

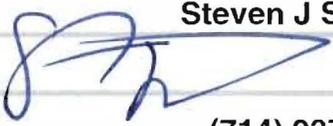
California Child and Family Services Review

Annual SIP Progress Report

Annual Update June 6, 2013



California – Child and Family Services Review Signature Sheet

County	Orange County
CSA Period Dates	July 2009 – January 2014
SIP Period Plan Dates	November 7, 2009 – June 6, 2014
Outcome Data Period	April 2013 Data Extract Q4 2012
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SIP Progress Narrative

Children and Family Services (CFS)

INTRODUCTION

Orange County's current System Improvement Plan (SIP) began November 7, 2009 and was extended to June 6, 2014, the end of the new C-CFSR five-year cycle. In 2009 the current SIP goals were selected in coordination with Social Services Agency (SSA) staff, community partners, and stakeholders at the Orange County Redesign Planning Council where Orange County data relating to outcome measures was reviewed. The following three goals were areas of the highest priority for SSA/CFS SIP: **1) Recurrence of Maltreatment, 2) Decreasing Time to Reunification, and 3) Increasing Placement Stability.** In completing this update of the SIP, interviews were conducted with Children and Family Services Program Managers, Deputy Directors, members of the Redesign Planning Council, members of the Family to Family Strategy Groups and staff assigned to the Information Technology and Research Division.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

Safety – No Recurrence of Maltreatment (measure S1.1) has decreased slightly from the high of 94.8% at the beginning of the current SIP cycle (the six month study period from 7/1/09 to 12/31/09), to the current rate of 93.9% (the six month study period from 01/01/12 to 06/30/12). On average, Orange County has been above the California Performance of 93.1%, and there have been periods during this SIP cycle when Orange County was above the National standard of 94.6%, specifically during the year from 10/09 to 10/10. The Study period refers to a six month cohort of children with a substantiated referral. These children were tracked an additional six months following the study period to observe whether another substantiated referral was present.

Orange County's identified strategies for this outcome measure have been largely implemented. These include a significant increase in Imminent Risk Team Decision Making (TDM) meetings with community partners present to assist families. Likewise, the Differential Response program has increased the diversion of families to community based interventions and services in their communities thereby reducing the risk of future intervention by the police and/or Children and Family Services.

Other services that have positively impacted this outcome area are the Parent Mentor Program, which builds strong relationships with families and connects them to community services; the Family Resource Centers that provide ever-increasing services to families despite budget constraints; the regionalization of social work caseloads which allows workers to become familiar with services in each family's community; and the community partner base that provides services to families and develops new programs and initiatives for the benefit Orange County residents. In addition, Exit from Placement TDM's assist families with aftercare services that will provide continued support as their cases close.

Permanence – Reunification within 12 months by decreasing time to reunification (measure C1.1) has fallen from 60.2% at the beginning of the current SIP cycle (study period from 10/1/09 to 9/30/10), to the current rate of 56.1% (study period from 1/1/12 to 12/31/12). Performance on this measure is below the California Performance of 62.5% and below the National Standard of 75.2%. Orange County has had periods where the California Performance was met or surpassed, but has not reached the National Standard.

The Orange County Research Department, along with the SIP team, has studied the downward trend of C1.1 to understand why this is occurring. In the past several years, programs that Orange County implemented with the expectation of decreasing time to reunification have been successful in early engagement of parents in their service plan and in successful reunification, but do not appear to have succeeded in decreasing the time to reunification. As a result of this downward trend, Orange County will be conducting more in-depth analyses of areas that may be potentially affecting this trend, such as time to disposition of cases, larger sibling sets, and practices that may slow down reunification. Most recently there has been consultation with staff from University of California at Berkeley Center for Social Services Research on this issue and data analysis has been initiated. This will continue to be an area of examination for the county and will most likely be a focus of the next SIP.

Some of the strategies that were implemented to improve outcome of this measure are as follows:

- Increase in the number of Family Services Workers to engage parents in their reunification plan within the first few weeks of the Dependency Investigation phase.
- Assign Parent Mentors within days of the Detention Hearing to engage parents in reunification services.
- Initiation and development of My Action Plan (MAP), a process where parents and Dependency Investigations Workers discuss case plan activities and an achievable timetable for completion of those activities.
- Increase in Icebreakers, a meeting where the social worker, parent and caregiver discuss the care of the children and promote a supportive caregiver relationship that supports the parents' efforts at reunification.
- Establishment of the Mother-Child program, a live-in program that allows mothers to have their child(ren) with them while in substance abuse recovery.
- Continuation of Eliminating Racial Disparity and Disproportionality strategy group efforts to develop initiatives to address disparity in practices including the Cultural Broker program, with implementation by the end of 2013.
- Family Reunification Team Decision Making meetings to review progress towards reunification with parents who may be struggling and explore how social services and the community can better support their efforts.
- Wraparound services to improve parenting techniques and work intensively with families towards reunification.

Stability – 1 - 2 Placements in Foster care for children in care for 8 days to 12 months (measure C4.1) has increased from 83.3% at the beginning of the current SIP cycle (study period from 10/1/09 to 9/30/10), to the current rate of 89.7% (study period from 1/1/12 to 12/31/12). Performance on this measure has surpassed the California State Performance of 86.1% and the National Standard of 86.0%. Increase in performance on this measure has influenced an increasing trend in the overall Placement Stability Composite (measure C4). The composite has increased from a score of 92.6 at the beginning of the SIP cycle to the current score of 102.4 (study period 1/1/12 to 12/31/12).

Orange County CFS has continued its effort to increase placement stabilization by implementing a number of new initiatives and continuing to improve the use of strategies that have already shown effectiveness in this outcome area. Most notably among the new initiatives are:

- The CFS Rally Cry, a thematic goal developed by the Orange County CFS Leadership Team with focused strategies and resource allocation to assure that all children are placed directly into a family setting with family based care, thereby avoiding congregate care.
- The Quality Parenting Initiative which focuses on the re-branding of Orange County's expectations for foster and kin caregivers with the expected outcome that caregivers will understand the needs of the children placed in their care.
- Education Equals, a partnership between the Orange County Department of Education Foster Youth Services and the Stuart Foundation designed to strengthen and coordinate the delivery of services to foster youth with the expected outcome of successful completion of high school and preparation for post-secondary options.
- Continued use of strategies such as Icebreakers and Parent Mentors, along with increased visitation, to help parent and child feel more hopeful and to stabilize children in their placement.
- Increased use of Placement Preservation Team Decision Making Meetings to make placement decisions and prevent disruptions. On average the decision in nearly 60% of those meetings is to preserve the placement or to move to a lower level of care.
- MSW Interns providing one to one contact with increased support for relative caregivers.
- Family Finding to assist with the location of family connections for youth in foster care to increase placement stability and provide lifetime support systems.

STRATEGIES STATUS

In each of the outcome areas that were the focus of the current Orange County SIP, nearly all of the strategies were implemented and completed or are still ongoing. Some were discontinued, primarily for lack of funding. None of the designated strategies have been revised and timeframes for completion or implementation remain on track. However, for the implementation of some strategies, obstacles were encountered and will be discussed in this section. Each outcome area will be discussed separately and will include discussion of successes, methods of monitoring strategies, and the effectiveness of the strategies in improving the outcome area.

Safety - No Recurrence of Maltreatment

The strategies designated for improving this outcome area have been implemented and largely completed. Data indicates that we have made steady progress in this area. Strategies focused on improved coordination with police and community in responding to child abuse complaints, expanding early intervention and prevention services, and increasing the collaboration with community partners to stabilize families within their own community.

Strategies that the agency has found successful and would like to expand are: Differential Response Neighbor-to-Nighbor program to resolve potential child abuse risks without CFS intervention and to connect families to services in their communities; collaboration between CalWORKs and CFS to maximize resources for families that are mutual clients; regionalization of TDM meetings to meet the needs of families in their own communities; and coordination of aftercare services for families.

Strategies are monitored by CFS leadership and the Orange County Self Evaluation Team (SET) which meets twice monthly. SET reviews outcomes, is involved in the development of SIP objectives, and recommends research to further evaluate outcomes. Additionally, strategies developed for the SIP are monitored by the program responsible for their implementation along with progress reports to those developing the SIP update reports.

At the present time, the County is faced with budget constraints that will likely create barriers to the future expansion of the programs indicated above. Orange County has applied to be a Title IV-E Waiver county which may increase funds for prevention services. Collaboration with community partners via the strategy workgroups has also improved communication and enabled us to overcome some of the budgetary issues by combining resources.

Permanence – Reunification within 12 months by decreasing time to reunification

The strategies developed by Orange County to decrease time to reunification have been implemented and are either near completion or completed. These include increased services to promote early engagement in reunification services, expanded services to reduce time to reunification, collaborative efforts to improve and increase sufficient resources for reunification efforts, and strengthened agency programs that help move families to reunification.

Some of the most successful strategies and programs utilized with this outcome measure have been Parent Mentors, Family Support Workers, and Team Decision Making Meetings, Dependency Drug Court, Wraparound services, and increased parent child visitation. In addition, strategy workgroups regularly discuss resources to decrease time to reunification.

Despite the successes in early engagement of families in services, Orange County has been faced with an increase in the time to reunification in the past six quarters. The SET Strategy Group has begun an in-depth study, both quantitatively and well as qualitatively, to determine the reason(s) for this downward trend. Preliminary findings suggest that large sibling sets may be impacting this outcome. Orange County will be tracking this outcome closely and will be reporting on the results of studies completed by our research team.

Stability – 1-2 Placements in foster care

The strategies developed to improve placement stability outcomes have been implemented and are either fully or partially completed. Orange County has chosen Placement Stability as the focus for our upcoming Peer Case Review and we are looking forward to the results of that review. We have continued to trend upward in the Placement Stability composite and credit the many strategies that have been put into place with that success. Some of the most successful strategies have been:

- Caregiver Support services that increase stability in the first few months of placement
- The utilization of Icebreakers that help parents and caregivers meet and collaborate about the care of children
- Parent Mentors and Parent Volunteers who work with birth parents to encourage regular visitation and engagement in services

- Placement Preservation TDM meetings that help preserve/stabilize placements at risk of disruption
- Wraparound services that help families with reunification, provide support to caregivers, and stabilize placements
- Foster Youth Services workers who help monitor educational progress and assist case workers in resolving children's educational needs;
- Expansion of Family Finding and Family Connections to improve the well being of children by helping to find life long adult connections
- The Quality Parenting Initiative, which reframes the message to our caregivers so there is a better understanding of the children who need care and clarify expectations of caregivers and their relationship with the agency.

Orange County strategic planning has been highly effective in improving this outcome. Progress is monitored by the Self Evaluation Team, the SIP planning team, and the CFS Leadership Team. Each Program Manager is responsible for tracking progress on initiatives/strategies assigned to their area of responsibility and reporting progress to the CFS Leadership Team and the SIP planning committee. The Child Welfare Services/Case Management System (CWS/CMS) Reports Team also tracks data, when requested, and has the capacity to develop specialized reports requested by the SIP planning committee. Further, the SSA Research Team also provides important outcomes reports for the SIP.

As reported previously, budgetary constraints have prevented CFS from further expansion of programs deemed to be most effective at Placement Stability, such as Parent Mentors, Caregiver Support Services (currently an Intern program), targeted recruitment of new Foster Homes for siblings and special needs children, and the development of Intensive Treatment Foster Homes.

OTHER SUCCESSES/PROMISING PRACTICES

Trauma Informed System of Care

Orange County CFS has been designated a "super community" due to its involvement with the Chadwick Center Substance Abuse and Mental Health Services Administration (SAMHSA) grant. The purpose of the grant is to establish cross-system collaboration between CFS, Department of Education, Department of Mental Health, Probation, and other community agencies who are dealing with the same children and families. Much of the work centers on Trauma Informed Practice and the use of a "trauma lens" to understand how trauma affects children and families as well as secondary trauma to social work staff. A Trauma Informed Steering Committee was created to oversee the activities and implementation of training and services in Orange County. To date there have been in-house presentations for all CFS programs to provide an overview of this practice. Training included a Child Welfare Trauma Training Toolkit T4T, a Community Kick-Off and training on The Ingredients of a Healthy Brain. The Orange County Department of Education Foster Youth Services is partnering with CFS in preparing and facilitating in-house training, providing Front End Trauma Assessments, Cross System Collaboration, and training and clinical consultation for county therapists in Trauma Focused Cognitive Behavioral Therapy. In addition, training has been provided to educators and the Saddleback College Foster and Kinship Care Education Program will be providing Trauma Informed System of Care information and training to foster and kinship caregivers.

Safety Organized Practice

This practice focuses on child safety and inclusion of family in developing solutions for keeping children safe. At this time a small number of staff have received training in this area. There are 12 training modules on subjects such as interviewing for safety, balanced assessment; interviewing children; and Safety Mapping. CFS is currently exploring funding sources for this training and hopes to implement this practice in 2013-2014.

Striving to Achieve Recovery and Reunification (STARR)

This new program will begin on or about June 1, 2103 and replace the current Dependency Drug Court (DDC) program. DDC will close on May 31, 2013 due to budget shortfalls being experienced by the Juvenile Court system. STARR will be able to provide many of the same services to substance abusing parents that were provided by DDC. These include designated staff caseloads, Health Care Agency substance abuse programs, self-help meetings, Wraparound services, Parent Mentors, drug testing and regular meetings with STARR staff to monitor progress. The program will not be able to offer weekly meetings with the DDC Judge.

Promoting Permanent Connections

Orange County's Transitional Planning Services Program (TPSP) works as a team with caseworkers and Non Minor Dependents to comply with this mandate, which requires that counties make efforts to achieve permanence in placement as well as support systems with committed and caring adults. Orange County collects information regarding relatives and important connections throughout the life of the case. In addition, collaborations with three agencies increase searches for family and provide engagement with family members who are located. Promoting long term support systems continues with Non Minor Dependents and emancipated young adults through residential providers, Transitional Planning Conferences and TILP completion where discussions occur about permanent connections with adults in the youth's life.

OTHER OUTCOMES NOT MEETING STATE AND/OR NATIONAL STANDARDS

- Orange County has been noticing a steady downward trend in the Reunification within 12 Months outcome. We will be closely monitoring this trend, evaluating data, and looking at practices that may be slowing the reunification timelines.
- The other outcome area in which Orange County has recently seen a decline is the Long Term Care Composite, specifically Exits to Permanency (24 Months in Care) (C3.1) and In Care 3 Years or Longer (Emancipated/Age 18) (C3.3). In C3.1 Orange County has been consistently below the National Standard, but above the California performance. However, in the first quarter of 2013, Orange County fell below both the California and National Standard. In C3.3, Orange County has consistently been below the National Standard and the California performance. Further study of these two areas is needed to help us understand what practices/policies may be contributing to these trends.

SIP Progress Narrative

Probation Department

The Orange County Probation Department implemented the Incentive Program in July 2009 with funding from the State for the Child Welfare Services Outcome Improvement Project (CWSOIP). Our current System Improvement Plan has been extended to June 4, 2013 due to the new five-year cycle that was created. The Orange County Probation Department decided to look beyond our emancipation youth and include statistics related to education, employment and extracurricular activities related to the rest of the youth we work with that are younger than 18. Our department incorporated the Incentive Program into the Placement Unit by incentivizing positive behavior in the following categories: Need, Education, Employment, Emancipation, Behavior, Motivation, Socialization, and Self-Esteem. During 2012 through March 2013, 383 placement youth were awarded 1050 incentive cards for a total of \$47,161.96. The distribution of incentive cards broken down by category is as follows: 270 for behavior, 164 for education, 98 for employment, 55 for emancipation, 139 for socialization, 43 for self-esteem, 6 for motivation, and 275 for needs. In a further effort to recognize a youth's positive behaviors, the Placement Unit identified incentive items that could be presented to minors. These items included: drawing books, seek-and-find puzzles, hygiene products, folders, playing cards, T-shirts, etc. These items continue to be distributed to the youth as positive behavior is displayed. There is also a Placement library that youth have access to if they would like to read books.

The following statistics are reflecting improvement in the area of education, showing the number of youth who emancipated with either a high school diploma or a GED: 49% (19) in 2008, 52.5% (15) in 2009, 54% (7) in 2010 and 56% (11) in 2011; however, there was a drop in our graduation rate for 2012 and the 1st quarter of 2013 to 47% (12). Due to the implementation of AB 12 – Extended Foster Care, we have had 25 youth decide to remain under Juvenile Court Jurisdiction in order to continue to receive services. The Orange County Probation Department has 17 non-minor dependents who graduated from high school in 2012 which are not being accounted for in our emancipated graduation statistics since we are still providing services to them. The following statistics are going to reflect the percentage of youth who were employed when emancipating: 28% (11) in 2008, 37.5% (21) in 2009, 27% (14) in 2010, 41% (15) in 2011 and 20% (1) in 2012 and the first quarter of 2013. Again, of the non-minor dependents we current are supervising, 16 are currently employed and not accounted for in the emancipated youth who were employed upon emancipating.

During the last System Improvement Plan update, the Orange County Probation Department's Placement Unit decided to look at statistics regarding our other youth under the age of 18 when it comes to improved grades over the last two completed semesters, number of youth who increased the number of credits earned during the last two completed semesters, percentage of youth who passed both sections of the CAHSEE exam, employment rates for youth and extracurricular activities youth are involved in. During the time that the last SIP update was submitted, we discovered that 61% of our youth improved their grades from one completed semester to the next; 10% increased their credits earned over the last two completed semesters and 49% of the age appropriate youth who were eligible to take the CAHSEE test passed both sections of the test. The statistics for this SIP update are as follows: 58% (34) of our youth improved their grades from one completed semester to the next; 42% (25) increased their credits earned over the last two completed semesters and 70% (21) of the age appropriate

youth who were eligible to take the CAHSEE test passed both sections of the test. The employment statistics along with the extracurricular activities statistics from the last SIP update are as follows: 16% of our 16 year olds or older have obtained employment and 26% of our Placement youth have become involved in extracurricular activities. The statistics for the same two categories for this current SIP update are as follows: 29% (13) of our 16 year olds or older have obtained employment and 14% (10) of our Placement youth have become involved in extracurricular activities.

The Incentive Program has become an integral part of the Placement Unit for 3 ½ years. The Probation Officers have been able to incorporate the incentives into their everyday interactions with the youth which has made it possible for the Probation Officers to incentivize the youth who have been making progress on the goals/strategies that were set during the last SIP update. The distribution of cards and the amount given this year increased a small margin from last year. There was also a focus on incentivizing socialization activities along with positive behavior since we seemed to be dealing with a lot of inappropriate behavior within the group home settings over the past year. The Probation Officers decided to focus on the positive behaviors in order to motivate the youth to continue to improve their behavior. As the Placement Unit's Supervising Probation Officer (SPO) analyzed the goals that were set and the results for the last year and 3 months, the SPO saw that there was an increase in the number of youth who passed the CAHSEE and an increase in the number of youth who increased the number of credits earned this year. However, there was a small decline in the grade point average earned for our youth in comparison to the last SIP update. Regarding the employment rates and extracurricular activities for our youth under 18, there was an increase in the percentage of youth employed and a decline in the number of youth involved in extracurricular activities. The decline may be due to the behavioral issues that Placement Unit has been dealing with making it difficult to get the youth focused on wanting to do something positive.

The Orange County Probation Department's Placement Unit didn't see a need to revise any of the goals or strategies that were set in the last SIP update. The Placement Unit had ample time and resources to make an impact on the youth they have worked with over the past year and 3 months. The Probation Officers will need to look into the youth who had a decline in their GPA to see if tutoring or further assistance is needed. Overall, the increase in credits earned has shown that the youth are attending school and putting forth the effort to complete the courses, we just need to see what else is needed to assist in improving the grades for some of the youth. The Placement Officers were able to see the joy and pride that the youth displayed when they received an incentive for a job well done in school or improved grades for a completed semester.

The Orange County Probation Department's Placement Unit didn't come across any barriers to implementing the goals that were set. The Probation Officers have been working diligently to try to have our youth who want to emancipate at 18 ready with a job and a high school diploma or GED upon emancipation. Although there appears to be a decline in this area for this past year and 3 months, the Probation Officers do have 17 non-minor dependents who graduated from high school in 2012 and 16 that are currently employed. It was difficult gathering the educational information to analyze since we have our youth in a number of counties and group homes along with a couple out of state. All of the educational information related to GPA; credits earned and CAHSEE results were manually calculated and only on youth that the SPO was able to get unofficial transcripts on. The employment and extracurricular activity information was also gathered manually by having the Probation Officers provide the information to the Placement Unit SPO. The Orange County Probation Department doesn't have a system that has all of this information readily available to gather in a report format. However, in collaboration with the Department of Education Foster Youth Services unit, we can

look into establishing a way to utilize the services they provide in order to gather educational information from the Orange County schools in a more efficient way.

The Orange County Probation Department does have the statistical data regarding the Emancipated Youth collected in the 8A measures through the SOC405E forms; however, the information that is being provided in this SIP is manually calculated from an Excel spreadsheet that is maintained by the SPO. Discrepancies were noticed during the last SIP update between the data that was being provided in the 8A measures and the data the Placement SPO was providing. The Placement SPO looked into why the discrepancies were occurring and discovered the main reason is due to a lag in data being provided by the assigned Probation Officers when a Placement order is vacated. There are times that the placement order is vacated but the youth remains on Probation being supervised by the same Probation Officer. The Probation Officer usually submits the emancipation paperwork once the Probation case is terminated which could be months after the Placement order is vacated. Although, the emancipated youth may not be accounted for in the correct quarter of the year that the Placement order was vacated, they are usually accounted for in the data provided by the end of the year.

Probation Officers continue to report that meeting unmet needs has been a true benefit of the Incentive Program. Gift cards have been used to purchase: clothing for youth who come into the system without clothing (or return from being AWOL), shoes, clothing for minors who are going to be educationally placed, minors who need extra clothing for job interviews/work attire, money to obtain birth certificates, items/formula for newborn children of placement youth, special hygiene needs, food and parenting classes. With the assistance of these monies, we are able to help our youth better transition, maintain placements with relatives/non-relatives and meet their basic needs. The group home staff and educational personnel played key roles in getting the youth to school on time; working with the youth on their school work and communicating with the Probation Officers when it comes to the progress or lack thereof for the youth.

The Incentive Program has been able to help support a number of positive social activities, such as high school team sports and gym fees. Although there was a switch this year in having a higher rate of youth employed over being involved in extracurricular activities, we need to look into the youth who are not engaged in any activities to see if the idleness within the group homes are contributing to the negative behavior they have been displaying.

The Placement SPO and Division Director reviewed the CWS Outcomes System Summary for Orange County dated 3/28/13 with the selected baseline of January 2004 (Q2 03) and a selected comparison of April 2013 (Q4 12) in order to review and analyze our outcome measures that are not meeting the State and/or National Standards. It was discovered that we had a few areas that were below the National Standards. The first two measures that the Orange County Probation Department failed to meet the National standards were in Reunification within 12 months (C1.3) where the National standard was 48.4 and the Orange County Probation department's comparison performance was 9.1 and Exits to Permanency (24months in Care) (C3.1) where the National standard was 29.1 and the Orange County Probation department's comparison performance was 8.1. There were a number of reasons that we concluded could be affecting our ability to meet the standards in these two areas.

First, 25% of our Placement youth are adjudicated sex offenders who are court ordered to complete sex offender treatment who were not able to be returned to their homes because the victim resided in the home and there were no suitable relatives to care for the youth. These youth are placed in group homes that have 18-24 month intensive sex offender therapy included

in the program which makes family reunification within 12-24 months difficult due to the tremendous dynamics these youth and their families are dealing with. There are many cases where family reunification is not an option because of the level of trauma to the victim and the family.

The second obstacle the Orange County Probation Department has come across is a lack of resources and training on Family Finding. We are limited to the information that is provided to our Investigation Unit and Placement Unit when it comes to viable options for relatives/family friends to consider making detailed exploration of potential caregivers very difficult. At this point our agency relies on the parents and youth to provide contact information.

Lastly, a number of our youth are given Placement orders because their behavior in the home has become so extreme that the family fears for their safety making reunification difficult. Our Placement Unit and the group homes the youth are placed in focus on individual and family counseling; however, there are times where all efforts have not been successful and family reunification is no longer an option.

Two other measures that the Orange County Probation Department has failed to meet National standards on are Placement Stability (12 to 24 months In Care) (C4.2) where the National Standard was 65.4 and the Orange County Probation Department's comparison performance was 56.7 and Placement Stability (At least 24 months in Care) (C4.3) where the National standard was 41.8 and the Orange County Probation Department's comparison performance was 30.9. This is the area we have decided to focus our upcoming Peer Review on in order to obtain feedback and guidance on improving our performance rates in these areas.

The reasons the Orange County Probation Department has been having a difficult time meeting the National standards stems from the population of youth we have in the Placement Unit and the needs/behaviors they exhibit when placed. We have a number of youth who are habitual runaways who decide to run soon after arriving to the group home or display extremely poor behavior in the group homes preventing the program from running effectively. Each time a youth runs away, the Placement Unit has to find a new location for the youth to reside. If the youth's behavior becomes so poor after number informal interventions have been attempted, the group home with terminate the youth from the group home once they see that they are not able to meet the needs of the youth or if they feel the behavior of the youth is affecting the wellbeing of the other youth in the group home.

The Placement Unit has also noticed an increase in youth with mental health issues. There are times that the group homes realize they are not equipped to meet the special needs of the youth leading to the termination of the placement or refusal to accept the youth all together. Resources are definitely needed in order to better serve this population of youth. The Orange County Probation

Department is hopeful that the next Peer Review will provide needed guidance and best practices that have worked in other counties to help our department improve in the area of Placement Stability.

State and Federally Mandated Child Welfare/Probation Initiatives

Children and Family Services

Fostering Connections after 18 Program

In 2011 Orange County began preparations for implementation of AB12/ Extended Foster Care in compliance with the federal law Fostering Connections to Success and Increasing Adoptions Act of 2008. The California bill extended foster care eligibility to youth in foster care from age of 18 to 21. Training was provided to Orange County CFS staff, community partners, Court, CASA staff, youth and caregivers in preparation for implementation. During 2012, 214 SSA non minor dependents and 19 Probation youth participated in AB 12 services. Nine youth took advantage of the law's option to "re-enter" during the 2012 year. An AB 12 Steering Committee was formed and met monthly to anticipate and resolve problems. Five new policies were developed regarding this new area of casework and services. Existing contracts serving emancipated youth were adapted to include services to non minor dependants.

Katie A

Orange County has submitted its Katie A Service Delivery Plan and is summarized as follows:

- Social Service Agency (SSA) will conduct an initial screening to identify potential mental health needs for children in the general class then refer any identified children to Health Care Agency (HCA) for assessment for mental health services and screening for the subclass.
- HCA has developed a Sub-Class Eligibility Assessment Tool to be used to identify children in the sub-class. The tool includes an eligibility checklist, services currently received and/or under consideration as well as identifies the child's current living situation and quarterly tracking of 90 day assessments.
- HCA has also developed a method of identifying sub-class youth in the local Medi-Cal tracking system using the state Katie A. Indicator and HCA Electronic Health Record and Billing System.
- Roll out will begin with foster youth referred to Continuing Care Placement Unit (CCPU), then expanded to centralized programs and followed up with implementation in the regional clinics and contract agencies.
- SSA and HCA have established Memorandums of Understanding (MOU) related to screening, assessing and providing mental health services for children in foster care and at risk of foster/Kin care. SSA and HCA also have obtained Miscellaneous Orders from our Juvenile Court that have aided in facilitating information sharing and coordination of such services.

Probation

The Orange County Probation Department has implemented two Federal initiatives throughout our department starting in 2012. The first initiative was implemented on January 1, 2012 known as Extended Foster Care (State Initiative). Extended Foster Care allows youth who have active Placement orders on their 18th birthday to remain under Juvenile Court Jurisdiction until age 21 in order to continue to receive foster care benefits and services. In order for the youth to be eligible for the services at least one of the participation criteria must be met:

1. Completing high school or an equivalent program
2. Enrolled in post-secondary education or vocational school
3. Participating in a program or activity that promotes or removes barriers to employment
4. Employed at least 80 hours per month; or
5. Is incapable of participating in any activity as described in 1-4 due to a documented medical condition.

The second Federal initiative is The Prison Rape Elimination Act of 2003 (PREA), which was passed in 2003. The law created the National Prison Rape Elimination Commission (NPREC) and charged it with developing standards for the elimination of sexual abuse in confinement. The law required the Department of Justice (DOJ) to review the NPREC standards, make revisions as necessary, and pass the final standards into law.

The PREA Act applies to all public and private institutions that house adult or juvenile offenders and is also relevant to community-based agencies, including group homes. It addresses both youth-on-youth sexual abuse and staff sexual misconduct. The Orange County Probation Department is currently in the process of training our entire agency in order to be in compliance with PREA. PREA will also apply to all facilities that accept Placement referrals from the Orange County Probation Department's Placement Unit.

The agencies shall train all employees who may have contact with residents on:

1. Its zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
11. Relevant laws regarding the applicable age of consent.

Orange County Social Services Agency/Children and Family Services System Improvement Plan

SAFETY (November 7, 2009- June 6, 2014)

<p>Outcome/Systemic Factor:</p> <p>Children are first and foremost, protected from abuse and neglect.</p> <p>SAFETY–No Recurrence of Maltreatment</p> <p>Of all children with a first substantiated referral during the 12-month study period, what percent did not have a subsequent substantiated referral within 6 months?</p>	
<p>County’s Current Performance:</p> <p>Orange County’s rate for “no recurrence of maltreatment” is currently 93.9%, slightly above the California performance of 93.1%, and slightly below the National Standard of 94.6%, demonstrating a steady performance in avoiding subsequent substantiated referrals. This trend is due to expanding early family engagement, increasing prevention and early intervention services, and improving family supports through linkages to community based resources.</p> <p>Percentages are fairly consistent across ethnicities and ages. White and Hispanic children have had an increase in recurrence of maltreatment compared to prior years, while Asian/Pacific Islander children have had fewer recurrences of maltreatment. The oldest age group, 16 and 17 year olds, consistently have low recurrence rates. There are no apparent gender differences.</p> <p>Due to the Agency’s long-standing commitment to child safety, the following goals have been chosen to continue to decrease the rate of recurrence of abuse:</p> <ul style="list-style-type: none"> • Expand early family engagement • Increase prevention and early intervention services • Improve family supports through linkages to community-based resources 	
<p>Improvement Goal 1.0</p> <p>Expand Early Family Engagement</p>	
<p>Strategy 1. 1</p> <p>Enhance Emergency Response (ER) Services with available funding resources.</p>	<p>Strategy Rationale</p> <p>An effective, strength-based, and integrated response to initial referrals of suspected child abuse and neglect will decrease the rate of subsequent referrals.</p>

Milestone	1.1.1 Continue to expand the use of the field response protocol by teaming with law enforcement departments and Family Resource Centers to facilitate joint assessments and emergency removals in cities where staff are regionally assigned.	Timeframe	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed	Assigned to	<ul style="list-style-type: none"> Emergency Response (ER) Family Maintenance Collaborative Services (FMCS) Families and Communities Together (FaCT) 	Update	<ul style="list-style-type: none"> The field response protocol was established in approximately 2005 to assure that when police have responded to an incident and children are involved an ER worker will be dispatched within 30 minutes to assist police in a joint assessment. This practice is fully implemented and all police jurisdictions utilize a special phone number to call the Child Abuse Registry and be placed at the front of the queue of callers. To further enhance field response with police, ER social workers have been out stationed at all police jurisdictions in Orange County, including the Sheriff's Department.
	1.1.2 Assess and address Imminent Risk Team Decision Making (TDM) meeting challenges to increase TDM utilization.		<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-06/06/14 Completed		<ul style="list-style-type: none"> ER Team Decision Making (TDM) 		<ul style="list-style-type: none"> ER is now fully utilizing TDM meetings for their Imminent Risk cases to address safety concerns and set in place safety plans for the family to minimize the risk of abuse to the children, and to reduce removals. There has been an increase of 22.5% in the number of Imminent Risk TDM meetings in the past year alone.
	1.1.3 Assess and address challenges of Emergency Removal TDMs regarding parachute cases.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed		<ul style="list-style-type: none"> ER TDM 		<ul style="list-style-type: none"> The ER/Intake program is now utilizing Team Decision Making meetings for all Parachute cases.
	1.1.4 Quality Assurance Unit will conduct a survey and provide survey results, regarding African American Families involved in Removal Team Decision Making (TDM) meetings to determine if clients felt they had appropriate advocacy.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-06/06/14 Completed		<ul style="list-style-type: none"> Quality Assurance (QA) TDM ERDD 		<ul style="list-style-type: none"> As a result of this survey, which indicated that this population may not have had adequate advocacy, TDM provided training and prompts, via a talking points card, to ER workers to assure that all families received the same information about the TDM process and their right to have advocates at the meeting. In a review of African American families attending TDM in the period of 7/1/09 to 12/31/11, all families contacted stated that they had been advised by their ER worker of the date and location of the TDM as well as their right to bring support persons with them to the meeting.

						<ul style="list-style-type: none"> In the future, it is expected that a Cultural Broker will be available to support African American families during the TDM meeting; this protocol will be tested as part of the PDSA pending approval by CFS Administration. 	
Strategy 1. 2			Strategy Rationale 1				
Expand services to promote early engagement with families.			Early provision of services that meet parents' needs through information, support, and community-involved referrals will decrease the rate of subsequent recurrence of abuse.				
Milestone	1.2.1 Continue the use of Voluntary Placements as an alternative for families to court-ordered placement by meeting with parents at initial contact by CFS to assess and provide needed resources.	Timeframe	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed	Assigned to	<ul style="list-style-type: none"> FMCS TDM 	Update	<ul style="list-style-type: none"> ER and TDM continue to identify families who might be appropriate for voluntary placement of their children and collaborate with FMCS to develop plans and find appropriate foster families.
	1.2.2 Continue providing Family Maintenance Collaborative Services (FMCS) workers to California Work Opportunity and Responsibility to Kids (CalWORKs) regional offices to participate in their Prevention Services Multi-Disciplinary team meetings and assist with assessments of at-risk families.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed		<ul style="list-style-type: none"> FMCS 		<ul style="list-style-type: none"> FMCS staff continue to be co-located with CalWORKs at several sites and collaborate on cases involving mutual clients, including attendance at MDT meetings and developing case plans that maximize the use of resources provided by both agencies.
	1.2.3 Increase parent mentor support to birth parents through partnerships with Family Support Network, Casey Family Programs and Successfully Reunified Parent Volunteers.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed		<ul style="list-style-type: none"> TDM/Parent Leadership Program 		<ul style="list-style-type: none"> CFS and the Parent Leadership have successfully partnered with Family Support Network to provide Parent Mentors for new dependency families. Two new father Mentors were added to the program in 2012 to mentor fathers and provide a Father Support Group. The Parent Leadership Coordinator works with 20 Parent Volunteers who provide various services for CFS by participating in parent events and TDM's.
	1.2.4 Assess the effectiveness and role of parent mentors' participation at TDMs in which they		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11		<ul style="list-style-type: none"> TDM/Parent Leadership Program 		<ul style="list-style-type: none"> In 2010 the National Center on Substance Abuse and Child Welfare conducted a pilot study of the needs of substance abusing parents involved with the child welfare system by conducting a "Virtual Walkthrough" of the

<p>provide early family engagement and resources for family reunification.</p>	<input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>		<p>Orange County CFS Division. As a result of this study, reunified parents who were involved in the study recommended that Parent Mentors attend TDM meetings. A PDSA was then conducted to determine the effect of having a reunified parent at the initial TDM to support parents new to the dependency system, in particular those with substance abuse as the presenting concern. The families who had a Mentor attend their meeting all gave favorable feedback, and it was found that many parents followed up on resources provided by the Mentors and were engaged earlier with services.</p> <ul style="list-style-type: none"> • Parent Mentors and Parent Volunteers regularly attend TDM meetings to assist parents with understanding agency expectations, providing resource information, and encouraging their engagement in, and completion of, family reunification.
<p>1.2.5 Provide advanced training to social workers to increase their family assessment skills such as SDM tools and motivational training.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>	<ul style="list-style-type: none"> • Training and Career Development (TCD) • SDM • Program Managers 	<ul style="list-style-type: none"> • Line Supervisors continue to regularly assess and provide support to their staff in the appropriate and effective use of the SDM tool. • TCD provides training in SDM as part of the New Employee Training. • “Enhancing Client Engagement with Motivational Interviewing” is a course offered by the Child Welfare Training Academy and is available for staff several times each year.
<p>1.2.6 Increase utilization of Family Resource Centers (FRC’s) by reviewing their current parent education and counseling services and identifying any needed redesign of current programs.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>	<ul style="list-style-type: none"> • Families and Communities Together (FaCT) 	<ul style="list-style-type: none"> • In 2009 a Senior Social Worker reviewed each of the Family Resource Centers to determine their array of services, and provided this information to staff to assist with setting up appropriate services for families. This study concluded that the FRC programs provide adequate parenting education and counseling services. • Referrals to the Family Resource Centers, from CFS staff, continue to increase as the centers provide a variety of needed counseling and parenting education programs.

Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 2.0
 Increase Prevention and Early Intervention Services.

Strategy 2.1 Expand prevention services.	Strategy Rationale 1 Assignment of Social Services Agency/Children and Family Services (SSA/CFS) social workers to current intra-agency programs that provide pre-allegation screenings and support for at-risk families will potentially reduce recurrence of abuse.
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Milestone	2.1.1 Continue to assign Family Maintenance Collaborative Services (FMCS) workers to California Work Opportunity and Responsibility to Kids (CalWORKs) regional offices to participate in their Prevention Services Multi-Disciplinary team meetings and assist with assessments of at-risk families.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed	Assigned to	<ul style="list-style-type: none"> • FMCS • ER • Differential Response (DR) 	Update
	2.1.2 Continue to utilize Early Childhood System of Care Developmental Screening program for children under the age of six entering the child welfare system.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed	Assigned to	<ul style="list-style-type: none"> • ECSOC • OCFC • Health Care Agency 	Update
	2.1.3 Continue to collaborate and track utilization with Community Based Organizations (CBOs) in the implementation and development of Differential Response I (DR I) and Differential Response II (DR II).	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed	Assigned to	<ul style="list-style-type: none"> • DR I and II • CBOs • ERDD 	Update
	2.1.4 Ensure appropriate referrals to SAFE Families	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11	Assigned to	<ul style="list-style-type: none"> • DR I and II • FaCT 	Update
					<ul style="list-style-type: none"> • FMCS, ER, and DR staff continue to be co-located at CalWORKs offices throughout Orange County. Staff collaborate about mutual families and attend MDT meetings to assist with assessments and safety planning. • PHNs assigned to the Early Childhood System of Care are located at Orangewood Children and Family Center and assess the need for developmental screenings as well as an array of other services to assure children are receiving all available health and dental services. • All referrals made to the Child Abuse Registry are evaluated for appropriateness for either Path I or Path II Differential Response, the former being “evaluated out” to a CBO as not meeting the threshold for an in-person response and the latter, Path II, requiring a collaborated response by ER and one of the community partners involved with this program. CWS/CMS Reports Team have provided a Special Projects Code for the tracking of all Path I and II referrals. • The Safe Families Project was discontinued on 2010 due to budget constraints. Domestic abuse services continue to be provided at the Family Resource Centers and via the

Domestic Violence Project and Family Resource Centers (FRCs).	<input type="checkbox"/> 11/07/11-06/06/14 Discontinued		Domestic Abuse Services Unit (DASU) program for mutual clients. All Family Resource Centers offer Domestic Abuse Counseling for families.
2.1.5 Revise the SSA/CFS Case Termination Form (F063-25-117) to include a check box for social workers to refer parents to the CFS Parent Leadership program thereby increasing connections between reunified parents and the CFS Parent Leadership Program.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-06/06/14 Completed	<ul style="list-style-type: none"> • TDM/Parent Leadership Program • Policy Development Unit (PDU) 	<ul style="list-style-type: none"> • In conjunction with PDU this form was reworked to include this check box and it is now used for all case termination notifications. This project is complete.

Strategy 2. 2 Expand early intervention services.	Strategy Rationale Addressing a family's unique needs by utilizing specially trained staff for individualized assessments will increase the success of referrals and services provided, decreasing recurrence of abuse and neglect.
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2.2.1 Continue to ensure appropriate referrals to the Early Childhood System of Care Developmental Screening program for children under the age of six entering the child welfare system.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed	<ul style="list-style-type: none"> • OCFC • Public Health Nurses 	<ul style="list-style-type: none"> • All children under the age of six who are in out of home care are referred to the Early Childhood System of Care (ECSOC) program for assessment by the Public Health Nurses for developmental screenings as well as for other services offered by the Health Care Agency and community organizations.
2.2.2 Review current available resources to assess the ability to meet the needs of clients, as identified in their court ordered case plans, and design a comprehensive matrix of resources to address their needs in a timely fashion.	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed	<ul style="list-style-type: none"> • Resource Development and Management (RDM) • Contracts • Redesign Planning Council 	<ul style="list-style-type: none"> • RDM receives regular feedback and input from staff, community partners, service providers and caregivers to review current services and to assess the need for additional or different services to meet the needs of clients. • The RDM program developed a regional matrix of available services, which provides staff with updated information about providers and their offered services.
2.2.3	<input checked="" type="checkbox"/> 11/07/09-11/07/10	<ul style="list-style-type: none"> • CFS staff 	<ul style="list-style-type: none"> • The following Family to Family Strategy groups meet regularly and provide an opportunity for court staff, CBOs,

<p>Continue to increase collaboration between senior social workers, Court, attorneys, birth parents, and child caregivers to share information regarding client needs, available services, and early intervention services by meeting regularly via the Family to Family Strategy Workgroups and quarterly community forums.</p>	<input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>	<ul style="list-style-type: none"> • Dependency Court staff and attorneys • Parent Mentors • CBOs • Education Equals 	<p>Parent Mentors and Parent Volunteers, and CFS staff to share information, provide feedback, develop goals and give recommendations for services: Orange County Children's Partnership, Redesign Planning Council, Resource Development and Support; Self Evaluation Team; Eliminating Racial Disparity and Disproportionality; Foster youth Outcomes; Education Equals. As a result of participation in Strategy Groups, there has been increased collaboration between CFS and community partners, which has lead to improved outcomes for our mutual client families.</p>
<p>2.2.4 Continue use of SAFE Families Domestic Violence Project and collaboration with Multidisciplinary Team at four identified Courts with one to two social workers stationed at each court.</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Discontinued</p>	<ul style="list-style-type: none"> • FRCs • DASU 	<ul style="list-style-type: none"> • The Safe Families Project was discontinued in 2010 due to budget constraints. Domestic abuse services continue to be provided at the Family Resource Centers and via the DASU program for mutual clients.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

<p>Improvement Goal 3.0 Improve family supports through linkages to community-based resources.</p>	
<p>Strategy 3.1 Increase community-based resources.</p>	<p>Strategy Rationale ¹ Access to regionalized, community-based services will support family engagement and enable parents to remedy child welfare concerns. Community-based resources will also provide a continuum of services after the SSA/CFS assessment and/or case closure, potentially reducing recurrence of abuse and neglect.</p>

Milestone	<p>3.1.1</p> <p>Meet with various foundations and community stakeholders who currently support SSA/CFS to explore ways to expand and provide culturally appropriate and required resources.</p>	Timeframe	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>	Assigned to	<ul style="list-style-type: none"> • CFS Director and other CFS staff • Redesign Planning Council • Blue Ribbon Commission • Indian Child Welfare Act Coordinator • Family Support Network (FSN) 	Update	<ul style="list-style-type: none"> • The CFS Director, as well as his designees, regularly meet with various foundations and community stakeholders that support SSA/CFS to discuss service needs, resources, and to address cultural diversity needs of Orange County. These include, but are not limited to, Casey Family Services, Orangewood Foundation, RAISE Foundation, Orange County Child Abuse Prevention Center, Boy's Town, Olivecrest, members of the Eliminating Racial Disparity and Disproportionality Advisory Group, Tribal Star, the Redesign Planning Council, the Blue Ribbon Commission, Orange County Children's Partnership, Foster Youth Outcomes, and Court Appointed Special Advocates. • Casey Family Programs has sponsored two Hispanic fathers, who successfully reunified with their children, serve as Parent Mentors and provide mentoring services for fathers currently in the dependency system. • Representatives from the Mexican Consulate regularly attend TDM meetings, with the permission of the parents, to support Mexican Nationals and assist them with services needed as a result of their involvement with CFS. Additionally, representatives from Access California, which agency provides services for Middle Eastern families, have been trained as community partners by the TDM program.
	<p>3.1.2</p> <p>Geographically regionalize assignment of caseloads to SSA/CFS staff.</p>		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>		<ul style="list-style-type: none"> • ER • Court Programs • FMCS 		<ul style="list-style-type: none"> • The managers of ER, all court program and FMCS assign cases regionally. Some staff in these programs are co-located at CalWORKs Regional Offices and receive case assignments accordingly, whenever possible. It is estimated that more than 60% of all cases are assigned regionally.

<p>3.1.3</p> <p>Increase facilitation of TDMs in targeted regionalized communities.</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> • TDM 	<ul style="list-style-type: none"> • Best practice requires that TDM meetings be held in the communities in which the families served reside. The TDM program offers meetings in six locations throughout Orange County and can also accommodate meetings in private homes or public buildings, when requested. • CFS staff are encouraged to use community locations and reminded when they schedule a TDM that such locations are available. There has been an increase in the past year in the use of two of the TDM community facilities in the Western and Southern regions.
<p>3.1.4</p> <p>Decrease the rate of recurrence of maltreatment by providing referrals for adequate aftercare services and community supports at the time of Exit from Placement TDMs.</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> • TDM • Staff in Court Programs • CalWORKs • FRC 	<ul style="list-style-type: none"> • At the time children exit placement to return to the parent's home, services are set in place to reduce the risk of recurrence of maltreatment. These include referrals to CalWORKs for financial assistance, referrals to the Family Resource Center in the family's community of residence, special education services, and recreational activities for the children, and other services needed to address the family needs. This is part of TDM best practice.
<p>3.1.5</p> <p>Assess the effectiveness and expansion of parent mentors participation at TDMs to provide support to birth parents.</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> • TDM • Family Support Network • Parent Mentors 	<ul style="list-style-type: none"> • Mentor/Parent Volunteer support has been shown to be an effective intervention in engaging parents in services early on in their dependency case and increasing the likelihood of successful reunification so CFS uses this service to its fullest potential.
<p>3.1.6</p> <p>Increase families' knowledge of and access to available community services before, during, and after dependency to provide prevention, maintenance, and after care support.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> • Child Abuse Registry (CAR) • ER • Court programs • TDM • ERDD • Education Equals 	<ul style="list-style-type: none"> • The Child Abuse Registry phone line, in addition to being the clearing line for reports of suspected abuse, also accepts calls from individuals who need referral information to services and supports. This will be a continuing service. • Path I and Path II Differential Response programs offer families with prevention and intervention services in their own communities, such as the Family Resource Centers, Help Me Grow, Stress Free Families, and Post Partum Depression services. • Once a family has received services at a Family Resource Center they are eligible to receive services post-

						<p>dependency.</p> <ul style="list-style-type: none"> • Exit from Placement TDM meetings provide family members with supports and referral information to increase the success of their 60-day trail visit with their children. • The Education Equals project will, in the long term, impact the practice of CFS to improve the educational outcomes of the children served.
<p>Describe systemic changes needed to further support the improvement goals.</p> <ul style="list-style-type: none"> • Additional funding to increase the number of Parent Mentor positions needed to provide early parent engagement efforts. • Stable and adequate funding is needed to further develop DR Path I, the neighbor to Neighbor response program, to assure continued community agency involvement and increase early intervention for families at risk. • Increased staff in order to provide increased support and services to children and families. 						
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <ul style="list-style-type: none"> • Community partners and SSA/CFS staff need additional training regarding the effectiveness of early engagement of both the mother and the father in services that address the specific and individualized needs of the family. • Community partners and SSA/CFS staff need advanced training on family assessments, motivational interviewing, and the unique cultural and race dynamics affecting service delivery. • Training of staff in Trauma Informed Practice and Safety Organized Practice. 						
<p>Identify roles of the other partners in achieving the improvement goals.</p> <ul style="list-style-type: none"> • Teaming with Domestic Violence (DV) courts, Health Care Agency (HCA), Probation, and DV Shelters to provide appropriate interventions fro families dealing with domestic abuse. • Partnering with Parent mentors in TDM meetings when appropriate. • HCA, Probation, and Community Based Organizations (CBOs) shall partner with SSA/CFS to provide Wraparound services for youth, families, and caretakers. • SSA/CFS shall continue to collaborate with California Work Opportunity and Responsibility to Kids (CalWORKs), HCA, Family Resource Centers (FRCs), and Community Based Organizations (CBOs) to provide Differential Response services. • Explore Collaborative Community Court model for Dependency Court particularly for families with Family Reunification Plans. 						
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <ul style="list-style-type: none"> • None identified at this time. 						

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Orange County Social Services Agency/Children and Family Services System Improvement Plan

PERMANENCE (November 7, 2009 – June 6, 2014)

Outcome/Systemic Factor:

Children have permanency and stability in their living situations without increasing reentry to foster care.

PERMANENCE–Reunification within 12 months by decreasing time to reunification

County’s Current Performance:

Orange County Children and Family Services (CFS) rate of reunification as measured by the reunification composite C1 (113.3), is higher than the State’s performance (111.4), but slightly below the National Standard score of 122.6. Interestingly, although Orange County exceeds the State performance in the overall composite score, performance on the three indicators that measure timeliness to reunification fall below the National Standard as well as California’s overall performance. Specifically, the current reporting period indicated that 56.1% of children exiting care reunified within 12 months (measure C1.1) compared to the National Standard of 75.2% and California performance of 62.5%. The median time to reunification for those who reunified was 10.7 months (measure C1.2), compared to the National Standard of 5.4 months and California performance of 8.9 months. As indicated by measure C1.3, 34.4% of children entering care within a six month study period reunified within 12 months, compared to the National Standard of 48.4% and California performance of 39.9%. Although time to reunification is slower than desired, it is mitigated by Orange County’s rate of successful reunifications. In measurements of re-entry to foster care following reunification (measure C1.4), Orange County data demonstrates a current re-entry rate of 6.7%, which compares favorably with the National Standard of 9.9%, and a California statewide performance of 12.3%. It is also important to note that the re-entry composite contributes 46% to the overall reunification composite, explaining the County’s relatively high composite performance compared to the State.

Statistics indicate that Latino children have a lower rate of reunification and experience longer time to reunification compared to other ethnic groups, whereas Asian/Pacific Islander children and Black children have the highest rate and lowest median time to reunification. Black children are the most likely to re-enter care within 12 months of reunification. Older children are more likely to reunify within 12 months, and have shorter lengths of stay prior to reunification, but differences between age groups are not consistent from year to year. Girls and boys are equally likely to reunify within 12 months and have similar lengths of stay prior to reunification, but boys experience lower rates of re-entry compared to girls.

To increase the number of families reunifying within 12 months, strategies to increase early engagement of families in services, enhance services available to families, and facilitate timely management of family reunification cases will be implemented as follows:

- Promote early family engagement and on-going assessment of readiness for family reunification.
- Enhance supportive services/resources that meet the needs of families to complete court ordered service plans.
- Assess, expand and improve natural resources such as family resource centers, caregiver support and training through linkages between community partners, clients and staff.
- Strengthen services for successful family reunification and aftercare supportive resources.

Improvement Goal 1.0					
Promote early family engagement and on-going assessment of readiness for family reunification.					
Strategy 1. 1			Strategy Rationale¹		
Expand existing services to promote early family engagement.			Early provision of services that meet parents' needs through information, support, and community-involved referrals will potentially decrease recurrence of abuse.		
Milestone	1.1.1	Timeframe	<input checked="" type="checkbox"/> 11/07/09-11/07/10	Assigned to	Update
	Continue utilization of Family Services Workers (FSWs) and expand these services to Specialized Family Services Program to engage parents at post detention who will likely have an FR case plan. Engagement to include early referral to services and to work with parents to ensure early family engagement with needed services.		<input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11- 06/06/14		
	1.1.2		<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14		
	Develop procedures to monitor, track, and evaluate implementation of TDM Action plans.		Completed	<ul style="list-style-type: none"> TDM 	<ul style="list-style-type: none"> A student intern was assigned this project for her masters program. She developed a questionnaire based on criteria developed that evaluated how social workers follow up on action plans and how useful they are finding the particular plan to have been for the family. Her report found that workers feel the action plans developed are appropriate and helpful for the families with whom they work, and workers are, for the most part, assuring that action plans are completed.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 2.0							
Enhance prevention and supportive services/resources that meet needs of families to complete court ordered service plans.							
Strategy 2.1			Strategy Rationale ¹				
Expand services to promote completion of court ordered service plans.			Identification of current contracted and non contracted services that provide early family engagement, screenings and support for at-risk families throughout the life of dependency cases.				
Milestone	2.1.1	Timeframe	<input checked="" type="checkbox"/> 11/07/09-11/07/10	Assigned to	Update		
	Increase attendance at Parent Orientation sessions through collaboration with courts, parent mentors, and SSA/CFS staff.		<input checked="" type="checkbox"/> 11/07/10-11/07/11			<ul style="list-style-type: none"> ER TDM 	<ul style="list-style-type: none"> Emergency Response workers provide a brochure to all parents who are scheduled to attend a detention dependency court hearing; this brochure provides information about their scheduled TDM as well as information about the Parent Orientation Program. At the TDM, the parents are reminded that they will be directed to a Parent Orientation meeting prior to attending their detention hearing. Approximately 65% of parents who have a detention hearing attend Parent Orientation. The other 35% is comprised of parents who are incarcerated, whose whereabouts are unknown, or who are unable to attend for various other reasons, such as hospitalization or being out of the state or country. These figures have been consistent the past four years.
	2.1.2		<input type="checkbox"/> 11/07/09-11/07/10			<ul style="list-style-type: none"> Parent Leadership Coordinator CWS/CMS Reports Team 	<ul style="list-style-type: none"> The CWS/CMS Reports Team developed a report to contrast and compare the outcomes between families who were assigned a Parent Mentor and those who did not have a Mentor during a specified period of time. The data shows that those families who had a Parent Mentor had a significantly higher rate of reunification than those families without a Mentor.
2.1.3	Timeframe	<input checked="" type="checkbox"/> 11/07/09-11/07/10	Assigned to	Update			
Through the Redesign Planning Council hold focus groups comprised of stakeholders, parents and other community partners to assess current contracted		<input type="checkbox"/> 11/07/10-11/07/11			<ul style="list-style-type: none"> Redesign Planning Council CFS Administration 	<ul style="list-style-type: none"> This project was completed in 2010. As a result of the focus groups, parents provided valuable input regarding those services deemed valuable to their successful reunification, and those services that were less valuable. Recommendations were then made to 	

<p>services and supportive resources, identifying the most utilized and effective.</p>	<input type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>		<p>CFS Administration and Contract Services for consideration and implementation.</p> <ul style="list-style-type: none"> The Planning Council holds regular discussions about the needs of families in Orange County, and stakeholders meet together and bring ideas to the Council at large for discussion and follow up.
<p>2.1.4 SSA/CFS and community partners to collaborate and develop a comprehensive regionalized matrix of services/resources for the purpose of assisting clients in the completion of case plans and successful family reunification.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>	<ul style="list-style-type: none"> Resource Development and Management (RDM) Redesign Planning Council CFS Staff and community partners 	<ul style="list-style-type: none"> Whenever resource information is received by the CFS Resource Development and Management unit, from staff, community partners, the Planning Council, etc, this information is disseminated via email to all CFS staff. RDM maintains a regionalized resource guide of all available service providers and their offered services.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

<p>Improvement Goal 3.0 Assess, expand, and improve natural resources such as family resource centers and caregiver support groups through linkages between community partners, clients and staff.</p>	
<p>Strategy 3.1 Increase collaboration between SSA/CFS and community based organizations with the objective of providing necessary resources to clients that meet their needs.</p>	<p>Strategy Rationale 1 Access, expand, and continue to regionalize SSA/CFS and community based services that will support family engagement and enable parents to address their issues that brought them to the attention of Children and Family Services.</p>

Milestone	<p>3.1.1</p> <p>SSA/CFS to continue to collaborate with community based organizations with the objective of identifying current resources that meet clients' needs.</p>	Timeframe	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>	Assigned to	<ul style="list-style-type: none"> • Resource Development and Support (RDS) • Redesign Planning Council • CFS staff • Community partners • ERDD • Education Equals 	Update	<ul style="list-style-type: none"> • Through the on-going Strategy Workgroups, CFS has discussions with community organizations, reviews new legislation, and evaluates community demographics, all towards the development of resources to meet the needs of those families served by the agency and community.
	<p>3.1.2</p> <p>Hold countywide regional meetings with SSA/CFS staff and community partners. These meetings will promote the sharing of information and usage of community based resources. Access to this resource information will be provided on the SSA/CFS intranet.</p>		<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Discontinued</p>		<ul style="list-style-type: none"> • CFS Managers • RDM • MCAC 		<ul style="list-style-type: none"> • These regional meetings were held from 2007 to 2010 to bring together CFS staff and service providers to meet and learn about resources and supports in those regions for the families served. Though these meetings are no longer held, there are a number of other ways through which resource information is shared: email announcements to CFS staff; monthly notices sent to staff providing listings of contracted providers and their services and wait times; sharing of information through various meetings with community partners such as FaCT meetings, Redesign Planning council meetings, RDS and Faith In Motion meetings. Additionally, the Multi-Cultural Advisory Committee has a website on which they list specialized resources according to regions and ethnicities.
	<p>3.1.3</p> <p>SSA/CFS to increase utilization of TDM' meetings in targeted communities by requesting donated space and developing a TDM facilitator assignment procedure and protocol.</p>		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Discontinued at this time.</p>		<ul style="list-style-type: none"> • TDM 		<ul style="list-style-type: none"> • Due to the economy and lack of staff, the development of further regionalized sites and development of an assignments protocol has been put on hold. TDM does offer meetings at several regional Cal Works offices and Facilitators travel to those sites from a centralized location. • If resources allow this strategy to be more fully developed in the future, it is intended that all Facilitators be out-stationed in various regional sites to better serve families who live in those targeted areas.

<p>3.1.4</p> <p>Continue to provide referrals for services and community based supports at the time of TDM placement change meetings</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p align="center">Completed</p>	<ul style="list-style-type: none"> • TDM • CFS staff 	<ul style="list-style-type: none"> • TDM Facilitators keep up to date on available resources in the community to help support families and children with stabilizing placements, and invite community partners to the TDM table to assist with resource information. • The TDM manager is part of a CFS Rally Cry workgroup, the goal of which is to assure family based care for all children. The aforementioned workgroup developed resources to assist staff with making placement decisions and to provide for increased stabilization of placements with relatives and foster parents.
<p>3.1.5</p> <p>Develop a strategy to implement a peer-mentor support program for new caregivers.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p align="center">Nearly completed</p>	<ul style="list-style-type: none"> • CFS managers • RDS 	<ul style="list-style-type: none"> • There is presently a workgroup which is developing criteria for licensed foster parent mentors to work with newly licensed foster parents. This is a pilot project, expected to be implemented in September 2013. It is expected that the Mentor project will be expanded to relative caregivers in the next 12 months.
<p>3.1.6</p> <p>Analyze current SSA/CFS data and National Center on Substance Abuse and Child Welfare (NCSACW) survey results from successfully reunified parents to identify what resources were useful in successful early family reunification and what, if any, cultural and racial barriers existed.</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-06/06/14 <p align="center">Completed</p>	<ul style="list-style-type: none"> • CFS • NCSACW • Parent Leadership Coordinator 	<ul style="list-style-type: none"> • This project was completed in 2010 • As a result of the input from parents and others, who requested more early engagement efforts, a successfully reunified parent volunteer program was developed. These volunteers support parents at their initial TDM meeting, provide referrals and encourage participation in services, and provide input to the agency about needed resources and services for parents.
<p>3.1.7</p> <p>Continue to recruit community stakeholders as participants to the monthly Eliminating Racial Disparities and Disproportionality (ERDD) Advisory group.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p align="center">Completed</p>	<ul style="list-style-type: none"> • ERDD • CFS • Training and Career Development (TCD) • Community partners 	<ul style="list-style-type: none"> • Members of the ERDD Advisory Group regularly invite new members to the table. Membership is comprised of representatives from the Asian Pacific community, Department of Education, Family Resource Centers, Health Care Agency, the Mexican Consulate, Muslim/Arabic community, police and probation staff, private service organizations, Tribal Star, and many other community partners.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 4.0
 Strengthen services for successful family reunification and aftercare supportive services.

Strategy 4.1 Expand reunification services.	Strategy Rationale 1 Provision of comprehensive services to reunifying families that emphasize early and intensive family engagement, such as parent mentorship and Team Decision Making will decrease recurrence of abuse and support successfully reunified families.
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Milestone	4.1.1 Explore capacity and cross system barriers to expanding Dependency Drug Court (DDC) Services to serve additional families.	Timeframe	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed/ Discontinued</p>	Assigned to	<ul style="list-style-type: none"> • CFS • DDC • HCS • Panel attorneys 	Update	<ul style="list-style-type: none"> • The Dependency Drug Court Program was implemented in April 2005 and during the seven plus years of operation they served a total of 407 parents. • The Presiding Dependency Court Judge recently announced that DDC will be closed in June 2013 due to court budget shortfalls. CFS in collaboration with the Presiding Judge, attorneys, and other service providers involved with DDC, will be developing a system of care, called STARR, for parents currently involved with DDC and those who would have benefited from DDC.
	4.1.2 Continue to maximize funding for the provision of Wraparound Services.		<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>		<ul style="list-style-type: none"> • Wraparound Services (WRAP) 		<ul style="list-style-type: none"> • The WRAP Coordinator, in consultation with service providers and Contracts Division, reviews all of the available funding for this program to maximize the number of slots for the children and families who need these services. • Effective July 1, 2013, for the new contract cycle, the Wraparound program will undergo restructuring based on an assessment of current client and program needs. This restructuring will include reducing direct service contracts from 7 to 6 to allow for equal capacity distribution; an increase in the number of bi-lingual Spanish team members; enhancement of expectations; extension of contract period; and development of post-Wrap surveys.

<p>4.1.3</p> <p>Evaluate Parent Mentorship program capabilities to determine feasibility of expanding and increasing utilization of Parent Mentors in Parent Orientation sessions, TDMs, and warm-line assistance.</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/16/14 <p>Completed</p>	<ul style="list-style-type: none"> • Family Support Network • Parent Mentors • Parent Leadership Coordinator 	<ul style="list-style-type: none"> • In the past year, the Parent Mentor program has grown by two part time Father Mentors. This has increased the Mentor participation in activities within CFS, such as TDM meetings. There is a Parent Mentor at Parent Orientation every morning, and the Warm Line is answered by a Mentor during office hours.
<p>4.1.4</p> <p>Evaluate contract services to maximize the delivery of services with reduced funding.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> • CFS • Contracts Division • Redesign Planning council 	<ul style="list-style-type: none"> • Contracted service delivery is evaluated each fiscal year for utilization, wait list times, and provision of services. Surveys are completed and meetings are held to assess needs of the families we serve. Available funding sources are balanced to maximize the number of service slots.
<p>4.1.5</p> <p>Implement the Mother/Child Program at the Tustin Family Campus (TFC), a multi-use residential facility and evaluate the effectiveness of the services provided.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> • TFC • Prototypes 	<ul style="list-style-type: none"> • The Mother/Child program, called the Prototypes Program, receives on-going referrals from CFS staff for mothers in need of such a residential program.
<p>4.1.6</p> <p>SSA/CFS and community partners to provide after-care services by collaborating, assessing and identifying services for clients that will assist in the support of successfully reunified families.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> • Parent Leadership Task Force • CFS Administration • Community partners 	<ul style="list-style-type: none"> • The Parent Mentor program has established a support group for fathers involved with the Dependency system to assist with their reunification efforts. Additionally, the Mentors help parents, both fathers and mothers, find resources in their communities that they may rely on after their case is closed. • CFS staff utilize the Family Resource Centers as a major after-care resource for families, for counseling, food pantry service, after-school activities for children, and a referral source for other services. • Families whose children are exiting care to be reunified with their parents participate in TDM

						meetings where community resources are discussed and provided to assist families in maintaining their children safely at home.
4.1.7	SSA/CFS to assess Concurrent Planning Families (now called Resource Families) and develop a strategy to increase utilization if appropriate	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14	Completed	<ul style="list-style-type: none"> Adoptions Program FAFDT 	<ul style="list-style-type: none"> The Adoptions Program has changed their message to families who are interested in the adoption of children from the agency. In an attempt to fully utilize Resource Families, it is expected that families will foster children while awaiting an adoption match, and that they understand the special needs of the children for whom the agency cares. 	

Describe systemic changes needed to further support the improvement goal.

- Social work positions are needed to reduce caseloads and allow increased ability to engage families in services and improve time to reunification.
- Consideration of contract expansion for Parent Mentor Program to increase early engagement and linkage to services with new families.
- Stable and adequate funding is needed to meet improvement goals.
- Accurate and timely data entry into CWS/CMS of data fields that affect this performance outcome measurement.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Prospective and current adoptive and foster parents need training about the change in expectations of SSA/CFS in regards to the children needing foster/adoptive homes
- Community partners will need training regarding the needs of families both during and after dependency to increase support and successful reunification
- Community Partners and SSA/CFS staff will build awareness of community ethnic and racial groups and its relationship to intervention and service delivery

Identify roles of the other partners in achieving the improvement goals.

- Juvenile Court shall continue to provide space for Parent Orientation sessions.
- Collaboration between Juvenile Court, HCA, Public Defender's Office, Probation and County Counsel to develop new system of care for parents who would have been referred to DDC.
- Probation, HCA, and Community Based Organizations (CBOs) shall team with SSA/CFS to provide assessments of at-risk youth and their families.
- Parent Mentors and Parent Leadership volunteers shall participate in TDMs when appropriate.
- HCA and CBOs shall partner with SSA/CFS to provide Wraparound services for youth, families and children.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor.

Orange County Social Services Agency/Children and Family Services System Improvement Plan

STABILITY (November 7, 2009 – June 6, 2014)

Outcome/Systemic Factor:

Children have permanency and stability in their living situations without increasing reentry to foster care.

STABILITY–1-2 Placements in foster care

For all children in child welfare supervised foster care, what percent has no more than two placements?

County's Current Performance:

(C4) Reunification Composite

Orange County has made progress toward reaching the National Standard for placement stability as assessed by composite measure C4. Performance on the placement stability composite has increased from an initial baseline score of 93.9% (85.2% of the National Standard) for January 2009 to December 2009 to 102.4 (101.7% of the National Standard) for January 2012 – December 2012 and now exceeds the National Standard. Performances on each of the three indicators that assess placement stability have also improved.

(C4.1) For all children in child welfare supervised foster care during the 12-month study period who had been in care for less than 12 months, what percent had no more than two placements?

- Data for this Federal measure demonstrates an increase in the percent of our children in care for 8 days to 12 months who have had no more than two placements while in care. The initial baseline rate of 85% (January 2009 – December 2009) has increased to 89.7% for the most recent report (January 2012 – December 2012), exceeding the National Standard of 86% and the current California State performance of 86.1%.

(C4.2) For all children in child welfare supervised foster care during the 12 month study period who had been in care 12 to 24 months, what percent had no more than two placements?

- Data for this Federal measure demonstrates an increase in the percent of our children in care for 12 to 24 months who have had no more than two placements while in care. The initial baseline rate of 58.3% (January 2009 – December 2009) has increased to 68.5% for the most recent report (January 2012 – December 2012). Orange County performs above the National Standard of 65.4%, and above the current California State performance of 67.3%.

(C4.3) For all children in child welfare supervised foster care during the 12 month study period who had been in care more than 24 months, what percent had no more than two placements?

- Data for this Federal measure demonstrates an increase in the percent of our children in care for more than 24 months who have had no more than two placements while in care. The initial baseline rate of 32.6% (January 2009 – December 2009) has increased to 34.2% for the most recent report period (January 2012 – December 2012). Orange County's performance currently falls below the National Standard of 41.8%, and below the current California State performance of 36.1%.

Overall, there are no consistent ethnic differences in the percent of children who have two or fewer placements within the first year of placement. However, Asian/Pacific Islander children

are the most likely to experience more than two placements compared to other ethnic groups when in care for more than 24 months. Orange County Children and Family Services (CFS) is conducting data and case specific research through a special project called Eliminating Racial Disparities and Disproportionality (ERDD) Breakthrough Series Collaborative. This project is conducting data tracking and case research to assist Counties in re-examining services provided. There is collaboration between CFS and community partners to introduce disparities and disproportionality awareness and a review of possible contributing factors with the goal of understanding why disparities and disproportionality outcomes occur. For all three placement stability indicators, older children are less likely than younger children to have experienced two or fewer placements. Girls are slightly less likely than boys to have experienced two or fewer placements.

Data source: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). *Child Welfare Services Reports for California*. Retrieved 3/21/2012, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

The following goals have been chosen to improve placement stability:

- Increase support to caregivers
- Preserve existing placements
- Increase foster parent and relative caregiver resources

Improvement Goal 1.0
Increase Support to caregivers

<p>Strategy 1. 1</p> <p>Assess needs of caregivers and develop training, support services and other community resources that will support caregivers as well as enhance their communication with parents.</p>	<p>Strategy Rationale²</p> <p>Develop and maintain services for purposes of mutual support for parents and caregivers, resulting in more stable placements. Cross-training and support involving birth parents and caregivers will enhance parenting knowledge and skills and placement stability.</p>
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² Describe how the strategies will build on progress and improve this outcome or systemic factor

Milestone	<p>1.1.1</p> <p>Survey caregivers thru continued use of the Structured Decision Making (SDM) tools to assess their needs and determine barriers for support services.</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">SDM Tool discontinued</p>	Assigned to	<ul style="list-style-type: none"> • Diversion and Placement Services • Relative Assessment Unit 	Update	<ul style="list-style-type: none"> • The SDM tool that was developed to assess the strengths and needs of caregivers was discontinued as it did not meet assessment needs. • Diversion and Placement workers utilize a questionnaire which provides more accuracy in assessing the strengths and needs. • The Diversion program provides an Intern program called Caregiver Support Services, which helps to support relative and NREFM caregivers by providing them with one-on-one in-home support by an Intern, as well as referrals to agency and community resources to help strengthen the placement in order to reduce the risk of a placement disruption.
	<p>1.1.2</p> <p>Develop a workgroup to assess the ability to use existing SSA/CFS resources to provide support to caregivers; i.e., 24 hour availability of staff and urgent care.</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>		<ul style="list-style-type: none"> • CFS Managers • RDS 		<ul style="list-style-type: none"> • An after- hours phone line has been put into operation; called "Connect-a-Counselor." A social worker located at Orangewood Children and Family Center is available to caregivers to troubleshoot a crisis and/or to brainstorm ideas for resolving a difficult situation and making referrals to provide support.
	<p>1.1.3</p> <p>Develop and implement a supportive Mentor/Buddy System between experienced caregivers and new caregivers.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Nearly completed</p>		<ul style="list-style-type: none"> • Diversion/Placement Manager and staff • RAU • RDS 		<ul style="list-style-type: none"> • There is presently a workgroup which is developing criteria for licensed foster parent mentors to work with newly licensed foster parents. This is a pilot project, expected to be implemented around September 2013. It is expected that the Mentor project will be expanded to relative caregivers in the next 12 months. • The Kinship Support Services Program provides orientation, training and support for relative caregivers.
	<p>1.1.4</p> <p>Increase partnerships with Community Based Organizations (CBOs) to maintain and develop Neighborhood Based Support Systems for SSA/CFS children and parents.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>		<ul style="list-style-type: none"> • RDM • CFS Staff and Managers • ERDD • RDS • Planning Council • Education Equals 		<ul style="list-style-type: none"> • Through the many groups in which CFS staff, managers and Deputy Directors participate, discussion about resources to meet the needs of families and children is a regular and on-going topic that results in new community based resources being discovered. Through our RDM program, this information is disseminated to staff for the support of the families with whom they are working. • Education Equals Initiative will assist CFS in developing new strategies and practices to improve the educational

			outcomes of children involved with CFS.
1.1.5 Continue to track and explore the feasibility of increasing utilization of Icebreakers.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed	<ul style="list-style-type: none"> • TCD • Placement and Diversion • CWS/CMS Reports Team 	<ul style="list-style-type: none"> • CWS/CMS Reports Team provided training to the staff in Placement and Diversion to assure the proper entry of the Icebreaker Special Projects Code, which resulted in increased accuracy in the number of Icebreakers actually being held. • Training and Career Development has developed and disseminated an “E-learning” training tool for staff about the Icebreaker to increase staff knowledge of this resource. • An Icebreaker report is distributed to all programs on a monthly basis.
1.1.6 Continue to track and explore the feasibility of increasing utilization of Parent Mentors.	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed	<ul style="list-style-type: none"> • FSN • TDM/Parent Leadership Program 	<ul style="list-style-type: none"> • In collaboration with Casey Family Services, FSN, who contracts with CFS to provide the Parent Mentor program, hired two additional Parent Mentors. They are successfully reunified fathers who will attend TDM meetings, assist with Parent Orientation, provide one-on-one mentoring, and work with CFS towards increasing father engagement efforts.
1.1.7 Develop a plan to implement use of Parent Leadership volunteers to support birth parents.	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed	<ul style="list-style-type: none"> • TDM/Parent Leadership Coordinator 	<ul style="list-style-type: none"> • Presently there are 20 Parent Volunteers who are successfully reunified parents. They assist other parents by attending their initial TDM to offer support and early engagement. They attend various strategy groups, and they offer ideas to improve services to the families served by this agency.
1.1.8 Develop the roles of Family Services Workers (FSWs) who will engage parents with a FR case plan at post detention. Engagement to include early referral to services and support to out-of-home	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-06/06/14	<ul style="list-style-type: none"> • Dependency Investigations • Specialized Family Services 	<ul style="list-style-type: none"> • The role of the Family Services Worker has been carefully defined by CFS and includes the early engagement of parents, who are new to the dependency process, by working with them to find the resources that will meet their needs and start the reunification process. They also identify placement concerns and make

	caregivers to increase placement stability.		Completed				referrals to services that will support caregivers, such as the CFS Intern Caregiver Support Program.
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<p>1.1.9</p> <p>Develop the Caregiver Support Interns Project. Interns to work with relative caregivers to provide resources and build supportive relationships.</p>	<p><input checked="" type="checkbox"/> 11/07/09-11/07/10</p> <p><input checked="" type="checkbox"/> 11/07/10-11/07/11</p> <p><input checked="" type="checkbox"/> 11/07/11-06/06/14</p> <p>Completed</p>	<ul style="list-style-type: none"> • Diversion / Placement 	<ul style="list-style-type: none"> • The Intern Caregiver Support program is an annual assignment for student interns working on their master's degree. The interns work from September to May each year and there is a unit of 5-7 interns who provide support to relative caregivers for up to several months, depending on the need. The interns provide one-on-one support as well as referrals to community partners to improve placement stability for the children with whom we work.
<p>1.1.10</p> <p>Increase utilization of adoption mediation meetings to minimize placement moves and increase communication between birth families and caregivers by mediating visitation, establishing contact, and sharing vital information regarding the child/children.</p>	<p><input type="checkbox"/> 11/07/09-11/07/10</p> <p><input type="checkbox"/> 11/07/10-11/07/11</p> <p><input checked="" type="checkbox"/> 11/07/11-06/06/14</p> <p>Completed</p>	<ul style="list-style-type: none"> • Adoptions Program • Consortium for Children (CFC) • TDM 	<ul style="list-style-type: none"> • The Adoptions Program Manager regularly reviews cases for referral to CFC for mediation. There has been an increase in the number of cases referred because of the interest in open adoptions, allowing the child's birth family to have continued contact after the adoption is finalized. • The TDM program provides Permanency TDM meetings prior to termination of parental rights in an effort to increase placement stabilization by reviewing the parents' reunification progress or lack thereof, discussing the best permanent plan for the children, and developing a plan that all parties, including the parents, can support.

Improvement Goal 2.0						
Preserve existing placements.						
Strategy 2.1		Strategy Rationale				
Preserve existing placements		Intensive, individualized services that emphasize needs assessments, timely provision of information, and needed resources as well as integrated team approach to decision making will stabilize placements. Ensure inclusion of foster parents, birth parents and significant community partners in team meetings to encourage placement stability.				
Milestone	2.1.1	Timeframe	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Further Work Needed	Assigned to	Update	
	Explore the feasibility of increasing utilization of Icebreakers with foster parents and birth parents to promote early family engagement.		<ul style="list-style-type: none"> • Placement/Diversio n • Training and Career Development (TCD) 			<ul style="list-style-type: none"> • Parents and foster/relative caregivers have expressed that the Icebreaker benefits their relationship with each other and with CFS as it promotes communication and a mutual understanding of the needs of the child/children being placed. • CFS continues to explore ways to increase the use of the Icebreaker since this program is seen as a benefit to caregivers and parents.
	2.1.2		<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed			<ul style="list-style-type: none"> • TDM
2.1.3	Timeframe	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 Completed	Assigned to	Update		
Develop the role of Family Services Workers (FSWs) who will engage parents with a Family Reunification case plan at post detention. Engagement to include early referral to services and to work with out-of-home caregivers to increase placement stability.		<ul style="list-style-type: none"> • Dependency Investigations • Specialized Family Services 			<ul style="list-style-type: none"> • The role of the Family Services Worker has been carefully defined by CFS and includes the early engagement of parents, who are new to the dependency process, by working with them to find the resources that will meet their needs and start the reunification process. They also identify placement concerns and make referrals to services that will support caregivers, such as the CFS Intern Caregiver Support Program. 	

<p>2.1.4</p> <p>Assess funding opportunities and barriers of duplicating the Wrap Around Model for non-wrap families.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> • CFS Administration • Wraparound Program • 	<ul style="list-style-type: none"> • The Wraparound Program provides services for a number of programs and individual families who are not eligible for traditional Wraparound services; these are called “Gift Wrap” slots and are allotted to Drug Dependency Court, MTFC, group home youth in need of additional supports, MDCT, HCA, at risk Family Maintenance families, Emergency Response families, AAP families, and Dependency Investigations families with large sibling groups.
<p>2.1.5</p> <p>Collaborate with Foster Family Agencies (FFAs) to review current services, identify caregiver challenges, and develop strategies to increase placement stability.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> • FFA Directors • CFS Administration 	<ul style="list-style-type: none"> • The FFA directors meet quarterly with designated CFS staff to discuss various issues relevant to the usage of FFA homes, including, but not limited to, changes in CFS policy and procedure, current initiatives, and training related issues. • There is on-going dialogue with the FFA directors at these quarterly meetings to update on strategies developed to meet the needs of CFS children. • CFS staff and administration, through participation in Strategy Groups, community meetings and with FFA Directors, regularly assess the availability of services for families and children that will improve placement stability. One such program is the Quality Parenting Initiative that improves the foster care system through changes in foster care “branding” to the public, changes in the training component, and changing the expectations of foster parents.
<p>2.1.6</p> <p>Increase communication between social workers, caregivers, court and educational system regarding educational needs and services for foster youth.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> • CFS Staff • Foster Youth Services (FYS) • TDM • Education Equals 	<ul style="list-style-type: none"> • Prior to each Placement Preservation and Exit from Placement TDM meeting involving school age youth, a School Information form is sent to the FYS liaison to be completed for the upcoming meeting. At the TDM discussion of the child’s school placement, progress, and barriers to completion of studies is a major topic with the assigned worker, caregiver and the youth, if age appropriate. • The Foster Youth Services (FYS) program, which is co-located with CFS, has access to a district-wide data base, which allows them a more efficient and effective

			<p>method of getting updated information about foster youth that can be communicated to the assigned worker so that appropriate interventions may be implemented in a timely manner.</p> <ul style="list-style-type: none"> The FYS team has expanded and is now able to regularly attend ER TDM meetings and be on-call for other TDM meetings to assure that educational information is discussed and school of origin discussions are had with parents/caregivers. The Foster Youth Outcomes workgroup is comprised of multiple community partners meeting regularly to discuss the educational needs of Orange County foster youth to develop strategies to meet these needs and improve outcomes. Education Equals Initiative will provide new strategies and practices to positively impact the educational outcomes of children served by CFS.
<p>2.1.7 Track use of Placement Preservation TDMs and their effectiveness for placement preservation efforts.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> TDM Rally Cry Placement Stability Workgroup 	<ul style="list-style-type: none"> Placement Preservation TDMs are being used widely by CFS staff and in the most recent monthly report from the ETO database (2/1/13-2/28/13) 86% of the children involved were either maintained in their placement or were placed in a less restrictive/same level of care.
<p>2.1.8 Increase utilization of Concurrent Families (now called Resource Families) earlier in child dependency cases to minimize placement moves.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p>Completed</p>	<ul style="list-style-type: none"> Adoptions program 	<ul style="list-style-type: none"> The Adoptions Program has changed their message to families who are interested in the adoption of children from the agency. In an attempt to fully utilize our Resource Families, it is expected that families will foster children while awaiting an adoption match, and that they understand the special needs of the children for whom the agency cares. This will minimize the number of placement moves for those children who may not reunify with their birth family.

<p>2.1.9</p> <p>Foster Youth Liaisons will provide additional education information to the assigned social workers and caregivers, with the goal of stabilizing the youth's educational placement and in achieving a high school diploma.</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p align="center">Completed</p>	<ul style="list-style-type: none"> • FYS • CFS Staff 	<ul style="list-style-type: none"> • The FYS program has access to a district-wide data base, which allows them a more efficient and effective method of providing updated reports about foster youth to the assigned worker prior to status review hearings. This report also alerts the assigned worker to develop appropriate interventions if that is needed. • The FYS team has hired additional staff, as part of the Education Equals Initiative, who will assist in the more accurate, efficient, and effective communication about a child's educational program and their individual needs.
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Improvement Goal 3.0
 Increase foster parent and relative caregiver resources

<p>Strategy 3.1</p> <p>Recruit and support foster parents and relative caregivers for targeted populations and targeted areas.</p>	<p>Strategy Rationale 1</p> <p>Recruitment and support efforts for foster parents and caregivers (Relatives and NREFM's) in targeted communities utilizing pre-existing community groups will increase available resource homes, and stabilize placements in those homes through culturally appropriate and supportive services.</p>
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<p>3.1.1</p> <p>Continue use of Efforts To Outcomes (ETO) tracking system and CWS/CMS to evaluate effectiveness of recruitment efforts.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-06/06/14 <p align="center">Discontinued for recruitment efforts</p>	<p>Assigned to</p> <ul style="list-style-type: none"> • Foster and Adoptive Family Development Team (FAFDT) 	<p>Update</p> <ul style="list-style-type: none"> • The ETO database is utilized by FAFDT to track the enrollment of families in their training program. However, they have found that the program is not able to provide reports that would evaluate the effectiveness of their recruitment efforts. This is a limitation of the ETO database program.
<p>3.1.2</p> <p>Continue targeting Anaheim and Santa Ana for recruitment and placement resources.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14	<ul style="list-style-type: none"> • FAFDT 	<ul style="list-style-type: none"> • The cities of Anaheim and Santa Ana continue to have the largest population of children involved with CFS, and FAFDT continues recruitment efforts in these cities. • The Quality Parenting Initiative, which Orange County has recently adopted, will also help CFS focus on recruitment of families for the population of children most

<p>3.1.3</p> <p>Assess financial feasibility to implement 2007 Recruitment, Development & Support (RDS) Caregiver Survey recommendations.</p>	<p>Completed</p> <p><input type="checkbox"/> 11/07/09-11/07/10</p> <p><input checked="" type="checkbox"/> 11/07/10-11/07/11</p> <p><input checked="" type="checkbox"/> 11/07/11-06/06/14</p> <p>Completed</p>	<ul style="list-style-type: none"> • RDS • Foster and Kinship Care Education Program 	<p>in need of foster homes.</p> <ul style="list-style-type: none"> • The Resource Development and Support Strategy Team used the 2007 survey results to make recommendations for support services requested by caregivers. • The Foster and Kinship Care Education Program provides on-going educational opportunities for all caregivers; training includes advanced topics not covered in the basic foster parent training and all training is available to relative caregivers.
<p>3.1.4</p> <p>Continue collaboration with community partners by meeting at Family to Family Strategy Workgroups and quarterly community forums to review past caregiver surveys, and develop strategies to address caregiver recruitment, retention, and support.</p>	<p><input type="checkbox"/> 11/07/09-11/07/10</p> <p><input type="checkbox"/> 11/07/10-11/07/11</p> <p><input checked="" type="checkbox"/> 11/07/11-06/06/14</p> <p>Completed</p>	<ul style="list-style-type: none"> • CFS Administration • RDS • Redesign Planning council 	<ul style="list-style-type: none"> • The mission of the RDS Strategy Team is to develop strategies to recruit, train and support caregiver families. This group develops these strategies based on the surveyed needs of caregivers who attend meetings as well as through email and focus group discussions.
<p>3.1.5</p> <p>Review Memorandums of Understanding (MOUs) and meet with local providers to encourage recruitment efforts of Intensive Treatment Foster Care (ITFC) foster homes.</p>	<p><input checked="" type="checkbox"/> 11/07/09-11/07/10</p> <p><input checked="" type="checkbox"/> 11/07/10-11/07/11</p> <p><input checked="" type="checkbox"/> 11/07/11-06/06/14</p> <p>Continuing to Evaluate</p>	<ul style="list-style-type: none"> • CFS • 	<ul style="list-style-type: none"> • On-going discussions with the agencies that would provide this service have determined that they do not have the homes that meet the state criteria at this time. CFS will continue to reach out to providers regarding the development of an ITFC program.
<p>3.1.6</p> <p>Review CWS and case information for all Orange County group home youth to determine their eligibility for ITFC foster home placement.</p>	<p><input checked="" type="checkbox"/> 11/07/09-11/07/10</p> <p><input checked="" type="checkbox"/> 11/07/10-11/07/11</p> <p><input checked="" type="checkbox"/> 11/07/11-06/06/14</p> <p>Continuing to Evaluate</p>	<ul style="list-style-type: none"> • CFS • 	<ul style="list-style-type: none"> • On-going discussions with the agencies who would provide this service have determined that they do not have the homes that meet the state criteria at this time. CFS will continue to reach out to providers regarding the development of an ITFC program. • Children in group home care are evaluated on an on-going basis for placement in a less restrictive level of care.

Strategy 3. 2		Strategy Rationale 1				
Assess current operational practices/systems to identify effectiveness, challenges and strategies to improve recruitment and support for foster parents.		Provide efficient and effective services that promote placement stability.				
<p>3.2.1</p> <p>Develop and implement quality control measures and outcomes for TDMs to ensure consistency and effectiveness of services.</p>	Timeframe	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">On-going</p>	Assigned to	<ul style="list-style-type: none"> TDM 	Update	<ul style="list-style-type: none"> Orange County's TDM program regularly uses feedback surveys to assess the quality of service. TDM Facilitators continue to meet regularly with staff from programs, to which they are assigned as liaisons, to discuss issues of concern that might arise regarding the TDM process. The TDM Manager periodically observes meetings facilitated by her staff to review the quality of the meeting process and assure process fidelity. In early 2013, the TDM Manager requested a quality review of the Orange County TDM program by UC Davis. It is anticipated this review will occur before the end of 2013.
<p>3.2.2</p> <p>Evaluate data to determine common characteristics of failed placements and recommend effective interventions.</p>		<input type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>		<ul style="list-style-type: none"> Placement Diversion Manager 		<ul style="list-style-type: none"> The Placement/Diversion Manager reviews, with her supervisors, cases where placements have failed to look for any commonalities or trends so that her team may address these issues with their staff when preparing to find new placement resources for these children. Additionally, they review, with their staff, whether anything was missed when they made the placement initially that may have caused the placement to disrupt.
<p>3.2.3</p> <p>Explore funding opportunities in order to continue Family Finding and Engagement (FFE) services.</p>		<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>		<ul style="list-style-type: none"> CFS administration CASA Seneca/Kinship Services Connections 		<ul style="list-style-type: none"> Presently CFS is working with three providers, Seneca/Kinship Services, CASA, and Connections, who provide free services to the agency for family finding activities. Since their services are free, CFS has not been required to expend funding for this valuable resource for the children we serve.

<p>3.2.4</p> <p>Continue to evaluate utilization and effectiveness of Parent Mentors in TDMs, Parent Orientation sessions, Warm-line and Family to Family (F2F) strategy workgroups.</p>	<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>	<ul style="list-style-type: none"> • TDM/Parent Leadership Coordinator • FSN 	<ul style="list-style-type: none"> • Parent Mentors are fully utilized in providing support to parents at TDM meetings and on the Warm-line, and they fully participate in Parent Orientation, and in all Strategy meetings. • Family Support Network, who contracts with CFS to provide the Parent Mentor Program, hired 2 additional Mentors; they are successfully reunified fathers who will assist with the CFS Father Engagement project. • In addition to the Mentors, Parent Volunteers are also participating in TDM meetings and providing support to parents just entering the dependency system. • A quarterly outcomes report of the Parent Mentor program is being prepared by SSA Research.
<p>3.2.5</p> <p>Develop a plan to implement use of Parent Leadership volunteers to support birth parents.</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">completed</p>	<ul style="list-style-type: none"> • TDM/Parent Leadership Coordinator 	<ul style="list-style-type: none"> • The Parent Leadership Program supports twenty Parent Volunteers who have successfully reunified with their children. These volunteers receive on-going training on a quarterly basis, receive support from the Parent Leadership Coordinator, and are involved in a number of activities within the agency, including attending TDM meetings, assisting with the Celebrating Families events, attending Strategy Meetings, sitting on panels where the parent voice is needed, and assisting with training of staff.
<p>3.2.6</p> <p>Review the practice and policy of urgent placements as related to short and long term placement outcomes.</p>	<input checked="" type="checkbox"/> 11/07/09-11/07/10 <input checked="" type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>	<ul style="list-style-type: none"> • Placement / Diversion • CFS Rally Cry 	<ul style="list-style-type: none"> • The Placement/Diversion Manager reviews, with her supervisors, cases where placements have disrupted, to look for any commonalities or trends so that her team may address these issues with their staff when preparing to find new placement resources for these children. Additionally, they review, with their staff, whether anything was missed when they made the placement initially that may have caused the placement to disrupt. • Relative placements are reviewed throughout the dependency process and are especially critical in the first days of placement. • Workgroups of Managers developed strategies, via the CFS Rally Cry, to address the immediate placement needs of children entering the Dependency System in

			<p>order to assure that children have family based care.</p> <ul style="list-style-type: none"> The Adoptions Program, in concert with the Placement Services Program, has developed a system to evaluate placements, early on, to determine the likelihood that the family will be able to provide permanency (adoption or legal guardianship) in order to improve long-term outcomes for children.
<p>3.2.7</p> <p>Assess current SSA/CFS and community partner training with Court, TCD, and Probation to identify areas of interest that will promote cross-system training, cross-communication, better use of resources and increase/advanced training.</p>	<p><input checked="" type="checkbox"/> 11/07/09-11/07/10</p> <p><input checked="" type="checkbox"/> 11/07/10-11/07/11</p> <p><input checked="" type="checkbox"/> 11/07/11-06/06/14</p> <p>Completed</p>	<ul style="list-style-type: none"> TCD RDS Foster and Kinship Education Program ERDD 	<ul style="list-style-type: none"> Training and Career Development offers training pertinent to foster and kin caregivers and announcements about training are sent to agencies to assure that caregivers are notified. The RDS Strategy Team regularly assesses the training needs of caregivers and provides information about training opportunities during meetings with caregivers or via email distributions. The Foster and Kinship Education Program provides a wide variety of training opportunities for caregivers. SSA Training and Career Development and Court staff plan lunch-time training for bench officers, County Counsel, Public Defenders, and contract attorneys to receive regular training on topics such as Father Engagement in Child Welfare, and cross training from other agencies. Many community partners attend the ERDD Strategy workgroup and at each meeting one of the agencies provides information about the work they are doing.
<p>3.2.8</p> <p>Self Evaluation Team (SET) and Eliminating Racial Disparities and Disproportionality (ERDD) Advisory Groups continue to evaluate the use and application of information and data from sources such as Child Abuse Registry Statistics Application (CARSA), Structured Decision Making (SDM) and Berkeley CWS-CMS Dynamic Report System.</p>	<p><input type="checkbox"/> 11/07/09-11/07/10</p> <p><input type="checkbox"/> 11/07/10-11/07/11</p> <p><input checked="" type="checkbox"/> 11/07/11-06/06/14</p> <p>Completed</p>	<ul style="list-style-type: none"> Self Evaluation Team (SET) ERDD Information Technology Service (IT) 	<ul style="list-style-type: none"> SET publishes a report entitled "The City by City Report" which provides demographic and child welfare information about each city within Orange County. All cities within Orange County have been reported on. Henceforth, updates on each city will be published once per year. This report is available to the public on the SSA website and is widely used by community partners. SSA's IT Division provides monthly updated data reports from various sources and these reports are available to our community partners, as requested.

						<ul style="list-style-type: none"> SSA Research will do in-depth studies using data to evaluate outcome measures.
3.2.9	Self Evaluation Team (SET) and Eliminating Racial Disparities and Disproportionality (ERDD) groups will continue to use information and data to raise staff and community awareness about ERDD and its impacts on case decision making.		<input type="checkbox"/> 11/07/09-11/07/10 <input type="checkbox"/> 11/07/10-11/07/11 <input checked="" type="checkbox"/> 11/07/11-06/06/14 <p style="text-align: center;">Completed</p>		<ul style="list-style-type: none"> SET ERDD TCD 	<ul style="list-style-type: none"> SET publishes a report entitled "The City by City Report" which provides demographic and child welfare information about each city within Orange County. This report is distributed to CFS staff and is available to community partners on the SSA website. TCD provided a Training 4Trainers for CFS supervisors in 2010 to heighten awareness of disparity and Disproportionality in child welfare practice. The supervisors, in turn, took this training to their staff. This training is now available to any community partner.
<p>Describe systemic changes needed to further support the improvement goal.</p> <ul style="list-style-type: none"> Social work positions are needed to meet casework requirements and to increase the amount of time spent supporting caregivers Stable and adequate funding is needed to meet improvement goals Quality control measures and the development of strategies to better support caregivers 						
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <ul style="list-style-type: none"> Training for CFS staff about the Quality Parenting Initiative, once this is fully implemented Training for prospective Caregiver Mentors, once this program has been fully developed Continued availability of training for community partners, by Training and Career Development, regarding ERDD Continued availability of training, by the Foster and Kinship Education Program, for all caregivers 						
<p>Identify roles of the other partners in achieving the improvement goals.</p> <ul style="list-style-type: none"> FRCs will provide resources for caregivers. Caregivers shall be asked to provide feedback regarding challenges and support services needed to improve placement stability. SSA/CFS will continue to partner with the faith based community and other community based organizations to support and recruit placement resources SSA/CFS shall partner with local community colleges and universities to provide training and support for staff and clients. Interns will be sought out and utilized for SSA/CFS support services for caregivers 						
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <ul style="list-style-type: none"> No changes have been identified. 						

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Orange County Probation System Improvement Plan

IMPROVING EMANCIPATION OUTCOMES (November 7, 2009 – June 5, 2014)

Outcome/Systemic Factor:

IMPROVING EMANCIPATION OUTCOMES—Improving education, employment and emancipation outcomes.

Outcome/Systemic Factor: The Orange County Probation Department implemented the Incentive Program in July 2009 with funding from the State for the Child Welfare Services Outcome Improvement Project (CWSOIP). Our current System Improvement Plan has been extended to June 4, 2013 due to the new five-year cycle that was created. The Orange County Probation Department's Placement Unit decided to look beyond our emancipation youth and include statistics related to education, employment and extracurricular activities related to the rest of the youth we work with that are younger than 18. Our department incorporated the Incentive Program into the Placement Unit by incentivizing positive behavior in the following categories: Need, Education, Employment, Emancipation, Behavior, Motivation, Socialization, and Self-Esteem. During 2012 through March 2013, 383 placement youth were awarded 1050 incentive cards for a total of \$47,161.96. The distribution of incentive cards broken down by category is as follows: 270 for behavior, 164 for education, 98 for employment, 55 for emancipation, 139 for socialization, 43 for self-esteem, 6 for motivation, and 275 for needs.

County's Current Performance: The following statistics are reflecting improvement in the area of education, showing the number of youth who emancipated with either a high school diploma or a GED: 49% (19) in 2008, 52.5% (15) in 2009, 54% (7) in 2010 and 56% (11) in 2011; however, there was a drop in our graduation rate for 2012 and the 1st quarter of 2013 to 47% (12). Due to the implementation of AB 12 – Extended Foster Care, we have had a large number of youth decide to remain under Juvenile Court jurisdiction in order to continue to receive services. The Orange County Probation Department has 17 non-minor dependents who graduated from high school in 2012 which are not being accounted for in our emancipated graduation statistics since we are still providing services to them.

The following statistics are going to reflect the percentage of youth who were employed when emancipating: 28% (11) in 2008, 37.5% (21) in 2009, 27% (14) in 2010, 41% (15) in 2011 and 20% (1) in 2012 and the first quarter of 2013. Again, of the 25 non-minor dependents we are currently supervising, 16 are employed and not accounted for in the emancipated youth who were employed upon emancipating.

After looking at unofficial transcripts we were able to obtain for our Placement youth during our last SIP update, it was discovered that 61% of our youth improved their grades from one completed semester to the next; 10% increased their credits earned over the last two completed semesters and 49% of the age-appropriate youth who were eligible to take the CAHSEE test passed both sections of the test. The statistics for this current SIP update are as follows: 58% (34) of our youth improved their grades from one completed semester to the next; 42% (25) increased their credits earned over the last two completed semesters and 70% (21) of the age-appropriate youth who were eligible to take the CAHSEE test passed both sections of the test.

The employment statistics along with the extracurricular activities statistics from the last SIP update are as follows: 16% of our 16 year olds or older have obtained employment and 26% of our Placement youth have become involved in extracurricular activities. The statistics for the same two categories for this current SIP update are as follows: 29% (13) of our 16 year olds or older have obtained employment and 14% (10) of our Placement youth have become involved in extracurricular activities.

Improvement Goal 1.0			
Increase the number of age appropriate youth taking the CAHSEE test when being offered and increase the number of credits earned for the following semester.			
Strategy 1. 1		Strategy Rationale³	
Incentivize attendance to and preparation for the CAHSEE test.		Informing the youth that they can receive incentives for preparing, participating and passing the test, will ensure they are in school on the limited days the testing is being given and ensure the youth are aware that the Probation Officers are interested in their efforts to successfully pass the test.	
Milestone	1.1.1 Identify Placement youth who are age appropriate and have not taken the test to focus on the youths' efforts in this area.	Timeframe	April 2012 – June 2013
	1.1.2 Contact the schools the youth attend to find out the dates the CAHSEE test is being given.		April 2012– June 2013
	1.1.3 Address progress being made with youth up to the date the test is being given.		April 2012 – June 2013
		Assigned to	Placement Probation Officers
			Placement Probation Officers
			Placement Probation Officers

³ Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 1. 2		Strategy Rationale 1			
Incentivize the progress made during the school semester to improve the number of credits earned.		It is believed that the youth will work harder in school knowing that they will be able to receive incentives for progress being made during the school year.			
Milestone	1.2.1 Instruct the youth to provide progress reports throughout the school year.	Timeframe	April 2012 – June 2013	Assigned to	Placement Probation Officer
	1.2.2 Obtain periodic attendance reports to ensure the youth are going to school in order to earn the credits.		April 2012 – June 2013		Placement Probation Officer

Improvement Goal 2.0					
Increase the number of Placement youth who have the opportunity to seek employment and participate in extracurricular activities.					
Strategy 2.1			Strategy Rationale 1		
Incentivize positive behavior within the group home to ensure progress within the level system in the group homes the youth are in.			Working with the youth to help stabilize/ improve their behavior within the group home setting will help the youth to earn privileges/appropriate level status that will allow the youth the ability to seek employment.		
Milestone	2.1.1 Identify the age appropriate youth who are not employed to start to working on goals that will lead them to reach the level that will allow them the opportunity to seek employment.	Timeframe	April 2012 – June 2013	Assigned to	Placement Probation Officers
	2.1.2 Address progress being made with the goals set during the monthly contacts with the youth.		April 2012 – June 2013		Placement Probation Officer

Strategy 2. 2 Increase the number of youth participating in extracurricular activities.		Strategy Rationale Working with the youth to help stabilize/improve their behavior within the group home setting to earn privileges/appropriate level status that will allow the youth to participate in extracurricular activities.			
Milestone	2.2.1 Identify the youth who are not involved in extracurricular activities to start working on goals that will lead them to reach the level that will allow them the opportunity to participate in extra curricular activities.	Timeframe	April 2012 – June 2013	Assigned to	Placement Probation Officer
	2.2.2 Address progress being made with the goals set during the monthly contacts with the youth		April 2012 – June 2013		Placement Probation Officer
Describe systemic changes needed to further support the improvement goal. The Probation Officers will need to continue on with the type of tracking system they are using in order to continue to be aware of the youth they need to focus on in order for the youth to improve in these two areas.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Probation Officers have the knowledge and experience to address these areas with the youth. There does not appear to be a need for added training at this point.					
Identify roles of the other partners in achieving the improvement goals. The group home staff is going to be instrumental in ensuring the youth are making it to school and informing the Probation Officers when behavior has improved in the home. It will be imperative that the Probation Officers communicate well with the group home staff so that they are collaboratively working on the goals that are set with the youth.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. No needed changes have been identified.					

¹ Describe how the strategies will build on progress and improve this outcome or systemic