth Development Services

Strategy 3.2 Continue Mental Health Screening and Assessment ***Completed**	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure: C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)**
Action Steps:	**Timeframe:**	**Person Responsible:**
3.2.A Sustain rate of referral and mental health services at 98% through use of current practice and policy.	July 2011-July 2012 (Completed)	Bureau of Clinical Resources and Services High Risk Services
3.2.B ~~Reduce the time it takes for mental health screening to one day~~	~~July 2011-Jan 2013~~	Bureau of Clinical Resources and Services High Risk Services
3.2.C Fully integrate Coordinated Services Action Team (CSAT) in all DCFS offices so that CQI (CQI page 131 of 2011 County Self-Assessment) findings show on-going improvement in service delivery.	July 2011-December 2013 (Completed this action step)	Bureau of Clinical Resources and Services High Risk Services
3.2.D Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-~~August 2014~~ August 2015	Bureau of Clinical Resources and Services High Risk Services

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Strategy 3.3 ~~Provide Newly detained children with a comprehensive needs assessment.~~ **Discontinue as SIP Strategy, monitoring will continue**	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure: C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)**

Action Steps:	**Timeframe:**	**Person Responsible:**
3.3.A MAT[1] will sustain 92 to 100 percent rate of referral, through use of current practice and policy.	August 2011-December 2012 (Completed this action step)	Bureau of Clinical Resources and Services High Risk Services
3.3.B Complete a program evaluation of Coordinated Services Action Team (CSAT)[2]	December ~~2013-January2015.january 2013~~	Bureau of Clinical Resources and Services High Risk Services
3.3.C Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August ~~2014~~ 2013	Bureau of Clinical Resources and Services High Risk Services

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

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

Strategy 3.4 Utilization of California Partners for Permanency (CAPP) Grant	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Measure: C3.3 Children in care for 3 years or longer (Emancipation/Age 18)**

Action Steps:	**Timeframe:**	**Person Responsible:**
3.4.A In the Pomona and Torrance offices complete an Institutional Analysis of the child welfare system barriers to permanency for African-American youth. Updated to include the Wateridge Office	June 30, 2011-June 2012 Note: contingent upon DCFS Exec Team and CDSS CAPP project management Wateridge will conduct an Institutional Analysis in December 2011. (Completed)	Bureau of Clinical Resources and Services High Risk Services
3.4.B Work with CDSS (lead grantee) to develop an integrated child and family case practice model.	June 2011-December 31, 2011	Bureau of Clinical Resources and Services High Risk Services
3.4.C Install, implement, refine, test and evaluate the practice model in the Pomona, Torrance and Wateridge offices	December 2011-September 2015: 3 office CAPP practice model implementation (October 1, 2012)	Bureau of Clinical Resources and Services High Risk Services
3.4.D CAPP practice model expansion to other DCFS offices	October 2014 – December 2016	Bureau of Clinical Resources and Services High Risk Services
3.4.E Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-~~August 2014~~ August 2016	Bureau of Clinical Resources and Services High Risk Services

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

Strategy 4.1 Complete contract re-design	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Enhanced organizational performance**
Action Steps:	**Timeframe:**	**Person Responsible:**
4.1.1 Draft Statement of Work,	January 2011-July 2011	Bureau of Contract Services Community Based Support
4.1.2 Engage community stakeholders and share contract framework and design; receive input for consideration/incorporation	July 2011-~~Sept. 2011~~ updated to May 2012	Bureau of Contract Services Community Based Support
4.1.3 Solicit for services; Evaluate submitted proposals; Implement new contracted services	March 2012- ~~June 2013~~ June 2014	Bureau of Contract Services Community Based Support
4.1.4 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-~~August 2014~~ August 2015	Bureau of Contract Services Community Based Support

Strategy 4.2 Develop and utilize a DCFS Core Practice Model (Page 131 of 2011 County Self-Assessment)	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Enhanced organizational performance**
Action Steps:	**Timeframe:**	**Person Responsible:**
4.2.1 Finalize and consolidate the Core Practice Model	August 2011-January 2012	Bureau of Clinical Resources and Services High Risk Services
4.2.2 Integrate in and align current training with Core Practice Model components	January 2012- December 2014	Bureau of Clinical Resources and Services High Risk Services
4.2.3 Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-~~August 2014~~ August 2015	Bureau of Clinical Resources and Services High Risk Services

Strategy 4.3 Implement Data-driven Decision Making Process (Page 132, 2011 County Self-Assessment)	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **DCFS** **Outcome/Systemic Factor:** **Enhanced organizational performance**
Action Steps:	**Timeframe:**	**Person Responsible:**
4.3.A Expand the scope and membership of the Data Partnership workgroup	August 2011- December 2011 Update: Completed	Services Bureau 2 Office of Outcomes and Analytics
4.3.B Develop plan to integrate qualitative components to the process	December 2011- December ~~2012 2013~~ July 2013 Update: Completed integrated Case Review date	Services Bureau 2 Office of Outcomes and Analytics
4.3.C Create a customized dashboard for support programs	August 2011- December ~~2013~~ 2014	Services Bureau 2 Office of Outcomes and Analytics Business Information Systems
4.3.D Enhance the customized dashboard to meet county needs on an ongoing basis	October 2011 – October 2016	Services Bureau 2 Office of Outcomes and Analytics Business Information Systems
4.3.E Implement fully functioning data collection system with a case review element	July 2013 – December 2016	Services Bureau 2 Office of Outcomes and Analytics
4.3.F Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-~~August 2014~~ August 2016	Services Bureau 2 Office of Outcomes and Analytics

Strategy 1.1 (PROBATION) Probation will develop a Cross-systems training plan to include all partnering agencies, as well as internal and external stakeholders, with a quality assurance process implemented to ensure effectiveness of training.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** Measure C1.4 Re-entry Following Reunification (Exit Cohort) **Outcome/Systemic Factor:** Timeliness to Reunification/Agency Collaborations

Action Steps:	**Timeframe:**	**Person Responsible:**
1.1.1 Develop training plan including Probation, DCFS, DMH, Public Health, LACOE, Law Enforcement, etc. focused on legislation, confidentiality, policies, practices and procedures	September 2011-~~2012~~-2014 Timeframe extended and in progress	Placement Managers
1.1.2 Develop training plan for Out-Of-Home Care Investigations and Monitoring cross training for CCL, DCFS, Association of Community Human Service Agencies (ACHSA) and Probation	September 2011-~~2013~~ 2014 Timeframe extended and in progress	Placement Permanency & Quality Assurance (PPQA)
1.1.3 Develop training plan for Permanency partners across DCFS, Probation (including YDS), ACHSA, UC Davis Extension Resource for Focused Family Practice, Group Homes/FFA and Commercially Sexually Exploited Children (CSEC) partners	September 2012-2014 In Progress	Placement Managers

Strategy 1.2 (PROBATION) Exploration of the availability of new resources for all children related to family reunification, adoption and legal guardianship with emphasis on increasing resources for communities with a high population of African American foster children and their families consistent with studies on disproportionality and disparity.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** Measure C1.4 Re-entry Following Reunification (Exit Cohort) **Outcome/Systemic Factor:** Timeliness to Reunification/Agency Collaborations

Action Steps:	**Timeframe:**	**Person Responsible:**
1.2.1 Develop a work group including but not limited to DCFS, Probation, Faith Based Community Partners, Education, Vocation, Foster Youth, Parents, Mentors, DMH, Caregivers, ACHSA, Group Homes/Foster Family Agencies and Commercially Sexually Exploited Children (CSEC) partners and committee.	June 2011-~~June 2012~~ September 2014 Timeframe extended to September ~~2012~~ 2014 and in progress	Placement Managers Placement Program Analysts Placement Special Assistant
1.2.2 Work group will convene, explore possibilities and develop plan	~~June 2012- June 2013~~ September 2014-March 2015 Timeframe extended	Placement Managers Placement Program Analysts Placement Special Assistant
1.2.3 Implementation of plan to tap into and share new resources, with quality assurance process implemented to ensure effectiveness of plan	~~June 2013- June 2014~~ April 2015-October 2015 Timeframe extended	Placement Managers Placement Program Analysts Placement Special Assistant PPQA

Strategy 1.3 (PROBATION) Exploring options for and enhancing existing resources such as Placement Assessment Centers (PAC), Aftercare Programs, Mentors, Faith Based Community, Employment, Housing, Child Care, higher education network and Transportation for parents/children, as well as surveying Group Homes for existing/untapped resources.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** Measure C1.4 Re-entry Following Reunification (Exit Cohort) **Outcome/Systemic Factor:** Timeliness to Reunification/Agency Collaborations

Action Steps:	**Timeframe:**	**Person Responsible:**
1.3.1 Develop a work group including but not limited to DCFS, Probation, Faith Based Community, Education, Vocation, Foster Youth, Parents, Mentors, DMH, Caregivers, ACHSA and Group Home Provider partners	October 2011-July 2012 In Progress—need to extend timeframe to December ~~2012~~ 2013	Placement Managers Placement Program Analysts Placement Special Assistant
1.3.2 Work group will convene, explore possibilities and develop plan	~~July 2012-July 2013~~ January 2014-June 2014 Timeframe extended	Placement Managers Placement Program Analysts Placement Special Assistant

1.3.3 Implementation of plan to tap into and share existing resources, with quality assurance process implemented to ensure effectiveness of plan	~~July 2013-~~ July 2014-June 2015 Timeframe extended	Placement Managers Placement Program Analysts Placement Special Assistant PPQA

Strategy 2.1 (PROBATION) Improve report compliance through revision of current court reports and case plan, which will include training and enhancing current monitoring system, with a quality assurance process implemented to ensure effectiveness.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** Measure C 4.2 Placement Stability for children in care for 12 to 24 months. **Outcome/Systemic Factor:** Increasing Placement Stability

Action Steps:	**Timeframe:**	**Person Responsible:**
2.1.1 Case Plan & Judicial Review revisions and training in concert with Administrative Office of the Courts (AOC), with emphasis on improving Concurrent Planning.	June 2011-September 2013 Completed with ongoing emphasis on improving Concurrent Planning	Administrative Office of the Courts Lisa Campbell-Motton Frank Imperial Dave Mitchell PPQA
2.1.2 Develop training for Needs & Service Plan (NSP) and Serious Incident Reporting (SIR) guidelines with DCFS, CCL and ACHSA	July 2011-July 2012 Completed	PPQA
2.1.3 Develop Group Home monitoring system for NSPs/Case Plans related to Family Reunification outcomes and effectiveness of treatment and services, with additional monitoring to ensure Public Health Nurse (PHN) information is incorporated into the case planning process.	July 2012-~~February 2013~~ December 2015 Timeframe extended and in progress	Pamela Pease Residential Based Services Public Health Nurses PPQA

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Strategy 2.2 (PROBATION) Enhance and expand upfront cross-system assessment through increased Placement Assessment Centers (PACs), development of assessment team and collaboration with partners such as DMH, LACOE and DCFS**.**	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** Measure C 4.2 Placement Stability for children in care for 12 to 24 months. **Outcome/Systemic Factor:** Increasing Placement Stability

Action Steps:	**Timeframe:**	**Person Responsible:**
2.2.1 Obtain contracts with existing Providers to increase the PAC program	June 2011-October 2012 Completed	Michelle Guymon Lisa Campbell-Motton
2.2.2 ~~Develop a plan and timeline for implementation of upfront Cross-Systems Assessments, including a plan for the inclusion of health and education information~~	June 2011-June 2013 Milestone deleted since there is no longer an upfront assessment. It has been replaced by the PAC program.	Michelle Guymon Jennifer Kaufman Adam Bettino Public Health Nurses
2.2.3 Convene collaborative group to meet quarterly to ensure progress and enhance the assessment process and implement quality assurance process to ensure effectiveness	June 2013-~~January 2014~~ December 2014 Timeframe extended	~~Michelle Guymon~~ Delia Munoz ~~Dave Mitchell~~ Ron Barrett Jewell Shaw-Bowen Public Health Nurses ADD: Adam Bettino

Strategy 2.3 (PROBATION) Expand Evidence-Based Programs (EBP) and practices such as Functional Family Therapy (FFT), Functional Family Probation (FFP) and Multi-Systemic Therapy (MST) as well as Family Preservation (FP) and Wrap Around (WRAP) services. Develop and implement use of Team Decision Making and Multi-Dimensional Team (MDT) processes to enhance the use of all services at strategic points in each child's case.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** Measure C 4.2 Placement Stability for children in care for 12 to 24 months. **Outcome/Systemic Factor:** Increasing Placement Stability

Action Steps:	**Timeframe:**	**Person Responsible:**
2.3.1 Continue and improve utilization of PAUR unit across all assessment points and produce overall statistics of unit's work and progress, as well as developing and implementing quality assurance process to ensure effectiveness	January 2012-January ~~2013~~ 2015 Timeframe extended and In progress	~~Jennifer Kaufman~~ ~~Dave Mitchell~~ Adam Bettino ADD: Frank Imperial Ron Barrett
2.3.2 Increase program services and referrals for EBPs, FP and WRAP.	July 2011-June ~~2013~~ 2015 Timeframe extended and ongoing	Hania Cardenas ~~Dave Mitchell~~ Ron Barrett ~~Jennifer Kaufman~~ Adam Bettin
2.3.3 Develop/implement full 3-phase MDT process of all children's cases: Initial, Mid-Term Review and MDT Meeting (transitional phase prior to release). In addition, develop a quality assurance process that will ensure effectiveness and fidelity to the model	July 2012-~~February 2013~~ December 2015 Timeframe extended and in progress	Pamela Pease Residential Based Services Public Health Nurses PPQA

Strategy 2.4 (PROBATION) Increase safety for Probation Placement Officers serving dual roles through developing a safety protocol ad obtaining resources such as training and equipment (cell phones, safety vests, Oleoresin Capsicum (OC) Spray, handcuffs/mechanical restraints). Explore ways to retain and reduce the turnover of Placement Officers.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** Measure C 4.2 Placement Stability for children in care for 12 to 24 months. **Outcome/Systemic Factor:** Increasing Placement Stability

Action Steps:	**Timeframe:**	**Person Responsible:**
2.4.1 Work with Camp Community Transition Program (CCTP) & Community Detention Program (CDP) to ~~explore~~ enhance shared supervision of Camp to Suitable Placement (SP) ~~orders~~ cases to determine cases more suitable for Home on Probation orders with intense gang supervision or intense gang supervision with the SP order to promote safety/placement stability in the community.	October 2011-~~October 2012~~ June 2013 Completed	Alma Vicente Stan Ricketts Residential Based Services ~~Howard Wong~~ Felicia Davis
2.4.2 Work closely with Camp Community Placement to develop a process that will identify children residing in camp with no family in order to expedite permanency	January 2012-January ~~2013~~ 2014 Timeframe extended and in progress	~~Alma Vicente~~ ~~Arthur Mayfield~~ Kendra Hamilton Charles Trask/Camp Intake Unit
2.4.3 Develop and implement safety training for all Placement field officers serving dual roles, along with the impact on child welfare and therapeutic interventions	January 2012-January 2013	~~Walter Mann~~ ~~Howard Wong~~ Felicia Davis Hania Cardenas ~~Alma Vicente~~ Jed Minoff ~~Probation Staff Training~~

Strategy 3.1 (PROBATION) Increase self-sufficiency through the development of resources and housing for TAY youth such as education, employment, housing, permanency options (adult adoptions), mentors and life-long connections.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **Measure:** C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18) **Outcome/Systemic Factor:** Reducing Timelines to Permanency through Adoption, Legal Guardianship and Life Long Connections

Action Steps:	**Timeframe:**	**Person Responsible:**
3.1.1 Develop work group of TAY youth to explore all options to increase self-sufficiency and permanency	July 2011-January 2012 Timeframe extended to September ~~2012~~ 2014	Youth Development Services (YDS) PPQA Foster Youth
3.1.2 Convene work group and obtain feedback which will include issues, solutions and plan to produce better outcomes for TAY youth and their families	January 2012-January 2013 Timeframe extended to September 2012-January ~~2013~~ 2014	YDS PPQA Foster Youth Group Home Providers
3.1.3 Implement solutions and plan to increase self-sufficiency and permanency for TAY youth, with quality assurance process implemented to ensure effectiveness of plan	January 2013-June 2014	YDS PPQA Foster Youth Group Home Providers

Strategy 3.2 (PROBATION) Obtain Foster Family Agencies/Foster Homes for Probation foster children and recruit adoptive families for freed youth.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18) **Outcome/Systemic Factor:** Reducing Timelines to Permanency through Adoption, Legal Guardianship and Life Long Connections

Action Steps:	**Timeframe:**	**Person Responsible:**
3.2.1 Obtain contract for FFA for Probation foster Children	July 2011-October ~~2012~~ 2014 Timeframe extended and in progress	Lisa Campbell-Motton ~~Michelle Guymon~~ Delia Munoz DCFS Contracts
3.2.2 Increase collaboration of youth permanency units across systems with the development of a core group to represent all systems, with quality assurance process implemented to ensure effectiveness of collaboration	January 2012-June ~~2013~~ 2015 In Progress and Ongoing	PPQA Residential Based Services Tiffany Collins
3.2.3 Obtain at least 2 adoptive families through the Diligent Recruitment grant as well as exploration of recruitment options in the Faith Based Community while enhancing partnerships with ongoing collaboration	January 2012-June 2014	~~Arthur Mayfield~~ Kendra Hamilton Lisa Campbell-Motton Sari Grant

Strategy 3.3 (PROBATION) Improve Relative/Non-Related Extended Family Member (NREFM) approval process and funding.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18) **Outcome/Systemic Factor:** Reducing Timelines to Permanency through Adoption, Legal Guardianship and Life Long Connections

Action Steps:	**Timeframe:**	**Person Responsible:**
3.3.1 Cross-systems training for Placement staff, Foster Home Consultants and caregivers, with quality assurance process implemented to ensure effectiveness of training	January 2012-December 2013 Timeframe expanded	Probation Staff Training PPQA Foster Home Consultants Lisa Campbell-Motton ~~Howard Wong~~ Felicia Davis
3.3.2 Probation Foster Home Consultants will obtain full access to LIVE-SCAN	June 2011-June 2012 Completed July 2011	Lisa Campbell-Motton Michelle Guymon DCFS BIS
3.3.3 Explore and develop plan for possible for legislative change related to funding requirements for relative caregivers	June 2012-June 2014 In progress	Lisa Campbell-Motton Michelle Guymon ~~Scott Stickney~~ Tracy Jordan-Johnson

Strategy 4.1 (PROBATION) Analyze all data elements to be collected and tracked, which includes identifying areas of disproportionality and racial disparity, and develop a plan for creating a data driven decision making process. The plan will include child welfare outcomes, current performance, national standards and plan for improving outcomes, including the decrease of disproportionality and disparity in all areas.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** N/A **Outcome/Systemic Factor:** Data Collection Utilization

Action Steps:	**Timeframe:**	**Person Responsible:**
4.1.1 Develop a work group including but not limited to DCFS, Probation, Public Health Nurses, Probation Internal Service Department (ISD), and DCFS Business Information Systems (BIS).	September 2011-September 2012 Need timeframe extended to December 2012	Howard Wong Fred Nazarbegian Sharon Harada Dave Mitchell Placement Managers Public Health Nurse Management
4.1.2 Work group will convene, explore possibilities and develop plan.	September 2012-September 2013	Same as above
4.1.3 Implementation of plan to improve child welfare outcomes, including the decrease of disproportionality and disparity in all areas, with quality assurance process implemented to ensure effectiveness of plan	September 2013-September 2014	Same as above

Strategy 4.2 (PROBATION) Create a dynamic process to share data and gain internal and external stakeholder feedback regarding the use of the data**.**	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** N/A **Outcome/Systemic Factor:** Data Collection Utilization

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

SIP Chart

Priority Outcome Measure or Systemic Factor:

C3.3 In Care 3 Years Or Longer (Emancipated/Age 18)

National Standard:

37.5%

Current Performance:

According to the April 2013 Data extract for Quarter 4, 2012, of the 1,263 children who emancipated or turned 18 during that quarter, 676 (53.7%) had been in care three years or longer. This is a 3.9% rate reduction from Quarter 4 of 2011 (55.9%). Los Angeles County has surpassed the System Improvement Plan 2014 goal for this outcome measure.

	1st Qtr 2011	2nd Qtr 2011	3rd Qtr 2011	4th Qtr 2011	1st Qtr 2012	2nd Qtr 2012	3rd Qtr 2012	4th Qtr 2012
Los Angeles	58.8	58.0	57.2	55.9	55.8	54.9	53.1	53.5

Los Angeles County Target Improvement Goal:

By January 2016, Los Angeles County will reduce the percentage of youth in care three years or longer by 10% to 54% (emancipating/age 18)

Priority Outcome Measure or Systemic Factor:

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

National Standard:

9.9%

Current Performance:

According to the April 2013 Data extract for Quarter 4, 2012, of the 6,648 children who reunified during that quarter, 885 (13.3%) re-entered foster care within 12 months of reunification. This is a 7.2% rate increase from Quarter 4 of 2011 (12.4%). Los Angeles County would like to see a reduction in the rate of re-entry.

	1st Qtr 2011	2nd Qtr 2011	3rd Qtr 2011	4th Qtr 2011	1st Qtr 2012	2nd Qtr 2012	3rd Qtr 2012	4th Qtr 2012
Los Angeles	10.2	10.6	10.8	12.4	12.0	12.1	12.6	13.3

Target Improvement Goal:

By January of 2016, the County re-entry rate will move from 12.4% to achieve the National Standard of 9.9%.

Data Source: http://www.childsworld.ca.gov/PG1378.htm (static report)

Priority Outcome Measure or Systemic Factor:

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

National Standard:
65.4%

Current Performance:
According to the April 2013 Data extract for Quarter 4, 2012, of the 6,098 children who were residing in out of home care (12-24 months) in quarter 4 2011, 4,303 (70.6%), had 2 or fewer placements. This is a 2.16% rate increase from Quarter 4 of 2011 (69.4%). Los Angeles County has surpassed the National Standard, but has not yet attained the System Improvement Plan goal percentage of 72.0%

	1st Qtr 2011	2nd Qtr 2011	3rd Qtr 2011	4th Qtr 2011	1st Qtr 2012	2nd Qtr 2012	3rd Qtr 2012	4th Qtr 2012
Los Angeles	67.7	68.8	69.0	69.4	69.8	70.1	70.5	70.6

Target Improvement Goal:

By January of 2016, Los Angeles County will increase stability of placement (children in care 12-24 months) from 66.6% to 72.0%

Priority Outcome Measure or Systemic Factor:

Enhanced Organizational Performance

National Standard: Not applicable

Current Performance:

At the SIP Annual Stakeholder meeting held June 26, 2013, survey related to Enhanced Organizational Performance were provided to the 240 participants. A total of 22 surveys were returned. Of the 22 respondents, 3 (13%) were DCFS employees, 7 (32%) were from the Probation Department, 10 (45%) were community-based organization employees, 1 (.05%) was a community member and 1 (.05%) person was an external stakeholder.

The surveys included nine questions and covered three goal improvement areas aligned with the Enhanced Organizational Performance SIP System Factor. The three goal improvement areas include, 1.) Teaming, 2.) Communication and 3.) Managing for Results. In the goal area of improved teaming, the majority of respondents (86% -19/22) indicated that they either strongly agreed or agreed that DCFS and Probation understand the true definition of teaming and DCFS and Probation include the respondent or the agency in the teaming process. Approximately 68% (15/22) shared the they have experienced improved teaming when engaged with either DCFS or Probation. The strongest sign of disagreement 22% (3/22) was noted in the experienced improved teaming.

Priority Outcome Measure or Systemic Factor:

Enhanced Organizational Performance (continued)

Responses to improvement area of communication showed that the majority 77% (17/22) believe DCFS and Probation share information that is in the best interest of the respondent or agency. Approximately 715 (15/22 indicated that the had experienced improved communication when engaged wit h DCFS and Probation. However, there was noted documented disagreement from 23% (5/22) and 19% (4/21) respectively, to the statements that DCFS and Probation have effective means to make communication easy and experienced improved communication when engaging with DCFS and Probation.
On the improvement area of Managing for Results, there was mixed response to the following statement: Based on my experience, DCFS/Probation has used data to improve issues and practices that directly affect me (self, agency or groups). Approximately 50% (10/20) of the , respondents agreed or strongly agreed with the statement. Others, 35% (7/20) neither agreed nor disagreed. The strongest collective disagreement 31% (6/19) came in response to the statement: " I receive periodic reports or feedback from DCFS/Probation on how they are improving outcomes.

The survey included space for comments. One respondent noted that the survey was a challenge to complete as the degree of teamwork depends on the CSW and/or DPO but as a "collective"' these organizations are not "team oriented".

A review of the responses received showed that the greatest improvement is in the area of communication. With regard to collaboration respondent agreed that efforts were made to be included on the team, but there was 68% agreement that improvement had been seen. There is room to grow in teaming. Managing for Results was less known to respondents. DCFS and Probation can use this to better share efforts with Stakeholder around knowing data and using data to improve outcomes.

It is unfortunate that more even with the large number of participants at the event and multiple prompts to complete the survey, few were submitted. Los Angeles County values the feedback and is currently planning to make a second attempt to contact SIP Stakeholder to engage them in electric completion of the survey.

Target Improvement Goal:
Stakeholder feedback received during annual SIP membership meeting will identify Los Angeles County Probation and DCFS improvement in teaming, communication, and managing for results.

Current Service and Program Activities: System Improvement Plan

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

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

Attachment III

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

Attachment III

SERVICES/ PROGRAMS	DESCRIPTION
Kinship Resource Centers	Provides linkage for relative care providers to public and private community-based resources. Services include: information and referral, family enhancement, permanency planning, support groups, transportation and respite recreation. In addition, Kin Assistant Training is available through Community and Senior Services, Kinship Education, Preparation and Support Training.
Mental Health Screening and Assessment	Provides screening and assessment to DCFS children with un-met mental health needs. Those children who have a positive mental health screen are referred and linked to mental health services. Once an unmet mental health need is identified, the co-located Department of Mental Health staff completes further evaluation as applicable, identifies the best program available to meet the child's mental health need, and links the child (and family if necessary) to a mental health provider that offers the identified program. Supports assessment and appropriate service alignment.
Multidisciplinary Assessment Teams (MAT)	An assessment conducted by a Multidisciplinary Assessment Team which typically includes a physical, psycho-social and developmental evaluation of the child, as well as an assessment of the family's ability to function and provide a safe home environment. The Multidisciplinary Assessment Team is comprised of professionals from medical, mental health, child welfare and legal disciplines. Multidisciplinary assessments are conducted on detained children to ensure that a child's needs are appropriately identified, to assist in appropriate placement and provide caregivers with needed information for a succesful placement. Information is also obtained from parents and current caregivers to assess their ability to provide care for the child.
Parent in Partnership (PIP)	A team effort between DCFS and parents formerly involved with the Department and who successfully reunified with their children. PIP engages, educates, and empowers parents new to the system and assists parents and DCFS staff in overcoming communication barriers. PIP also provides hands-on instruction and support allowing parents to make meaningful progress in complying with court orders, successfully bringing children home in a timely manner.
Team Decision Making Meetings (TDM)	A collaborative meeting process designed to produce the best decision concerning a child's safety and placement through the joint contributions of family members, community partners, service providers, caregivers and other support networks.
Time Limited Family Reunification Services (TLFR)	A collaboration between DCFS and DHS Alcohol and Drug Program Administration (ADPA) for enhancing access and availability of alcohol and drug assessment and treatment services for DCFS families who are eligible to receive PSSF Time-Limited Family Reunification services. DCFS families are connected with timely, intensive and responsive drug and alcohol treatment and recovery services in order to shorten the time it takes for them to reunite with their children, who have been placed in out-of-home care.
Transitional Housing	Provides housing and supportive services to emancipated foster youth age 18 through 22 years old who are homeless or may potentially become homeless due to living in temporary unstable housing, and who have no other housing options (Youth must be admitted to the program before her/his 22nd birthday).

Attachment III

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

Los Angeles County Shared Core Practice Model (CPM)

CPM Practice Strategies	CAPP Practice Behaviors (Condensed)	CAPP Full Practice Behaviors	Data Dashboard	QSR
Engaging CPM Practice Strategies ***Engaging:*** Creating positive rapport and effective working relationships with children/youth and families to bring them in as full partners in case planning and goal accomplishment. Practice Elements ***Inquiry:*** Mutual exploration with family and others. ***Engagement:*** Invites in and makes central the family's perspective.	1. **Approaches** all interactions with families, communities and Tribes with openness. Listens… Asks global questions… Uses understandable language…	1. Approaches all interactions with families, communities and tribes with openness. Listens without making assumptions and communicates a genuine desire to learn about the family and their culture, community and tribes by consistently asking global questions followed by more descriptive questions that encourage exchange and learning about family strengths, beliefs, traditions, life situation and who/what is important to family members. Uses language that everyone can understand and frequently checks in on communication styles and terms to ensure understanding.	• Permanency Indicator 1 • Permanency Indicator 5 • Well-Being Indicator 4	• Engaging • Voice & Choice
	2. Consistently **models** honest and respectful communication. Describes situation honestly… Is clear what is being requested… Facilitates dialogue…	2. Consistently models honest and respectful communication by introducing self, communicating a sincere desire to be respectful ("I would like to be respectful, how should I address you?") and by addressing individuals by the name or title they request. Is open and honest about the situation, explains relevant facts and information, is clear about information or action being requested, and facilitates dialogue regarding how the requested information and actions will affect the situation and support the child and family.	• Permanency Indicator 1 • Permanency Indicator 5	• Engaging • Voice & Choice
	3. **Seeks information** about non-custodial parents, relatives, significant relationships... Finds them thru inquiry and early/ ongoing internet search, records review…	3. Seeks information from children, youth, mothers and fathers about non-custodial parents, maternal and paternal grandparents, aunts and uncles, brothers and sisters, Godparents, tribal members, and other significant relationships. Asks early and ongoing, "Who is in your family? Who are you connected with in your community? Who are the keepers of family history? Who in the family do you turn to for reunions, gatherings, ceremonies and at other times of celebration, loss and grief?" Gives reasons why their answers are helpful. Explains the agency's desire to tap into the family's natural support system so that their "team" can support family and child safety, healing, reconciliation, and permanency. Finds family members, tribal connections and other significant relationships through inquiry and early and ongoing Internet search and review of medical and educational records, case records and birth records.	• Permanency Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5 • Well-Being Indicator 4	• Engaging • Voice & Choice
	4. **Uses tools** to explore family relationships, natural supports and safety issues... Explores with children worries, wishes, where they feel safe and want to live...	4. Uses tools such as mapping to explore family relationships, natural circles of support and to identify safety issues and how they can be addressed. Explores with children how, when and with whom they feel safe, what is good in their lives, where they want to live, what worries them and what they wish for. Continuously encourages the family to identify natural supports to be included on their team.	• Permanency Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5 • Well-Being Indicator 4	• Engaging • Voice & Choice
	5. **Follows up** inquiry and search… Works quickly to establish paternity/connect child to relatives… Conveys importance as team member/source of support…	5. Follows up inquiry and search activities by: (1) working quickly and leaving no stone unturned to establish paternity and facilitate the child's connection with paternal relationships and resources, and (2) contacting family, cultural, community and tribal connections not just as placement options, but as important team members and sources of support for the child and family.	• Permanency Indicator I • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5 • Well-Being Indicator 4	• Engaging • Voice & Choice

Teaming CPM Practice Strategies ***Teaming:*** The **Child and Family Team** (CFT) is the basis of the CPM. Through teaming, the family, social worker, clinician and other team members have the opportunity to work together in planning, coordinating and decision-making. Practice Elements ***Teaming:*** Recognizes and appreciates family's community, cultural, tribal and other natural relationships and engages family's entire system of support so that the family's underlying needs can be met. ***Shared Commitment and Accountability:*** Joint assessments and decisions by worker and family, often including family's team	6. **Establishes**, **continuously brings together and supports** a child and family team... Includes natural supports and others providing services…	6. Establishes, continuously brings together and supports the child and family's team, which includes natural family, cultural, community and tribal supports and others providing services to the family such as social workers, attorneys and services providers.	• Safety Indicator 1 • Permanency Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5 • Well-Being Indicator 4	• Voice & Choice • Teamwork
	7. In all interactions, **affirms** unique strengths, life experience and self-identified goals of family. Honors culture… Explores solutions... Assures needed support…	7. In all interactions affirms the unique strengths, life experience and self-identified goals of each child and family, honors the role of important cultural, community and tribal leaders the child and family have identified, and encourages mutual exploration of issues, options and solutions with children, parents, family members and cultural, community and tribal leaders in assessment, planning and decisions about children and their families. Assures the family receives needed information, preparation, guidance and support during their involvement with the child welfare system.	• Safety Indicator 1 • Permanency Indicator 1 • Permanency Indicator 5	• Voice & Choice • Teamwork
	8. **Asks** initially and throughout the family's involvement if they would like a support or peer advocate... Links family to advocates… Coordinates with advocates…	8. Asks initially and throughout the family's involvement if they would like a youth, parent, cultural, community or tribal support person or peer advocate on their team to provide advocacy. Links families with advocates when requested and includes the family's support persons and advocates on the team. Continually coordinates with the family's formal and informal advocates to assist the family to find their own solutions and provide on-going support and linkages to culturally competent and effective services to meet their needs.	• Permanency Indicator 2a • Permanency Indicator 2b	• Voice & Choice • Teamwork
	14. **Demonstrates respect** to caregivers… Candid discussions about rights, role, responsibilities… Includes on family team... Provides resource information…	14. Demonstrates respect to caregivers by having candid discussions and developing shared under-standing with caregivers about their rights, role and expectations in being/becoming the child's caregiver, including caregiver participation on the child and family support team, responsibilities to support the child's health, education, spiritual and other needs, and responsibilities to support the child's family relationships and cultural, community and tribal connections. Provides information about resources available based on their role as a family member, non-relative extended family member (NREFM) or other care provider before the child/family needs to access/utilize them.	• Permanency Indicator I • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5 • Well-Being Indicator 4	• Voice & Choice • Teamwork
	15. **Facilitates** sharing of important information about child and coordinates communication among all parties. Explores/nurtures mentoring relationship …	15. Early and continuously facilitates sharing of information and coordination between parents and caregivers regarding the child's daily care, favorite meals, medical or health conditions, medications, appointments, everyday family activities, and other relevant family, religious, cultural and tribal traditions and practices. Continually explores, nurtures, and facilitates the development of a mentoring relationship between the parents and the caregivers within the context of the child and family team and their supportive communities and tribes.	• Permanency Indicator I • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5 • Well-Being Indicator 4	• Voice & Choice • Teamwork

Assessment CPM Practice Strategies ***Assessment*:** Working with the child/youth and family to identify the strengths, underlying needs, skills, protective capacities and the trauma the family may have experienced. Practice Elements ***Self-Advocacy:*** Supports family to speak for themselves. ***Advocacy:*** Speaks out for the family and their perspective to strengthen and support the family ***Well-Being Partnerships:*** Trauma-sensitive; Partners with family, community and Tribes to understand and meet family needs.	9. **Promotes Self-Advocacy**… Encourages and supports active youth/family voice and leadership in assessing, finding solutions, planning and decisions…	9. Promotes self-advocacy by encouraging, supporting and providing opportunities for youth and families to actively share their voice, offer solutions, act as leaders and be central in assessment, planning and decisions about their lives, including when worker, agency or system are the focus of the advocacy needs.	• Permanency Indicator 2a • Permanency Indicator 2b	• Assessment & Understanding
	10. Listens consistently to the family's story… Acknowledges and validates feelings of grief/loss… Helps family explore history, impacts, who can help address…	10. Regularly listens to the family's story, acknowledges and validates feelings of grief and loss they share by reflecting and reaffirming what was heard. Supports family members to explore their history and experiences, and how this may be impacting their current life situation and underlying needs. Includes naming and acknowledging the many types and layers of trauma the family may have experienced (historically what happened to their community and culture; past experiences of violence, loss, abuse, removal, etc.; recent trauma/loss experiences of child). Encourages family members to address their history with extended family, cultural, community and tribal leaders, therapists, drug treatment providers, and others identified by the family as important to them.	• Safety Indicator 1 • Permanency Indicator 1 • Permanency Indicator 5 • Well-Being Indicator 4	• Assessment & Understanding
	11. **Gathers and applies** all relevant information to child/family safety and well-being… Uses family's cultural lens… Engages team around supporting child...	11. Gathers assessments and other information relevant to the child and family's safety and well-being and works with the family and their team to understand the family's underlying needs and apply the information to casework and decision-making processes using the family's cultural lens; this includes using tools and approaches that help children's voices be heard, that assist everyone to understand who/what is important to the child, and that continually engages family and team members around who/how the relationships, goals and wishes the child has shared are being supported.	• Safety Indicator 1 • Permanency Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5	• Assessment & Understanding
	16. With family/team **continually assesses, arranges, structures** culturally appropriate visitation activities.	16. With the family, caregiver and team continually assesses culturally appropriate visitation activities in the most natural environment possible that supports the child and the parent/child relationship.	• Safety Indicator 1 • Permanency Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5	• Assessment & Understanding
	17. With family/team **assesses need** for interactive, experiential coaching during visitation to improve parenting skills. Arranges/advocates for when needed…	17. Assesses with the family and their team the need for interactive, experiential coaching during visitation and at other times of natural parent/child interaction to improve parenting skills.	• Permanency Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5	• Assessment & Understanding
	18. **Shows understanding** that normal is different for everyone… Incorporates family's perspective of their needs and solutions in all casework and documentation…	18. Shows understanding that normal is different for everyone and checks on what is "normal" for the family and their culture, community and tribes. Facilitates critical thinking and discussion with the family and their team about the family's underlying needs, how they define the problem and what success looks like. Listens attentively, uses language and concepts that the family has used, and incorporates the family's strengths, resources, cultural perspective and solutions in all casework, decision-making, case plans, court reports, meeting notes and other documentation.	• Safety Indicator 1	• Assessment & Understanding

Planning/ Intervention CPM Practice Strategies ***Planning/Intervention:*** Tailoring plans to build on strengths and protective capacities in order to meet individual needs for each child and family. Practice Elements ***Well-Being Partnerships:*** Trauma-sensitive; Partners with family, community and Tribes to understand and meet family needs. ***Recovery, Safety and Well-Being:*** Identifies, advocates for and supports use of culturally sensitive services, supports, practices, traditions. ***Shared Commitment and Accountability:*** Joint assessments and decisions by worker and family, often including family's team	12. **Explores, connects, and advocates** for a broad array of services to assist with loss, grief, healing and recovery. Asks family who/what is helping or could help…	12. Explores, values, connects the family to and advocates for a broad array of services, supports, cultural practices and traditions that can assist the child and family with loss, grief, hurt, pain, healing and recovery (e.g. "Who and what is helping – and/or in the future could help – with child and family's physical, mental and emotional health, substance abuse issues, education, spiritual and other needs? Are there cultural or community practices and traditions that you think could support family members' healing, health, wholeness and well-being?)	• Safety Indicator 1	• Planning • Supports & Services • Intervention Adequacy
	13. **Facilitates** appropriate family supports and services. Encourages learning from cultural leaders… Shares agency programs…. Facilitates team solutions…	13. Facilitates family/team outreach to learn about practices, traditions, services and supports from leaders in the culture, community and tribe. Also shares information about agency programs, providers, resources and supports that could strengthen the family and meet their needs, providing information about any evidence-base and/or relevant cultural adaptations. Facilitates the family and their team to develop solutions that are individualized to the family and their culture, community and tribes.	• Permanency Indicator 1 • Permanency Indicator 5	• Planning • Supports & Services • Intervention Adequacy
	16. With family/team **continually assesses, arranges, structures** culturally appropriate visitation activities.	16. With the family, caregiver and team continually assesses culturally appropriate visitation activities in the most natural environment possible that supports the child and the parent/child relationship.	• Safety Indicator 1 • Permanency Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5	• Assessment & Understanding
	17. With family/team **assesses need** for interactive, experiential coaching during visitation to improve parenting skills. Arranges/advocates for when needed…	17. Assesses with the family and their team the need for interactive, experiential coaching during visitation and at other times of natural parent/child interaction to improve parenting skills.	• Permanency Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5	• Assessment & Understanding
	19. **Creates environment** for open/honest communication. Ensures team planning is informed and timely… Follows through… Admits bias, missteps, mistakes	19. Creates an environment for open and honest communication with the family and the family team about child safety, permanency and court timeframes so that the team's planning and decision-making is informed, relevant, and timely. Models accountability and trust by following through with representations and agreements. Admits and takes responsibility for one's own biases, missteps and mistakes.	• Permanency Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5	• Planning • Supports & Services • Intervention Adequacy
	20. **Creates shared agreement** on the culturally sensitive services to address safety, well-being and family needs. Links to and supports use of these services.	20. Through teaming processes creates shared agreement on the safety issues to be addressed and the culturally sensitive services, supports, practices, traditions and visitation plan that will address child safety and support family and cultural relationships and address trauma, loss, behavioral health, drug/alcohol recovery, child safety, child and family well-being and other underlying needs identified by the family and their team. Works continuously to identify, locate, develop, fund, advocate for, link the family to and support the use of the agreed-upon practices, services and supports.	• Safety Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Well-Being Indicator 4	• Planning • Supports & Services • Intervention Adequacy

Tracking/Adapting/ Transitioning CPM Practice Strategies ***Tracking/Adapting:*** Evaluating the effectiveness of the plan; adapting to challenges; celebrating success and organizing aftercare supports. Practice Elements ***Recovery, Safety and Well-Being*** ***Shared Commitment and Accountability***	21. **Explores** with team members what roles they can play over time to strengthen child safety and support the family. Helps team adapt to changing roles.	21. Explores with team members what roles they can play over time to strengthen child safety and support the family, and then continually engages and reinforces the team in those roles. Facilitates the team to discuss, understand and adapt to changing team member roles – for instance, when reunification efforts stop, helps the team explore, identify and honor a new role for the parent.	• Safety Indicator 1	• Tracking and adjustment
	22. **Facilitates continuous dialogue** with the family/team about how supports and services are working... Makes adjustments based on family/team assessment…	22. Facilitates continuous dialogue with the family and their team regarding whether/how the agreed-upon practices, services, supports and visitation plans are working and facilitates adjustments/follow-through based on family and support team discussions, assessments, and decisions.	• Permanency Indicator 1 • Permanency Indicator 5 • Well-Being Indicator 4	• Tracking and adjustment
	23. **Emphasizes importance** of family's support team beyond time of CWS… Facilitates agreement on post-dependency team member commitments/roles…	23. Emphasizes the importance of the family's support team even beyond the time of child welfare agency involvement. Before the case ends, facilitates shared understanding and agreement of team member roles and commitments in maintaining a post-permanency circle of support for the child and family, including identifying a system navigator who is aware of agency supports and services (including mental health and substance abuse) and will act as an ongoing liaison and advocate for the family team when contacted about system supports and services the child and family may need.	• Safety Indicator 1	• Tracking and adjustment
	Note: Practice Behaviors 18, 19 and 20 below are already included in the above sections and are repeated below to emphasize their relationship and contribution to Long Term View.			
	18. Understands normal is different for everyone and checks on what is "normal" for the family and their culture, community and tribes. Facilitates critical thinking and discussion with the family and their team about family needs, how they define the problem and what success looks like. Listens attentively, uses language and concepts that the family has used, and incorporates the family's strengths, resources, cultural perspective and solutions in all casework, decision-making, case plans, court reports, meeting notes and other documentation.		• Safety Indicator 1 • Permanency Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5 • Well-Being Indicator 4	• Long-term view
	19. Creates an environment for open and honest communication with the family and the family team about child safety, permanency and court timeframes so that the team's planning and decision-making is informed, relevant and timely. Models accountability and trust by following through with representations and agreements. Admits and takes responsibility for one's own biases, missteps and mistakes.		• Permanency Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Permanency Indicator 5	• Long-term view
	20. Through teaming processes creates shared agreement on the safety issues to be addressed and the culturally sensitive services, supports, practices, traditions and visitation plan that will address child safety and support family and cultural relationships and address trauma, loss, mental health, drug/alcohol recovery, child safety, child and family well-being and other needs identified by the family and their team. Works continuously to identify, locate, develop, fund, advocate for, link the family to and support the use of the agreed-upon practices, services and supports.		• Safety Indicator 1 • Permanency Indicator 2a • Permanency Indicator 2b • Well-Being Indicator 4	• Long-term view

QSR Practice Performance Indicators

1. **Engagement**: Degree to which those working with the focus child and family (parents and other caregivers) are: • Relating with the child/youth, biological family, extended family, primary caregiver, and other team members for the purpose of building a genuine, trusting and collaborative working relationship. • Identifying a support system and/or finding family members who can assist with support and permanency for the focus child. • Developing and maintaining a mutually beneficial trust-based working relationship with the child and family that involves having unconditional positive regard, respect for diversity, an inclusive planning process, and the ability to understand and work through resistance to participating in services. • Focusing on the child and family's strengths and needs. • Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation. • Offering transportation and childcare supports, where necessary, to increase family participation in planning and support efforts.

2. **Voice & Choice**: Degree to which the focus child, parents (including non-custodial parent), family members, and caregivers are active ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about child and family strengths and needs, goals, supports, and services.

3. **Teamwork:** Degree to which: (1) The "right people" for this child and family have formed a working Child and Family Team that meets, talks, and plans together. (2) The CFT has the skills, family knowledge, and abilities necessary to define the strengths and needs of this child and family and to organize effective services for this child and family, given the level of complexity of circumstances and cultural background of the child and family. (3) Members of the child and family's team collectively function as a unified team in planning services and evaluating results. (4) The decisions and actions of the team reflect a coherent pattern of effective teamwork and collaborative problem solving that builds upon child and family strengths and needs to benefit the child and family.

4. **Assessment & Understanding:** Degree to which those involved with the child and family understand: (1) Their strengths, needs, risks, preferences, and underlying issues. (2) What must change for the child to function effectively in daily settings and activities and for the family to support and protect the child effectively. (3) What must change for the child/family to have better overall well-being and improved family functioning. (4) The *big picture* situation and dynamic factors impacting the child and family sufficiently to guide intervention. (5) The outcomes desire by the child and family from their involvement with the system. (6) The path and pace by which permanency will be achieved for a child who is not living with nor returning to the family of origin. [Need, as used in this indicator, is based on the *Framework for Assessing and Responding to Needs* presented in the introductory section of the practice performance domain.]

5. **Long-Term View:** Degree to which there are stated, shared, and understood safety, well-being, and permanency outcomes and functional life goals for the child and family that specify required protective capacities, desired behavior changes, sustainable supports, and other accomplishments necessary for the child and family to achieve and sustain adequate daily functioning and greater self-sufficiency. *[Current goals guiding planning of interventions over the past 90 days]*

6. **Planning:** Degree to which a well-informed, well-reasoned, family-centered, team-driven planning process is being used to direct strategies and resources for: (1) meeting near-term child and family needs; (2) achieving child safety, well-being, and permanency outcomes; and (3) supporting and sustaining the family or permanent caregiver.

7. **Support & Services:** Degree to which the strategies, supports, and services planned the child and family are available on a timely and adequate basis to meet near-term child and family needs and to achieve the outcomes planned.

8. **Intervention Adequacy:** Degree to which planned interventions, services, and supports being provided to the child and family have sufficient power (precision, intensity, duration, fidelity, and consistency) and beneficial effect to produce results necessary to meet near-term needs and achieve outcomes that fulfill the long-term view.

9. **Tracking and Adjustment:** Degree to which those involved with the child and family are: • Carefully tracking the child's/family's intervention delivery processes, progress being made, changing family circumstances, and attainment of functional goals and well-being outcomes for the child and family. • Communicating (as appropriate) to identify and resolve any intervention delivery problems, overcome barriers encountered, and replace any strategies that are not working. • Adjusting the combination and sequence of strategies being used in response to progress made, changing needs, and knowledge gained from trail-and-error experience to create a self-correcting intervention process.

Data Dashboard Indicators

Safety Indicator 1: No Recurrence of Maltreatment - Of all children who received at least one Substantiated allegation conclusion in each report month, what percent did not have any substantiated allegation conclusions within six months after the report month?

Permanency Indicator 1: Foster Care Entry (Removal) – Of all children referred to DCFS in each report month, what percent were removed from parent(s) and placed in out-of-home care (OHC)?

Permanency Indicator 2a: Exit to Reunification within 12 months (Entry Cohort) – Of all children placed in foster care in each report quarter, what percent have exited to reunification within 12 months of their placement in foster care?

Permanency Indicator 2b: Exit to Permanency (24+ Months in Foster Care) – Of all children in foster care for 24 months or longer as of the first day of each report quarter, what percent have been discharged to a permanent home by the last day of the third quarter following the report quarter?

Permanency Indicator 5: Re-Entry into Foster Care – Of all children who were reunified during the report quarter, how many came back into out-of-home care within the following 12 months?

Well-Being Indicator 4: Placement with Relatives – Of all children with an initial out-of-home placement made in the report month, what percent were placed with relatives in at least one of their first two placements?

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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(213) 351-5602

PHILIP L. BROWNING
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

September 28, 2012

Dear Stakeholder:

I am pleased to provide you with the attached Strategic Plan, which will guide the efforts of the Department of Children and Family Services over the next three to five years. This plan has been developed over a period of time and has included extensive input from our community partners and other stakeholders as well as staff throughout the Department. As the Department moves forward, it is important to understand that the Strategic Plan is a living document; it will be revised as objectives are completed, and new objectives will be added when appropriate.

I hope that you will take the time to review our plan and see that the Department will be working towards our Vision that "Children thrive in safe families and supportive communities," with three overarching Goals (Emphasize Child Centered Practices, Pursue Workforce Excellence and Strengthen Organizational Operations), 12 strategies and 50 objectives. In the very near future, I will be soliciting participation from across the Department for small teams, under Executive Team sponsorship, to develop action plans to implement each of our 50 objectives. Our Office of Strategy Management will be tracking the implementation of our plan as we move forward.

I would like to thank our Department's partners for assisting us as we move forward. I am confident that with your support, we will successfully implement our Strategic Plan and improve the lives of children and families in Los Angeles County.

Sincerely,

Philip L. Browning
Director

Attachment

PLB:pwd

DEPARTMENT OF CHILDREN & FAMILY SERVICES
STRATEGIC PLAN

Vision:

Children thrive in safe families and supportive communities.

Mission:

By 2015, DCFS will practice a uniform service delivery model that measurably improves:

- Child safety
- Permanency
- Access to effective and caring services

Values:

Cultural Sensitivity: We acknowledge, respect, value, and understand the importance of cultural diversity in all aspects of child welfare practice.

Leadership: We engage, motivate, and inspire others to collaboratively achieve common goals through example, vision, and commitment.

Accountability: We accept responsibility for our actions, behavior, and results.

Integrity: We are honest, forthcoming, and transparent, always acting in accordance with the highest ethical standards and values.

Responsiveness: We take needed action in a timely manner.

GOAL I: EMPHASIZE CHILD CENTERED PRACTICES

Provide children with both integrated assessments and planning that promote the safety, permanency and well-being of children under our supervision.

GOAL II: PURSUE WORKFORCE EXCELLENCE

Ensure and support a well-trained, high performing workforce capable of quality decision making.

GOAL III: STRENGTHEN ORGANIZATIONAL OPERATIONS AND SYSTEMS

Ensure an organization where all components operate as an integrative and supportive system.

GOAL I: EMPHASIZE CHILD CENTERED PRACTICES: Provide children with both integrated assessments and planning that promote the safety, permanency and well-being of children under our supervision.

STRATEGY I.1, DCFS Practice Model: Implement one model of practice to better integrate services for children and families throughout our communities.

OBJECTIVES

I.1.1 By December 2014, implement the Core Practice Model department-wide.

I.1.2 By December 2014, implement coaching and mentoring department-wide.

I.1.3 By December 2013, expand and enhance existing prevention/aftercare services to reduce the number of children and youth entering, re-entering and/or experiencing extended associations with the County's health and human services systems.

I.1.4 By September 2013, implement department-wide plan to reduce racial disparity and disproportionality for African American children.

I.1.5 By July 2013, increase "Reunification within 12 Months" from 64.5% to 70%.

I.1.6 By July 2013, reduce "ER Over 30" rate to 5% over the State average rate.

I.1.7 By December 2013, implement the countywide self sufficiency plan, coordinating DCFS efforts to better serve Transitional Age Youth (TAY) with the wide array of programs and initiatives run by allied departments.

I.1.8 By September 2013, reduce the number of youth crossing over from DCFS to Probation by 15%.

I.1.9 By July 2013, reduce court ordered sanctions by 50% through use of improved report writing and automation.

STRATEGY I.2, Placement Service Capacity: Develop high quality and responsive placement resources for children in out-of-home care.

OBJECTIVES

I.2.1 By July 2014, have a comprehensive, real-time database system for placement resource openings that staff can easily navigate.

I.2.2 By December 2013, recruit an additional 10% of qualified, committed and dedicated foster homes in proportion to the needs of each community; and provide these caregivers with training designed to promote child safety and address the needs of abused and neglected children.

I.2.3 By September 2013, enhance monitoring/oversight of Foster Family Agencies (FFA), licensed foster homes and other out-of-home providers by coordination with CSWs.

I.2.4 By July 2013, establish 300 certified Treatment Foster Care (TFC) beds and place children in these beds.

I.2.5 By December 2013, modify group home and FFA contracts to make them time and resource responsive to all levels of child care and placement of DCFS children.

I.2.6 By December 2012, create 30-day assessment beds with currently contracted group home providers.

I.2.7 By July 2013, for those youth requiring out of home care, increase initial placements with relatives by 20%.

STRATEGY I.3, Emergency Response Command Post (ERCP): Return ERCP to its core mission of providing comprehensive and responsive after hours operations that effectively provide protective services to children.

OBJECTIVES

I.3.1 By December 2012, develop a feasibility report regarding decentralizing ERCP into regional operations through equitable distribution of staff among each office and execute the delivery of services through each regional office.

I.3.2 By July 2013, determine and implement operational and resource efficiencies by completing a business process re-engineering of Hotline, Emergency Response Command Post and Emergency Response Operations.

STRATEGY I.4, Concurrent Planning: Shorten timelines to permanency for children by simultaneously planning both safe family reunification and alternative legal permanence.

OBJECTIVES

I.4.1 By July 2014, Child and Family teams (CFT) will create a plan that addresses permanency options for every child/family by the 3rd month of case opening.

I.4.2 By December 2013, ensure relevant contracted services include outcomes which assist and support shortened timelines to permanence.

I.4.3 By December 2013, reduce the percentage of youth in care three years or longer by 10%.

I.4.4 By July 2013, increase the percentage of children adopted within 24 months from 24.2% to 28%.

STRATEGY I.5, Partnerships & Collaborations: Foster effective and caring community service programs on behalf of children and families.

OBJECTIVES

I.5.1 By July 2013, each office will develop and implement community visitation centers, including those provided through faith-based organizations, that offer a safe, supportive and family-friendly environment for families to maintain a family bond.

I.5.2 By December 2012, explore the use of Resource Centers appropriate to each geographical area to support families and prevent entry into the system.

I.5.3 By December 2012, each regional office will have a community advisory body, including representatives of involved faith-based organizations, to develop a resource matrix and network to provide differential response services, teenage socialization, parenting, and visitation centers for DCFS children and families.

I.5.4 By July 2013, implement the Parents in Partnership Program in each office to offer support and mentoring to parents whose children have been placed in out-of-home care and assist with reunification.

I.5.5 By July 2013, develop an outreach and training model for communities and partners that increases their ability to provide services that improve safety, permanency and well-being of children and families and monitor the provision of these services to assure efficacy.

I.5.6 By December 2013, develop an outreach, training and performance measurement model for all DCFS-contracted community based services. This will include a monitoring system, quality improvement strategies, and learning communities among contracted providers and regional staff to improve safety, permanency and well-being.

I.5.7 By December 2012, expand the Foster Youth Education Program to all five Supervisorial Districts.

GOAL II: PURSUE WORKFORCE EXCELLENCE Ensure and support a well-trained, high performing workforce capable of quality decision making.

STRATEGY II.1, Caseload/Workload Management: Establish equitable caseloads and manageable workloads that permit quality social work.

OBJECTIVES

II.1.1 By December 2012, complete a Caseload Equity Analysis and seek approval from the Board of Supervisors, Union and Chief Executive Office.

II.1.2 By July 2013, achieve a 3% reduction in the number of employees on Leaves of Absence (LOA) by implementing enhancements to the Department's Return to Work (RTW) programs such as quarterly RTW Coordinators' Meetings and an educational campaign about the RTW program.

II.1.3 By December 2013, develop a plan for targeted hiring of staff with a 3-year commitment for offices which are understaffed and provide incentives for current staff.

STRATEGY II.2, Job/Role Expectations: Develop, maintain, and monitor clear expectations for each job at every staffing level.

OBJECTIVES

II.2.1 By July 2014, develop a personnel handbook which clearly describes job responsibilities for all field personnel.

II.2.2 By December 2013, develop expectations for job performance by establishing clear standards for all staff.

STRATEGY II.3, Human Resource Management: Formulate and implement a comprehensive approach for the recruitment, selection, development, and performance evaluation of employees.

OBJECTIVES

II.3.1 By December 2012, conduct an organizational and training needs assessment to identify an initial set of training programs for helping employees develop the knowledge, skills, and abilities to meet current and future job expectations.

II.3.2 By July 2013, working with the Inter-University Consortium, establish an educational program that delivers a foundational experience for each new hire.

II.3.3 By December 2013, develop ongoing training curriculum for front line workers; programmatic and administrative staff; supervisors and managers; and providers.

II.3.4 By July 2014, revise the performance evaluation system so that it includes clear standards for employees, accountability, and performance metrics

II.3.5 By December 2012, implement Internal Affairs/Performance Management Process Coordination.

GOAL III: STRENGTHEN ORGANIZATIONAL OPERATIONS AND SYSTEMS: Ensure an organization where all components operate as an integrative and supportive system.

STRATEGY III.1, Data-driven Strategic Plan Management: Use objective data to measure, provide feedback, publicize, and continuously improve performance.

OBJECTIVES

III.1.1 By December 2014, consolidate all current data reports (dashboard, the SITE, SafeMeasures, etc.) to one comprehensive report that allows for drill down to CSW level.
III.1.2 By December 2014, streamline how existing data reports are accessed (i.e., COGNOS, the SITE, SafeMeasures, UR) into one congruent, comprehensive, user friendly location that can be accessed by ONE password.

STRATEGY III.2, Technology Integration: Invest in technology to increase the entire organization's efficiency.

OBJECTIVES

III.2.1 By December 2012, conduct an organization-wide technology needs assessment and identify funding required to implement its recommendations.

III.2.2 By July 2013, ensure that all case carrying/line staff and their supervisors have the technology tools needed to do their job efficiently.

STRATEGY III.3, Policy Review and Consolidation: Adopt a body of policy which meets legal and operational requirements and is easy to access and understand.

OBJECTIVES

III.3.1 By July 2014, develop and implement a new Policy Manual that both distinguishes policy from procedure and best practice, and also reduces the current volume of policies.

III.3.2 By July 2014, ensure revised policy manual is in compliance with all federal and state regulations.
III.3.3 By September 2013, establish an accessible, online, web- based system that makes it simple and easy to retrieve policy, search for key words, and allow policy to be reviewed.

STRATEGY III.4, Departmental Structure: Establish an organizational design and accompanying work systems highly capable of meeting the needs of children and families.

OBJECTIVES

III.4.1 By December 2012, develop and begin implementing a new DCFS Re-Organized Management Structure to maximize performance.
III.4.2 By December 2012, as part of the Re-Organized Management Structure's implementation, redeploy resources to meet caseload equity goals.
III.4.3 By September 2013, establish effective coordination and teaming with Public Health Nurses.
III.4.4 By July 2013, secure a Title IV-E Waiver for Los Angeles County with favorable conditions.