County of Santa Clara
Social Services Agency

333 West Julian Street
San Jose, California 95110-2335

July 8, 2014

California Department of Social Services
Children's Services Outcomes & Accountability Bureau
744 P Street, MS 8-12-91
Sacramento, CA 95814
Attention: Ellie Jones, Chief

Dear Ms. Jones,

Attached please find Santa Clara County's first year Annual Progress Report dated May 2014 for progress achieved from January through December of 2013 for Santa Clara County's System Improvement Plan. Santa Clara County's 2nd Annual Progress report will reflect achievements from January through June 2014. This report will be provided by the end of July 2014. This should ensure that Santa Clara County is back in alignment with the regular annual reporting dates for our System Improvement Plan five year plan of 2012 through 2018.

If there are any questions, please do not hesitate to contact our Director of Department of Family and Children's Services, Lori Medina at (408) 501-6800 or lori.medina@ssa.sccgov.org. Specific questions regarding our SIP can be directed to Program Manager, Wendy Kinnear-Rausch at (408) 758-3348 or wendy.kinnear@ssa.sccgov.org.

Sincerely,

Bruce Wagstaff, Director
Santa Clara County Social Services Agency

CC: Lori Medina DFCS
Wendy Kinnear-Rausch DFCS
Henry Franklin, CDSS

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Ken Yeager, S. Joseph Simitian
County Executive: Jeffrey V. Smith

California Child & Family Services Annual Progress Report
System Improvement Plan

Santa Clara County
Department of Family and Children's Services and
Juvenile Probation Department
JANUARY 2013 TO JANUARY 2018

COMPLETED BY
SANTA CLARA COUNTY
DEPARTMENT OF FAMILY AND CHILDREN'S SERVICES AND THE
PROBATION DEPARTMENT, JUVENILE PROBATION SERVICES

BRUCE WAGSTAFF, SOCIAL SERVICES AGENCY DIRECTOR
LORI MEDINA, DEPARTMENT OF FAMILY & CHILDREN'S SERVICES DIRECTOR
KAREN FLETCHER, ACTING PROBATION DEPARTMENT CHIEF

SUBMITTED TO THE CALIFORNIA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION

REPORT DATED MAY 2014
(DATA FROM JANUARY 2013 THROUGH DECEMBER 2013)

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SANTA CLARA COUNTY ANNUAL SIP PROGRESS REPORT
MAY 2014

CHILD WELFARE NARRATIVE UPDATE

Santa Clara County created a very robust System Improvement Plan to be completed over the next five years through 2018. At the heart of this plan was the need to address the disproportionate number of children and families of African Ancestry and Latino ancestry within the Child Welfare System. The System Improvement Plan was completed in February of 2013. This comprehensive plan is focused on improvements in the following outcomes areas:

1. Address and eliminate the over-representation of African Ancestry and Latino families, as defined as "Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system";
    a. Complete a full analysis to better understand factors related to the under-representation for Asian American families by looking at each individual Asian cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors;
2. Address safety and ensure that children and families are assessed in a timely manner and those families are provided the necessary resources and supports so that children do not enter the children welfare system or re-enter the child welfare system;
3. Address permanency for children and families as defined by ensuring family reunification or children returning to live with one or both parents, or if this is not possible, placement with relatives or non-relatives in a guardianship or adoption situation.

Since the creation of the SIP, the Santa Clara County Department of Family and Children's Services (DFCS) has initiated and/or has been implementing multiple projects and initiatives in support of the SIP. The Santa Clara County Department of Family and Children's Services (DFCS) has always prided itself as an organization that operates with multiple demands. Over the past couple of years, DFCS has launched several significant efforts designed to evaluate and improve outcomes with children and families and to push toward promising practices that best support them. For 2013, in addition to the System Improvement Plan (SIP), DFCS has continued involvement in the California Partners for Permanency (CAPP) aimed at ensuring a unified practice model across all programs; continued implementation of extended foster care for youth over the age 18 (Assembly Bill 12); worked with the Unified Children of Color Taskforce on implementing recommendations; participated in the 2013 Harvey Rose Management Audit of DFCS; revamped wraparound services; actively participated in decision making regarding the Title IV-E Waiver Application; and is actively engaged in the implementation of the Katie A. Settlement Agreement. These represent just a few of the commitments DFCS has made to address the safety, well-being and permanency needs of Santa Clara County children and families.

At the same time, DFCS has begun rebuilding staffing and service capacity, after multiple years of consistent reductions. This past year Santa Clara County child welfare staffing levels had been the lowest in over five (5) years and there has been a steady increase in the number of children and families coming into contact with the Child Welfare System. These reductions in funding over the last several years resulted in challenges balancing meeting existing mandates while implementing new initiatives and innovations. In December, 2013, as a result of Child

Welfare realignment funding, DFCS had the opportunity to begin rebuilding much needed infrastructure by adding staff positions and augmenting contract funding resources.

In addition, through the assistance and technical assistance of Casey Family Programs, DFCS initiated a strategic planning process to integrate and streamline competing initiatives; ensure the necessary planning was occurring to align staff, funding and priorities; and to assist DFCS in articulating an overarching common vision and set of prioritized goals. The planning process was designed to ensure that DFCS had a realistic road map to bring all of the Department's efforts, including the SIP, into a clear and integrated path. The Strategic Plan is intended to span a 5-10 year horizon. Management will use the plan to help monitor progress of all its' commitments over the next several years, including the SIP goals. DFCS needs to ensure improved outcomes, but is also committed to ensure that practice evolves and to continue to partner with the community to support children and families with responsive systems and services.

To support the System Improvement Process success, DFCS management and supervisor team members have taken the necessary time to develop strategies focused on rebuilding infrastructure in the strategic plan. Together with staff, the follo*wing has been completed:*

- *Creation of a mission* statement, vision and guiding principles for the County that can guide all decision making. It was important that Santa Clara County has a common understanding of what we do and why and that the vision for DFCS depicts a concrete picture of the impact on the lives of children and families when we are fully successful in reaching our mission.
- In addition, larger goals and objectives were created and the SIP strategies were incorporated into these categories. **Back to Basics**- ensuring that basics necessary for direct service workers to do their jobs and ensuring what children and families need is available, a **Healthy Work Environment**, **Workforce Excellence, Leadership Development, Strong Partnerships, Community Relations Alignment**, and **Practice Innovation**. All goals and objectives must ensure *Child Safety, Promote Permanence, and Advance Child and Family Well-Being as well as Eliminate Ethnic Disproportionality and Disparity.*
- Santa Clara County in partnership with Casey Family Programs is currently in the process of vetting a draft Strategic Plan with all county level staff and by Spring/Summer 2014, this plan with include the additional necessary community and stakeholder feedback for a completed plan by June 2014.

Mission and Vision: *The mission of Santa Clara County Department of Family and Children's Services is to keep children safe and families strong. With respect and cultural humility we partner with our diverse community to ensure that children and youth who are at risk or have suffered abuse or neglect are safe, cared for and grow up in a forever family.*

Together with our strong, engaged and diverse community, Santa Clara County Department of Family and Children's Services envisions a future where children and youth are safe, families and young adults are thriving, and every child and family is on a path to reaching their unique potential.

Although, the Strategic Planning process has been resource intensive, requiring input on many levels, it has been a necessary step in ensuring all strategic commitments, including that of the SIP are integrated into a cohesive organizational framework. For instance, in the

original SIP, SCC was under pressure to accomplish as much as possible within the first year of the five year plan. However, much of the first year activities have been focused around planning, developing scope of programs and contracts, and adding additional resources to support SIP goals. In the current SIP Progress Report Plan dates have been changed to reflect this prioritization. (Please see Attachment G- SIP Matrix Chart.) A significant amount of time was spent within the management team to ensure that managers tasked with leading SIP goals understood the necessary task and has a realistic timeframe to accomplish the milestones.. DFCS has been working closely with the Children Seniors and Families' Committee through the Board of Supervisors and reporting monthly on statistics and progress to address disproportionality, as well as working with the Child Abuse Council and the Social Services Advisory Commission, the Employee Excellence Committee and the Children of Color Task Force.

Santa Clara County spent over a year involved in monthly workgroups with staff and stakeholders in development of the System Improvement Process and did commit to regular updates and additional vetting of the SIP plan with stakeholders. Regular meetings with committee members originally involved in the SIP planning process is set to begin in Spring 2014. In addition, stakeholders and staff have been asked to participate in the necessary individual workgroups to move particular strategies forward. For instance, significant planning has been completed for the decision making on the future model for the Santa Clara County Receiving Intake and Assessment Center, the Dual Status project involving Child Welfare and Probation jointly serving children and youth, the Early Education Federal Grant aimed at increased services for children birth to age 5 and increased numbers of children enrolled and participating in preschool, the CAPP project, CalWORKS/Linkages, the Fatherhood Initiative and the Prevention Oversight Committee which was launched in September to review and monitor prevention services for SCC. All of these are projects are weaved into the SIP as action steps.

CHILD WELFARE CURRENT PERFORMANCE ON OUTCOMES

Santa Clara continues to improve on most of the State and Federal Outcome Measures, but also continues to struggle with a few measures. Of the 18 federal measures with national standards, the County made improvements on 10 during the last review period and is meeting seven goals of the 18 federal measures. In contrast, the County did not perform as well on the State measures. Timely Immediate Response has declined, but does still meet the State goal. Historically, this has been an area of strength for the County. Timely Ten-Day Response and Timely Dental and Medical Exams for children in care have trended lower, well below the goals, and the County is addressing these concerns. Rates for referrals, substantiations and entries into foster care have continued to increase slightly since 2012. This quarter, the number of measures with improvement outnumbered those measures that declined. The best performance continues to rest in the County's Reunification outcomes.

The following is a summary of Santa Clara County's performance on Federal and State Outcomes measures in relationship to the Systems Improvement Goals. Overall, in the area of disproportionality, the County has not seen significant change, other than modest improvement for African Ancestry populations during the first year. We have seen some improvement in some of the federal measures, but decline in some of the state measures. As previously mentioned, the County is in the first year of implementation and much of this year was spent in planning and rebuilding infrastructure in support of strategies and goals outlined in the SIP.

Below is a summary of the current progress for Santa Clara County on all outcome measures:

SANTA CLARA COUNTY CHILD WELFARE QUARTERLY DASHBOAR

Child Safety, Permanency and Stability Indicators with Stand

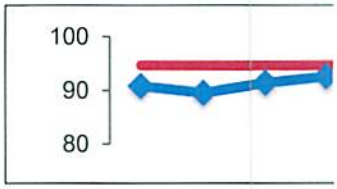
October 2013 Report

Legend	abbreviations	EG = Equal or Greater than	EL = Equal or Less than	LT = Less than
	level achieved	● GOAL ACHIEVED	♦ Goal achieved EG 90 %	■ Goal achieved LT 90%

Desired Directional Goal: ⇧

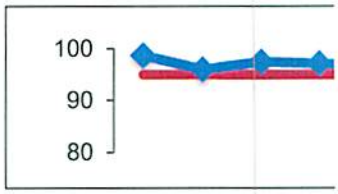
Child Safety

S1. Absence of recurrence of maltreatment	Jul11-Dec11	Oct11-Mar12	Jan12-Jun12	Apr12-Sep12	Jul12-Dec12
Goal EG 94.6 / Performance	90.8	89.5	91.4	92.6	92.0
Relative performance to goal	0.96	0.95	0.97	0.98	0.97
(SIP Goal)	♦	♦	♦	♦	♦



S2. Absence of abuse in foster care	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EG 99.68 / Performance	99.29	99.53	99.60	99.72	99.84
Relative performance to goal	0.996	0.998	0.999	1.00	1.00
	♦	♦	♦	●	●

2B. Timely response to immediate response referrals	Apr12-Jun12	Jul12-Sep12	Oct12-Dec12	Jan13-Mar13	Apr13-Jun13
Goal EG 95.0 / Performance	98.6	95.9	97.4	97.1	96.5
Relative performance to goal	1.04	1.01	1.03	1.02	1.02
(SIP Goal)	●	●	●	●	●



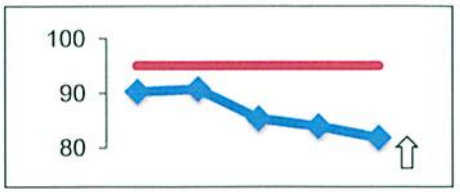
2B. Timely response to 10-day referrals

Goal EG 95.0 / Performance

Relative performance to goal

(SIP Goal)

Apr12-Jun12	Jul12-Sep12	Oct12-Dec12	Jan13-Mar13	Apr13-Jun13
90.2	90.7	85.3	83.9	81.8
0.95	0.95	0.90	0.88	0.86
♦	♦	♦	■	■

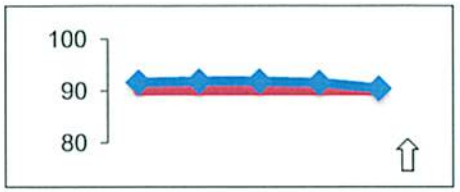


2F.1. Timely social worker visits

Goal EG 90.0 / Performance

Relative performance to goal

Apr12-Jun12	Jul12-Sep12	Oct12-Dec12	Jan13-Mar13	Apr13-Jun13
91.6	91.8	91.8	91.5	90.4
1.02	1.02	1.02	1.02	1.00
●	●	●	●	●

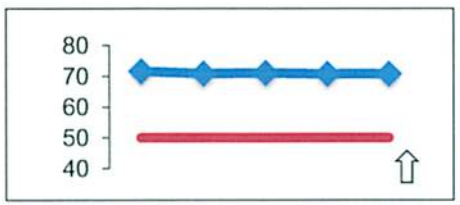


2F.2. Timely social worker visits in residence

Goal EG 90.0 / Performance

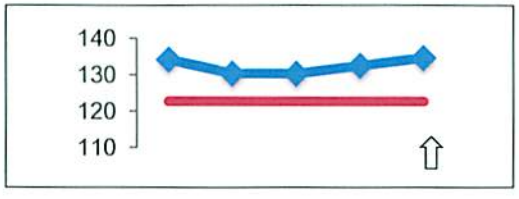
Relative performance to goal

Apr12-Jun12	Jul12-Sep12	Oct12-Dec12	Jan13-Mar13	Apr13-Jun13
71.5	70.8	71.0	70.7	70.6
1.43	1.42	1.42	1.41	1.41
●	●	●	●	●

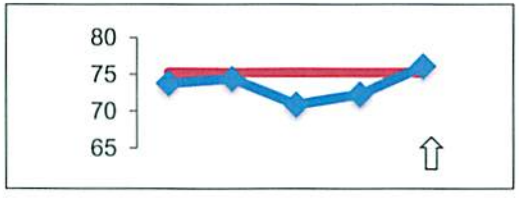


Timeliness of Family Reunification and Permanency of Reunification Composite

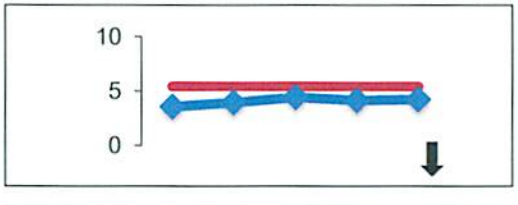
Reunification Composite	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EG 122.6 / Performance	134.0	130.1	130.1	132.3	134.4
Relative performance to goal	1.16	1.10	1.10	1.13	1.16
(SIP Goal)	●	●	●	●	●



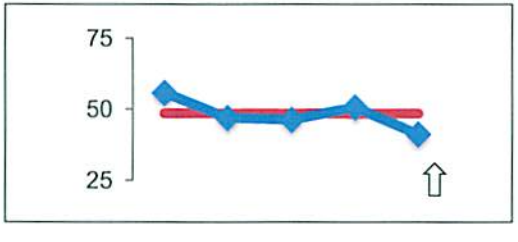
C1.1. Reunification within 12 months for children exiting care	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EG 75.2 / Performance	73.7	74.3	70.8	72.2	76.0
Relative performance to goal	0.98	0.99	0.94	0.96	1.01
(SIP Goal)	♦	♦	♦	♦	●



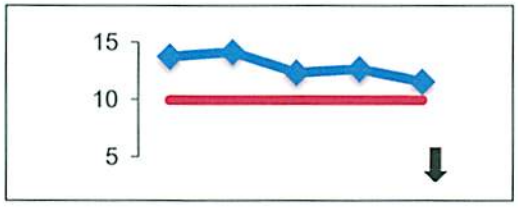
C1.2. Median time to reunification	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EL 5.4 months/ Performance	3.5	3.9	4.4	4.1	4.2
Relative performance to goal	1.54	1.38	1.23	1.32	1.29
(SIP Goal)	●	●	●	●	●



C1.3. Reunification within 12 months for a cohort of children entering care	Jan11-Jun11	Apr11-Sep11	Jul11-Dec11	Oct11-Mar12	Jan12-Jun12
Goal EG 48.4 / Performance	55.6	46.8	46.2	50.5	41.1
Relative performance to goal	1.15	0.97	0.95	1.04	0.85
(SIP Goal)	●	♦	♦	●	■

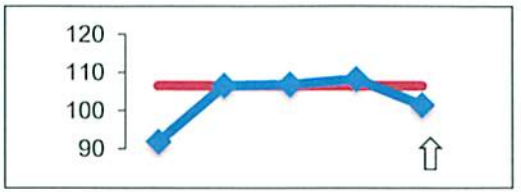


C1.4. Re-entry into foster care within 12 months from reunification	Jul10-Jun11	Oct10-Sep11	Jan11-Dec11	Apr11-Mar12	Jul11-Jun12
Goal EL 9.9 / Performance	13.7	14.1	12.3	12.6	11.5
Relative performance to goal	0.72	0.70	0.80	0.79	0.86
(SIP Goal)	■	■	■	■	■

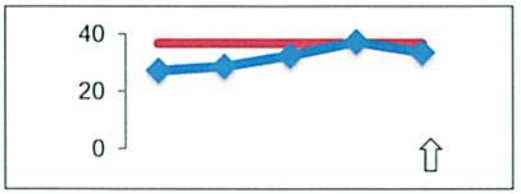


Timeliness to Adoption

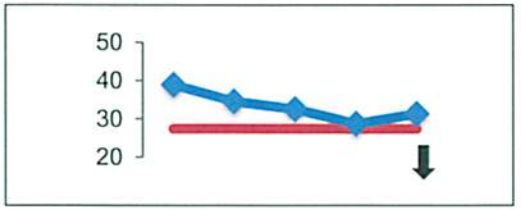
Adoption Composite	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EG 106.4 / Performance	91.7	106.4	106.6	108.1	101.4
Relative performance to goal	0.74	1.00	1.00	1.03	0.91



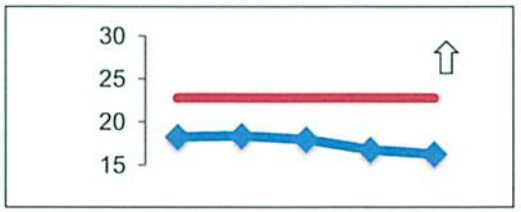
C2.1. Adoption within 24 months for children exiting to adoption	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EG 36.6 / Performance	27.1	28.4	32.2	37.1	33.3
Relative performance to goal	0.74	0.78	0.88	1.01	0.91



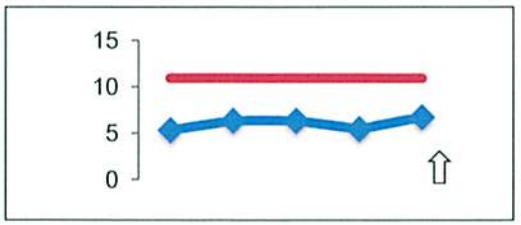
C2.2. Median time to adoption	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EL 27.3 months / Performance	38.8	34.4	32.4	28.6	31.2
Relative performance to goal	0.70	0.79	0.84	0.95	0.88



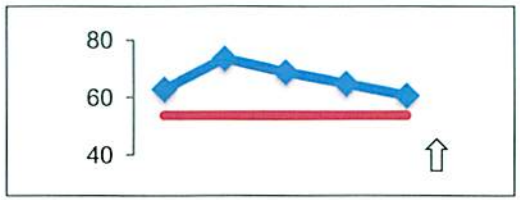
C2.3. Adoption within 12 months for children in care 17 months or longer	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EG 22.7 / Performance	18.2	18.3	17.9	16.7	16.2
Relative performance to goal	0.80	0.81	0.79	0.74	0.71



C2.4. Legally free within 6 months for children in care 17 months or longer	Jul11-Dec11	Oct11-Mar12	Jan12-Jun12	Apr12-Sep12	Jul12-Dec12
Goal EG 10.9 / Performance	5.3	6.3	6.3	5.4	6.7
Relative performance to goal	0.49	0.58	0.58	0.50	0.61

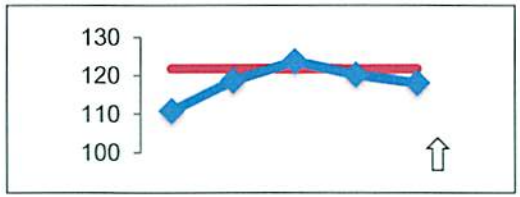


C2.5. Adoption within 12 months after being legally freed	Jul10-Jun11	Oct10-Sep11	Jan11-Dec11	Apr11-Mar12	Jul11-Jun12
Goal EG 53.7 / Performance	62.7	73.3	68.6	64.6	60.4
Relative performance to goal	1.17	1.36	1.28	1.20	1.12
	●	●	●	●	●

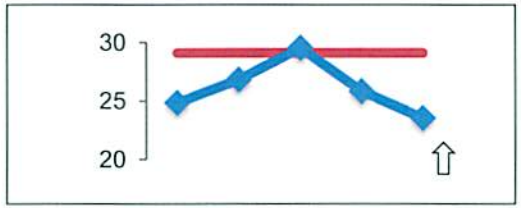


Permanency for Children in Long-term Care

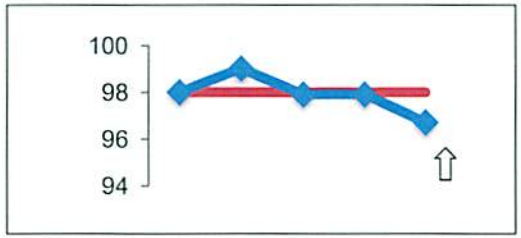
Permanency Composite	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EG 121.7 / Performance	110.7	118.5	123.6	120.1	117.9
Relative performance to goal	0.85	0.96	1.03	0.98	0.95
(SIP Goal)	■	♦	●	♦	♦



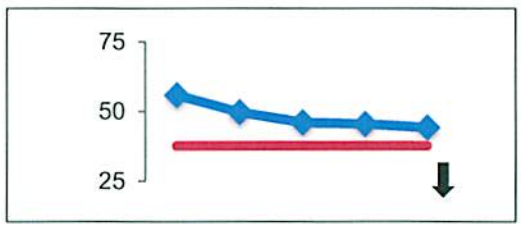
C3.1. Exits to permanency for children in care 24 months or longer	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EG 29.1 / Performance	24.8	26.8	29.5	25.8	23.5
Relative performance to goal	0.85	0.92	1.01	0.89	0.81
(SIP Goal)	■	♦	●	■	■



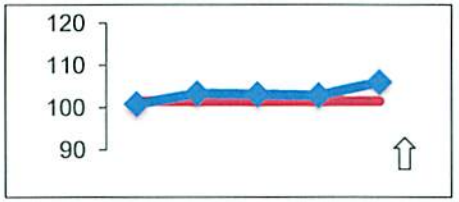
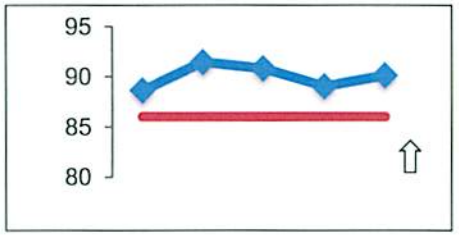
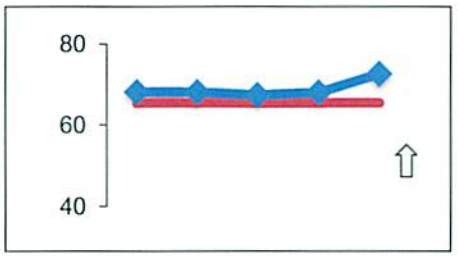
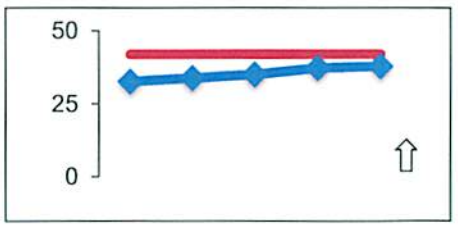
C3.2. Exits to permanency for children exiting foster care and who were legally free for adoption	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EG 98.0 / Performance	98.0	99.0	97.9	97.9	96.7
Relative performance to goal	1.00	1.01	0.999	0.999	0.99
(SIP Goal)	●	●	♦	♦	♦



C3.3. Exits due to emancipation or age of majority and in care 3 years or longer	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13
Goal EL 37.5 / Performance	55.7	49.6	45.9	45.3	44.0
Relative performance to goal	0.67	0.76	0.82	0.83	0.85
(SIP Goal)	■	■	■	■	■



Placement Stability

	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	
Placement Composite						
Goal EG 101.5 / Performance	100.7	103.3	103.0	102.8	105.9	
Relative performance to goal	0.98	1.03	1.03	1.03	1.09	
C4.1. Children with two or fewer placements, in care between 8 days and 12 months						
Goal EG 86.0 / Performance	88.6	91.4	90.8	89.0	90.1	
Relative performance to goal	1.03	1.06	1.06	1.03	1.05	
C4.2. Children with two or fewer placements in the life of their case, in care between 12 months and 24 months						
Goal EG 65.4 / Performance	68.0	68.0	67.3	67.9	72.5	
Relative performance to goal	1.04	1.04	1.03	1.04	1.11	
C4.3. Children with two or fewer placements in the life of their case, in care at least 24 months						
Goal EG 41.8 / Performance	32.4	33.7	34.9	37.1	37.6	
Relative performance to goal	0.78	0.81	0.83	0.89	0.90	

Notable improvements for this review period include the following:

Safety: *"Children are first and foremost protected from abuse and neglect."*

- **Children experience no maltreatment in foster care (Federal Measure S2)** Maltreatments in foster care are rare and the County continues to meet this Federal measure.
- **Children receive timely visits from social workers (State Measure 2F.1)** DFCS has continued to meet this state goal. DFCS is working with Juvenile Probation to ensure they meet this goal for the number of youth placed out of county. SCC will need to work with child welfare staff and juvenile probation staff for the new State Measure 2F.2 that will track visits with children in their placement/residence. This will be a new mandate. In SCC, social workers are visiting children and youth in the residence at least every other month. This is not the case for probation officers. Planning for policy and procedures changes and training are currently underway to meet this new requirement.

Permanency Measures: *"Children have permanency and stability in their living situations without increasing entry into foster care."*

- **Timeliness and Permanence of Reunification**: Santa Clara County has continued to shorten the median time to reunification for families. For the past three (3) years Santa Clara County has met the national goal. In addition, reunification for exit cohorts within twelve (12) months has also improved and meets national standards. Children in Santa Clara County (SCC) are returning to one or both parents within a twelve month time period. Further, SCC has continued to decrease the numbers of families that re-enter care after reunification, currently only 1.6% short of the national goal.
- **Children legally free for adoption experience timely adoptions**: Santa Clara County continues to demonstrate that once children are legally free, the adoption process can be finalized timely.
- **Permanency for Children in Long-term Care**: Santa Clara County was meeting this national goal until just the past two quarters and has slipped slightly. Further analysis is needed; however, this may also be impacted by the numbers of youth choosing to opt into Extended Foster Care and not choosing guardianship or adoption as a permanency option.
- **Placement stability**: Children in SCC continue to experience more stability in foster care for longer periods, resulting in the County exceeding the national goal for four consecutive quarters. The County exceeded the target rates for children who stayed in care for less than 24 months by ensuring two or fewer placements.

Child Well-Being Measures:

- **Placement with Siblings:** The majority of children continue to be placed with all or some of their siblings 72.8% and 53% of children are placed with all of their siblings.

A summary of challenges this past review period and the SIP strategies in process include the following:

Safety Measures:

- **Recurrence of Maltreatment:**

Santa Clara County is still slightly below the national goal for the recurrence of maltreatment within six months of a prior substantiation. (SCC 92.0% and National Standard 94.6%) Challenges during this review period continue to be the high number of vacancies in DFCS in the Front End, struggles to fill Emergency Response (ER) and Dependency Intake (DI) positions, and mandatory overtime for ER workers to cover the unusually high number of child abuse referrals. In addition, there is the need to increase access to Differential Response for families to prevent entries into the child welfare system.

During the past review period DFCS and SIP goals have been aimed at ensuring the appropriate staffing levels in Emergency Response so that timely referrals and complete assessments for families are completed and that families are connected with the necessary resources and are appropriately assessed. In addition, DFCS is committed to ensuring the necessary funding for Differential Response, especially for African Ancestry and Latino families. Assessments need to identify family stressors so that services can be secured and families stabilized to prevent re-referrals or to prevent entry into care. Despite these efforts, there is a wait list for Differential Response and the need to serve additional families. Efforts are underway for both of these including working with the Office of Contracts Management for a competitive bid process to increase DR capacity and ensure hiring in ER as a high priority. Additional allocation of DR slots may be available as early as Spring 2014, but no later than July 1, 2014. Funds allocated for DR include CBCAP allocation and Realignment funding.

- **10-day responses to child abuse and neglect referrals:**

The County's performance on ten-day responses continues to decline at 81.8% and does not currently meet the State goal of 95% or more during the last ten quarters. SCC has analyzed reasons for the decline and is in the process of implementing strategies aimed at improving performance. One of the reasons for the decline is tied to timeliness of paperwork and data entry. For Emergency Response workers who are working mandatory overtime and ensuring children are seen, paperwork can often be delayed. Yet, it is vital that the appropriate documentation is completed timely. A plan of correction is currently being implemented and improvements are

expected next quarter as a result. This is linked to *SIP strategy 1H –DFCS to conduct priority hiring of staff for all positions that are culturally and linguistically proficient to serve Latino, African Ancestry and Asian and Pacific Islander children and families.* Although, DFCS has actively recruited and hired staff, staff are leaving faster than new staff can be hired and trained.

Permanency Measures:

- **Reunification within 12 months, tracking of an Entry-cohort and median time to reunification**: SCC remains just below the national standard for the median time to reunification. (SCC 4.2 months and the National is 5.4 months or lower.) In addition, tracking for an entry-cohort of children for reunification shows Santa Clara County performance at 14.1% below the National goal of 48.4% or greater.

The following SIP goals are aimed at improving family reunification efforts: Implementation of the 23 practice behaviors through the California Partners for Permanency (CAPP) is aimed to facilitate better engagement and support for families and children to ensure successful timely reunification; Efforts to address disproportionality is aimed to ensure that all services and supports are equally distributed and that there is no bias in working with families; Better Linkages for families with the CalWORKs program is aimed to ensure that financial supports are addressed; Increased visitation and supports is aimed for parents to have meaningful visits with children that occur on a regular basis in natural settings at times that are convenient for families.

- **Legally freeing children within 6 months and finalizing adoptions for children in care 17 months:** As mentioned in the improvement section, performance has significantly improved for adoptions within 24 months and the median time to adoption has shortened. However, the main challenge area is for children in care 17 months for timely freeing and finalizing their adoptions. This is a SIP improvement strategy area with identified goals to improve adoption tracking and remove barriers impeding timely adoptions.
- **Permanency for children in long-term foster care:** The permanency exit trend for children in long-term care continues to be low for Santa Clara County and below the national goal for children in care 24 months or longer and for those children who were in care three years or longer who exited to emancipation or turned 21 years of age. However, it is important to note that the methodology for this measure requires a case to achieve guardianship or adoption and to close out of the foster care system. In Santa Clara County, families may choose to continue child welfare support services, which influences achieving the national goal for this measure. In addition, Santa Clara County has a fairly large number of youth (approximately 100 per year) not exiting the child welfare system into adoption or guardianship and electing to stay in care as a non-minor dependent. This further impacts this

indicator as these youth are choosing not to complete guardianship or adoption in order to gain the advantages of Extended Foster Care.

- **Placement Stability for children in care for 24 months or longer:** Performance in limiting placements to two or less for children in care 24 months continues to improve for SCC since the closure of the Children's Shelter as another placement that children and youth would experience. This outcome measure is not met for the life of a case for a child in care. Therefore, it is anticipated that as placement stability continues to improve for children and youth for under 24 months, SCC will continue to increase on this performance measure.

Well-Being Measures:

Timely medical and dental exams: Timely dental and medical exams for all children have continued to trend downward, performing below the 100 percent State goal for the past two quarters. SIP strategies are currently aimed at increased partnerships with Public Health and better identification of medical and dental resources to increase performance. In addition, SCC will begin monthly monitoring and tracking for this data measure and implement support plans to help social workers and caregivers locate the necessary resources and ensure children have timely care. Additional data analysis is underway to better understand the barriers impeding performance for this measure. One concern currently is that youth ages 18 and older in Extended Foster Care are refusing to follow through on dental appointments. Further education may be needed for this growing population to understand the implications if they do not seek regular dental care for several years.

CHILD WELFARE STRATEGIES STATUS AND CURRENT ACTION STEPS

This section will focus on the Status and Action Steps for those Child Welfare Strategies currently being implemented during this review period. Santa Clara County has completed some action steps and other strategies are in progress. Detailed below is a summary of the work completed to date. Please also refer to Attachment A- Santa Clara County's Updated SIP Matrix Dated December 2013.

Strategy 1:

DISPROPORTIONALITY STRATEGIES

DISPROPORTIONALITY OUTCOME MEASURES

Priority Outcome Measure or Systemic Factor:

- Address and eliminate the overrepresentation of African Ancestry and Latino families, as defined as "Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system".
- Complete a full analysis to better understand factors related to the under-representation for Asian American families by looking at each individual Asian

cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors.

- Continue to actively monitor representation for all children within the Child Welfare System in an effort to monitor disproportionality at all times.

State of California Performance:

According to the UC Berkeley data, African American/African Ancestry and Native American children are over represented in child welfare statewide compared with their presence in the overall population, while White, Latino, and Asian American children are under-represented. In California, African Ancestry children are 5.5% of the population, Asian American children are 11%, Latino children are 52%, Native American children are 0.4%, and Whites are 27%.

In California's child welfare population, African American/African Ancestry children represent 14% of the referrals received and 21% of the cases opened each month, Native American children represent 1% of the referrals, White children are 22%, Latino children have 44% of referrals received and represent 53% of the cases opened and Asian Children represent 4% of the referrals and 3% of the cases opened each month. For the State of California the percentages of referrals and cases by ethnicity has remained constant during the past year. There continues to be a substantially higher percentage of African American and Hispanic children with open cases as compared to referrals.

% (#) of Referrals Received By Ethnicity State of California				
	10/13	7/13	4/13	1/13
African American	14% (4034)	14% (3958)	14% (4764)	14% (4420)
Latino	45% (13162)	43% (11969)	45% (15210)	43% (13417)
Asian/Pacific Islander	4% (1091)	3% (853)	4% (1215)	4% (1151)
White	27% (7954)	29% (8060)	27% (9279)	29% (8955)

From SafeMeasures Data

% (#) of Cases Open In Specified Month By Ethnicity State of California				
	10/13	7/13	4/13	1/13
African American	21% (20047)	21% (19845)	21% (19765)	21% (19750)
Latino	53% (51220)	53% (50376)	53% (50071)	52% (49253)
Asian/Pacific Islander	3% (2833)	3% (2820)	3% (2734)	3% (2756)
White	22% (21696)	22% (21345)	22% (21255)	22% (21060)

From SafeMeasures Data

Percentage of open cases in a specified month represents any case that was open for any period of time during the identified month. Santa Clara County is switching to this tracking measurement, as it provides a more accurate representation of the child welfare population rather than looking at cases that were opened during the month.

Analysis: These numbers do not change much when you look at the percentage by allegations or if you look at the data by percentage of children entering into foster care. There are still disproportionate rates for Latino and African American/African Ancestry children as represented in 2011 by 15% and 50% respectively, and only 3% Asian/Pacific Islander children.

% of Allegations By Ethnicity State of California				
	2011	2010	2009	2008
African American	15% (65106)	15% (66588)	15% (65970)	15% (67954)
Latino	53% (233472)	53% (238173)	53% (234254)	53% (240234)
Asian/Pacific Islander	4% (16604)	4% (16870)	4% (17259)	4% (18377)
White	27% (117934)	27% (120415)	27% (120571)	28% (125423)

From UC Berkeley Data Disparity Indices

% of Entries to Foster Care By Ethnicity State of California				
	2011	2010	2009	2008
African American	19% (5598)	19% (5789)	20% (6398)	21% (6747)
Latino	50% (15126)	51% (15584)	50% (15895)	49% (16241)
Asian/Pacific Islander	3% (892)	3% (785)	3% (971)	3% (1070)
White	26% (7912)	27% (8155)	25% (7975)	26% (8409)

From UC Berkeley Data Disparity Indices

Santa Clara County Current Performance:

According to UC Berkeley data, Santa Clara County's child population is comprised of 2% African Ancestry/African American, 31% Asian, 37% Latino, 0.2% Native American, and 23% White.

In comparison, the child welfare population for Santa Clara County for entries into foster care are made up of 11% African Ancestry, 1% Native American, 16% White, 66% Latino and 6% Asian ancestry. (See table below for entries into foster care.)

The State has a significantly higher representation of African American children (14% referrals received, 21% of cases) compared to the African American child population of the State (6% from UC Berkeley data). For Santa Clara County African Americans represent 7% of referrals received and 8% of open cases each month, but 11% of entries for children into the foster care system for 2011. For Latino children (53% of referrals and 50% of cases), the representation is somewhat lower for children with cases and slightly higher for children with referrals as compared to the overall State child population (51% from UC Berkeley data).

For Santa Clara County, the percentage is higher for Latino children (average of 59% referrals and 69% cases open each month). The percentage representation of Asian children for both referrals and cases has remained steady at 3-4% for the State, as compared to the overall Asian child population of the State at 11%. Santa Clara County has a higher representation of Asian/Pacific Islander children at 12% for referrals and 7% for cases than the state.

% of Referrals Received By Ethnicity Santa Clara County				
	10/13	7/13	4/13	1/13
African American	7% (55)	9% (61)	7% (67)	7% (58)
Latino	60% (449)	55% (396)	60% (574)	61% (497)
Asian/Pacific Islander	14% (107)	12% (89)	13% (122)	11% (90)
White	17% (129)	22% (154)	19% (177)	20% (159)

From SafeMeasures Data

The number of referrals for African Americans and families between the period of January 2013 and October 2013 in Santa Clara County has remained fairly constant (7% of referrals and 8% of cases). For Latino families, the percentage of referrals has remained relatively static during the time period; however the percentage of cases has risen slightly. African American children represent 2% of the child population of Santa Clara County (2010 US Bureau of the Census) and 8% of the child welfare population for the county when looking at numbers of open cases each month and the number of children in foster care. Latino children represent 39% of the child population of the county and 69% of the child welfare population when you look at the percentage of cases open in a specific month or the percentage of children in foster care. Asian/Pacific Islander children represent 33% of the county's child population, but only 7% of the cases open in a specific month or 7% of entries into foster care. There has been no noticeable change toward disproportionality for Latino or African American children and families.

% of Cases Open In Specified Month By Ethnicity Santa Clara County				
	10/13	7/13	4/13	1/13
African American	8% (177)	8% (174)	8% (183)	8% (180)
Latino	70% (1573)	69% (1518)	69% (1576)	68% (1450)
Asian/Pacific Islander	7% (151)	7% (153)	6% (147)	7% (151)
White	15% (342)	16% (346)	16% (353)	15% (325)

From SafeMeasures Data

Percentage of open cases in a specified month represents any case that was open for any period of time during the identified month. This measurement should give a truer representation of the child welfare population rather than looking at cases that were opened during the month.

% of Allegations By Ethnicity Santa Clara County				
	2011	2010	2009	2008
African American	8% (1055)	8% (1033)	8% (1059)	8% (1177)
Latino	60% (7561)	59% (7387)	59% (7699)	59% (8160)
Asian/Pacific Islander	12% (1495)	11% (1426)	13% (1633)	12% (1702)
White	19% (2415)	21% (2552)	20% (2594)	20% (2774)

From UC Berkeley Data Disparity Indices

% of Entries to Foster Care By Ethnicity Santa Clara County				
	2011	2010	2009	2008
African American	11% (80)	11% (75)	13% (94)	10% (102)
Latino	66% (461)	63% (426)	62% (425)	63% (623)
Asian/Pacific Islander	6% (39)	7% (50)	7% (52)	8% (78)
White	16% (115)	19% (126)	17% (118)	18% (178)

From UC Berkeley Data Disparity Indices

In Santa Clara County, the percentage of referrals received and the percentage of cases opened per ethnicity for Latino and African American/African Ancestry children and families have remained consistently high at a disproportionate number. In the child welfare population for October 2013, Santa Clara County percentages of ethnicities for referrals are at 7% for African American/African Ancestry; 14% for Asian/Pacific Islander; and 60% for Latino families in comparison to 8% African American/African Ancestry for open cases, 7% for open cases for Asian/Pacific Islander and 70% for Latino families.

Target Improvement Goal:

1. Address and eliminate the overrepresentation of African Ancestry and Latino families, as defined as "Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system".
2. Complete a full analysis to better understand factors related to the under-representation for Asian American families by looking at each individual Asian

cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors.

3. Better understand what is behind the under-representation for Asian American families by looking at each individual Asian cultural group represented in Santa Clara County.
4. Ensure adequate resources and supports that are culturally and linguistically appropriate for all children and families served.

Action Steps:

The goal to eliminate this disproportionality over the five year period of the SIP plan involves multiple strategies. To date, DFCS has not seen much impact in changes to the current trends. This is in part attributed to the time it has taken to initiate new procurements for specific strategies, and delays associated with filling staff positions. Many additional complex factors also contribute disproportionality that require a system wide response within and outside of the child welfare system. Some of those factors include issues around income, poverty, and social inequities that the Department can influence in collaboration with system and community partners, but cannot independently resolve. The Department of Family and Children's Services (DFCS) currently provides monthly reports to the Children's, Seniors and Families on the County's progress and activities. Here is a summary of this work during the current review period:

Safety:

- Goals developed within the Children of Color meetings for alignment of Department strategies and initiative (Sept and Oct 2013);
- Development of draft logic models and process mapping with Mission Analytics to ensure outcomes to address disproportionality over-representation of African Ancestry and Latino families in the Child Welfare System in the number of referrals, opening of child welfare cases and establishment of permanency (June and July 2013). Due to the delays in the contract with Mission Analytics, the final documents will be delayed until the end of December 2013;

Prevention:

- Launch of the Child Abuse Prevention Oversight Committee in September 2013 to look at the continuum of prevention services and the additional resources to expand Differential Responses ensuring a competitive bid process that follows county procedures (In process);
- Begin competitive process to revise the design, content and delivery of mandated reporter training (In process);
- Development of a logic model for goals for prevention to address disproportionality for African Ancestry and Latino children and families in Santa Clara County. (Delayed due to contract with Mission Analytics);

- Launch of trauma focused training across agency system partners involved with families at risk championed through CAST- Cross Agency Systems Team (Summer 2013);
- Implementation of Reflective Supervision and Signs of Safety with a unit of social workers in the CAN center (Child Abuse and Neglect hotline) in an effort to ensure consistent assessments for referrals.
- Development of a draft logic model for safety that addresses the goals to reduce the number of referrals for African Ancestry and Latino families coming into the system that become cases (Completion delayed due to contract with Mission Analytics);
- Increase the local capacity for offering Differential Response (DR) Path 1, Path 2 and Path 4 services. Increase the probability that DFCS will assign a family to DR and do this to a greater degree for African American and Latino children than for White children. Begin competitive process to add additional funding to serve additional families through Path 1, 2 and 4 for Differential Response. (In process);
- Increase collaboration and partnership with the community and the available resources and increase utilization of the DFCS Family Resource Centers. DFCS has begun this work in looking at the current available resources and partnerships available at the San Jose Family Resources Center, Gilroy Family Resources Center and the HUB, youth center (Fall 2013).

Strategy 1A *Increase the available slots and capacity to support the increase in demand to serve more children and families in Differential Response – Path I and II. (Increased slots should ensure available opportunities for the following at risk populations: Latino families, African American/African Ancestry families, API families, young parents ages 18-24, Immigrant families, parents struggling with Mental Health, Developmental Delays, substance abuse issues and battling domestic violence and those parents who have children 6 to 18 years of age with behavioral, medical, developmental, or mental health concerns.)*

- *DR allocation to be increased as follows based on the demand over the past year of approximately 30 families on the wait list at any given time and the number of referrals DFCS receives: (1) Add 50 additional slots for Latino families each fiscal year; (2) Add 25 additional slots for African American families each fiscal year; (3) Add 25 additional slots for all other families ensuring language and cultural expertise to support Latino, African American and the diverse Asian and Pacific Islander families.*
- *Re-evaluation of slots allocated and the progress of DR to be assessed at 6-month intervals.*
- *Add Family Flex funds for $500 per family to be used as a prevention tool to support the family's immediate needs, as determined to be a need to have emergency dollars readily available to support these families at risk.*
- *Ensure the necessary bus passes and token allocation for all families with transportation barriers involved in DR in an effort for families to access prevention and family support resources.*

- *Need to address the shortage in childcare resources by providing childcare needs for all families referred to DR so that families can take advantage of DR services.*

As noted above, DFCS has experienced delays in the contracting process to add additional funds to current Differential Response (DR) contracts in order to increase slots for families, especially Latino and African Ancestry families. DFCS has worked with the Office of Contracts and Procurement in order to proceed with the additional allocation of funds to current DR contractors. The ability to serve additional families will be implemented in Spring 2014 and then again for the new fiscal year in July 2014.

Strategy 1B – *Work with an oversight committee comprised of key community persons representative of the Latino, African American/African Ancestry and several of the Asian American community groups that will meet with Santa Clara County SSA and DFCS Executive Management and SIP oversight members, as well as employee groups and designated community based organizations on a quarterly basis to discuss current trends and progress on SIP goals to address disproportionality. This committee will be responsible for any additional goals aimed at addressing disproportionality for the specific cultural groups and will coordinate all efforts with the newly created Office of Juvenile Services Equity.*

This strategy was to be implemented by Spring 2013, however, due to delays in hiring for this position, this timeline has been revised to Spring 2014. Please see the additional information noted below for the Disproportionality Strategy for the Office of Cultural Competency for Children's Services.

Strategy 1C -*Continue to monitor the overrepresentation of African American and Latino families and address the under-representation for Asian American and Caucasian families in DFCS through data analysis and to develop specific goals through data analysis to fold into the SIP:*

- *DFCS to continue to contract with Mission Analytics for concentrated data analysis regarding disproportionality to be updated on a minimum quarterly basis.*
- *Data results to be shared through the Children of Color Task Force and other identified groups in order to identify any additional specific SIP goals to be developed*

This strategy has been delayed due to delays in the contracting process and a completed contract with Mission Analytics. A revised date for tracking to begin and additional goals has been noted to be completed by July 2014. The contract with Mission Analytics is set for approval in January 2014 and DFCS is currently hiring for a Senior Management Analyst position and a position in Information Systems in order to have the necessary staffing to complete tracking and data analysis for this SIP goal.

Strategy 1D *(Also Strategy 3A for Safety Goals) Revise the design, content and delivery of mandated reporter training.*
Please see the SIP progress information noted below for strategy 3A.

Strategy 1F -*Increase collaboration between the community and the Department of Family and Children's Services in an effort to educate the community and work together to enhance community resources that better meet the evolving needs of families, specifically to address issues of*

disproportionality for the over-representation of Latino and African American/African Ancestry families and the under-representation for Asian American and Caucasian families.

- *Complete a community assessment to better understand needs.*
- *Ensure CAN Center workers are aware of the current community resources.*
- *Involve consumers and the community to improve DFCS services from the diverse cultural communities that comprise Santa Clara County.*
- *Ensure key leaders in the Latino, African American, and Asian Pacific Islander community are engaged and willing to help support a community assessment of needed resources.*

This goal was to be completed by January 2014 and has been revised to begin by January 2014 and to be completed by Fall 2014. This goal has been prioritized and will be linked with the strategies in the redesign for the Family Resource Centers.

Strategy 1G *(Also Strategy 3E) Ensure social workers provide consistent assessment for referrals for General Neglect, as it relates to cultural*

Please see SIP progress noted below for Strategy 3E.

Strategy 1H *(Also Strategy 3F)-DFCS to conduct priority hiring of staff for all positions that are culturally and linguistically proficient to serve Latino, African American/African Ancestry, and Asian American children and families.*

Please see SIP progress noted below for Strategy 3F.

Strategy 1I *(Also Strategy 4 D) Increase communication between caregivers and parents to identify best placements and to secure the necessary supports and improve family engagement through the following:*

- *Expanded use of (1) Team Decision Making meetings that occur before removals of children, (2) Transition Meetings for any placement decisions on cases and (3) Icebreaker Meetings held in natural community settings that are reflective of families cultural identities and supports in the community (e.g., schools, churches or CBOs) and at times that are convenient for families (e.g., weekends and evenings).*

Please see SIP progress noted below for Strategy 4D.

Strategy 1J *–Enhance parent education to improve participation and learning in natural support networks for parents. Improve education support in consideration of culture and language. (Also Strategy 5C)*

Please see SIP progress noted below for Strategy 5C.

Strategy 1K – *(Also Strategy 5E) DFCS to continue participation in the California Partners for Permanency Project (CAPP) and ensure all staff have the basic framework and understanding of the CAPP philosophies and underlying principles (See attached description of CAPP philosophies and practice behaviors and Signs of Safety Organized Practice)*

- *Continue the use of CAPP training- ensuring all staff are trained and participate toward true engagement with families.*
- *Develop and deliver training that will increase staff knowledge of the importance of teaming with families and the community, and practice strategies of teaming to increase ability to support the family and their identified support system. (Engagement).*

Please see documentation of SIP progress noted below for Strategy 5E.

Strategy 1L- *(Also Strategy 5I) Increase parent voice in decision making that is reflective of the diverse cultures represented in SCC.*

Please see SIP progress noted below for Strategy 5I.

Strategy 1M *–(Also Strategy 3H) Determine how to increase the utilization of the DFCS Family Resource Centers for prevention services.*

Please see the SIP progress noted below for Strategy 3H.

Strategy 1N –(Also Strategy 2I) *As contracts with SSA and DFCS are created or renewed ensure that contract providers have staff at all levels that are representative of the cultures of the families being served and have the capacity and skills sets to serve Latino, African American/African Ancestry and Asian Pacific Islander children and families.*

Please see SIP progress noted for Strategy 2I below.

Strategy 1O-*(Also Strategy 3F) Develop Strategies to ensure a diverse workforce at all levels.*

Please see SIP progress noted for Strategy 3F.

Strategy 2:

PREVENTION & SAFETY STRATEGIES

Increase the opportunities to support children and families at risk of abuse and neglect before entering the child welfare system and to support those families leaving the child welfare system from returning and to improve family sustainability. This will be accomplished through increased community awareness of child abuse prevention and intervention and through the development or further promotion of innovative prevention strategies.

NO RECURRENCE OF MALTREATMENT OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: S1.1 No recurrence of maltreatment within 6 months of a substantiated maltreatment allegation. Of all children who were victims of a substantiated

maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?

Federal Standard: 94.6%

Current Performance: According to the data provided by UC Berkeley for the period between 10/1/12 and 3/31/13, in Santa Clara County Child Welfare **90.0%** of children who had a substantiated maltreatment allegation did not have a recurrence of maltreatment within the following 6 months. By ethnicity, 95.9% (93) of Asian/Pacific Islander children did not have a recurrence of maltreatment within 6 months during the same time period. 89.6% (656) of Latino children, 92.8% (64) of African Ancestry children, and 86.7% (150) of White children likewise did not have a recurrence of maltreatment within 6 months.

Target Improvement Goal: The County will improve performance on this measure from 90.0% (970 children) to 93.9% (1035 children). This result can be obtained from a 40% (65 children) reduction in the number of children who have a recurrence of maltreatment within 6 months following a substantiated maltreatment allegation. Santa Clara County remains at 90%.

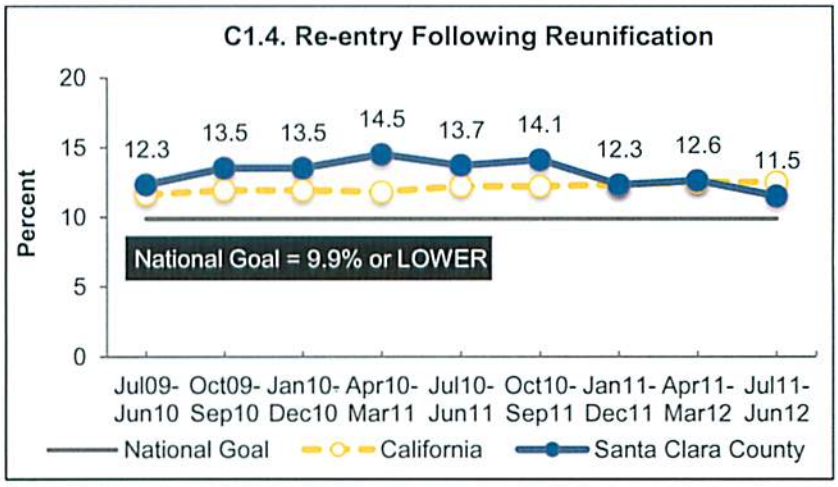
RE-ENTRY OUTCOME MEASURE (Although, Santa Clara County has done well in improvement in Family Reunification over the last several years, this outcome goal is being included in the efforts towards improvements in permanency, as Santa Clara County's mission and goal is to increase the likelihood of children residing with parents, returning with parents or residing with relatives/NREFM if they are unable to return home.)

Priority Outcome Measure or Systemic Factor: C1.4 Reentry within 12 months following Reunification. Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

Federal Standard: 9.9%

Current Performance: According to the data provided by UC Berkeley for the period from 2011 through 2012, in Santa Clara County Child Welfare **11.5%** of children who reunified had a reentry to care within 12 months slightly under the National goal of 9.9% or lower. By ethnicity, 12.5% of Asian/Pacific Islander children reentered care in less than 12 months during the same time period. 9.3% of Latino children, 19.7% of African Ancestry children, and 11.5% of White children likewise reentered care in less than 12 months.

C1.4. Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of discharge?



C1.4	National Standard	Last Year (Jul10- Jun11)		Current Period (Jul11- Jun12)	
Ethnicity	**Rate**	**Rate**	**Goal met (✓) or not (✗)**	**Rate**	**Goal met (✓) or not (✗)**
Black	≤9.9%	15.7%	✗	19.7%	✗
White	≤9.9%	16.0%	✗	11.5%	✗
Latino	≤9.9%	14.1%	✗	9.3%	✓
Asian/ Pacific Islander	≤9.9%	0.0%	✓	12.5%	✗
Native American	≤9.9%	0.0%	✓	100.0%	✗
Total	≤9.9%	13.7%	✗	11.5%	✗

Target Improvement Goal: The County will improve performance on this measure from 12.1% (52 children) to 9% (39 children). This result can be obtained from a 40% (21 children) reduction of children who reunified and had a reentry to care within 12 months. Santa Clara County is currently at 11.5% as indicated through Safe Measures.

Action Steps

Strategy 2B - *Evaluate the effectiveness of Differential Response – Path I, II, and IV to better understand the components that contribute to positively support children and families for safety and well-being. Plan to increase those components that are proven effective with additional SIP goals.*

This action step was to be conducted between January through June 2013. Regular meetings with the different Differential Response providers have been held over the past year and modifications have been made to both the scope of services and the contracts to ensure consistency in services and documentation amongst providers. However, this action step has been extended through June of 2015 as an RFP will need to be conducted to make any significant changes to the contracts for Differential Response providers and to require all the necessary documentation in order to more clearly track those services and efforts that may be more effective for families. Revised to June 2015 –Action step in process.

Strategy 2C - *Ensure adequate language and cultural expertise and sensitivity for staff at community based organizations providing Differential Response Services that matches to children and families served.*

- All agencies serving families through DR must demonstrate "cultural expertise" and must have staffing that matches the population being served. Changes to contract language and RFP language that reflects this shift have been incorporated in the new contract language.
- Evaluate all current Request for Proposals (RFP)s and contracts to ensure standard language that reflects staffing levels that ensure staff at CBO's are "highly proficient" or have expertise in resources and in working with African Ancestry/African American, Latino and Asian American families. As contracts come up for re-bidding, this language is being incorporated in procurements.
- All community based agencies providing DR to be trained in the universal practice, principles and philosophy that guides children & family services in Santa Clara County. DFCS will also ensure agencies have an understanding of the practice behaviors they are expected to demonstrate when working with children & families. Training for Community based organizations began towards the last part of the 2013 calendar year.

Strategy 2G- *SSA Agency will ensure improved linkages for CalWORKs and other public benefits that families need to be connected to address factors that impact the economic vulnerabilities and to address the over-representation for Latino and African Ancestry families.*

Action steps to achieve this goal are in full swing. There is a regular workgroup comprised of both DFCS Child Welfare staff and Department of Employment and Benefits (DEBS) staff that meet on a monthly basis to evaluate and implement improvements for the CalWORKs/Linkages. Please see Attachment H for CalWORKs/Linkages for the organizational structure upon which DFCS and DEBS have organized accomplishing better linking for families within the Child Welfare System with benefits and aid.

A summary of actions steps and progress to date includes the following:

- SSA Agency will ensure improved linkage for CalWORKs and other public benefits that families need to be connected to address factors that impact the economic vulnerabilities and to address the over-representation for Latino and African American families. Monthly partnership meetings are occurring in order to better coordinate services between the two departments on behalf of families, including an expedited service process. A review of handbook instructions for both Departments has been initiated to ensure alignment, and

Agency wide training for both DEBS Eligibility Workers and DFCS Social Workers has been launched.

- Ensure the necessary procedures and supports for Emergency Response Social Workers to consistently include in their comprehensive assessment the economic needs and resources of families.
- For potentially eligible families, the Agency now follows the established protocol to link clients for expedited CalWORKs services at the Benefits Application Center. Families connected to DFCS are prioritized and procedures will be put in place to ensure this priority. Implementation is targeted to occur from July 2013 through December 2014, which includes training to ensure applications are processed appropriately at the Application Center, and a monitoring system implemented by the supervisors and managers.
- Track the number of families served through the above Linkages strategies as an indicator of increased access to available economic support resources and to ensure that these services are having an impact. Starting in July 2013, regular tracking and monitoring of those common cases identified is occurring. Additional strategies may need to be developed to address barriers and tracking to ensure that the number of families connected for benefits is steadily increasing.
- All strategies noted above should result in improved access for eligible families and the proportion of families receiving CalWORKs increased. Regular reports are being generated in order to track improvements in this area.

Strategy 2H *Establish a structure for accountability and information sharing for all prevention services that would provide the necessary oversight for feedback and accountability and work in collaboration with the Child Abuse Council.*

Please see Attachment I for the Prevention Oversight Committee structure. This committee was established and launched in September 2013 for quarterly reviews and updates on DFCS's progress on prevention strategies, and to ensure that expenditures are linked to unmet needs. This committee met again in January 2014 to review the Annual OCAP report and planned Requests for Proposals and expenditures for FY 2014-20145. This action step has been completed and launched.

Strategy 2I *-All contracts and Requests for Proposals that are created and/or renewed shall be evaluated to ensure that staffing provided through t he community based organization contracted services matches the cultural and linguistic needs of the children and families being served.*

This action step was implemented in July 2013 and will need to continue on an on-going basis as contracts are renewed or created. All contracts will include language that addresses the language and cultural make up of the staff to ensure that it meets the needs of the children and families being served by the contract.

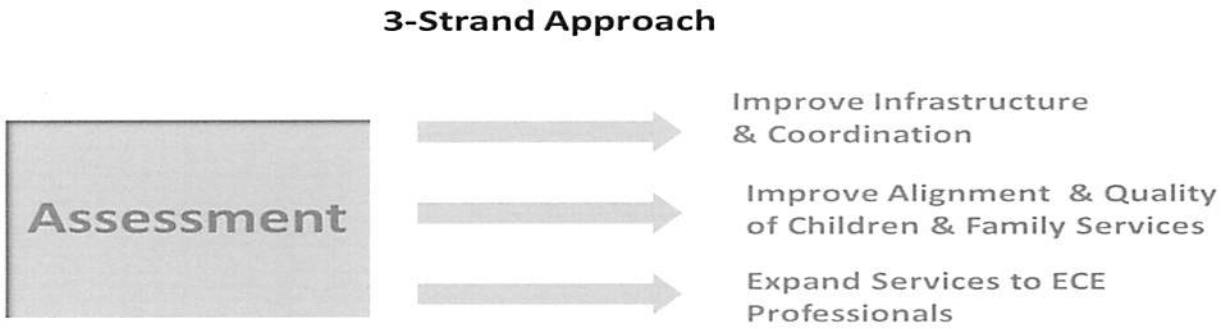
Strategy 2J *-Increase partnership with public health, mental health and First 5 to support at risk families including the following:* Children Birth through age 5

- *Parents Under the age of 24*
- *Medically fragile/special needs children*
- *Teen parents*

- *Parents with disabilities*

The necessary primary action steps for this strategy was to ensure all children birth through age 5 receive a developmental, behavioral and social/emotional screening; and are referred to the appropriate resources and interventions. This strategy has moved forward during the past year as Santa Clara County received a Federal Early Childhood Education grant that was aimed at improvements in the infrastructure supporting children being assessed and connected to resources and enrolled and participating in early childhood education programs. The goal of this grant was to create a child welfare system where children, birth to age 5, receive the full spectrum of early intervention services needed to thrive by building upon existing partnerships and current efforts in place including health assessment and early childhood education. Partners involved include the following: Santa Clara County DFCS, First 5 SCC, County Office of Education Head Start, De Anza College, West Ed/E3, Santa Clara County Early Start, County Mental Health and the Public Health Department, Foster Parent and Birth and Youth Parent Liaisons.

Model



Improved Infrastructure and Collaboration

- Data sharing agreements to identify all children birth through age 5 and ensure assessment, supports and resources - MOUs with First 5, COE Head Start, and Public Health
- Build up existing systems of care to eliminate duplication and ensure continuity of care.
- Impact policy and remove barriers preventing services and/or support

Improved Alignment and Quality

- Improved services provided to children within the context of the existing system of care
- Early screening and diagnosis –Visiting Public Health Nurse Program- ASQ and Case management for those under one year of age
- Triple P parenting for birth parents and caregivers
- Priority enrollment into services and supports – Head Start and additional identified preschool programs- through 4C's and including State Preschool

Expand Services to Professionals

- Increase the availability of high-quality early childhood education/care in Santa Clara County –Training through DeAnza College and in class coaching and support for early education providers

- Cross-sector training of providers and caregivers to improve- family and center based care

Outcomes to Achieve

- Increase participation in ECE for children in or at-risk of entering foster care
- Remove barriers for children birth through age 5
- Increase provider, birth parent, and caregiver knowledge, skills, and attitudes towards early childhood education.

The visiting public health nurse program administering trauma screenings and assessments for children with significant adverse childhood experiences (ACE's) for all children birth through age 5 was launched at the end of 2012. Policies and procedures and the necessary consents have been put in place along with tracking to ensure that all children are assessed. Outreach efforts continue to target those areas within DFCS not referring children for assessment. A Memorandum of Understanding has been implemented with First 5 and Public Health. To date nearly 200 (29%) children ages birth to age 5 have been assessed.

In addition, DFCS has ensured priority enrollment into Head Start and an education support plan for providers. Over 35% of children ages 3 to 5 involved with DFCS are enrolled and attending preschool. A specialized training program for Early Education providers has been created and is being implemented starting in the Spring 2014 through DeAnza College in order to better prepare teachers working with children involved in the Child Welfare System. See additional information noted in the section for Child Welfare Initiatives below.

Strategy 3

SAFETY STRATEGIES

(1) Address and eliminate the over-representation of African American/African Ancestry and Latino families and

(2) Better understand what is causing the under-representation for Asian American families for referrals (*) received in DFCS for suspected child abuse and neglect through enhanced collaboration, training education and accountability between DFCS and its community partners

(*) Referrals are defined as the process from the CAN Center hotline call through the referral closing- Path I, Emergency Response – Path II, Voluntary or information Supervision Services or until case opening.

Action Steps:

Strategy 3A- *Revise the design, content and delivery of the mandated reporter training to ensure education about (1) disproportionality, (2) bias in work with children and families and (3) exploring the impact of poverty, cultural values and barriers to services.*

Workgroups and planning regarding the redesign of the content and delivery of the mandated reporter training to ensure education about bias, poverty and disproportionality have been in full swing since the end of the Summer 2013. DFCS, in partnership with the Child Abuse Council and other additional stakeholders have been working with the CAN Center manager and the Office of Contracts Management (OCM) on the Scope of Work and necessary components in order to launch a

Request for Proposal that utilizes this new training model. In addition, DFCS has added a Senior Management Analyst position in order to aid with the tracking for this outcome measure to determine if training mandated reporters and the community differently will have any impact to the high numbers of calls Santa Clara County receives for Latino and African Ancestry families,or whether the education/training will lead DFCS to partner differently with the community for increased resources outside of the Child Welfare Agency.

Strategy 3E- *Ensure consistent assessment for referrals for General Neglect*

A key part of this action step was to ensure that staff in the CAN Center (Child Abuse and Neglect Hotline) are consistent in how calls are screened. One such way to ensure this activity is to utilize a tool to better screen harm and danger in a call received at the CAN Center. DFCS is accomplishing this through the training on Safety Organized Practice. To date five (5) social workers and (1) one supervisor out of a total of 2 supervisors and 16 staff have been trained in Safety Organized Practice (SOP). In addition, those staff who have been trained are working on improving how screener narratives are written using the tools from SOP. These staff will include harm & danger statements as part of the screener narrative in order to clarify to the reader the true risk for the child(ren). Recommendations to permanent changes in the screener narrative to clarify harm and danger will be the next step.

In addition, these same staff trained in the CAN Center are utilizing Reflective Practice Supervision with their supervisor. Each month, they chose a call to review and listen and then critique their response to the caller and the write up for any bias and to monitor for consistency in responses. All of these activities are being monitored and led by the CAN Center Program Manager. These changes will need to be linked with the recommendations from the Children of Color Taskforce after their review of the Department's inconsistency in how referrals are coded for General Neglect. In addition, more consistent guidelines for Department staff on the determination of General Neglect are being developed. This strategy is on track for full implementation by Spring of 2014.

***Strategy 3F** – DFCS to continue to fill all positions through the hiring of well qualified staff that are culturally and linguistically able to serve Latino and African Ancestry families.*

DFCS moved to one designated manager and management analyst providing oversight to the hiring process and working with the Human Resources and the Employee Services Agency (ESA) on hiring for social workers. This change was made in February of 2013. In addition, DFCS worked with the county's Employee Services Agency to ensure active recruitment for social workers with the cultural and language skills necessary to work with Latino and African American/African Ancestry children and families. The Social Services Agency (SSA) Employee groups representing African Ancestry, Asian/Pacific Islander and Latino children have supported increased efforts and hiring, as well as the Cultural Excellence Committee within SSA. In addition, outreach for hiring has occurred to neighboring counties' Child Welfare and Mental Health divisions, Schools of Social Work, community based organizations working with Latino and African American families , Bay Area Academy, and through advertisements within the community, and throughout the state.

Hiring is being tracked, as well as exit interviews conducted for those staff who are leaving to better understand reasons why well qualified staff may be leaving DFCS. The Management Analyst performs regular monitoring of the hiring status for all positions.

Strategy 3G- *Ensure consistent procedures to guide calls. Provide training and screen to ensure that consistent messaging to callers and consistent use of resources and information.*

In order to accomplish this goal, the manager for the CAN Center is implementing Reflective Practice Supervision for all screening social workers and ensuring regular supervision to review Child Abuse and Neglect hotline calls. This involves workers reviewing at least one call per month through the recording to evaluate how the call was handled and to determine any ways to improve communication with the caller. To date, all CAN Center social workers have had at least three 1:1 supervision sessions with their respective supervisors and Group Practice Supervision regarding the activities of the CAN Center social worker is being implemented through a trainer specializing in coaching, mentoring and Reflective Practice Supervision. In addition, the CAN Center will be implementing fidelity assessment observations with each supervisor for consistency in how the supervisors are coaching and mentoring their staff. Debriefing and feedback will be provided to each supervisor. This was implemented starting in mid-November 2013.

A recent audit of DFCS conducted by the Harvey Rose Management Audit Team, commissioned by the Board of Supervisors highlighted a concern over the number or dropped phone calls through the CAN Center and recommended additional staffing levels in order to appropriately handle the volume of calls. Tools to track and monitor dropped or unanswered phone calls are being developed, and will be monitored by the newly created Senior Management Analyst position. The hiring of eight additional social workers and one supervisor to total one additional unit to the CAN Center is currently in process, with only two positions left to be filled. These positions were approved mid-December and the hiring process began immediately. This goal was originally planned to be completed by the end of December 2013. However, despite coordinated efforts between SSA/DFCS and the Countywide HR system, delays in filling the positions occurred due to required labor contract provisions, and difficulty fulfilling language needs through the recruitment process. A new target timeline of Spring of 2014, has been developed to complete recruitment of staff for the CAN Center and finalize data tracking requirements identified through the Harvey Rose Audit.

Strategy 3H- *Determine how to increase the utilization of the Family Resource Centers*

Department efforts for this strategy have just begun in recent months. Draft work plans are in process to map out the necessary steps to gain community and Agency feedback from both staff and stakeholders about the changes and supports needed from within the Family Resources Centers both in San Jose and South County. This strategy is on track for being implemented by January 2015.

Strategy 4

FAMILY REUNIFICATION AND PERMANENCY STRATEGIES

- Better utilize formal and information supports, such as extended family and the faith based community to increase placement with relatives and Non-Relative Extended Family Members (NREFM), safely supports parents and children in family reunification

REUNIFICATION OUTCOME MEASURES

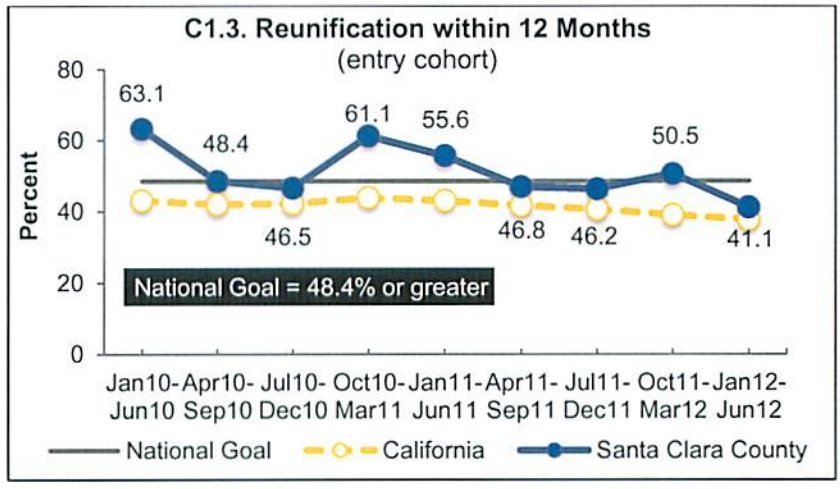
Priority Outcome Measure or Systemic Factor: C1.3 Reunification Within 12 Months (6 Month Entry Cohort). Of all children entering foster care for the first time in the 6-month period who remained in

foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

Federal Standard: 48.4%

Current Performance: According to the data provided by SafeMeasures for the period between 4/1/12 and 9/30/12, in Santa Clara County Child Welfare **41.1%** of children who had first entries to foster care for 8 days or more were reunified in less than 12 months. By ethnicity, 25% of Asian/Pacific Islander children were reunified in less than 12 months during the same time period. 39.3% of Latino children, 30.0% of African Ancestry children, and 54.2% of White children were likewise reunified in less than 12 months. This is a drop for SCC and is no longer meeting the National goal.

C1.3. Of all children entering foster care for the first time in a 6-month period, and who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?



C1.3	National Standard	Last Year (Jan11- Jun11)		Current Period (Jan12- Jun12)	
Ethnicity	**Rate**	**Rate**	**Goal met (✓) or not (✗)**	**Rate**	**Goal met (✓) or not (✗)**
Black	≥ 48.4%	67.9%	✓	30.0%	✗
White	≥ 48.4%	61.0%	✓	54.2%	✓
Latino	≥ 48.4%	50.8%	✓	39.3%	✗
Asian/ Pacific Islander	≥ 48.4%	80.0%	✓	25.0%	✗
Native American	≥ 48.4%	0.0%	✗	50.0%	✓
Total	≥ 48.4%	55.6%	✓	41.1%	✗

Target Improvement Goal: The County will improve performance on this measure from 33.9% (94 children) to 53.8% (149 children). This result can be obtained from a 30% (55 children) reduction of children with first entries into foster care of 8 days or more and still in care at 12 months. Santa Clara County is currently at 41%

Action Steps:

Strategy 4A –*Expand Family Finding services and efforts to increase the number of children and youth placed with and develop life-long connections to family*

- *Re-establish formal internal procedures and dedicated resources to complete Family Finding activities RFP's and Contracts Maximize utilization of community based organizations providing Family Finding support*
- *Analyze the dollar allocation needed and baseline of Family Finding by August 2014*

*The Department has take*n inventory of the Family Finding activities available through community based organizations. DFCS has modified the On-Line Policies and Procedures Handbook to ensure updated and accurate information. This strategy needed to be prioritized. Family Finding is a necessary component to ensure the necessary relatives for placements. This strategy is expected to move forward and resources should be in place by August 2014.

Strategy 5:

FAMILY REUNIFICATION STRATEGIES

DFCS will increase the number of children who are safely reunified with their families through increased support and engagement with parent(s)

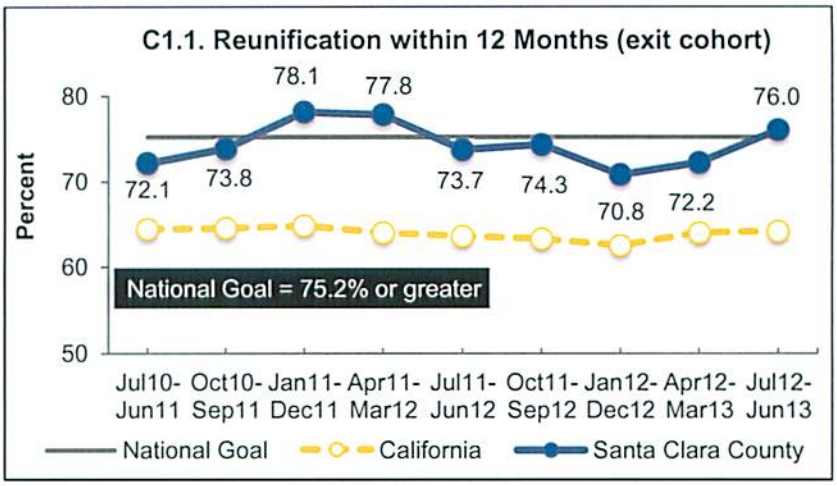
REUNIFICATION OUTCOME MEASURES - Timeliness and Permanency of Reunification

Priority Outcome Measure or Systemic Factor: C1.1 Reunification within 12 Months (exit cohort). Of all children discharged from foster care to reunification during the year, who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

Federal Standard: 75.2%

Current Performance: According to the data provided by SafeMeasures for the period between 10/1/12 and 9/30/13, in Santa Clara County Child Welfare **76%** of children who were in foster care for 8 days or more were reunified in less than 12 months. By ethnicity, 91.4% of Asian/Pacific Islander children were reunified in less than 12 months during the same time period. 72.7% of Latino children, 85.2% of African Ancestry children, and 74% of White children were likewise reunified in less than 12 months.

C1.1. Of all children discharged from foster care to reunification in the year who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?



C1.1	National Standard	Last Year (Jul11- Jun12)		Current Period (Jul12- Jun13)	
Ethnicity	**Rate**	**Rate**	**Goal met (✓) or not (✗)**	**Rate**	**Goal met (✓) or not (✗)**
Black	≥75.2%	55.6%	✗	85.2%	✓
White	≥75.2%	75.4%	✓	74.0%	✗
Latino	≥75.2%	77.3%	✓	72.7%	✗

Santa Clara County has engaged in the following activities during this past year toward the reunification improvement strategies:

Strategy 5A- *Increased visitation in a more natural and relaxed setting and increasing the number of visits available for families and children. Enforce the step down visitation model that would ensure visits occur in the least restrictive and supportive environment for families. Prioritize an increase in support staff, funding and resources needed to help with the visits, including the availability of in-home parenting support.*

The timeline for completion for increased visitation is the Fall of 2014. This strategy has been prioritized through the Strategic Planning process and workgroups aimed at further development of the necessary short and long term action steps will be completed in January and February 2014 with staff and stakeholders. It is anticipated that SIP action steps may be modified slightly after this workgroup process. Please see Attachment E-Draft Work Plan to Enhance Visitation in Santa Clara County. This plan includes the following action items:

- Orientation and training for birth parents early in the process to understand the expectations of supervision and how to be successful.
- Additional support staff to support successful visitation and a training for staff to provide more coaching for people in supportive roles for families to become more comfortable with the challenge and expectations for supervising visits. For instance, how to redirect or coach a parent in a difficult situation and when to ask for help.
- Locate venues where families can engage in natural home like settings that are weather protected.
- Ensure transportation is not a barrier for visits for caregivers or birth parents.

- Ensure additional support and training for staff in situations involving Domestic Violence with families.
- Ensure management reviews of supervised visits to better understand the barriers to "Step Down Visitation" to a more natural and least restrictive setting. Successful visitation between children and parents is one of the biggest predictors of successful reunification for families. Therefore, the necessary resources and support must be included in the process.

Strategy 5B-*Continue to support staff through training in order to have the difficult conversations with families regarding trauma. Ensure trauma focused educational services for parents and caregivers, and staff and ensure language and ethnicity is included. Creation of an on-line policies and procedures manual of current licensed professionals and including coaching and mentoring for staff especially with regards to trauma, a*nd **Strategy 5E** -*Continued participation in CAPP for Safety Organized Practice and Coaching and Mentoring.*

Strategies 5B and 5E are intertwined as both involve Agency wide training and system changes in the ways in which the Department is supporting children and families and the ways in which the Department is supporting social workers working with families to develop training and system changes respective organizations and agencies on a trauma informed practice.

Santa Clara County CAST Committee- (Cross Agency Systems Team) initiated a trauma informed training effort, utilizing a framework presented by Chandra Gosh-Ippen, of the Child Traumatic Stress Network. This training included practitioners and staff from Child Welfare, Probation, the Courts and Mental Health. Training for key leaders and supervisors in respective organizations and agencies on a trauma informed practice was launched in the Spring of 2013. Focus included ensuring a "trauma lens" in all work with young children and families to ensure trauma-informed services delivery for very young children and to ensure the identification of protective factors for these children and families. Two hundred and twenty five managers and supervisors in Child Welfare, Mental Health, Public Health, First 5, Drug and Alcohol Services and Juvenile Probation were trained during the Summer of 2013. The next steps will be a training plan roll out for staff in all of the respective agencies. This goal was anticipated to be completed by the Spring of 2014; however, a revised date of December 2014 has been included in order to ensure further modifications to the curriculum and to align the trauma training with the work Santa Clara County is doing through the CAPP training around Safety Organized Practice and Cultural Humility with families. These trainings are providing staff with additional tools to support challenging work with families and to engage in the difficult conversations necessary. Further, Santa Clara County is also rolling out Reflective Practice Supervision Training which includes coaching and mentoring training to all managers and supervisors to make sure there is an infrastructure in place the supports the direct service case workers and the trauma they may experience in working with families and children who have been traumatized. This training will ensure that supervisors and managers lean and develop the skills to support their staff and to help reduce work stress, and improve staff's sense of competence and well-being.

Additional steps will be ensuring changes in policies and procedures and the documentation of tools for staff and the availability of additional trauma resources including therapists and professionals who have also been trained. Please see Attachment F for Santa Clara County CAPP Updates for 2013.

Strategy 5C –*Enhance parent education support that is research based and takes into consideration the culture of the family. Tailor classes to meet the needs of families, ensure classes in South County and additional classes in Spanish. Look at open ended classes and ensure childcare and transportation and the implementation of Triple P evidenced based parenting classes throughout the county.*

This strategy and action steps are on target for full implementation by Fall of 2014. To date, the County has successfully partnered with County Mental Health and the Probation Department, as well as First 5 Santa Clara for the implementation of the Triple P evidenced based parenting program throughout the County. This allows parents to be assessed and a better match about the type of class or program needed to best meet their parenting needs. This was implemented in September 2013. The additional task of adding more available classes in Spanish and other languages that may not occur with tremendous frequency, as well as additional classes in South County, addressing childcare and transportation concerns, looking at ensuring open ended drop in classes and in home parenting support are all planned to be addressed in 2014.

Strategy 5F- *Ensure the active engagement of fathers for all cases. Track cases to ensure they are involved, continued participation in the Fatherhood Initiative and collaboration. Bring in culturally responsive trainers and ensure training that promotes and supports the inclusion of fathers and paternal family members.*

There has been a great deal of work to date on this goal. Santa Clara County has established the Santa Clara County Fatherhood/Male Involvement Collaborative. This collaborative is a community and agency collaborative aimed at developing strategies and the necessary partnerships to work towards having fathers engage in beneficial community and agency services by creating the resources that advocate and promote fatherhood and male involvement for children and families. Key partners involved include Social Services Agency-DFCS, the Probation Department, County Mental Health, staff from the Elmwood main jail, Catholic Charities, Gardner Family Care, Drug and Alcohol Services, SCC First 5, Family and Children's Services, SCC Housing, Lighthouse of Hope Counseling Center, Planned Parenthood, South County Self Help Center, County Counsel, the Veterans Administration, and Clear Credit Exchange. Partners include public and private agencies and faith based community membership.

To date, this active committee has successfully built strong partnerships and created workgroup goals to ensure the necessary advocacy to launch, lead and evaluate efforts to make fatherhood engagement a permanent practice in DFCS, Mental Health, the Court System, Family Support and the criminal justice system in Santa Clara County. In addition, the Collaborative provides presentations and outreach in the community to educate, train and to invite all community partners to join the Collaborative as service providers. The collaborative has and continues to work with SSA/DFCS to educate and train staff that the SCCFATHERHOOD is available for training, community resources and practice models. The Collaborative has also established a resource website www.sccfatherhood.org for fathers and their family to locate beneficial services. The collaborative has trained a number of fathers, Court officials, community members and service providers how the website works and how to join the website to create a community resource directory. The Collaborative meets every second Thursday of the month and the Collaborative puts out a quarterly news letter on the SSA Internet.

A newsletter has been created and is sent out on a Semi-Annual basis to all DFCS staff to keep staff informed of the changing resources and support. For 2014, this committee will continue to contact other fatherhood organizations at a local, State and National level to learn more about promising

practices and lessons learned to be implemented within Santa Clara County. This will include the launch of training for staff and may include additional SIP goal strategies to ensure active father engagement in the Child Welfare process. This will be an on-going goal throughout the SIP process through 2018. Please see Attachment C for Fatherhood Collaborative Initiative Information.

Strategy 6 –

PERMANENCY STRATEGY

Increase the number of youth in guardianships and children/youth in adoption placements and eliminate the barriers to support a stable placement for children/youth

Target Improvement Goal: The County will improve performance on this measure from 20.4% (65 children) to 40.8% (130 children). This result can be obtained from a 26% (65 children) reduction in the number of children who are still in care. Santa Clara County is currently at 23.5%.

Action Steps-

These actions steps include concurrent plans for children and youth, improved tracking and monitoring of home studies, creation of a support group of post adoption and guardianship families, creation of a youth mentorship program to support permanency efforts and additional training. Most of these goals are in the planning stages and dates have been revised to reflect the need to do additional planning regarding implementation of these action steps.

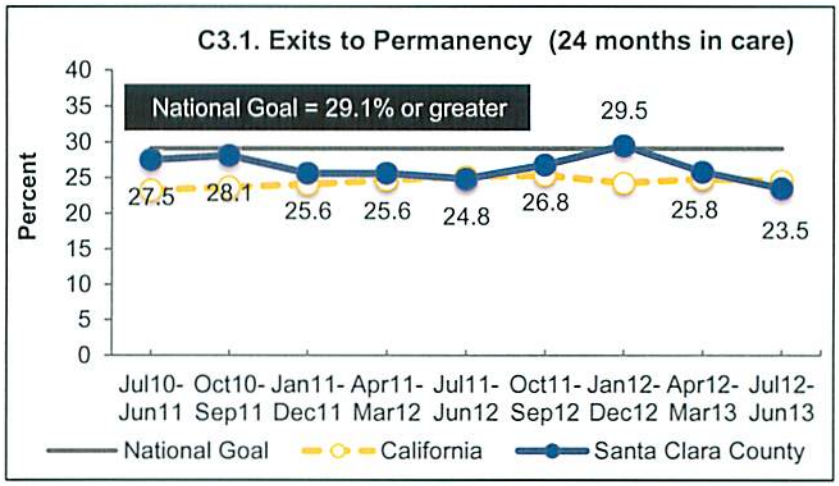
PERMANENCY OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: C3.1 Exits to Permanency (24 months in care). Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

Federal Standard: 29.1%

Current Performance: According to the data provided by UC Berkeley for the period between 10/1/12 and 7/1/13, in Santa Clara County Child Welfare **23.5%** of children who were in foster care for 24 months or longer on the first day of the year were discharged to a permanent home by the end of the year and prior to turning 18. This measure is currently not meeting the National standard. Included in this percentage are children who exited to reunification, adoption, and guardianship. Not included are children who exited to non permanency or were still in care. By ethnicity during the same time period, 17.7% of Asian/Pacific Islander children who were in foster care on the first day of the year exited to a permanent home by the end of the year and prior to turning 18. 27.4% of Latino children, 18.1% of African Ancestry children, and 13.2% of White children likewise exited to a permanent home by the end of the year and prior to turning 18.

C3.1. Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?



C3.1	National Standard	Last Year (Jul11- Jun12)		Current Period (Jul12- Jun13)	
Ethnicity	**Rate**	**Rate**	**Goal met (✓) or not (✗)**	**Rate**	**Goal met (✓) or not (✗)**
Black	≥ 29.1%	21.6%	✗	18.1%	✗
White	≥ 29.1%	19.7%	✗	13.2%	✗
Latino	≥ 29.1%	27.5%	✗	27.4%	✗
Asian/ Pacific Islander	≥ 29.1%	10.0%	✗	17.7%	✗
Native American	≥ 29.1%	60.0%	✓	66.6%	✓
Total	≥ 29.1%	24.8%	✗	23.5%	✗

Strategy 6B- *Ensure concurrent plans for all children and youth and the tracking and monitoring of these plans. Reinstate manager reviews for permanency and ensure all cases are transferred to finalization unit within 30 days of Parenting Rights being terminated.*

The first two action steps have been implemented; however, the overall deadline has been modified from January 2014 to January 2015 in order to allow the necessary time to track concurrency, understand the trends and to establish additional goals.

Strategy 6C-*Create a new assignment to track and monitor all external home studies to expedite completion and to better track and understand any delays.*

This action step was delayed due to the hiring process. However, through realignment a new position was created in December 2013 and this will now be moving forward.

Strategy 6D *Permanency Coordinator and social workers to be trained in having conversations with youth about permanency and adoption as well as the creation of a permanency resource library to be utilized.*

This action step was pushed back until January 2016 due to prioritization of the number of tasks for the Permanency Manager position.

Strategy 6E –*Inclusion of an adoption social worker in all Team Decision Making Meetings where a child has been legally freed.*

Deadline has been extended to January 2016, in order to ensure the necessary staffing to cover this task.

Strategy 7

PERMANENCY, FAMILY REUNIFICATION AND WELL-BEING STRATEGY

-Increase efforts to support children's well-being in order to stabilize and support children/youth in placement and support a parent(s) ability to reunify with their child(ren).

Action Steps-

Strategy 7A. Make education a priority and increase educational support to each student through the following action steps including hiring an additional staff person in the Educational Services Unit by October 2013 to focus on the activities noted below. Due to delays in the movement of staff and the need to not remove another staff away from direct case carrying services, there has been a delay in the hiring of additional staff in order to accomplish the following: However, efforts are underway to move toward the following:

- Increase tutoring – County Office of Education has dedicated additional funding for children and youth and a process is being established to ensure success.
- Better support social workers and youth to understand and read transcripts – A plan will be developed and implemented by June 2014.
- Ensure the necessary support and classes for middle school students
- Increase partnership through School Linked Services
- Decrease number of expulsions through advocacy and education

- Increase number of 3-5 year olds in Head Start, State preschool or other comparable preschool Early Education Environment.
- Increase partnerships with local colleges for opportunities for transitioned aged youth.

Strategy 7B

Strategies 7C, 7D, 7E, and 7F –Involving housing, mental health, employment and financial literacy for transitioned aged youth are not yet in progress due to the Project Manager tasked with overseeing these services just being hired within the last couple of months.

Strategy 7G – Increase foster parent, group home staff and relative caregivers involvement with supporting youth as they transition to adulthood through a pilot curriculum for Independent Living Program (ILP) for core ILP competencies to be taught in the youth's home and providing on-going training forums and guest speakers.

Although DFCS has changed the date for this goal for the pilot to be fully implemented by June 2014 and then to go to scale if successful by 2017, DFCS has made progress in this action step. The ILP providers' contract has been modified and a pilot is in process.

DISPROPORTIONALITY STRATEGY FOR THE COUNTY EXECUTIVE

Disproportionality Strategy for the Office of Cultural Competency for Children's Services

Strategy 1: Address and eliminate the over-representation of African Ancestry and Latino families through the creation of a Director position in the newly developed Office of Cultural Competency.

This position was filled in February 2014 . Delays in the hiring process and creation of a position have resulted in the timelines for this goal being modified from October of 2013 to October of 2014.

BARRIERS AND OBSTACLES TO SIP IMPLEMENTATION

As discussed earlier in this report and in the Status of the SIP goals section, the most significant barriers to implementation have been the following and are currently being addressed: ensuring the necessary infrastructure, prioritization and staffing to be able to accomplish SIP goals.

CHILD WELFARE SUCCESSES AND PROMISING PRACTICES

Successes and Promising Practices as noted above are the partnerships and collaborations that have been created and have contributed to the success in achieving success in meeting the goals for the Early Education and Early Childhood assessments and services for children birth to age 5, the Fatherhood Initiative and organization of resources and supports for fathers within Santa Clara County, the hiring of additional staff that meet the cultural and language needs of the clients involved with DFCS, the CalWORKs/Linkages Partnership, and efforts to ensure an improved logic model and consistent services for Differential Response.

CHILD WELFARE OUTCOME MEASURES NOT MEETING STATE AND/OR NATIONAL STANDARDS

As noted above, Santa Clara continues to improve on most of the State and Federal Outcome Measures, but also continues to struggle with other measures. This quarter, the number of measures with improvement outnumbered those measures that declined. Santa Clara needs to

improve in some the Family Reunification efforts. Conversely, the Adoption composite has been an area of challenge. The County made remarkable improvement and met the national goal for this composite for three consecutive quarters. However, there is a regression this quarter. Adoptions within 12 Months (for children who are legally free for adoption) is the only measure of the five adoption measures that meets the national goal. Specifically, Children Legally Free within 6 Months and Adoptions within 12 Months (for children in care for 17 months or longer) are farthest away from the national goal, currently at 62% and 71%, respectively.

Below is a summary of the challenges relative to the State goals and the strategies to improve performance.

- The County's performance on Ten-day Responses has not met the State goal of 95% or more during the last nine quarters, ultimately plunging to 81.8% this quarter.

  Strategies:

  1) Safety is an identified area of improvement for the SIP. SCC has analyzed reasons for the decline and is in the process of implementing strategies aimed at improving performance. One of the reasons for the decline is tied to timeliness of paperwork and data entry. For Emergency Response workers who are working mandatory overtime and ensuring children are seen, paperwork has often been delayed. Yet, it is vital that the appropriate documentation is completed timely. A plan of correction is currently being implemented and improvements are expected next quarter as a result.

  2) In addition, the following SIP strategies are being looked at:
     a. Increase resources in the Front End for Emergency Response ensuring staff vacancies are filled as a priority so that timely referrals and complete assessments for families can be completed are a Department priority.
     b. Ensuring the necessary funding for Differential Response, especially for African Ancestry and Latino families, so that family stressors can be addressed and families stabilized to prevent re-referrals and to decrease the numbers of families on the wait list for DR.
     c. In addition, the county has initiated a competitive process to add additional resources to Differential Response with particular attention to Latino and African Ancestry families, as well as Vietnamese families. It is anticipated the increased resources will be available within the next year through CBCAP funds and Realignment funding.

- Timely Dental and Medical Exams for all children have continued to trend downward, performing below the 100% State goal.

  Strategy:

  1) SIP strategies are currently aimed at increased partnerships with Public Health and better identification of medical and dental resources to increase performance are in progress. In addition, SCC will begin monthly monitoring

and tracking for this data measure and implement support plans to help social workers and caregivers locate the necessary resources and ensure children have timely care. Additional data analysis is underway to better understand the barriers impeding performance for this measure. One concern currently is that youth ages 18 and older in Extended Foster Care are refusing to follow through on dental appointments. Further education may be needed for this growing population to understand the implications if they do not seek regular dental care for several years.

In addition, as noted above the County is actively addressing the decline in the State outcome rate for timely 10 day responses, as well as trying to better understand the decline in timely medical and dental services for children.

Please refer to the summary of the current progress for Santa Clara County noted in the section on current progress.

STATE AND FEDERALLY MANDATED/ NON-MANDATED CHILD WELFARE INITIATIVES

Santa Clara County is currently participating in several Federal and State initiatives. The following is a summary of Santa Clara County's participation and current progress:

CAPP- California Partners for Permanency

Santa Clara County was chosen as one of the early implementing counties for the California Partners for Permanency project (CAPP), which is funded through a five-year Federal grant, administered by the California Department of Social Services. The project is aimed at reducing the number of children in long-term-foster-care. CAPP's planned intervention is a Child and Family Practice Model that includes culturally-sensitive engagement; empowerment of family, Tribal, and community networks; and the use of culturally-based and trauma-informed healing practices. This Practice Model will include both front-line practice standards for Social Workers and systemic capacity standards. The front-line practices will include standards in four essential element areas including (1) authentic discovery and engagement; (2) empowering families; (3) healing trauma; and (4) a pre and post-permanency circle of support. The four early implementing counties: Santa Clara, Los Angeles, Humboldt and Fresno engaged local stakeholders in creating the details of these practice elements specific to the two populations of focus: African Americans and Native Americans. These two groups were identified based on statewide data of the most disparately represented groups in California.

In Santa Clara County, social work units have been trained in cohorts of no more that 40-50 persons per training. Since November 2013, all continuing units have been trained on the practice model. Training for emergency response and dependency investigation functions is planned for 2014. Current planning is in process to ensure the necessary coverage to support Front End workers away from their work for 3 days of training. In addition, during the month of August 2013, two orientation sessions were conducted for Community Based Organizations on the CAPP Initiative to introduce stakeholders to the underlying philosophy and practice approach. In addition, a half day

training session was conducted for Court Partners. In attendance were the Juvenile Dependency Judges, Attorneys, Mediators, and Child Advocates.

Title IV-E Child Welfare Waiver Demonstration Project

Santa Clara County has continued in the discussions and planning process in consideration of participation in the Title IV-E Child Welfare Waiver Demonstration Project. Technical assistance from Casey Family Programs has been readily accepted to better understand data and to further evaluate both the strengths and risks of being involved in a capped allocation but being allowed the flexibility for more creative use of funding to support children and families.

Early Education Child Welfare Participation Grant

Santa Clara County Social Services Agency- Department of Family and Children's Services was awarded a grant from the Department of Health and Human Services Administration for Children and Families for a period beginning September 30, 2012 through September 29, 2014. The overarching goal of the Circle of Care Project is to increase wellbeing and to build protective factors for these children, their families, and their caregivers through the enhancement and improvement of the collaborative multi-agency service delivery system. The Circle of Care Project strengthens existing partnerships, enhances programmatic elements that assure the well-being of children receiving services and broadens the availability of quality early educational resources for children in care.

The project will achieve this goal through three distinct strategies, or program strands:

1. Strengthening existing collaborative partnerships by building a more formalized and tightly connected infrastructure to support coordinated care;
2. Enhancing services through the implementation of assessments and screening for children with significant adverse childhood experiences; and
3. Broadening the availability of high quality early childhood education/care through specialized training and professional development for caregivers to assure effective service delivery to children involved in the system.

The Circle of Care Project grant was awarded based on current partnerships established with FIRST 5, County Office of Education, Head Start, Public Health Department and the WestED Training Institute. It is an infrastructure building grant allowing the necessary time and resources to continue to build a strong infrastructure for this county by allowing a child welfare system where children age birth through age five, who are involved in the system receive a full spectrum of the early intervention services needed to thrive. In addition, this project will result in increased capacity for collaborative practice in Santa Clara County to support comprehensive integration of services between the child welfare system and the early childhood education system.

Although, Santa Clara County was delayed in implementation, there were major activities and accomplishments during this review period. The following highlights these accomplishments:

1. Establishment of the membership teams for the Early Education Operations Committee and Early Education Systems Committee from all respective child serving agencies.

2. Identification of a parent and caregiver partner to participate on the operations committee and ensure the "parent's voice" and the "child's" voice in all decision making.
3. Education and formal presentation of all partners involved to ensure a clear understanding of the services available and the strengths each respective agency would bring to this partnership.
4. Support from all partners involved and the necessary commitments from key leaders to participate in this project and to ensure success.
5. Agreements in place between DFCS and the Public Health Department and between DFCS and the County Office of Education.
6. Launch of the visiting public health nurses program administering trauma screenings and assessments for children with significant adverse childhood experiences (ACE's). This included identified funding, completion of the necessary releases, court orders and communication and a tracking mechanism put into place. Training has begun to occur for all social workers in the child welfare department, as well as tracking and the necessary written policies and procedures. As of October 2013, over 25% of children have been assessed.
7. Ensure priority enrollment for children into an appropriate Head Start, State Preschool or other preschool setting. As of October 2013, over 35% of children had been enrolled into an appropriate preschool early education setting.
8. Beginning of data analysis of this population and a decision to concentrate the focus and pilot of those early education providers trained in the concentrated areas for these children and families. This will include the downtown San Jose area, EastSide San Jose and the Gilroy area. Tracking will be put in place to better understand the birth to age 5 population and to track outcomes.
9. Finalized logic model to ensure the three over-arching goals of the Circle of Care project including: (1) Strengthening existing collaborative partnerships by building a more formalized and tightly connected infrastructure to support coordinated care; (2) Enhancing services through the implementation of assessments and screening for children with significant adverse childhood experiences (ACEs); and (3) Broadening the availability of high quality early childhood education/care through specialized training and professional development for caregivers to assure effective service delivery to children involved in the system.
10. Joint partnership for a shared parenting education intervention utilized across the County. Provider selected for the Triple P Positive Parenting Program and full launch for parents involved in the Mental Health and Child Welfare systems.

Katie A. Settlement Agreement

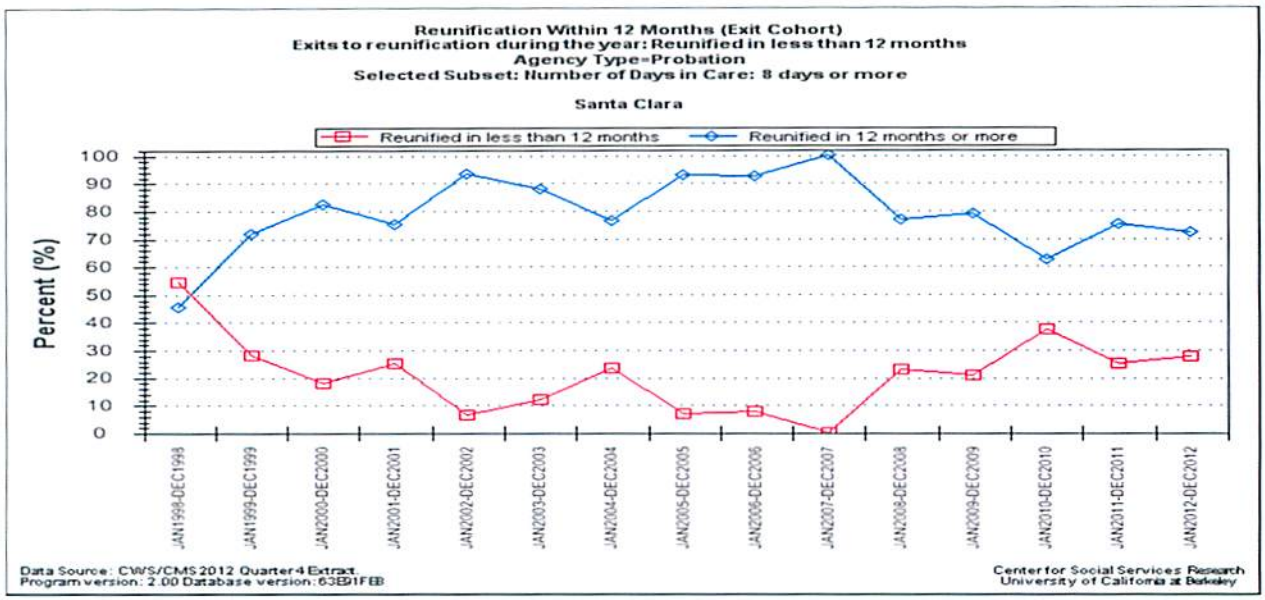
Santa Clara County Department of Family and Children's Services (DFCS) has been working in collaboration with Santa Clara County Mental Health Department to ensure the necessary compliance with the Katie A. legislation and requirements. The Santa Clara County DFCS in partnership with Mental Health has a preliminary plan and has initiated Phase 1 of the completion of forms by social workers to identify mental health services for all children involved within the Child Welfare System.

CHILD WELFARE SIP MATRIX

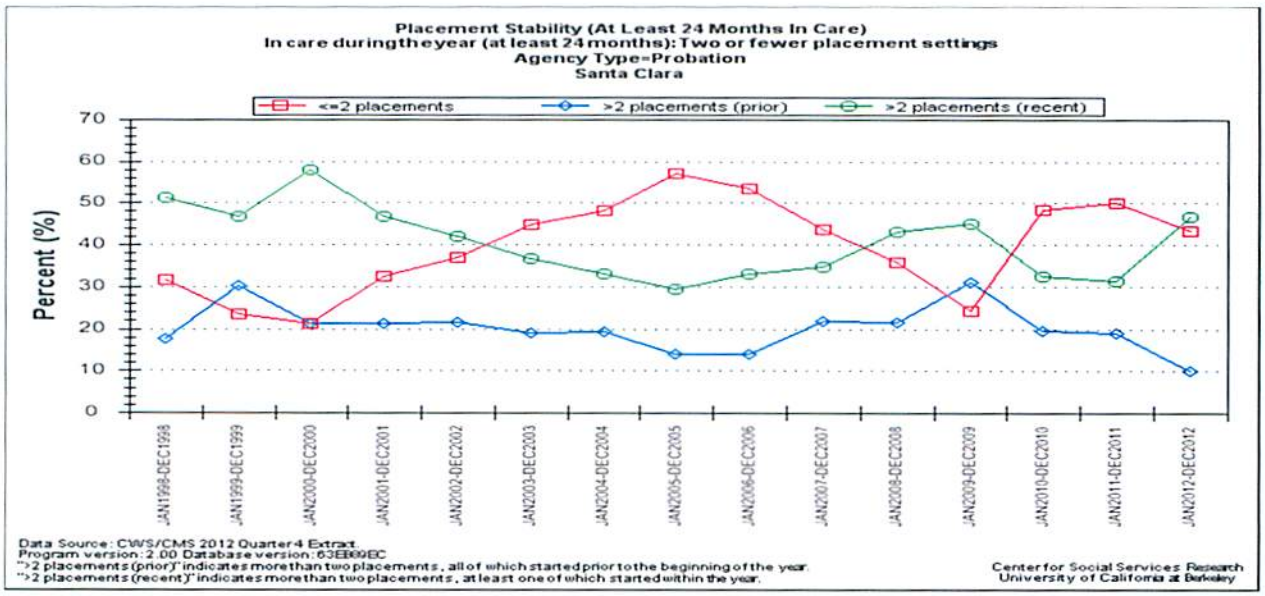
Please see the attached Santa Clara County System Improvement Plan Matrix for a detail of the current strategies and status to date. (Attachment A) In addition, please refer to the SIP Strategy Summary Matrix for a summary of all strategies and manager assignment. (Attachment B)

PROBATION CURRENT PERFORMANCE TOWARDS SIP GOALS

The Timely Reunification outcome indicator data set, C1.1, is an exit cohort that identifies, out of all youth who exited care through reunification in a 12-month period, how many and what percent reunified in less than 12 months. The Santa Clara County Probation rate has risen slightly in the last period but continues to be far below the National standard of 75.2%.



The Placement Stability outcome indicator data set, C4.3, is youth who have been in foster care for 24 months or more having two or fewer placements. When looking at placement stability for probation youth, the point in time data shows a slight drop to 43.3% of youth who were in more than two placements. Although this is above the National standard of 41.8% Probation will continue to work on improvement in this area.



Both in Timely Reunification and Placement Stability the number count of youth in this time period is low, only 5 of 18 and 13 of 30 respectively. As Probation's numbers of youth in foster care get smaller, for example, the confidence in understanding the impact of new programs and services will have on these outcomes becomes a concern. Other statistical methods to assess and compare trends may become critical in the future.

PROBATION STRATEGIES STATUS

Strategy 1: Develop coordinated and integrated child welfare and juvenile justice systems that enhances services and outcomes for dually involved youth.

The Juvenile Justice and Child Welfare System Integration Technical Assistance Initiative, is a project jointly supported by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the John D. and Catherine T. MacArthur Foundation (MacArthur Foundation), and coordinated and managed by the Robert F. Kennedy Children's Action Corps (RFK). In July 2012, Santa Clara County became one of four competitively selected demonstration project sites to receive technical assistance and consultation to develop coordinated and integrated child welfare and juvenile justice systems. This integration will enhance services for maltreated youth that cross over into the juvenile justice system or juvenile justice youth where maltreatment has been identified.

It is well documented that youth exiting foster care have poor educational outcomes, and struggle with homelessness, substance abuse, mental health challenges, unemployment and crime. Recent research on youth that touch both the child welfare and the juvenile justice system demonstrate that these "dually-involved" youth have even worse outcomes. In addition to all of the challenges experienced by youth exiting foster care, mentioned above, dually involved youth have higher rates of recidivism, greater dependence on service systems such as public welfare, and diminished opportunities for gainful employment. Further, children of color are dramatically overrepresented in both the child welfare and juvenile justice system. Given the complex, multi-faceted and distinctive needs of dually-involved youth, effective service delivery requires enhanced coordination and integration of systems. Moreover, without effective cross-system collaboration, and a shared vision of how best to serve dually-involved youth, this population will continue to suffer in dramatic ways

In July 2012, an executive steering committee was created with department heads from the Public Defender's Office, Drug and Alcohol Department, Mental Health Department, Director of the coalition of local non-profits, SSA Director, Probation Chief, DFCS Director, Deputy Chief for Juvenile Probation Services, Presiding Juvenile Justice Judge, Supervising Dependency Judge, Supervisor for the District Attorney's Office, President of the NAACP, Director of Alternative Education Services, Executive Director of the National Compadres Network, Director of local non-profit Kids in Common (also a Juvenile Justice Commission member). Additionally, we have established 3 sub-committees: Data, Practice & Resource, and Legal & Policy. Each sub-committee is co-chaired by a member of the executive steering committee and includes a broad range of stakeholders.
The Legal & Policy workgroup developed a Memorandum of Understanding to memorialize our commitment to enhanced coordination, integration and cooperation at the administrative and

service delivery levels in an effort to improve short-term and long-term outcomes for dually-involved youth

The specific desired outcomes from this Initiative are as follows:

A. *Youth, Family & Community Outcomes*

1. Youth have decreased contact with law enforcement and the juvenile justice system.
2. Youth remain in family setting with appropriate support and access to services, whenever possible.
3. Youth are protected from high-risk environments (including sexual exploitation, gang activity and domestic violence).
4. Youth reduce high-risk behaviors that threaten their well-being and community safety.
5. Youth are connected to positive adults, cultural ties and pro-social activities.
6. Family Finding is used more frequently and effectively to increase connections to a youth's family of origin.
7. Youth have the supports they need to ensure educational/ vocational engagement and success.
8. Youth and their caregivers have access to services that meet their cultural and linguistic needs.
9. Rates of juvenile delinquency decrease, resulting in a safer community.
10. Victims and communities harmed by juvenile crime are restored.
11. Faith based communities are engaged in efforts to support youth and families.
12. Communities are empowered in ways that make them safer.

B. *System Outcomes*

1. The child welfare system and juvenile justice system eliminate the disproportionate representation of children of color.
    a. identify specific junctures at the front-end of the process, and throughout the process at which structural changes can be made to reduce disproportionate minority contact.
2. Youth serving systems (child welfare, juvenile justice, mental health, community based agencies):
    a. align philosophies and process amongst agencies such that coordinated services, support, joint efforts, and family engagement are the common goal
    b. increase investment in outreach, prevention and early intervention
    c. consider possibilities for blended funds and coordinated service delivery
    d. improve data collection and use across system
    e. increase trauma-informed services & reduce system induced trauma

The Legal & Policy workgroup will continue to evaluate the current processes for handling dually-involved youth, including court processes, and consider alternative processes; develop proposals for new interventions.

Currently, Santa Clara County uses the "Hold" model for dually involved youth. Court decisions are primarily delinquency status with 300 status dismissed; continued dependency status to receive child welfare services with 602 allegations dismissed; or assigned dual status, however, dependency is suspended. The Dually Involved Youth Initiative is looking to move from the model where only one system can serve a youth at a time, to a model where youth and families can benefit

from the unique expertise of both systems. This would allow the probation officer and social worker to formally coordinate case management and jointly provide appropriate services.

The Legal & Policy workgroup is looking at best practices for other jurisdictions, such as, a San Diego County project aimed at improving outcomes for dually-involved youth. Although the original pilot project officially ended in April of 2012, the project has continued, and expanded due to its success. Pursuant to San Diego's Dual Status Protocol, one Judge is charged with (1) determining whether dual status would serve the best interest of the child; if so (2) designating the lead agency; and (3) hearing the dependency **and** delinquency cases of dual status youth. If the Probation Department is designated as the lead agency, the delinquency court is the lead court. Conversely, if child welfare is designated the lead agency, the dependency court is the lead court. Either way the same judge hears the case.

Both the juvenile justice and child welfare courtrooms sit in the same courthouse. All hearings, both dependency and delinquency are heard on Wednesday afternoons for dual status youth. All players (county counsel, district attorney, dependency counsel, public defender, social worker and probation officer) are present for all hearings. All of the players maintain their traditional role, so the public defender represents the youth only for the delinquency hearing, though s/he is present for any dependency hearings that may take place. The rules regarding placement flow through whichever agency is lead.

The Data workgroup completed an internal data review on dually involved youth and the data was used to identify the populations to target and inform Dual Status policies and procedures to be created. The Dually Involved Youth Initiative chose to target two main populations: The first population targets youths involved in the 241.1 court process. These youths are characterized by entry into the juvenile justice system as well as the co-occurrence of child abuse or neglect. The second population targets youths between the ages of 10 and 14 who have open dependency court cases, have two or more referrals to probation, and are using drugs or alcohol on a weekly basis.

The present report aims to compile data used to inform the early stages of planning for programming and service provision for the Dually-Involved Youth Initiative. Most of the data presented were compiled specifically for this initiative. Thus, a gap exists in the availability of viable analytic reports to inform ongoing programming for dually-involved youths. However, this workgroup will be identifying data sets and data points that must be collected, aggregated and shared across systems and ensure that this data is regularly analyzed to inform practice.

The First Target Population: Youths in the 241.1 Calendar

The DFCS Dual Status Liaison compiles 241.1 calendar data every six months. Reports are developed and shared internally within the Department of Family and Children's Services and with the Courts and the Probation Department. The table below shows that between Jan 2011 and Jun 2012, 102 youths received orders for a 241.1 court process. Close to a third of these youths were female, over half were Latino, close to half were youths with present involvement in the child welfare system, and 17 percent were 14 years or younger.

241.1 Orders

	18-month Period Jan 2011 - Jun 2012	
	count	percent
241.1 orders	102	
Male	73	72%
Female	29	28%
Latino	63	62%
Caucasian	22	22%
African Ancestry	15	15%
American Indian	1	1%
Asian Indian	1	1%
Vietnamese	1	1%
Dependent Youths		
14 years and younger	10	10%
15 -18 years	38	37%
Community Youths (no current involv. with CW system)		
14 years and younger	7	7%
15 -18 years	47	46%

Specific court decisions for youths with 241.1 court orders are also tracked (see table below). Court decisions fell across three main outcomes: (a) 58 percent of youths are primarily kept on the 602 track; (b) 30 percent are ordered to receive or continue to receive child welfare services with 602 allegations dismissed; and (c) 10 percent are assigned dual status where 300 dependency is suspended.

Court Decisions

602 track only	24	23%	602 cases	58%
602, 300 dismissed	15	14%		
Judicial Dual Status (602 first) - community youths	22	21%		
300 ordered, 602 dismissed	19	18%	300 cases	30%
300 maintained, 602 dismissed	13	12%		
Dual Status, 300 suspended	10	10%	Dual Status	10%
Other	2	2%		
Total	113			

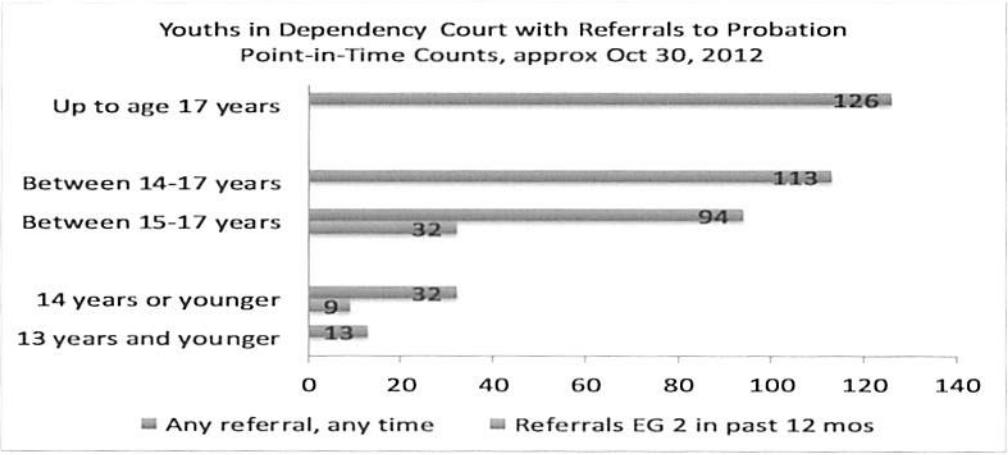
Note: These counts are based on decisions that occurred in the 18-month study period. Thus, not exactly the same 102 youths with 241.1 court orders.

While these reports are shared across systems, only the Dual Status Liaison is the keeper of these data records. Moreover, this data is tracked using Excel and are not easily accessible or linked to other data systems. Thus, development of a data application that bridges various departments would be beneficial.

The Second Population: Young Dependent Youths

This project aims to better serve dependent youths between the ages of 10-14 years who begin to engage in delinquent or criminal behavior but who have not yet entered formal probation services. The initiative aims to identify youths who are 10 to 14 years of age, have received two or more probation referrals in the past 12 months, and who abuse drugs or alcohol on at least a weekly basis. On October 14, 2012, there were 296 youths between the ages of 9.9 and 14.9 in dependency court (average age = 12.4 years).

A separate data pull of all youths in dependency courtroom showed that 126 youths up to the age of 17 years had at least one referral to juvenile probation at any point in time. Of this total count, 25 percent (n=32) were 14 years or younger and 10 percent (n=13) were 13 years and younger (see chart). Of youths 14 years and younger, further drill-down showed that 28 percent (n=9) had received at least two probation referrals in the past 12 months. This rate was only a little lower than that found for older youths (i.e., 15-17 years), where 34 percent (n=32) had received at least two probation referrals. An automated report to identify dependency youths with two or more probation referrals is being developed. This list would then be finally vetted by DFCS to identify youths with at least weekly substance or alcohol abuse. This vetting will require qualitative case review.



In addition, the Probation Department is committed to understanding criminality and the contextual circumstances that bring younger youths into the juvenile justice system. As appropriate, findings from this latter project will inform the dually-involved youth initiative. In response to concerns about increasing criminality among young children (i.e., 13 years and

younger), the increased likelihood of engaging in chronic and markedly more serious offenses,[1] and the Santa Clara County Board of Supervisors mandate not to hold youths 13 years and younger, the Probation Department dedicated a probation officer to study the issue and develop recommendations for intervention. The analysis takes a two-pronged approach. First, it seeks to understand salient risk factors that may correlate with criminal behavior among young children. Secondly, it seeks to understand the types of crimes that these young children commit and the seriousness of these offenses. The latter analysis has not yet been completed.

Between Sep 4, 2012 and Nov 4, 2012, 32 youths had active probation cases. Of these, 88 percent (n=28) were cross-over youths. That is, the vast majority had a documented history of child maltreatment, with some having open DFCS cases. Both number of referrals to child welfare services and number of substantiated allegations of abuse and neglect were striking factors that may have compounded youths' chances of penetrating the juvenile justice system. Contrary to the expectation that most dually-involved youths experience placement while in Probation, of the 28 dually-involved youths identified, only 4 were in placement. Not surprisingly, these youths showed a long history of referrals to child welfare. Across all dually-involved youths, 5 youths had referrals in the double digits, which ranged between 13-24 referrals, and 4 of these youths were in placement.

Critical family factors were also evidenced among these youths. These included: living with a single parent, not residing with a biological parent, having a sibling with child welfare history, and experiencing multiple of living arrangements. In interviews with parents and probation officers, many expressed the need for families to receive immediate assistance when these young youths become engaged with the juvenile justice system. Parents expressed feeling overwhelmed with the youth and/or being unaware of services to assist them in their homes, school, and in the community. Case management of this younger population showed variability among probation officers. Some probation officers immediately hold multi-disciplinary team meetings, but others do not use this case-planning strategy. An immediate and consistent intervention approach was deemed critical, particularly because youth probation cases generally last 6 months to 9 months. There is only a short critical window for youth- and family-specific intervention.

The Practice & Resource workgroup developed the Youth & Family Team Meeting (YFTM) process. This process will begin with a youth advocate building a relationship with the youth and family, and conducting an assessment of the youth's most salient needs. The Dually Involved Youth Advocate[2] will meet with the youth and family to explain their role, explain the 241.1 process[3] build rapport and answer questions. Additionally, the DIYA will administer a CANS assessment and prepare the youth for the YFTM.

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[1] US Department of Justice, Office of Justice Programs (May 2003). Child Delinquency: Early Intervention and Prvention.

[2] This is a new position being funded by Mental Health. The DIYA will be a youth that has had prior involvement with one or more systems (child welfare, juvenile justice, mental health).

[3] [*Consider drafting a letter for youth/families explaining what the 241.1 process is about and what steps it entails*]

Subsequently, the YFTM will be held with a variety of system and non-system participants to develop a case plan that meets the needs of the youth and family in a meaningful way. The following individuals will be invited to the meeting: youth, family (as defined by the youth), support persons for youth and for family, case carrying social worker, case carrying probation officer (PO), social worker (SW) for dependency counsel, relevant treatment providers. The assigned PO and SW will provide the facilitator with a brief summary of the presenting issues that brought the youth to 241.1 calendar and a brief history of system contact (DFCS/Probation). The DIYA will provide the facilitator with action items identified by the CANS assessment and supplemented by PO/ SW *and* a Joint Assessment Questionnaire with specific questions associated with the identified action – these questions will be used to guide the discussion.

The facilitator will begin the meeting with the youth, family, their supports persons, and the DIYA. The facilitator will review the purpose of the meeting, stressing that the meeting is to be youth/ family driven, and explain that the family can take a break and regroup at any point they would like to do so. The facilitator will explain that this Phase will inform the final Phase in which recommendations will be developed regarding services and systems. The DIYA will share these recommendations with the youth/ family. The facilitator will then invite the rest of the participants into the room for the Joint Assessment discussion. The facilitator will use the list developed by the DIYA which includes issues identified by the CANS and supplemented by professional participants as the basis for the discussion. The final product will be a grid which reflects the needs and strengths of the youth as identified by the youth, family, and professional. Finally, a separate meeting will take place to make decisions regarding joint recommendations that will go into the 241.1 report on how our system(s) can best serve the minor. The decision in writing will be given to the child/family to be delivered by the DIYA with a date/time reminder of the scheduled 241.1 Hearing.

In addition, the Practice & Resource workgroup has been taking inventory of local resources and analyzing whether there are gaps and/or overlaps. They have also completed an inventory of assessment tools used across systems in an effort to evaluate the most effective way to conduct joint assessment processes and joint case planning. Further, they are identifying cross training between the agencies. This training will be critical to the success of this project. The trainings in the past on our systems have been fairly informal and infrequent. However, we are committed to increasing the knowledge base of our staff, system partners in the courtroom, and relevant stakeholders.

Strategy 2: Improve family supports through linkages to family-based alternative services and alternative placements to group homes for probation youth in placement.

On November 12, 2012, the Santa Clara County Social Services Agency's (SSA) Department of Family and Children's Services (DFCS), in collaboration with the Probation Department (PD) and the Mental Health Department (MHD), invited qualified vendors to submit proposals to furnish "Intensive Targeted Wraparound" services within and for the County of Santa Clara ("County"). Through this RFP, the County sought Vendors to provide between 48 and 60 Intensive Targeted Wraparound slots depending on the availability of funding. The vendors must have an established

Foster Family Agency (FFA) and the capacity to provide Intensive Therapeutic Foster Homes for 20% of the slots requested.

The Intensive Targeted Wraparound program utilizes the Intensive Therapeutic Foster Parent model of foster care. These are intensely trained, highly committed, mission driven licensed foster parents who are dedicated to the "no-reject, no-eject" policy, making their home available to our youth for six months. Within these six months the team and Intensive Therapeutic Foster Parent work with the youth identifying interventions and stabilize the youth. The team also works to identify family/kin and other natural team members who will be available for long-term permanency for the youth. After the six month stay, the youth shall step down to the least restrictive placement appropriately for the youth. This can include birth parent, relative, non-related extended family member, or foster home. The Intensive Therapeutic Foster Parent will generally serve one youth at a time. Two or more children who are emotionally disturbed or have serious behavioral problems who are siblings may be placed together in the same professional parent foster home if there is agreement between the county social worker and/or probation officer and the FFA.

Probation's access to the Intensive Targeted Wraparound services goes into effect on July 1, 2013.

Probation CWSOIP Narrative

In the next four years, Probation plans to continue paying for Probation Officer training and overtime for video visits (via) Skype. Probation will purchase laptops for placement probation officers, so they can enter notes when visiting placements and so they can set up video visit (via) Skype between the parents and youth in the group homes which are located out of county. This allows youth and families to stay connected and involved in the youth treatment plan. Probation will also continue to help parents with travel cost, so they might see their children more frequently, enabling continuity of contact. Probation intends to focus on parents/guardians of youth who are in placement. To this end, Probation will use the money to provide support to parents and youth by offering parenting classes. Probation will also explore the possibility of contracting with a community based organization to conduct family finding efforts.

California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐ SIP ☐ Progress Report X

County	Santa Clara County Social Services Agency
SIP Period Dates	July 2012 to July 2017
Outcome Data Period	July 2012 to December 2013
County Child Welfare Agency Director	
Name	Lori Medina, Director
Signature*	
Phone Number	(408) 501-6800
Mailing Address	373 W. Julian Street- San Jose, CA 95110
County Chief Probation Officer	
Name	Laura Garnett, Chief Probation Officer
Signature*	
Phone Number	(408) 278-5900
Mailing Address	840 Guadalupe Parkway San Jose, CA 95110
Public Agency Designated to Administer CAPIT	
Name	Child Abuse Council
Signature*	
Mailing Address	1325 Bouret Drive San Jose, CA 95118
Board of Supervisors (BOS) Signature	
BOS Approval Date	
Name	Supervisor Mike Wasserman

Mail the original Signature Sheet to:

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

*Signatures must be in blue ink

Signature*	

Contact Information

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Probation Agency	Name	Laura Garnette, Chief Probation Officer
	Agency	Santa Clara County Probation Department, Juvenile Probation Services
	Phone & E-mail	laura.garnette@pro.sccgov.org (408) 278-5900
	Mailing Address	840 Guadalupe Parkway San Jose, CA 95110
Public Agency Administering CAPIT (if other than Child Welfare)	Name	Greg Zieman
	Agency	Child Abuse Council
	Phone & E-mail	gregz@secondstart.org
	Mailing Address	1325 Bouret Drive- San Jose, CA 95118
CAPIT Liaison	Name	Alfredo Nevius
	Agency	Social Services Agency –Office of Contracts Management
	Phone & E-mail	(408) 755-7753 alfredo.nevius@ssa.sccgov.org
	Mailing Address	333 W. Julian Street
CBCAP Liaison	Name	Wendy Kinnear-Rausch (*)
	Agency	Department of Family and Children's Services
	Phone & E-mail	(408) 758-3348 wendy.kinnear@ssa.sccgov.org
	Mailing Address	373 W. Julian Street- San Jose, CA 95110

UPDATED Attachment G:
Santa Clara County 5-Year SIP Matrix Chart 2013-2018
Dated May 2014 –PROGRESS UPDATES from Jan- Dec 2013

DISPROPORTIONALITY OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor:

- Address and eliminate the overrepresentation of African Ancestry and Latino families, as defined as "Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system".
- Complete a full analysis to better understand factors related to the under-representation for Asian American families by looking at each individual Asian cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors.
- Continue to actively monitor representation for all children within the Child Welfare System in an effort to monitor disproportionality at all times.

State of California Performance:

According to the UC Berkeley data, African American/African Ancestry and Native American children are over represented in child welfare compared with their presence in the overall population, while White, Latino, and Asian American children are under-represented. In California, African Ancestry children are 5.5% of the population, Asian American children are 11%, Latino children are 52%, Native American children are .4%, and Whites are 27%.

In California's Child Welfare population, African American/African Ancestry children represent over 14% of the referrals received and over 20% of the cases opened each month, Native American children 1%, White children are 28%, Latino children have 43% of referrals received and represent over 50% of the % of cases opened and Asian Children represent 4% of the referrals and 3% of the cases opened each month. For the State of California the percentages of referrals and cases by ethnicity has remained constant during the past year. There continues to be a substantially higher percentage of African American and Hispanic children with open cases as compared to referrals.

% (#) of Referrals Received By Ethnicity State of California				
	9/12	6/12	3/12	12/11
African American	14% (4449)	14% (3957)	14% (4869)	14% (3856)
Latino	43% (14014)	43% (11797)	44% (15659)	43% (11575)
Asian/Pacific Islander	4% (1135)	3% (946)	4% (1402)	4% (957)
White	28% (9169)	29% (8050)	28% (10158)	30% (8002)

From SafeMeasures Data

% (#) of Cases Open In Specified Month By Ethnicity State of California				
	9/12	6/12	3/12	12/11
African	21% (401)	21% (331)	21% (391)	21% (321)

American				
Latino	52% (1109)	52% (1021)	52% (1180)	52% (910)
Asian/Pacific Islander	3% (78)	3% (78)	3% (108)	3% (79)
White	25% (600)	29% (593)	27% (622)	28% (525)

From SafeMeasures Data

These numbers do not change much when you look at the % by allegations or if you look at the data by % of children entering into foster care, there are still disproportionate rates for Latino and African American/African Ancestry children as represented in 2011 by 19% of the population and 50% Latino children and only 3% Asian/Pacific Islander children.

% of Allegations By Ethnicity State of California				
	2011	2010	2009	2008
African American	15% (65106)	15% (66588)	15% (65970)	15% (67954)
Latino	53% (233472)	53% (238173)	53% (234254)	53% (240234)
Asian/Pacific Islander	4% (16604)	4% (16870)	4% (17259)	4% (18377)
White	27% (117934)	27% (120415)	27% (120571)	28% (125423)

From UC Berkeley Data Disparity Indices

% of Entries to Foster Care By Ethnicity State of California				
	2011	2010	2009	2008
African American	19% (5598)	19% (5789)	20% (6398)	21% (6747)
Latino	50% (15126)	51% (15584)	50% (15895)	49% (16241)
Asian/Pacific Islander	3% (892)	3% (785)	3% (971)	3% (1070)
White	26% (7912)	27% (8155)	25% (7975)	26% (8409)

From UC Berkeley Data Disparity Indices

Santa Clara County Current Performance:
According to UC Berkeley data, Santa Clara County's child population is comprised of 2% African Ancestry/African American, 31% Asian, 37% Latino, 0.2% Native American, and 23% White.

In comparison in the child welfare population for Santa Clara County for entries into foster care, 11% are African Ancestry, 1% are Native American, 16% are White, 66% are Latino and 6% are Asian. (See table below for entries into foster care.)

UPDATED Attachment G:
Santa Clara County 5-Year SIP Matrix Chart 2013-2018
Dated May 2014 –PROGRESS UPDATES from Jan- Dec 2013

The State has a significantly higher representation of African American children (14% referrals received 21% cases) compared to the African American child population of the State (6% from UC Berkeley data), for Santa Clara County 8% referrals received and 9% opened cases each month, but 11% entries for children into foster care system for 2011. For Latino children (43% referrals and 52% cases), the representation is somewhat lower for children with referrals and about the same for children with open cases as compared to the overall State child population (51% from UC Berkeley data).

For Santa Clara County, the % is higher for Latino children (58% referrals and 61% cases opened each month). The percentage representation of Asian children for both referrals and cases has remained steady at 3-4% for the State, as compared to the overall Asian child population of the State at 11%. Santa Clara County has a slightly higher representation of Asian/Pacific Islander children at 12% for both referrals and cases than the state.

% of Referrals Received By Ethnicity Santa Clara County				
	9/12	6/12	3/12	12/11
African American	8% (66)	8% (50)	8% (71)	10% (77)
Latino	58% (487)	55% (360)	55% (519)	59% (446)
Asian/Pacific Islander	12% (105)	11% (73)	14% (131)	13% (95)
White	18% (154)	24% (158)	20% (193)	16% (121)

From SafeMeasures Data

There has been a slight downward trend in the number of referrals for African Americans and Asian/Pacific Islander families between the period of 12/11 and 9/12 in Santa Clara County. For Latino families, the percentage of referrals and cases has remained relatively static during the time period. African American children represent 2% of the child population of Santa Clara county (2010 US Bureau of the Census) and 9-12% of the child welfare population for the county when looking at numbers of opened cases each month and the number of children in foster care. Latino children represent 39% of the child population of the county and 66-67% of the child welfare population when you look at % of cases opened in a specific month or the % of children in foster care. Asian/Pacific Islander children represent 33% of the county's child population, but only 12% of the cases opened in a specific month or 7% of entries into foster care.

% of Cases Open In Specified Month By Ethnicity Santa Clara County				
	9/12	6/12	3/12	12/11
African American	15% (11)	6% (3)	8% (7)	6% (4)
Latino	52% (38)	63% (30)	57% (49)	71% (47)
Asian/Pacific Islander	15% (11)	10% (5)	9% (8)	14% (9)

White	18% (13)	19% (9)	24% (21)	9% (6)

From SafeMeasures Data

% of Allegations By Ethnicity Santa Clara County				
	2011	**2010**	**2009**	**2008**
African American	8% (1055)	8% (1033)	8% (1059)	8% (1177)
Latino	60% (7561)	59% (7387)	59% (7699)	59% (8160)
Asian/Pacific Islander	12% (1495)	11% (1426)	13% (1633)	12% (1702)
White	19% (2415)	21% (2552)	20% (2594)	20% (2774)

From UC Berkeley Data Disparity Indices

% of Entries to Foster Care By Ethnicity Santa Clara County				
	2011	**2010**	**2009**	**2008**
African American	11% (80)	11% (75)	13% (94)	10% (102)
Latino	66% (461)	63% (426)	62% (425)	63% (623)
Asian/Pacific Islander	6% (39)	7% (50)	7% (52)	8% (78)
White	16% (115)	19% (126)	17% (118)	18% (178)

From UC Berkeley Data Disparity Indices

In Santa Clara County, the percentage of referrals received and the % of cases opened per ethnicity for Latino and African American/African Ancestry children and families have remained consistently high at a disproportionate number. In the child welfare population for September 2012, Santa Clara County percentages of ethnicities for referrals are at 8% for African American/African Ancestry; 12% for Asian/Pacific Islander; and 58% for Latino families in comparison to 15% African American/African Ancestry for open cases, 15% for open cases for Asian/Pacific Islander and 52% for Latino families.

Target Improvement Goal:

1. Address and eliminate the overrepresentation of African Ancestry and Latino families, as defined as "Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system".
2. Complete a full analysis to better understand factors related to the under-representation for Asian American families by looking at each individual Asian cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address

those factors.

3. Better understand what is behind the under-representation for Asian American families by looking at each individual Asian cultural group represented in Santa Clara County.
4. Ensure adequate resources and supports that are culturally and linguistically appropriate for all children and families served.

REUNIFICATION OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: C1.1 Reunification within 12 Months (exit cohort). Of all children discharged from foster care to reunification during the year, who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

Federal Standard: 75.2%

Current Performance: According to the data provided by SafeMeasures for the period between 10/1/11 and 9/30/12, in Santa Clara County Child Welfare **74%** of children who were in foster care for 8 days or more were reunified in less than 12 months. By ethnicity, 94.1% (16) of Asian/Pacific Islander children were reunified in less than 12 months during the same time period. 76.2% (173) of Latino children, 52.9% (18) of African Ancestry children, and 71.6% (48) of White children were likewise reunified in less than 12 months.

Target Improvement Goal: The county will improve performance on this measure from 74% (256 children) to 82% (284 children). This improvement can be obtained from a 30% (28 children) shift of children who reunify in more than 12 months to reunifying in less than 12 months.

REUNIFICATION OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: C1.3 Reunification Within 12 Months (6 Month Entry Cohort). Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

Federal Standard: 48.4%

Current Performance: According to the data provided by SafeMeasures for the period between 4/1/11 and 9/30/11, in Santa Clara County Child Welfare **47.5%** of children who had first entries to foster care for 8 days or more were reunified in less than 12 months. By ethnicity, 53.8% (7) of Asian/Pacific Islander children were reunified in less than 12 months during the same time period.

47.3% (69) of Latino children, 55.0% (11) of African Ancestry children, and 44.2% (19) of White children were likewise reunified in less than 12 months.
Target Improvement Goal: The county will improve performance on this measure from 47.5% (106 children) to 63.2% (141 children). This result can be obtained from a 30% (35 children) reduction of children with first entries into foster care of 8 days or more and still in care at 12 months.

RE-ENTRY OUTCOME MEASURE (Although, Santa Clara County has done well in improvement in Family Reunification over the last several years, this outcome goal is being included in the efforts towards improvements in permanency, as Santa Clara County's mission and goal is to increase the likelihood of children residing with parents, returning with parents or residing with relatives/NREFM if they are unable to return home.)

Priority Outcome Measure or Systemic Factor: C1.4 Reentry within 12 months following Reunification. Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

Federal Standard : 9.9%

Current Performance: According to the data provided by UC Berkeley for the period between 10/1/10 and 9/30/11, in Santa Clara County Child Welfare **14.1%** of children who reunified had a reentry to care within 12 months. By ethnicity, 0.0% (0) of Asian/Pacific Islander children reentered care in less than 12 months during the same time period. 14.2% (41) of Latino children, 18.3% (11) of African Ancestry children, and 15.9% (8) of White children likewise reentered care in less than 12 months.

Target Improvement Goal: The county will improve performance on this measure from 14.1% (65 children) to 8.5% (39 children). This result can be obtained from a 40% (26 children) reduction of children who reunified and had a reentry to care within 12 months.

NO RECURRENCE OF MALTREATMENT OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: S1.1 No recurrence of maltreatment within 6 months of a substantiated maltreatment allegation. Of all children who were victims of a substantiated maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?

Federal Standard : 94.6%

Current Performance: According to the data provided by UC Berkeley for the period between 10/1/11 and 3/31/12, in Santa Clara County Child Welfare **89.6%** of children who had a substantiated maltreatment allegation did not have a recurrence of maltreatment within the following 6 months. By ethnicity, 92.3% (72) of Asian/Pacific Islander children did not have a recurrence of maltreatment within 6 months during the same time period. 88.4% (526) of Latino children, 90.5% (38) of African

Ancestry children, and 91.4% (159) of White children likewise did not have a recurrence of maltreatment within 6 months.

Target Improvement Goal: The county will improve performance on this measure from 89.6% (806 children) to 93.9% (844 children). This result can be obtained from a 40% (38 children) reduction in the number of children who have a recurrence of maltreatment within 6 months following a substantiated maltreatment allegation.

PERMANENCY OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: C3.1 Exits to Permanency (24 months in care). Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

Federal Standard : 29.1%

Current Performance: According to the data provided by UC Berkeley for the period between 10/1/11 and 9/30/12, in Santa Clara County Child Welfare **26.7%** of children who were in foster care for 24 months or longer on the first day of the year were discharged to a permanent home by the end of the year and prior to turning 18. Included in this percentage are children who exited to reunification, adoption, and guardianship. Not included are children who exited to non permanency or were still in care. By ethnicity during the same time period, 10.5% (2) of Asian/Pacific Islander children who were in foster care on the first day of the year exited to a permanent home by the end of the year and prior to turning 18. 31.5% (74) of Latino children, 15.1% (8) of African Ancestry children, and 21.4% (15) of White children likewise exited to a permanent home by the end of the year and prior to turning 18.

Target Improvement Goal: The county will improve performance on this measure from 26.7% (102 children) to 56.0% (214 children). This result can be obtained from a 40% (112 children) reduction in the number of children who are still in care.

Strategy 1: *Disproportionality Strategies* **(1)Address and eliminate the overrepresentation of African American and Latino families in an effort to achieve parity. (*)** **(2) Address the under-representation for Asian American and Caucasian families in DFCS in both referrals received for suspected child abuse and neglect and those children and families who are already involved with open cases in Child Welfare in Santa Clara County. (*)** **(*) These goals to be accomplished through data analysis and engagement with representatives of the cultural groups affected.**	☐ CAPIT ☒ CBCAP ☒ PSSF ☒ Other- county to look at additional funding sources to support these strategies	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** S1- No Recurrence of Maltreatment S2- Timely Emergency Response Referrals C1-Timely Family Reunification C3-Timely Permanency

Action Steps:	Timeframe:	Person Responsible:
Strategy 1A (Also Strategy 2A for Prevention Goals) Increase the available slots and capacity to support the increase in demand to serve more children and families in Differential Response – Path I and II. (Increased slots should ensure available opportunities for the following at risk populations: Latino families, African American/African Ancestry families, API families, young parents ages 18-24, Immigrant families, parents struggling with Mental Health, Developmental Delays, substance abuse issues and battling domestic violence and those parents who have children 6 to 18 years of age with behavioral, medical, developmental, or mental health concerns.)	By July 2013 –Revised to July 2014 due to delays in the competitive contracting process	Differential Response Coordinators and CAN Center and Front End Program Manager

• DR allocation to be increased as follows based on the demand over the past year of approximately 30 families on the wait list at any given time and the number of referrals DFCS receives: (1) Add 50 additional slots for Latino families each fiscal year; (2) Add 25 additional slots for African American families each fiscal year; (3) Add 25 additional slots for all other families ensuring language and cultural expertise to support Latino, African American and the diverse Asian and Pacific Islander families. • Re-evaluation of slots allocated and the progress of DR to be assessed at 6-month intervals. • Add Family Flex funds for $500 per family to be used as a prevention tool to support the family's immediate needs, as determined to be a need to have emergency dollars readily available to support these families at risk. • Ensure the necessary bus passes and token allocation for all families with transportation barriers involved in DR in an effort for families to access prevention and family support resources. • Need to address the shortage in childcare resources by providing childcare needs for all families referred to DR so that families can take advantage of DR services.		

Strategy 1B Work with an oversight committee comprised of key community persons representative of the Latino, African American/African Ancestry and several of the Asian American community groups that will meet with Santa Clara County SSA and DFCS Executive Management and SIP oversight members, as well as employee groups and designated community based organizations on a quarterly basis to discuss current trends and progress on SIP goals to address disproportionality. This committee will be responsible for any additional goals aimed at addressing disproportionality for the specific cultural groups and will coordinate all efforts with the newly created Office of Juvenile Services Equity.	To begin Spring 2013 –Revised to begin by March 2014	SSA Director to take leadership role in working with the Disproportionality Oversight Committee DFCS Director, Deputy Director and Administrative SIP Manager
Strategy 1C Continue to monitor the overrepresentation of African American and Latino families and address the under-representation for Asian American and Caucasian families in DFCS through data analysis and to develop specific goals through data analysis to fold into the SIP: • DFCS to continue to contract with Mission Analytics for concentrated data analysis regarding disproportionality to be updated on a minimum quarterly basis. • Data results to be shared through the Children of Color Task Force and other identified groups in order to identify any additional specific SIP goals to be developed by December 2013 to address disproportionality in each of the respective	December 2013 for the identification of additional SIP goals –Completed through Children of Color Task Force	DFCS Agency Director and SSA Director

cultural groups reflective for Santa Clara County- including: (1) Latino families; (2) African America/African Ancestry families; (3) Asian American families; and (4) Caucasian families.		
Strategy 1D (Also in Strategy 3A for Safety Goals) Revise the design, content and delivery of mandated reporter training in the following ways: • Enhance curriculum to include education about: (1) disproportionality in Santa Clara County; (2) bias in work with children and families and (3) exploring the impact of poverty, cultural values and barriers to services. • Include SCC CAN center staff (Child Abuse and Neglect Call Center staff) in the discussion and planning of curriculum enhancements. • Develop a "Train the Trainer" model for efficient delivery of the training to a broad array of mandated reporters. • Include a partner trainer from the Parent Advocate Program or Parent Advisory Board- Parents Encouraging Parents. • Include Cultural Experts in the curriculum development and training. Curriculum Development to be contracted with cultural experts in the field. • Ensure this goal is in alignment with the work through the Child Abuse Council to improve mandated reporter training and messaging to the community.	By Spring 2014- Revised to July 2014- due to delays in the contracting process	CAN Center Manager and Staff Development

Strategy 1F (Also Strategy 3D) Increase collaboration between the community and the Department of Family and Children's Services in an effort to educate the community and work together to enhance community resources that better meet the evolving needs of families, specifically to address issues of disproportionality for the over-representation of Latino and African American/African Ancestry families and the under-representation for Asian American and Caucasian families. • Complete a community assessment to better understand needs. • Ensure CAN Center workers are aware of the current community resources. • Involve consumers and the community to improve DFCS services from the diverse cultural communities that comprise Santa Clara County. • Ensure key leaders in the Latino, African American, and Asian Pacific Islander community are engaged and willing to help support a community assessment of needed resources. • Link with resource directory being created. • This strategy should link with the goal to meet on a quarterly basis with the community about resource needs. • Increased collaboration to be ranked through a baseline assessment of resources and an annual assessment of available resources as assessed by parents, youth, and families.	To be completed by January 2014-Revised planning and goal setting to begin by January 2014 and goals to be completed by December 2015	CAN Center manager with the San Jose and Gilroy Family Resource Center Managers

Strategy 1G (Also Strategy 3E) Ensure social workers provide consistent assessment for referrals for General Neglect, as it relates to cultural • Implement system wide training –Signs of Safety/Safety Organized Practice for all DFCS staff and Differential Response community providers in an effort to identify true harm from complicating factors that may be causing risk. • Data analysis indicates that a major factor in the phenomena of overrepresentation is related to family stress variables. General neglect assessments must look at the impact of family stress variables related to poverty, number of children, and age of parent and to ensure linkages to the resources to address these stresses. • Continue data analysis to better understand those cases confirmed as General Neglect. • Front End Manager to complete bi-annual random review of General Neglect cases. • Ensure a clear definition and response for general neglect referrals.	Completed by Spring 2014-Revised to Decemb er 2014 due to a need to continue Safety Organized Training for all Front End staff throughout 2014	Front End DFCS Program Manager- ER, DI and South County and Staff Development
Strategy 1H (Also Strategy 3F) DFCS to conduct priority hiring of staff for all positions that are culturally and linguistically proficient to serve Latino, African American/African Ancestry, and Asian American children and families.	Spring 2013-Completed. This goals began in Spring 2013 and will be ongoing.	DFCS Administration Manager, Code Control Analyst and SSA HR

Strategy 1I (Also Strategy 4 D) Increase communication between caregivers and parents to identify best placements and to secure the necessary supports and improve family engagement through the following: • Expanded use of (1) Team Decision Making meetings that occur before removals of children, (2) Transition Meetings for any placement decisions on cases and (3) Icebreaker Meetings held in natural community settings that are reflective of families cultural identities and supports in the community (e.g., schools, churches or CBOs) and at times that are convenient for families (e.g., weekends and evenings). • By July 2013, include analysis of the current number of these occurring and the # to increase each year for the 5 year time period and link with the family finding goal. • Develop Orientation classes for caregivers (similar to the Parent Orientation class to ensure relatives and caregivers understand the "system") and a drop-in support group that takes language into consideration.	To begin by Fall 2014	Family and Permanency Manager and Family Resource Center Manager
Strategy 1J (Also Strategy 5C) Enhance parenting education to improve participation and learning and natural support networks for parents. Improved Education Support to	To be completed and in place by Fall 2014- Completed for new parenting program Triple P roll out.	Family Resource Center Manager and DFCS Contracts Manager

include consideration of cultural and language for all classes, regardless of the size of the class. • Identify research based parenting programs that promotes learning with both parents and children involved- example: Celebrating Families, a program that is supportive of families from different cultures • Increased in-home parenting training Add additional contract services to provide in-home parenting. • Tailor classes to meet families' individual needs . • Ensure opportunities for families that may not have common language needs- specifically American Sign Language (ASL) and Korean needs and ensure adequate Spanish. Speaking classes to meet demand • Ensure the necessary available classes in South County. • Look at open-ended classes where parents can join a class at any time and the availability to make up classes. • Ensure childcare and support is available at the same location as the classes being provided. Increase contract for child care to ensure full		

childcare needs for parents in classes. • Continue to partner with Mental Health and First 5 in the county-wide initiative implementation of the evidence based, Best Practice Triple P parenting program. • Need to modify existing contracts for parenting classes and create additional contracts for additional classes. • Need analysis of need and demand to be conducted by Fall 2013.		
Strategy 1K (Also Strategy 5E) DFCS to continue participation in the California Partners for Permanency Project (CAPP) and ensure all staff have the basic framework and understanding of the CAPP philosophies and underlying principles (See attached description of CAPP philosophies and practice behaviors and Signs of Safety Organized Practice) • Continue the use of CAPP training- Ensuring all staff are trained and participate toward true engagement with families. • Develop and deliver training that will increase staffs knowledge of the importance of teaming with families and the community, and practice strategies of teaming to increase ability to support the family and their identified support system. (Engagement). • Ensure community based organizations	September 2012 through December 2014	CAPP Manager, DFCS Director and Staff Development

working with DFCS are trained in the universal practice principles and philosophy that guides children & family services in Santa Clara County. Ensure agencies have an understanding of the practice behaviors they are expected to demonstrate when working with children & families. • Evaluate and put the necessary structure in place to ensure the CAPP initiative is successful and that this initiative will be expanded and support all children and families.		
Strategy 1L (Also Strategy 5I) Increase parent voice in decision making that is reflective of the diverse cultures represented in SCC • Support the Parent Advisory Board- Parents Encouraging Parents with a diverse membership representative of the families in SCC. • Begin a drop-in support group for birth parents- available for mothers only, fathers only or couples –ensure language capability to include all families. New contract must be developed and launched for FY 2013-2014. • Revive the Youth Advisory Board to ensure a strong youth voice representative of the diverse membership of youth in SCC. • Ensure that these representatives have a voice in the SIP and all other decision making	Spring 2013-Revised Fall 2014	Family Resource Center managers and Transitioned Aged Youth Manager

initiatives and activities within DFCS.		
Strategy 1M. Determine how to increase the utilization of the DFCS Family Resource Centers for prevention services • Look at the classes and programs offered at the Family Resource Centers that could be offered to the community for prevention. • Create a time limited workgroup that will ensure the full utilization of the staff and resources of the different cultural infrastructures that exist at the current San Jose Family Resource Center – Nuesta Casa, Ujirani, and Asian Pacific Islander Family Resource Center and ensure services include prevention, intervention and tertiary services that the staff providing services reflect the communities being served. • Look at different structures that exist for Alameda and in South County collaboration for resource centers to see if replication would be possible for Santa Clara County. • Partnership with FIRST 5 Santa Clara County for better utilization of the Family Resource Centers and ensure all children birth through age 5, who are involved with the Child Welfare System receive developmental and social/emotional screenings and referrals to developmentally appropriate services from a Public Health Nurse. (This action step should	January 2015	First 5, DFCS Administration, Family Resource Center Managers for San Jose and Gilroy

link to Strategy 2J.)		
Strategy 1N. As contracts with SSA and DFCS are created or renewed ensure that contract providers have staff at all levels that are representative of the cultures of the families being served and have the capacity and skills sets to serve Latino, African American/African Ancestry and Asian Pacific Islander children and families	June 2014-Revised. This began in Fall 2013. All contracts to be revised at FY renewal by July 2014	SSA Contracts and DFCS Administration Manager
Strategy 1O. Develop strategies to ensure a diverse workforce at all levels. • Targeted recruitment and hiring of staff at all levels, who are reflective of the children and families being served and have cultural proficiency and linguistically are able to serve the population. • Utilization of Cultural Excellence Committee, employee groups and representatives from the Latino, African American and different API communities to help with targeted recruitment in an effort to secure staff who have the linguistic and cultural expertise to support children and families. • Ensure the necessary training and support to promote leadership development and leadership opportunities representative of the families being served.	Starting February 2013	DFCS Administration Project Manager and SSA HR and ESA

Strategy 1P. Explore possibilities of additional linguistic and culturally specific units and services can be provided throughout the continuum of child welfare. Look at the possibility of providing a monetary differential for ensuring the necessary cultural expertise in working with specific cultural groups. Bicultural Certification would involve testing to determine staff's cultural awareness, sensitivity, consistency, and humility as well as having experience in working with African American, Latino, API, or LGBTQ families.	December 2013-Revised to December 2014- currently in an exploratory phase to determine with ESA what is possible	DFCS Director and SSA Director

Strategy 1Q -CalWORKS/Linkages- SSA Agency will ensure improved linkage for CalWorks and other public benefits that families need to be connected to address factors that impact the economic vulnerabilities and to address the over representation for Latino and African American families.	To begin by March 2013 and initiatives and tracking and improvements to be noted by March 2014	DFCS Director and SSA Director with FRC – San Jose and South County managers

Strategy 2: *PREVENTION & SAFETY STRATEGY* Increase the opportunities to support children and families at risk of abuse and neglect before entering the child welfare system and to support those families leaving the child welfare system from returning and to improve family sustainability. This will be accomplished through increased community awareness of child abuse prevention and intervention and through the development or further promotion of innovative prevention strategies.	☒ CAPIT ☒ CBCAP ☒ PSSF ☐ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** S1- No Recurrence of Maltreatment S2- Timely Emergency Response Referrals C1-Timely Family Reunification

Action Steps:	**Timeframe:**	**Person Responsible:**
Strategy 2A. Increase the available slots and capacity to support the increase in demand to serve more children and families in Differential Response – Path I and II. (Increased slots should ensure available opportunities for the following at risk populations: Latino families, African American/African Ancestry families, API families, young parents ages 18-24, Immigrant families, parents struggling with Mental Health, Developmental Delays, substance abuse issues and battling domestic violence and those parents who have children 6 to 18	By July 2013-Revised to July 2014 due to delays in the contracting process.	Differential Response Coordinators and Program Manager

years of age with behavioral, medical, developmental, or mental health concerns.) • DR allocation to be increased as follows based on the demand over the past year of approximately 30 families on the wait list at any given time and the number of referrals DFCS receives: (1) Add 50 additional slots for Latino families each fiscal year; (2) Add 25 additional slots for African American families each fiscal year; (3) Add 25 additional slots for all other families ensuring language and cultural expertise to support Latino, African American and the diverse Asian and Pacific Islander families. • Re-evaluation of slots allocated and the progress of DR to be assessed at 6-month intervals. • Add Family Flex funds for $500 per family to be used as a prevention tool to support the family's immediate needs, as determined to be a need to have emergency dollars readily available to support these families at risk. • Ensure the necessary bus passes and token allocation for all families with transportation barriers involved in DR in an effort for families to access prevention and family support resources. • Need to address childcare needs for		

families referred to DR.		
Strategy 2B. Evaluate the effectiveness of Differential Response – Path I, II, and IV to better understand the components that contribute to positively support children and families for safety and well-being. Plan to increase those components that are proven effective with additional SIP goals.	January-June 2013	Differential Response Coordinators and Manager
Strategy 2C. Ensure adequate language and cultural expertise and sensitivity for staff at community based organizations providing Differential Response Services that matches to children and families served. • All agencies serving families through DR must demonstrate "cultural expertise" and must have staffing that matches the population being served. Changes to contract language and RFP language that reflects this shift will be incorporated. • Evaluate all current Request for Proposals (RFP)s and contracts to ensure standard language that reflects staffing levels that ensure staff at CBO's are "highly proficient" or have expertise in resources and in working with African Ancestry/African American, Latino and Asian American families. • All community based agencies	Launch training by December 2013 and completed by December 2014-Revised to training launch by Spring 2014 and to be completed by December 2014. Changes in contracts began by December 2013	Differential Response Coordinators and Manager and SSA Contract Manager and Staff Development

providing DR to be trained in the universal practice, principles and philosophy that guides children & family services in Santa Clara County. Ensure agencies have an understanding of the practice behaviors they are expected to demonstrate when working with children & families. • Train Community Based Organizations (CBOs) in Trauma Informed Practice.		
Strategy 2D. Data analysis to better understand the demographics and causal factors contributing to trends in subsequent maltreatment and maltreatment in foster care. This information should be used to add up to 3 additional SIP goals to address subsequent maltreatment and maltreatment in foster care.	Additional SIP Goals to be created by July 2013-Revised to July 2014	Contract with Sphere for Data Analysis DFCS/SSA Contracts
Strategy2E. Provide an Immigration Certification Training to key identified DFCS staff and community partners including JPD to enhance their skills and expertise so that children and families have legal standing and resources in order to meet their immigration needs. Utilize staff development to collaborate and implement training.	Training and proposed structure to be developed by December 2014 and training to be launched by July 2014	Immigration Committee in conjunction with Staff Development
Strategy 2G. CalWORKS/Linkages- SSA Agency will ensure improved linkage for CalWorks and	December 2013 –Revised to March 2014	Linkages committee manager from DFCS and DEBS in collaboration with the Emergency

other public benfits that families need to be connected to address factors that impact the economic vulnerabilities and to address the over-representation for Latino and African American families. • No less than quarterly meetings with Child Welfare- Department of Family and Children's Services (DFCS), Department of Employment and Benefits (DEBS), community persons and key stakeholders to review services, data and procedures and make the necessary changes to increase the number of families connected to and receiving CalWorks. • Ensure the necessary procedures and supports for Emergency Response Social Workers to consistently include in their comprehensive assessment the economic needs and resources of families. • For potentially eligible families, follow the protocol to link clients for expedited CalWORKs services at the Benefits Application Center. • Families connected to DFCS will be prioritized and procedures will be put in place to ensure this priority. • Track the number of families served		Response Manager. This strategy to be championed by the SSA Director to set the directive.

through the above Linkages strategies as an indicator of increased access to available economic support resources and to ensure that these services are having an impact. All strategies noted above should result in improved access for eligible families and the proportional of families receiving CalWorks increased. Actual number of increase to occur annually to be determined by June 2013.		
Strategy 2H. Establish a structure for accountability and information sharing for all prevention services that would provide the necessary oversight for feedback and accountability and work in collaboration with the Child Abuse Council. (See Attachment C for the organizational structure to be created.)	Spring 2013	OCAP Liaison- DFCS Administration Manager and SSA Contracts Manager supporting DFCS
Strategy 2I. All contracts and Request for Proposals that are created and/or renewed shall be evaluated to ensure that staffing provided through the community based organizations contracted services matches the cultural and linguistic needs of the children and families being served.	Starting July 2013 through 2018 SIP time period	SSA Contracts Manager supporting DFCS and DFCS Administration Project Manager

Strategy 2J. Increase partnership with public health, mental health and First 5 to support at risk families including the following: • Children Birth through age 5 • Parents Under the age of 24 ↓ • Medically fragile/special needs children • Teen parents • Parents with disabilities Increased partnership and blended funding to do the following for voluntary and court ordered services: • Ensure all children birth through age 5 receive a developmental, behavioral and social/emotional screenings and are referred to the appropriate resources and interventions (Kids Connections). • Strategy: All children under the age of six receive a developmental/social emotional screening from a PHN and are referred to Kid Connections for assessment and referral to home visitation and or therapeutic services.	All Services to be in place by December 2013	DFCS Administration Manager – to transition to the South County manager

Strategy 3: ***SAFETY STRATEGY*** (1) Address and eliminate the over-representation of African American/African Ancestry and Latino families and (2) Better understand what is causing the under-representation for Asian American families for referrals (*) received in DFCS for suspected child abuse and neglect through enhanced collaboration, training, education and accountability between DFCS and its community partners. (*) Referrals is defined as the process from the CAN Center hotline call through the referrals closing- Path 1, Emergency Response-Path 2 , Voluntary or Informal Supervision services or until case opening.	☐ CAPIT ☒ CBCAP ☒ PSSF ☐ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** S1- No Recurrence of Maltreatment

Action Steps:	**Timeframe:**	**Person Responsible:**
Strategy 2A. Revise the design, content and delivery of mandated reporter training in the following ways: • Enhance curriculum to include education about: (1) disproportionality in Santa Clara County; (2) bias in work with children and families and (3) exploring the impact of poverty, cultural values and barriers to services. • Evaluation of change to be assessed	Completed by Spring 2014	Contractor for mandated reporter trainings and DFCS CAN Center Manager and Staff Development

through the following: (1)Changes in curriculum to be evaluated through reduction in numbers of referrals that become cases; (2) Pre and post tests provided to mandated reporters that demonstrate an understanding of the material provided; (3) Track how often and how many persons are trained-and develop priorities as to who needs to receive the training; **(Link with goal 3D)** • Include SCC CAN center staff (Child Abuse and Neglect Call Center staff) in the discussion and planning of curriculum enhancements. • Develop a Train the Trainer model for efficient delivery of the training to a broad array of mandated reporters. • Include a partner trainer from the Parent Advocate Program or Parent Advisory Board-Parents Encouraging Parents. • Include representatives from the community from the Latino, African American/African Ancestry and members of the API communities in the curriculum development and delivery. • Modify the current contract for the mandated reporter training. • Ensure this goal is in alignment with the work through the Child Abuse		

Council to improve mandated reporter training and messaging to the community. • Ensure a list of all agencies and partners that need to have the revised mandated reporter training.		
Strategy 3B. Provide a regular meeting/training specifically to law enforcement, schools, and medical professionals in Santa Clara County on a twice annual basis in an effort to ensure common understanding of cases and concerns and to ensure a clear understanding of disproportionality. Include CAN Center staff in these trainings to improve community relations and communication between agency hotline and mandated reporters. • Evaluation through pre- and post test case vignettes to those attending meetings and trainings- on a bi-annual basis ensuring 80% accurate in referrals being made to child welfare. • SCC to target schools, medical providers or law enforcement jurisdictions with the largest numbers to referrals for child abuse and neglect.	To begin Spring 2013-Revised training by Fall 2014 and full launch by February 2015	Contractor for mandated reporter trainings and DFCS CAN Manager and Staff Development
Strategy 3C. DFCS to provide at least one point person at the monthly service provider network meetings in an effort to ensure the community is aware of the needs of the families involved in Child Welfare Services and	October 2013 to launch –Revised to ideas for development by December 2014	DFCS CAN or Front End Manager

the current trends. DFCS to look at a replication of the Alameda County model for sharing information and resources.		
Strategy 3D. Increase collaboration between the community and the Department of Family and Children's Services in an effort to educate the community and work together to enhance community resources that better meet the evolving needs of families. • Complete a community assessment to better understand needs. • Ensure CAN Center workers are aware of the current community resources. • Ensure key leaders in the Latino, African American, and Asian Pacific Islander community are engaged and willing to help support a community assessment of needed resources. • Involve consumers and the community to improve DFCS services For example- Child Abuse Council (CAC) Disproportionality report • Link with the Disproportionality Committee to be created.	To begin by January 2014-Revised by July 2014 due to delays in the contracting process.	CAN Center manager and Staff Development

Strategy 3E. Ensure consistent assessment for referrals for General Neglect • Implement system wide training – Signs of Safety/Safety Organized Practice for all DFCS staff and Differential Response community providers in an effort to separate out harm from complicating factors that may be causing risk. • Continue data analysis to better understand those cases confirmed as General Neglect. • Ensure a clear definition and response for general neglect referrals.	Spring 2014	Front End DFCS Program Manager and Staff Development
Strategy 3F. DFCS to continue to fill all positions through hiring well qualified staff that are culturally and linguistically proficient to serve Latino, African American/African Ancestry, and Asian American children and families.	Spring 2013-Revised to Spring 2014	DFCS Administration Manager, Code Control Analyst and SSA HR
Strategy 3G. Ensure consistent procedures to guide calls are handled in the CAN Center. Provide training and screen to ensure that consistent messaging to callers and consistent use of resources and information provided to callers.	By December 2013-Revised to Spring 2015 training and procedures put into place	CAN Center Manager and Deputy Director
Strategy 3H. Determine how to increase the utilization of the DFCS Family Resource Centers for prevention services	January 2015	First 5, DFCS Administration, Family Resource Center Manager

• Look at the classes and programs offered at the Family Resource Centers that could be offered to the community for prevention. • Look at different structures that exist in Alameda and in South County as collaborative resource centers. • Join collaboratively with FIRST 5 to look at collocation with the First 5 Family Resource Centers that are highly resourced and geographically accessible with services and support for families with children birth through age 5 with resources . • Time limited workgroup to evaluate options to be created by Spring 2013 and recommend the changes to the Family Resource Center by December 2013.		

Strategy 4: Family Reunification and Permanency Strategies **Better utilize formal and informal supports, such as extended family and the faith based community to increase placement with relatives and Non- Relative Extended Family Members (NREFM), safely support parents and children in family reunification**	☐ CAPIT ☐ CBCAP ☒ PSSF ☐ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1- Family Reunification C3- Permanency S1- No Repeat Maltreatment

Action Steps:	Timeframe:	Person Responsible:
Strategy 4A. Expand Family Finding services and efforts to increase the number of children and youth placed with and develop life-long connections to family • Re-establish formal internal procedures and dedicated resources to complete Family Finding activities- RFPs and Contracts and internal staff • Maximize utilization of community based organizations providing Family Finding support • Analysis of how much dollar allocation needed and baseline of Family Finding by June 2013.	February 2014-Revised to August 2014	Family and Permanency Manager Contracts Manager for DFCS
Strategy 4B. Need to ensure the necessary education and support so that immigrant children and youth are connected with family – nationally and internationally if necessary. This includes both youth in the Child Welfare and Juvenile Probation Systems	October 2013-Revised to Fall 2014	DFCS Administration Manager and Staff Development

• Formal procedures to be developed for both DFCS and JPD with designated oversight and tracking for families being served.		
Strategy 4C. Increase communication between caregivers and parents to identify best placements, secure necessary supports and improve family engagement through: • Expanded use of (1) Up-Front Meetings before decisions about children being removed, (2) Transition Meetings for all placement and case decisions and (3) Icebreaker Meetings held in natural community settings that are reflective of families cultural identities and supports in the community (e.g., schools, churches or CBOs) and at times that are convenient for families (e.g., weekends and evenings). • By July 2013, include analysis of the current number of these occurring and the # to increase each year for the 5 year time period and link with the family finding goal. • Develop Orientation classes for	To begin by Fall 2014	Family and Permanency Manager and Family Resource Center Manager

caregivers and a drop-in support group that take into consideration language needs for families		
Strategy 5: ***Family Reunification Strategies*** DFCS will increase the number of children who are safely reunified with their families through increased support and engagement with parent(s)	☐ **CAPIT** ☐ **CBCAP** ☒ **PSSF** ☐ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1- Family Reunification C3- Permanency
Action Steps:	**Timeframe:**	**Person Responsible:**
Strategy 5A. Increased Visitation in a more natural relaxed setting (Re-think visitation)- Increase the number of visits available for children and families in a more natural environment through the following: • Enforce the step down model- need to define baseline and indicators of improvement to include here • Increased support staff to expand capacity for conducting supervised visitation both internally to DFCS and through contracts – need to identify the number of staff to increase to support visitation, include cultural and	Fall 2014	Continuing Services Identified Program Manager

language needs • Increase in "In-Home Parenting " support		
Strategy 5B. Continue to support the development and delivery of training to increase staff's ability to engage with the families around difficult/courageous conversations and to support work with families regarding trauma. • Ensure trauma focused educational services for parents, caregivers and staff. • Culture and trauma practice and training should include the specific needs of cultural groups, especially for Latino and African American children and families, and should include issues of acculturation, poverty, parenting, language, immigration, generational hierarchy, separation and loss. • On-Line Policies and Procedures Handbook for Santa Clara County (OPP) to include resource of current licensed professionals. • More training for staff to be equipped to identify traumas both for the families served and for the impact to	To be completed by Spring 2014 –Revised to December 2014	Staff Development, DFCS Administration, CAST Team

staff. Ensuring support and sensitivity to trauma and the impact. • Create coaching opportunities within the Department that supports the successful linkage of training to practice. • Increase staff's knowledge of types of trauma and how one's trauma impacts their ability to engage and work within the Child Welfare System. Provide training that will move DFCS towards being a more trauma informed Agency. Collaborate with other Agencies supporting our families around strategies to address trauma.		
Strategy 5C. Enhance parenting education support to improve participation, learning and natural support networks Parenting – Better Education Support to include consideration of cultural and language for all classes, regardless of the size of the class. • Identify research based parenting programs that promotes learning with both parents and children involved- example: Celebrating Families that is supportive of families from different cultures. • Increased in-home parenting training – Add additional	To be completed by Fall 2014	Family Resource Center Manager and DFCS Contracts Manager

contract services to provide • Tailor classes to meet families' individual needs. • Ensure opportunities for families that may not have common language needs- specifically American Sign Language (ASL) and Korean needs and ensure adequate Spanish Speaking classes to meet demand • Ensure the necessary available classes in South County. • Look at open ended classes where parents can join a class at any time and the availability to make up classes. • Ensure childcare and support is available at the same location as the classes being provided- Need analysis of the increase needed • Continue to partner with Mental Health and First 5 in the county-wide initiative implementation of the evidence based, Best Practice Triple P parenting program. • Need to modify existing		

contracts for parenting classes and create additional contracts for additional classes.		
Strategy 5D. (Link to strategies 3D and 3G) Create an a resource directory for parents and caregivers and provide the necessary oversight to manage and keep updated • More efficient utilization of 211 (Ensure that DFCS specific resources are included in 211 directory)	December 2015	DFCS Administration
Strategy 5E. Continued participation in CAPP and ensure all staff have the basic framework and understanding of the CAPP philosophies and underlying principles • Provide mandatory Reflective Practice Facilitation training to all supervisors and managers so that they are better able to understand the reflective process. Through this training supervisors and managers will learn and develop skills to support their staff with coaching, mentoring or facilitation. This training will focus on reflective practice as a strategy for enhancing skills, understanding our reaction when working with staff and others, and examine the emotional	2013 through 2018	CAPP Manager, DFCS Director

content of experiences in ways that can reduce work stress, and improve staff sense of competence and well-being. It will also provide supervisors with an approach to interact with their staff that is supported by the key initiatives within DFCS (Institutional Analysis, CAPP Practice Model, and Latino Child Welfare Equity Project). • Provide Mandatory Reflective Practice Training to all Child Welfare staff (October 2012). • Assess need for and provide follow up coaching for supervisors to support work in supervision. • Continue the use of CAPP training to ensure all staff are trained in engagement with families is a priority. • Develop and deliver with key Department staff teaming training that will increase staffs knowledge of the importance of teaming with families and the community, practice strategies of teaming to increase ability to support the family and their identified support system. (engagement) • Ensure community based organizations working with DFCS are trained in the universal practice principles and philosophy that guides children & family services in Santa Clara County. Ensure agencies have an understanding of the practice		

behaviors they are expected to demonstrate when working with children & families. • Evaluate and put the necessary structure in place to ensure the CAPP initiative is successful and that this initiative will be expanded and support all children and families.		
Strategy 5F. Ensure the active engagement of fathers for all cases and the Agency expectation that fathers will be included and provided the necessary resources and supports • Tracking of cases to ensure engagement of fathers and paternal family members is consistent for all cases. Use the tracking through the Efforts to Outcomes (ETO) database and start tracking through those families involved with the California Partners for Permanency (CAPP). • Continued participation in the Fatherhood Initiative and Partnership with other community based organizations in an effort to increase or to create the necessary resources for fathers – For instance, housing for single fathers who have young children and are battling substance abuse issues. • Bring in culturally specific and culturally responsive curriculum and training for fathers that represents the	Need overall goal to improve to by end of SIP cycle – January 2018	Fatherhood Engagement Coordinator- Leon Basset and Deputy Director and Staff Development

diverse families in Santa Clara County. Specifically in support of Latino families and fathers, partner with The National Latino Fatherhood and Family Institute- Héctor Sánchez-Flores currently a member of the CAST team and a leader in program development on topics of Male Involvement, Fatherhood, Parent Engagement, and culturally appropriate child develop programs. • Provide training that promotes and supports inclusion of fathers and the paternal family.		
Strategy 5G. Increase parent voice in decision making • Support the Parent Advisory Board-Parents Encouraging Parents. • Begin a drop-in support group for birth parents- available for mothers only, fathers only or couples. • Revive the Youth Advisory Board to ensure a strong youth voice representative of the diverse membership of youth in SCC. • Ensure that these representatives have a voice in the SIP and all other decision making initiatives and activities within DFCS.	To be completed by December 2013-Revised to July 2014	DFCS Administrative Support Manager and DFCS Deputy Director and identified program manager

Strategy 6: *Permanency Strategies* **Increase the number of youth in guardianships and children/youth adoption placements and eliminate the barriers to support a stable placement for children/youth**	☐ CAPIT ☒ CBCAP ☒ PSSF ☐ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1- Family Reunification C3- Permanency

Action Steps:	Timeframe:	Person Responsible:
Strategy 6A. Ensure the on-going support for post adoption and guardianship families through • The creation of a support group for post adoption population and for those relative adoption and guardianship. • Youth Mentors similar to parent mentors—Create a group of adopted older youth to help youth ages 15+ years old to support permanency issues, especially around adoption for older youth. • Strengthen adoptions and guardianship plans for both relative and non-relatives who are commitment to adoption or guardianship provide by proving focused family counseling with the	December 2014-Revised to June of 2015 for all goals. Support group by December 2014	Family and Permanency Manager- Adoption Supervisor and CC25 Project Manager

biological parents if needed.		
Strategy 6B. Ensure concurrent plans for all children and youth and the tracking and monitoring of these plans in order to develop individual plans for children and families aligned with agency strategic goals • Reinstate the permanency review process • Increase timely adoptions. New policy—all cases to be transferred (case ready) to adoption finalization unit within 30 days of Termination of Parental Rights (TPR). • Implement tracking of the concurrency trends and establish additional goals to break down barriers.	To be completed by January 2014-Revised to January 2015	Permanency Coordinator and Family and Permanency Manager
Strategy 6C. Create new assignment to track and monitor all external home study activities through completion. This assignment would include would include the tracking of timely completion of home studies being conducted by ICPC, FFA, and out of county assessments. In addition, it is recommended to have an adoption home study coach (needs to be in house staff who are familiar with different regulations and requirements) for RELATIVE/RNEFM to complete their adoption	December 2015	Family and Permanency Manager and Adoption Supervisor and Administrative Support Supervisor for ICPC

home studies in a timely manner. • Implement a timeline for home studies to be completed and include the home study completion in CWS. • Provide Relative/NREFM Orientations with families who are adopting.		
Strategy 6D. Permanency Coordinator and Social Workers to be trained in having conversations with youth about permanency, Guardianship and Adoption prior to any Team Decision Making (TDM) meetings. We need to do a better job of finding out what adoptions means to each child/youth. (This goal should link with the youth mentors –Strategy A.) • Provide an Adoption and Permanency training for DFCS Social Workers (evaluate current Adoptions and Permanency curriculum for child welfare and mental health professionals offered in the community). • Permanency Planning Coordinator/Social Workers will utilize the Adoptions and Permanency resource Library for resource material to support permanency.	October 2014-Revised to January 2016	Family and Permanency Manager

Strategy 6E. Include an adoption social worker or permanency coordinator in Team Decision Making Meetings (TDMs) for children who are legally freed. • Creation of a permanency TDM. Focus options any child over 12 years without a concurrent plan. Any child refusing adoption/guardianship as an adoption. Any child in a concurrent home willing to adopt or take guardianship but child is refusing adoption or guardianship.	January 2017	Permanency Coordinator and Family and Permanency Manager

Strategy 7: *Permanency & Family Reunification Strategy* **Increase efforts to support children's well-being in order to stabilize and support children/youth in placement and support parent's reunifying with their children**	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1- Family Reunification C3- Permanency
Action Steps:	**Timeframe:**	**Person Responsible:**
Strategy 7A. Need to make education a priority- Increase educational support for youth in care to support each student reaching their full educational potential and increasing the graduation rates. Add an additional support social worker to the Educational Rights Project. One to focus on preschool through Middle school and the other to become the expert on high school through post secondary education- now that DFCS is serving youth in extended foster care through age 21. This additional resource would allow DFCS to explore and accomplish the following: • Increase tutoring – increase collaboration with County Office of Education and better identification of the tutoring resources in the county. • Better support social workers and youth to understand transcript/credits. • Ensure the necessary supports and classes in middle school as it is an important predictor of a student's graduation later from high school. • Increase partnership with schools and mental health through School Linked Services and leverage funding. • Decrease number of expulsions through	October 2013 for additional staff Goals of increase by 2017-Revised for goals by 2014 and improvements by 2018	Educational Services Coordinator and DFCS Administration Manager

advocacy and education. • Increase the number of 3-5 years old students in Head Start or preschool. (This is the biggest indicator of later success in school and high school graduation.) • Increase the partnerships with the local community colleges, universities, County Office of Education and potential funders for services for transitioned aged youth and older youth.		
Strategy 7B. Increase partnership with public health, mental health and First 5 to support at risk families including the following: • Children Birth through age 5 • Parents Under the age of 24 ↓ • Medically fragile/special needs children • Teen parents • Parents with disabilities Increased partnership and blended funding to do the following: • Ensure all children birth through age 5 receive a developmental, behavioral and social /emotional screenings and connections to the appropriate resources and interventions (Kids Connections) • Strategy: All children under the age of six receive a developmental/social emotional screening from a PHN and connection to KidConnections for assessment and referral to home visitation and or therapeutic services	Goals by 2013 and completed by December 2015	**DFCS Administration Managers**

Strategy 7C. Establish a workgroup with mental health to identify the gaps, strengths and barriers to consider creative alternatives to increase mental health services for children and parents. • Creation of a plan to blend funding with mental health to ensure mental health assessments and services for all children and youth both voluntary and court ordered. • Build programs and services for older youth to increase their willingness to accept mental health support. • Strategically set a plan to deal with the barriers of medical or Systems of Care, including the inability to obtain Parental Consent impacting services.	To be completed by January 2015	DFCS Administration and Deputy Director
Strategy 7D. Assist Non Minor Dependent (NMD) youth find stable and affordable housing in the community. This will be accomplished through the following: • Increase relationships with apartment complexes that are willing to provide housing to foster youth. • Invite potential landlords to open forums to educate them on foster youth and the payment process of the various housing programs the Dept provides. • Provide ongoing housing workshops for youth that cover financial literacy, renter's rights, and realistic housing expectations. • Identify housing resources for youth who have substance abuse, mental health or	January 2015	DFCS Administration and CC25 Project Manager, Current housing contractors for THPP, THP Plus FC and THP Plus.

developmental concerns. Increase partnership with Mental Health, DADS and the regional centers to establish the necessary housing resources.		
Strategy 7E. Employment: Increase the number of youth to have paid or unpaid work experience to address extended foster care and the numbers of youth in foster care through age 21 and participation requirement for employment or education. • Increase relationships with community partners in establishing internships and employment opportunities for foster youth. • Develop a database to track a youth's employment history in order to help develop strategies in supporting them to have long term and meaningful employment experiences.	To be completed by January 2014-Revised to December 2014	DFCS Administration and CC25 Program Manager

Strategy 7F Financial Literacy: Increase youth's knowledge with the importance of saving money and establishing good credit and ensure a process for credit checks for all youth ages 16 to 24; • In collaboration with the Independent Living Program (ILP), provide monetary incentives for attendance in workshops. • Increase the number of youth who have bank accounts. • Provide financial literacy trainings (age appropriate) that describes the different types of accounts, credit, and bank fees. • Ensure a process for credit checks for all older youth.	January 2014	DFCS Administration and CC25 Project Manager and partnership with Financial planners association
Strategy 7G Increase foster parent, group home staff, relative caregiver involvement with supporting youth as they transition to adulthood: • Develop a curriculum through ILP and Foster parent support agencies that cover ILP core competencies that can be taught in the home where a youth resides. For example, an opportunity to learn to wash clothes, meal planning, develop grocery list, and budgeting. • Provide ongoing forums/ trainings on various subjects that effect youth and bring in speakers in the areas such as gang affiliation, substance abuse, and social media. Have	To be fully implemented by June 2014- Revised for pilot in place and evaluated by June 2014 and then to scale by 2018	DFCS Administration and CC25 Project Manager, Foster Parent Association, Recruitment, and the Family and Permanency Manager

these forums/ trainings co-lead with a foster youth and a foster parent.		

Priority Outcome Measure or Systemic Factor: C1.1 Reunification within 12 Months (exit cohort)

National Standard: 75.2%

Current Performance: According to the July 2012 Quarterly Data Report (Quarter 1 of 2012), of the 17 probation youth who have been in foster care 8 days or more, 4 were reunified in less than 12 months. This is a 30.8% rate of timely reunification

Target Improvement Goal: The county will improve performance on this measure from 30.8% to 58.8%, resulting in 10 out of 17, more children reunifying within 12 months of placements.

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

National Standard: 41.8%

Current Performance: According to the July 2012 Quarterly Data Report (Quarter 1 of 2012), of the 42 children who have been in foster care for 24 months or more, 15 have had 2 or fewer placements. This is a 35.7% rate of placement stability.

Target Improvement Goal: The county will improve performance on this measure from 35.7% to 47.6%, resulting in 20 out of 42, more children with stable placements.

Priority Outcome Measure or Systemic Factor: Address and eliminate the over representation of African Ancestry and Latino families, as defined as "Within five years African Ancestry and Latino youth will be no more likely than other youth given the same risk or protective capacity factors, to enter probation foster care placement."

State Performance: % of Probation Youth In Care By Ethnicity Point in Time

Ethnic Group	Point In Time			
	1-Jul-09	1-Jul-10	1-Jul-11	1-Jul-12
	%	%	%	%
Black	28.4	26.6	26.4	27
White	20.9	22.1	22.2	23
Latino	47.4	48.2	48.5	47.1

Asian/P.I.	2.3	2.1	2	2.1
Nat Amer.	1	0.9	0.9	0.9
Total	100	100	100	100

From UC Berkeley Data

According to the UC Berkeley data, In California, Native American and African American children are over represented in the Probation foster care system compared with their presence in the overall population; while White, Latino and Asian American children are under represented. In California, African Ancestry children are 5.5% of the population, Native American children are .4%, Whites are 27%, Latino children are 52% and Asian American children are 11%. In the Probation population, however, African Ancestry children represent approximately 27% of the population and Native American children are 1%, while White children are 23%, Latino children are 47% and Asian children represent 2%.

Santa Clara County Probation Foster Care Placements by Race/Ethnicity: The number of youths in foster care has markedly declined in the past two years (see Figure 1). The proportion of youths in foster care shows variation by race/ethnicity. A steady increase in the proportion of foster care point-in-time caseload is observed for Latino youths. This has led to declining proportions for Asian/Pacific Islander, Caucasian and to a lesser degree, African Ancestry youths. These numbers also include foster care youth experiencing trial home visits, in runaway status, and in other types of placements (i.e. Juvenile Hall). On average, these conditions account for 39 percent of the total number of youths identified to be in "foster care." The proportion of youths in runaway status has increased steadily in the past three years, from 9.8 percent in FY 2010 to 23.2 percent in FY 2012. The proportion of youths in other types of placements has markedly declined in the last fiscal year period, from 23.1 percent in FY 2011 to 11.0 percent in FY 2012.

Point-in-time average number of youths in foster care.

	SCC Pop Count, estimate for 2011		FY2009*		FY2010		FY2011		FY2012	
Ethnic Groups	count	percent	count	percent	count	percent	count	percent	count	percent
African Ancestry	4,041	2%	12	12%	12	10%	12	11%	9	10%
Caucasian	48,051	26%	16	16%	18	15%	13	12%	9	11%
Latino	67,083	37%	63	67%	85	69%	79	73%	62	76%
Asian/P.I.	54,236	30%	5	5%	7	6%	3	3%	1	2%
Nat Amer	10,080	5%	0	0%	0	0%	1	1%	1	1%
Total	**183,491**		**95**		**122**		**108**		**82**	

Notes:

FY counts based on the average of 4 point-in-time counts. However, average for FY2009 includes only 3 point-in-time counts.

Data Source: University of California at Berkeley Center for Social Services Research.

Population estimates use interpolated data based on 2000 & 2010 US Census, UCB Center for Social Services Research.

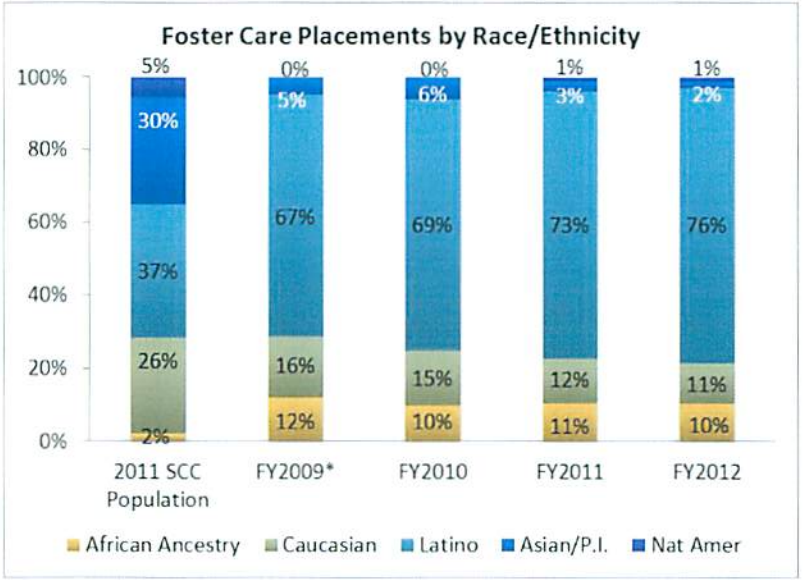


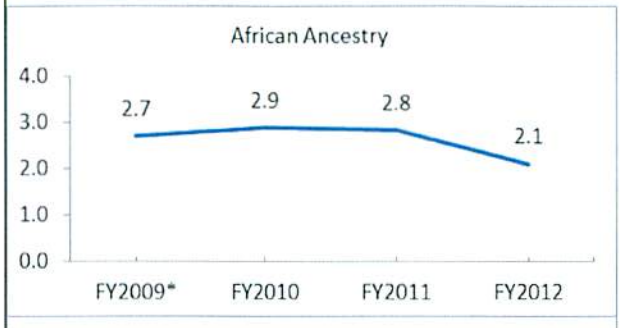
Figure 1.

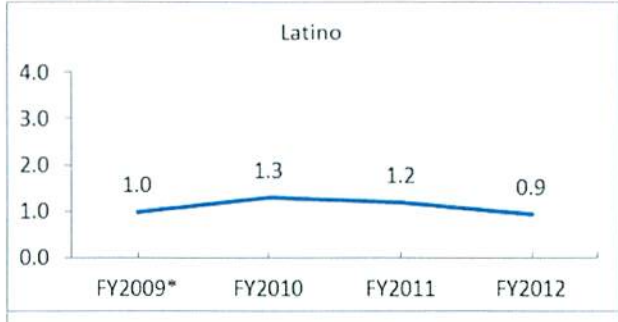
When tracking the disproportionate representation of foster care placements by race/ethnicity, the following table and figures show that all youths have experienced decreases in the number of youths in foster care per 1,000 youths in Santa Clara County. This is particularly evident for African Ancestry youths when comparing the most recent period with the previous three year periods.

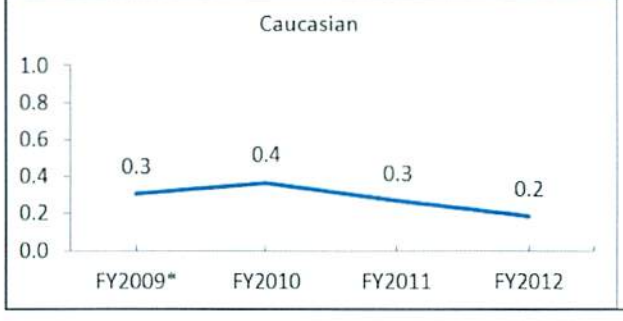
Disproportionality rate: Incidence per 1,000 youths.

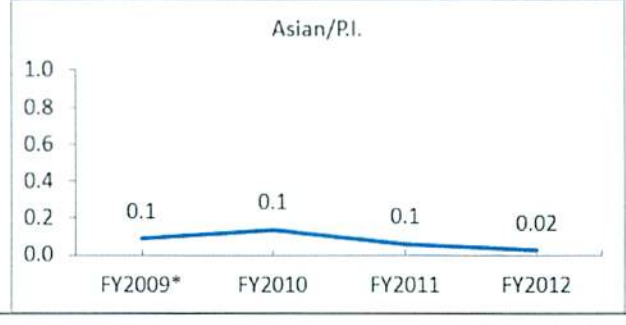
	FY2009*	FY2010	FY2011	FY2012
African Ancestry	2.7	2.9	2.8	2.1
Caucasian	0.3	0.4	0.3	0.2
Latino	1.0	1.3	1.2	0.9
Asian/P.I.	0.1	0.1	0.1	0.02
Nat Amer	0.0	0.0	0.1	0.1

Santa Clara County Probation 5-Year SIP Chart 2013-2018









Target Improvement Goal:
Probation is committed to the elimination of the over representation of African American and Latino youth in the Juvenile Justice foster care system. However, foster care placement for probation will remain a critical intervention for probation youth, helping to prevent deeper penetration into secure intuitional care (i.e. the Juvenile Ranch program or the State Department of Juvenile Justice).

Strategy 1: Develop coordinated and integrated child welfare and juvenile justice system that enhances services and outcomes for dually involved youth.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1.1 Family Reunification within 12 months (exit cohort) C4.3 Placement Stability 4B Least Restrictive Placement, Relative
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Establish the Juvenile Justice and Child Welfare System Integration Initiative Executive Steering Committee Team and develop sub-committees	July 2012 - Completed	Chief Probation Officer and Deputy Chief Probation Officer
B. Review local data on dually involved and crossover youth. Research best practices & characteristic of dually involved and crossover youth • Use of technical assistance providers (John D. and Catherine T. MacArthur Foundation) to gain an understanding of national practices. • Review internal data captured by Probation and DFCS on dually involved youth which were used to create current Dual Status policies and procedures where create. • Serious examination of concurrent services with all systems partners – Lead Agency model	August 2012 ~~– December 2012~~ Completed Completed September 2013	Deputy Chief Probation Officer, Probation Manager & Research and Development Manager
C. Develop coordinated and integrated child welfare and juvenile justice system protocol that enhances services and outcomes for dually involved youth	January 2013 ~~– June 2013~~ – September 2013	Deputy Chief Probation Officer & Probation Manager

• Pool resources and increase information sharing to eliminate the duplication of assessments and services to best support the family. • Formalize interagency case coordination to provide seamless processes easily navigable by families (i.e. Coordinated case planning, case management, and court reporting).		
D. Establish cross-systems training of for JPD and CWS staff • Training on child welfare and juvenile justice system Lead Agency Model protocol. • Introduction training for JPD on child welfare system and vice versa.	~~July 2013 – September 2013~~ September 2013 - December 2013	Probation Manager, Placement Supervisor, Family Preservation Supervisor & JPD Training Unit
E. Evaluate results of strategy by tracking the number of days dually involved youth spend in the delinquency system and the number of days dually involved youth spends in juvenile detention after implementation.	~~January 2014 -~~ July 2014	Information Systems Unit & Research and Development Manager

Strategy 2: Improve family supports through linkages to family-based alternative services and alternative placements to group homes for probation youth in placement.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1.1 Family Reunification within 12 months (exit cohort) C4.3 Placement Stability 4B Least Restrictive Placement, Relative
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Collaborate with SSA, DFCS and Mental Health to increase the use of the Enhanced Wraparound Program. The program is a synthesis of Wraparound, Professional Parent homes, Family Finding and Mental Health services.	December 2012 Completed	Chief Probation Officer & Deputy Chief Probation Officer
B. Educate Probation Staff, Courts, attorneys, parents, and child caregivers on available Enhanced Wraparound services.	April 2013 Completed	Deputy Chief Probation Officer & Probation Manager
C. Ensure appropriate referrals process to the RISC committee for Enhanced Wraparound services.	April 2013 Completed	Probation Manager & Placement Supervisor
D. Have access to Enhance Wraparound providers and Professional Parent home providers to: • Assist youth in high end group homes and their caregivers in stabilizing their placement. • Increase availability of mental health services for behaviorally and emotionally disturbed JPD youth.	July 2013 Completed	Probation Supervisor & Probation RISC Coordinator

Have access to highly trained professional parent homes and increased access to professional parent foster beds.		
E. • Evaluate families' access to available Enhanced Wraparound services and if JPD reunification rates within 12 months increased significantly since implementation. • Increase the number of available professional parent foster beds homes from 5 (current number of beds available to JPD) to 15.	July 2014	Information Systems Unit & Research and Development Manager

Strategy 3: Probation will increase the number of youth who are safely reunified in a timely manner with their families through increased support and engagement with parent(s).	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1.1 Family Reunification within 12 months (exit cohort) C4.3 Placement Stability

Action Steps:	**Timeframe:**	**Person Responsible:**
A. Parent(s) will take part in an orientation session, meeting with a Probation Officer to map out his or her child's program. • Educate parents on the placement process and resources available to support parent(s). • Clarifying the role of the foster caregiver, sharing information on the child's needs, planning for visitation and other ways to involve the parent(s) while their child is in foster care.	December 2013	Probation Manager & Placement Supervisor
B. Joint Decision Making (JDM) practice will be implemented in the Placement Unit. The addition of JMD meetings for youth who are removed from their homes will be implemented in order to engage parent(s) to make the best decisions possible for the youth and ensure the parents' voice is heard prior to any placement, re-placement, or reunification with the family. • A protocol will be developed for JDM utilization for staff. • JDMs to include parents, care providers, parent partner.	December 2013	Probation Manager & Placement Supervisor

C. Development of a Parent Partner program. • Parent Partners that are culturally and ethnically appropriate who have the ability to help parent(s) navigate the policies, procedures, and court issues involved with having a case with JPD. • Parent Partners can participate in JDMs. • Recruit and train Parent Partners to provide support and resources for JPD parent(s) to help parent(s) successfully reunify with their children in a safe and timely manner. • Parent Partners are also invited to appropriate department-wide county meetings, relevant trainings, and educational opportunities.	March 2014	Probation Manager & Placement Supervisor
D. Provide training including advanced training to Placement Probation Officers to increase their skills. • Continue to integrate training and operating practice that is culturally and ethnically appropriate and ensure adequate training to Probation staff on the family involvement in the case-planning process and strength-based JDMs. • Probation Placement Officer Course training to ensure the safety of both the community and the youth as they work toward the safe return of the youth to the family and community. • Family Engagement training to learn	June 2014	Placement Supervisor & JPD Training Committee

evidence based practices that will provide probation officers with the tools to assess client needs during a contact, as well as how to engage the youth and parent(s) effectively. • Motivational Interviewing training to learn interviewing skills that will improve client relationships, through improved reflections, effective summaries and key open ended questions .		
E. Evaluate results of strategies • Increase Timely Family Reunification through greater support and engagement with parent(s); • Increase Placement Stability by making better placement decisions; • Increase parent involvement for JPD youth in foster care placement.	June 2015	Information Systems Unit & Research and Development Manager

SIP Strategies for the Office of the County Executive

Strategy 1: ***Disproportionality Strategy for Office of Cultural Competency for Children's Services*** **(1)Address and eliminate the over-representation of African American and Latino families in an effort to achieve parity through the creation of an Office of Juvenile Services Equity**	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **Other- county to look at additional funding sources to support these strategies**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** S1- No Recurrence of Maltreatment S2- Timely Emergency Response Referrals C1-Timely Family Reunification C3-Timely Permanency

Action Steps:	**Timeframe:**	**Person Responsible:**
A. Create a new Office within the Office of the County Executive. This new Office will reside within the Office of the County Executive and will be directed by a leader that reports directly to the County Executive. The Director of the Office will be responsible for the county wide implementation of policies and programs that address that racial and ethnic disparity that currently exists within our County services. The Director will assure that the issues of equity are dealt with in a manner that adheres to programmatic requirements and addresses equity as a critical priority countywide. The Office will include, as a minimum, a Latino Planning Council and an African American Social Planning Council in order to assure appropriate community input and	Office of Juvenile Services Equity to be established within 6 months by the end of October 2013 – Revised date	County Executive

monitoring of progress. As appropriate and requested, other racial and ethnic group councils will be created to address their specific issues. It is envisioned that Social Planning Council will be initiated and maintained by community members. The Councils will be supported by the Office and the Office will coordinate and facilitate County programs and processes in order to attain the goals stated in the SIP. The Office will work to eliminate disparity not only as it relates directly to client populations, but also disparity within both internal and external service providers. The Office Director will work closely with the County Executive, the Board of Supervisors, and appropriate community members in the effort. This Office will be operational within 6 months.		